Cross-Agency Coordination on Healthcare Strategies and Measures: Initial Outcomes and Recommendations

## *The 5 Agencies Project, Second Biennial Report*

As Required by

2022-23 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021
(Article IX, Health Related Provisions, Section 10.06)

HEALTH AND HUMAN SERVICES COMMISSION

DEPARTMENT OF STATE HEALTH SERVICES

EMPLOYEES RETIREMENT SYSTEM OF TEXAS

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

TEACHER RETIREMENT SYSTEM

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

Agenda

➢ Background

➢ Significance

➢ Outcomes

  ▪ Data findings

  ▪ Recommendations

  ▪ Current Activities

➢ Next Steps

Coming Together
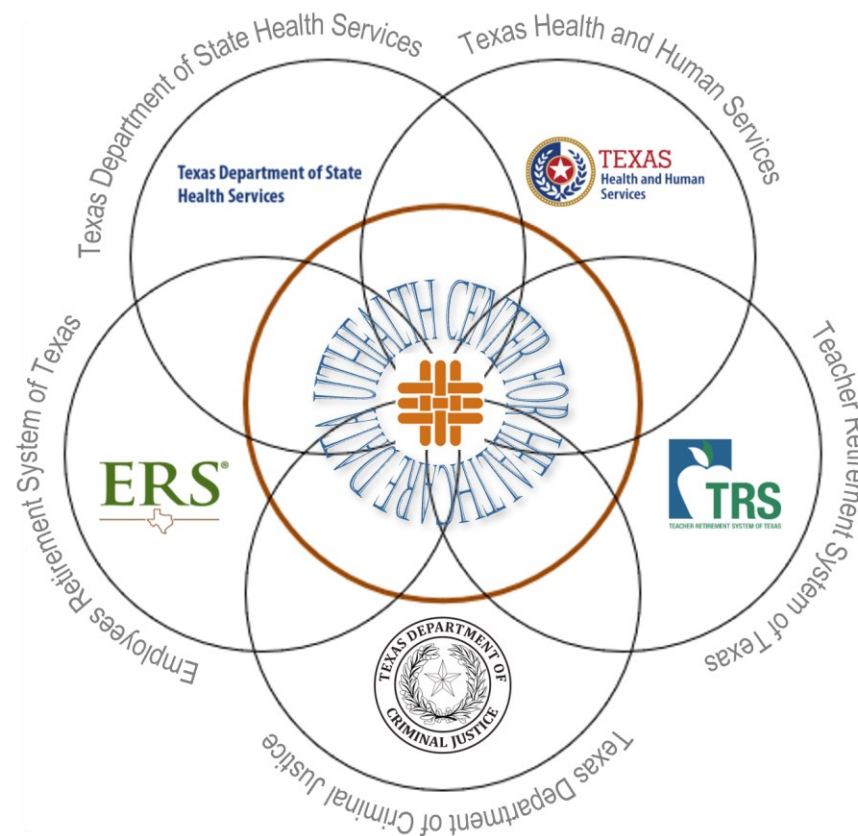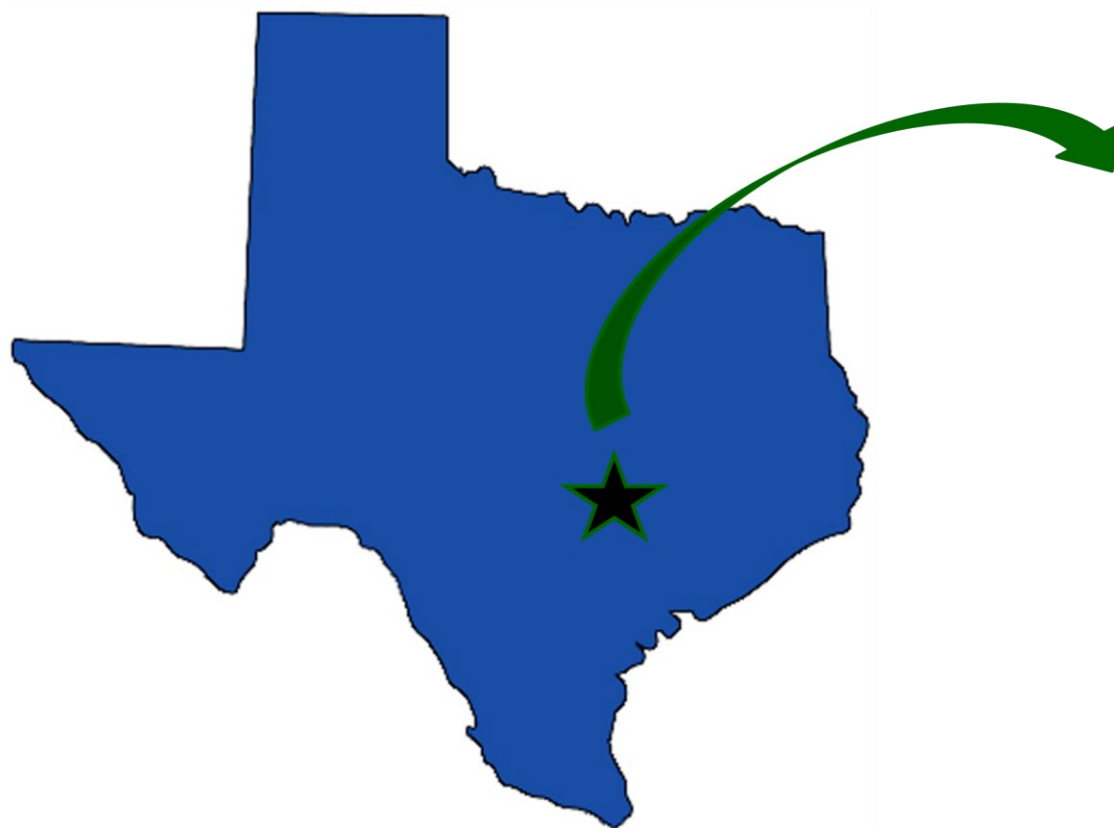
Objectives

Develop integrated databases of health information for cross-agency comparisons

Conduct analyses to facilitate comparisons

Support advanced multi-payer collaborations

Multiagency Collaboration

Opportunities

Increase use of value-based care

Capitalize on opportunities for collaboration and partnerships

Monitor impact of the pandemic

Value Improvement Targets

Investigate utilization of low-value care

Build reports on quality metrics

Expand benchmarking
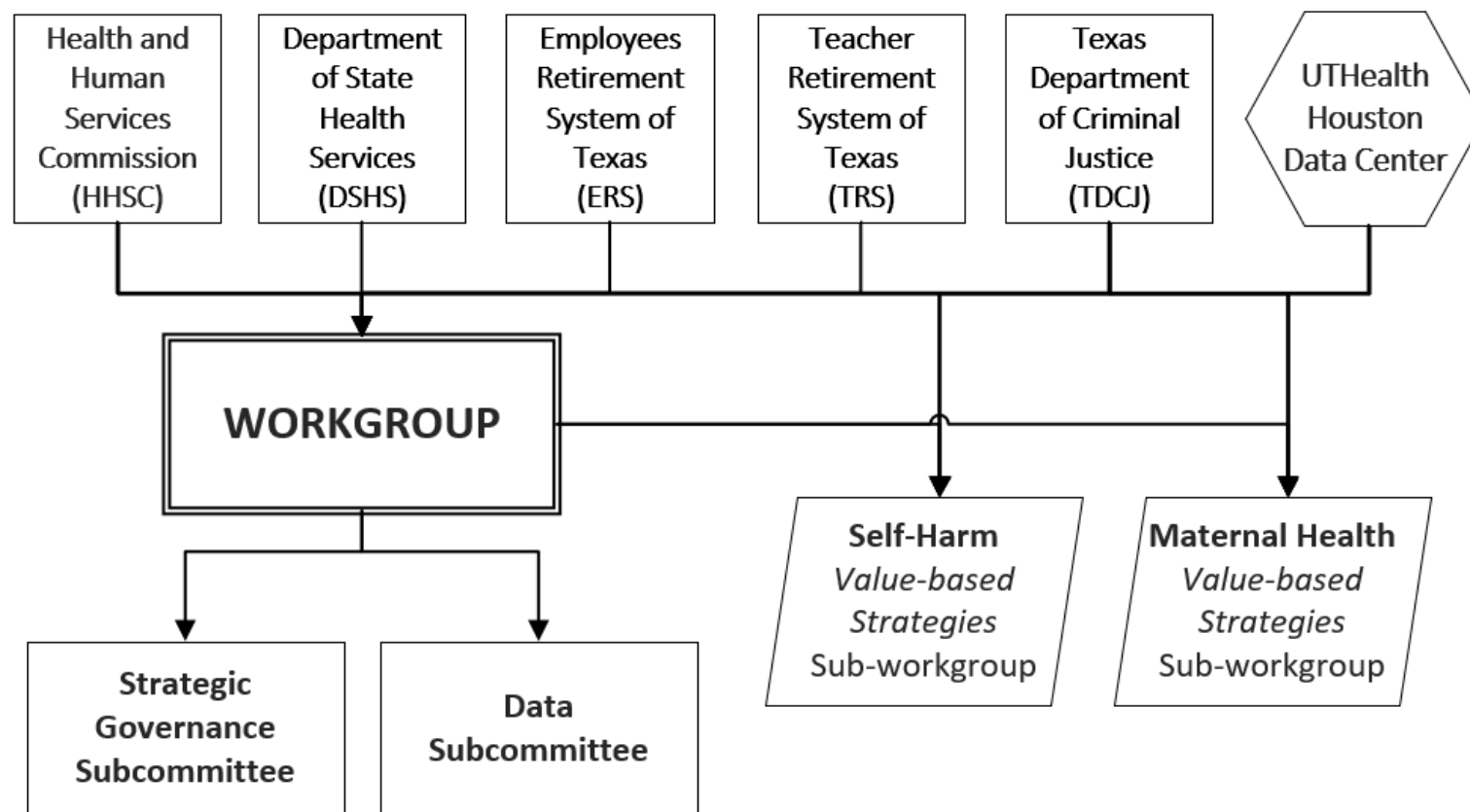
Value-Based Payment Strategies Initiative

➢ Developed 10-step process for implementing strategies

➢ Created specialized sub-workgroups
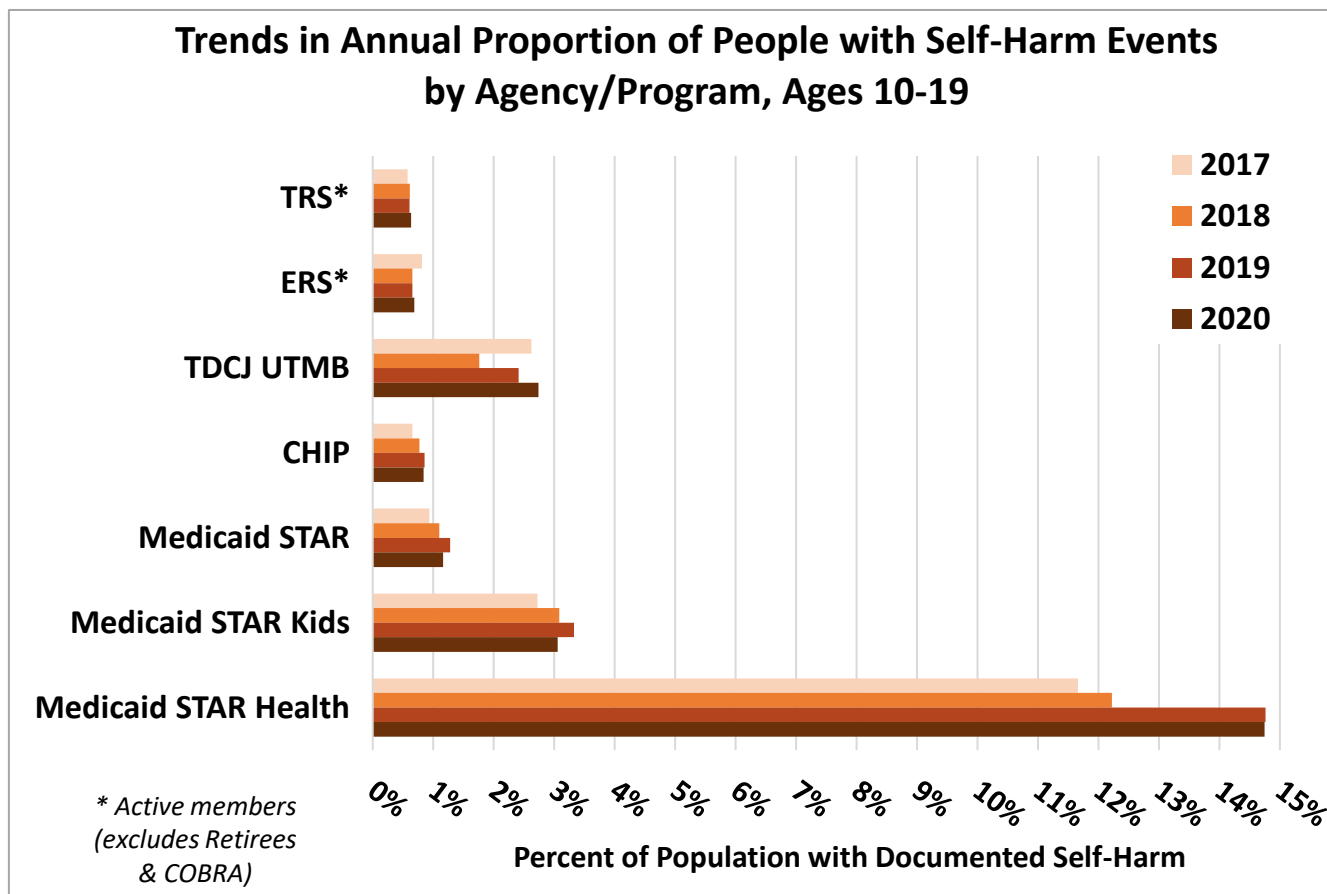

PROCESS FOR DEVELOPING AND IMPLEMENTING VALUE-BASED STRATEGIES
THE 5 AGENCIES PROJECT

REVIEW DATA — Review agency data related to potential issues to target for value-based strategies — 1

SELECT TARGET ISSUES — Select target issues representing all agencies — 2

INVESTIGATE PROGRAMS — Investigate, gather, and summarize information on programs used by agencies and others — 3

SELECT STRATEGIES — Select strategies to recommend for implementation — 6

SET GOALS — Determine appropriate expectations and set measurable goals for improvement — 5

SHARE INFORMATION — Share and discuss evidence-based strategies used by agencies and other for improvements — 4

SELECT METRICS — Select metrics for measuring progress toward goals and collect initial baseline data — 7

IMPLEMENT PROGRAMS — Agencies implement selected strategies — 8

MEASURE PROGRESS — Collect data at regular intervals and measure progress toward achieving goals — 9

COLLABORATE — Collaborate on challenges and successes — 10

7

What the Data Reveal

INCIDENCE TRENDS, Self-Harm by Agency, Ages 10-19

Trends in Annual Proportion of People with Self-Harm Events by Agency/Program, Ages 10-19

Legend: 2017, 2018, 2019, 2020

Categories (top to bottom): TRS*, ERS*, TDCJ UTMB, CHIP, Medicaid STAR, Medicaid STAR Kids, Medicaid STAR Health

X-axis: Percent of Population with Documented Self-Harm (0% – 15%)

* Active members (excludes Retirees & COBRA)

Data as of 8/31/2020

Note: The TDCJ population is 16-19 years old compared to other agencies' proportions for ages 10-19 during these time periods
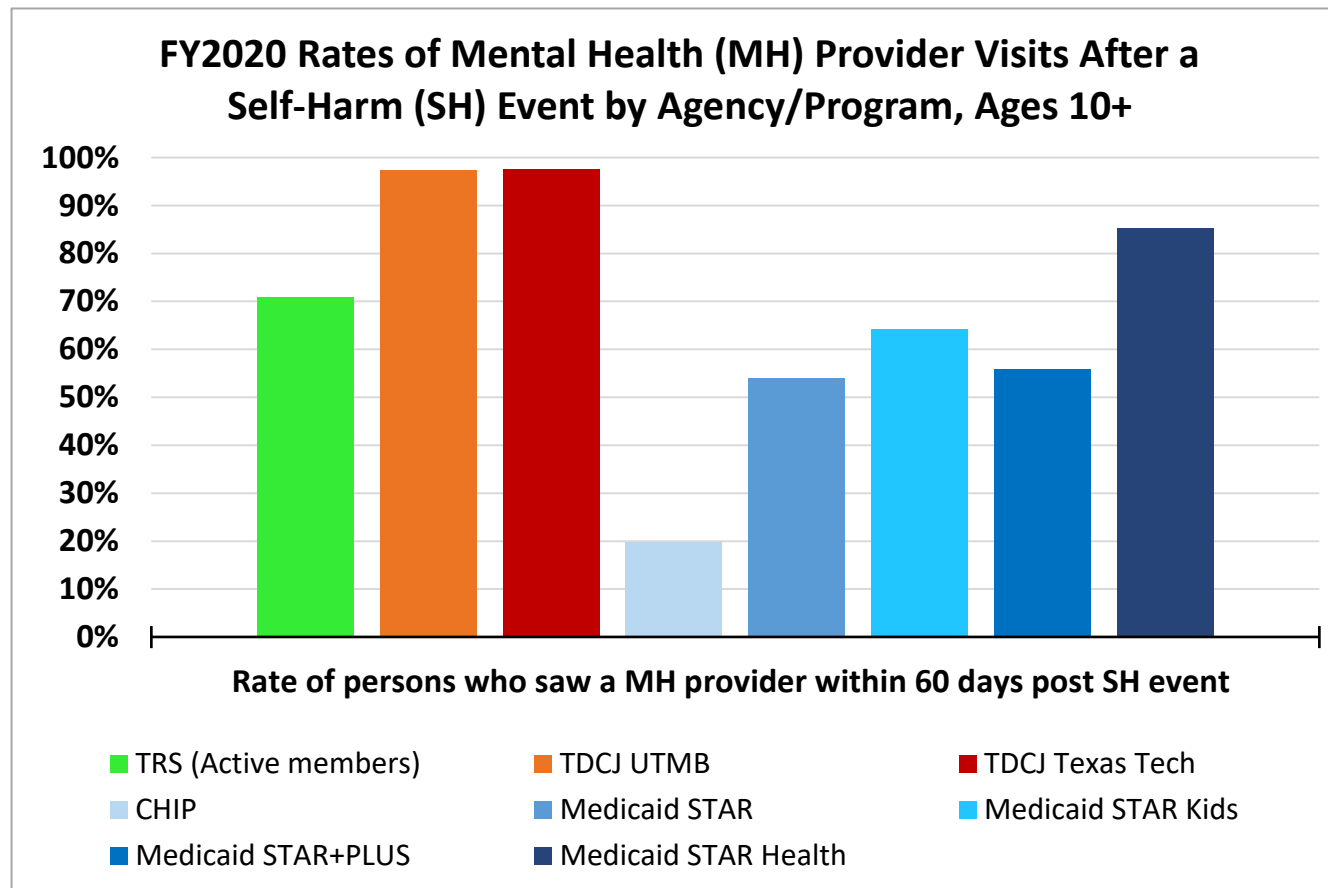
What the Data Reveal

PROVIDER VISIT RATES, Primary Care Visits Around Self-Harm Events, All Ages, Continuous Enrollment

FY2020 Rates of Primary Care Provider (PCP) Visits Around Self-Harm Events by Agency/Program, Ages 10+

Rate of persons who saw a PCP within 1 year prior to self-harm event

Rate of persons who saw a PCP within 60 days post self-harm event

* Active members (excludes Retirees & COBRA)

TRS* ERS* TDCJ UTMB
TDCJ Texas Tech CHIP Medicaid STAR
Medicaid STAR Kids Medicaid STAR+PLUS Medicaid STAR Health

Data as of 8/31/2020

What the Data Reveal

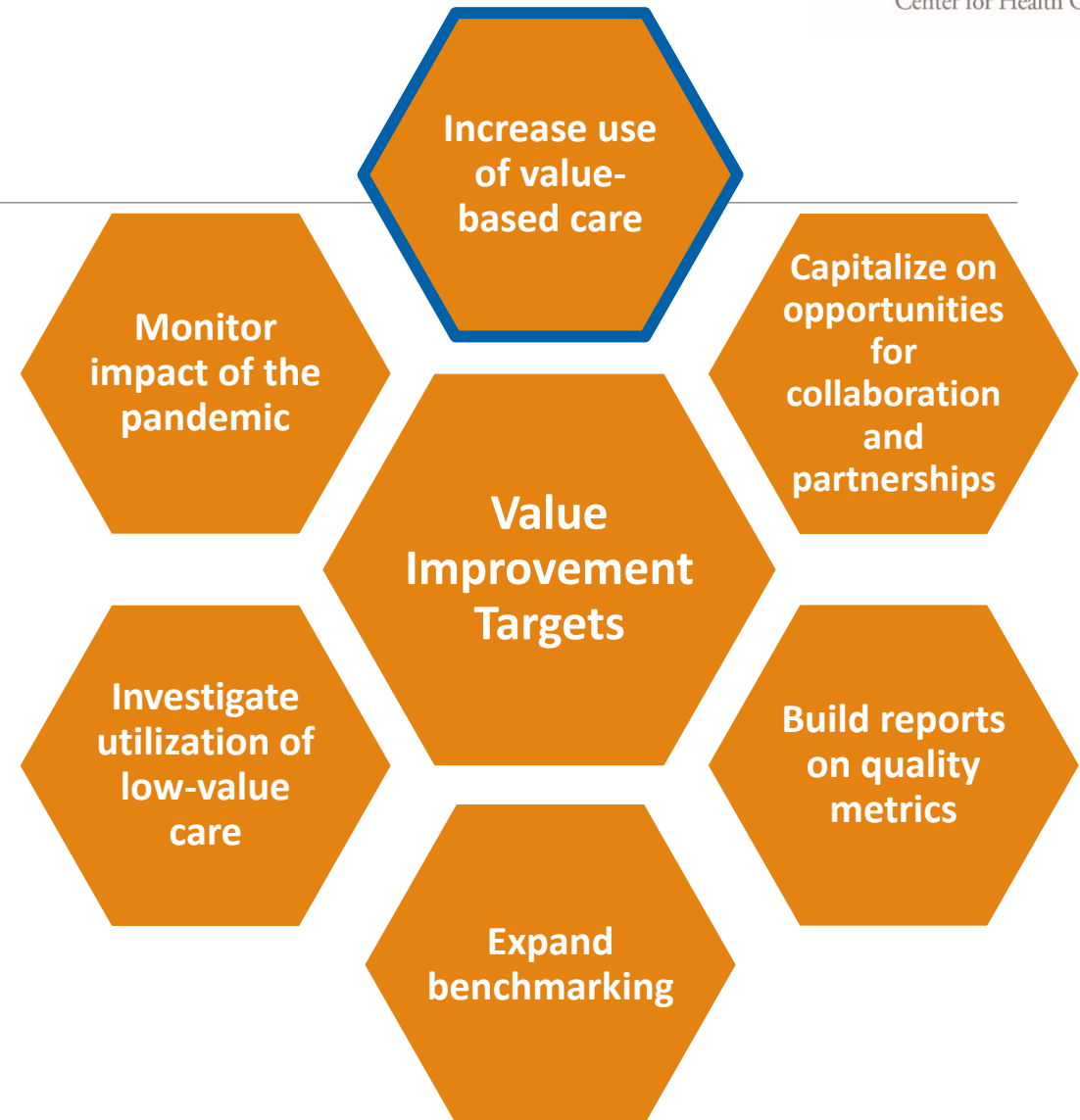PROVIDER VISIT RATES, Mental Health Visits After a Self-Harm Event, All Ages, Continuous Enrollment

FY2020 Rates of Mental Health (MH) Provider Visits After a Self-Harm (SH) Event by Agency/Program, Ages 10+

Rate of persons who saw a MH provider within 60 days post SH event

- TRS (Active members)
- TDCJ UTMB
- TDCJ Texas Tech
- CHIP
- Medicaid STAR
- Medicaid STAR Kids
- Medicaid STAR+PLUS
- Medicaid STAR Health

Data as of 8/31/2020; ERS not shown due to data limitations related to capitated behavioral health services until FY2021

Value-based Care Recommendations

Reduce Self-Harm Events

➤ Increase primary care visits to add opportunities for early identification of mental health issues

➤ Support development of pathways to integrate behavioral health care with primary care

UTHealth Houston
School of Public Health
Center for Health Care Data

Increase use of value-based care

Monitor impact of the pandemic

Capitalize on opportunities for collaboration and partnerships

Value Improvement Targets

Investigate utilization of low-value care

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Expand benchmarking

Value-based Care Initiative:
Reduce Self-Harm Events

Objective

➢ Increase the number of providers enrolled and using the Child Psychiatry Access Network (CPAN)
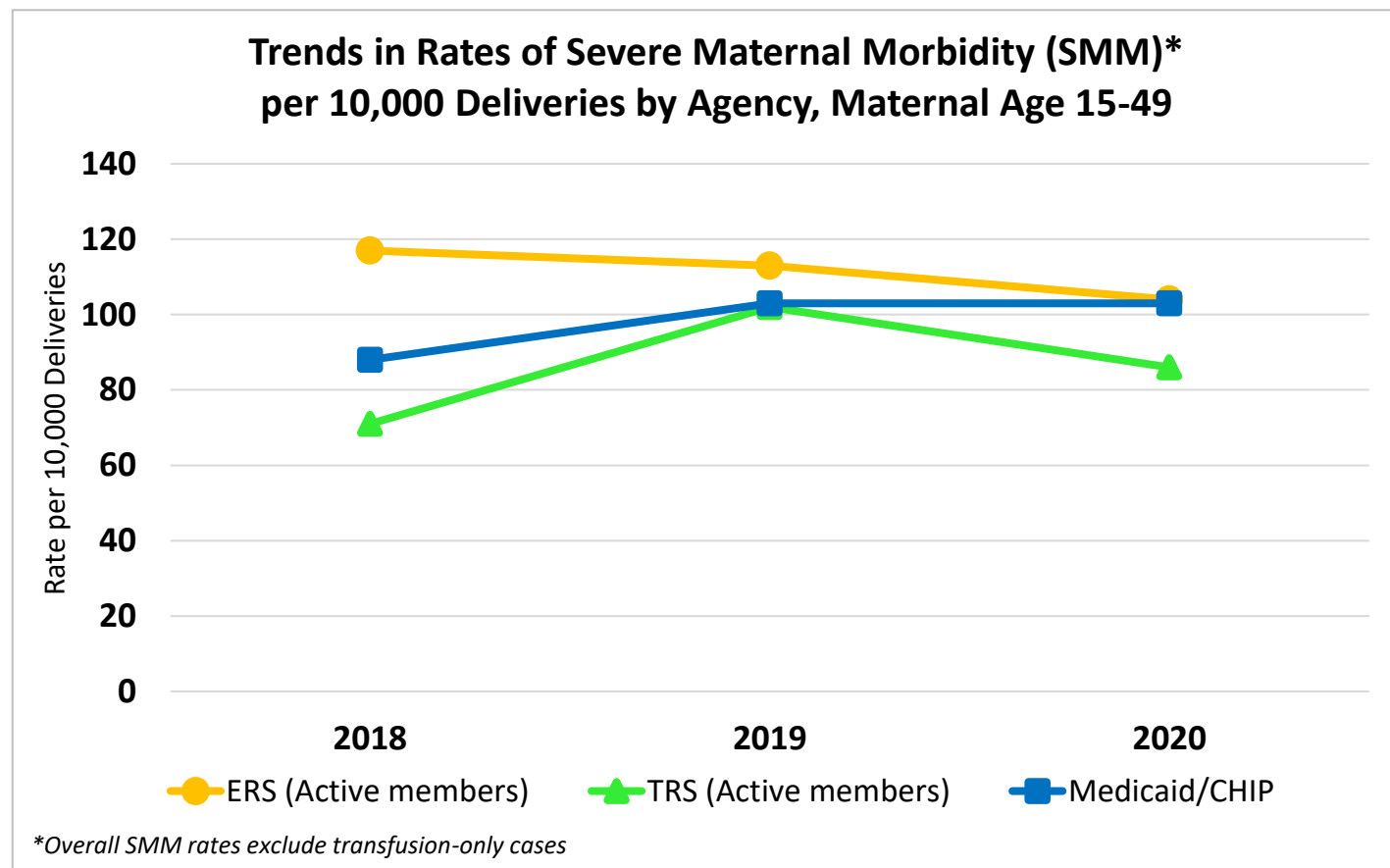
Initiative

➢ Resources for providers and patients

➢ Webinars (hosted by HHSC)
   1. Preventing suicide attempts
   2. Preventing non-suicidal self-injury

Outcome Measures

➢ Providers enrolled and using CPAN

➢ Providers enrolled and never accessed

➢ Providers not enrolled

What the Data Reveal
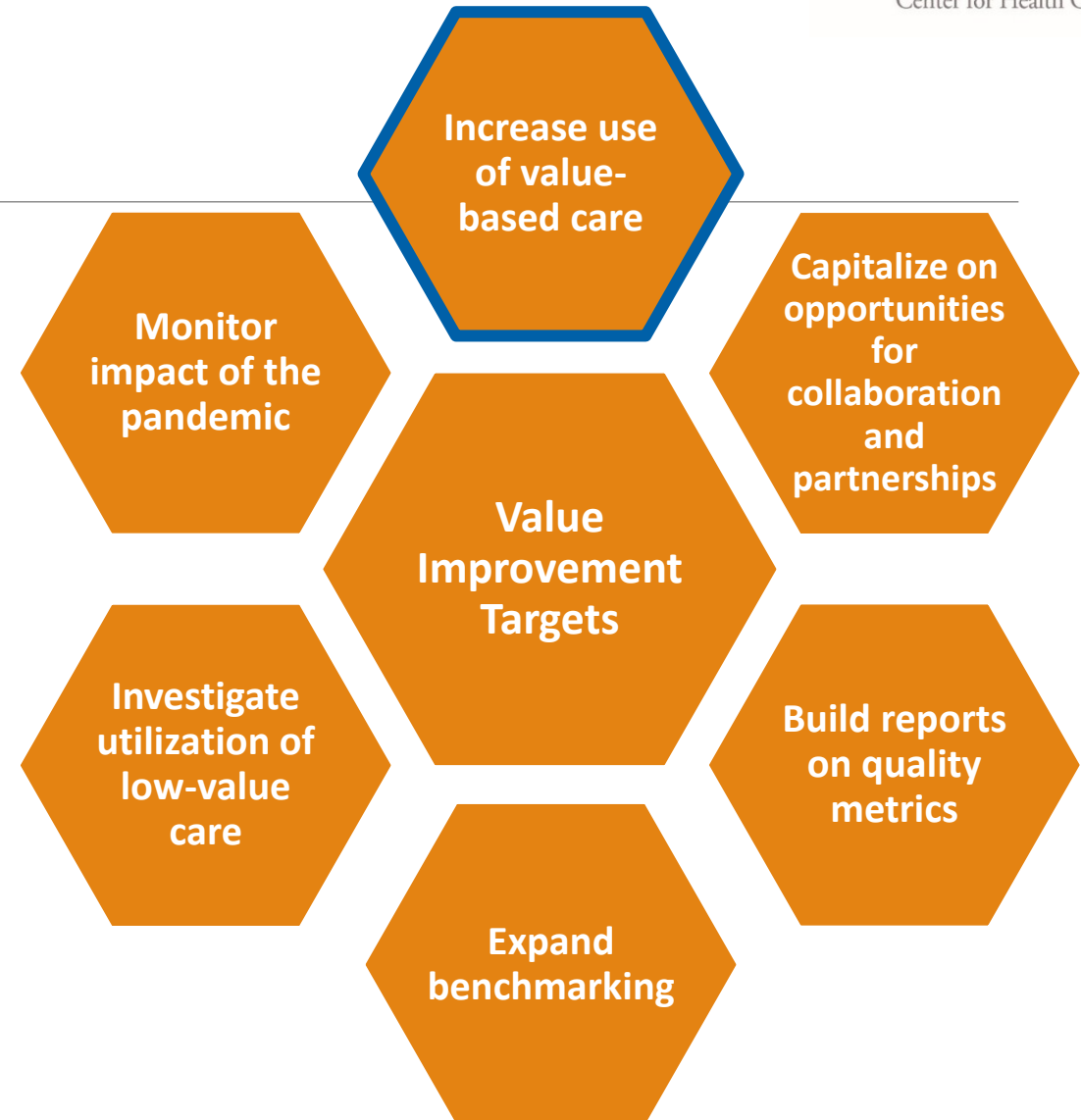## INCIDENCE TRENDS, Rates of Severe Maternal Morbidity (SMM)

Trends in Rates of Severe Maternal Morbidity (SMM)*
per 10,000 Deliveries by Agency, Maternal Age 15-49

Overall SMM rates exclude transfusion-only cases

Data as of 8/31/2020

Value-based Care Recommendations

Improve Maternal Health Outcomes

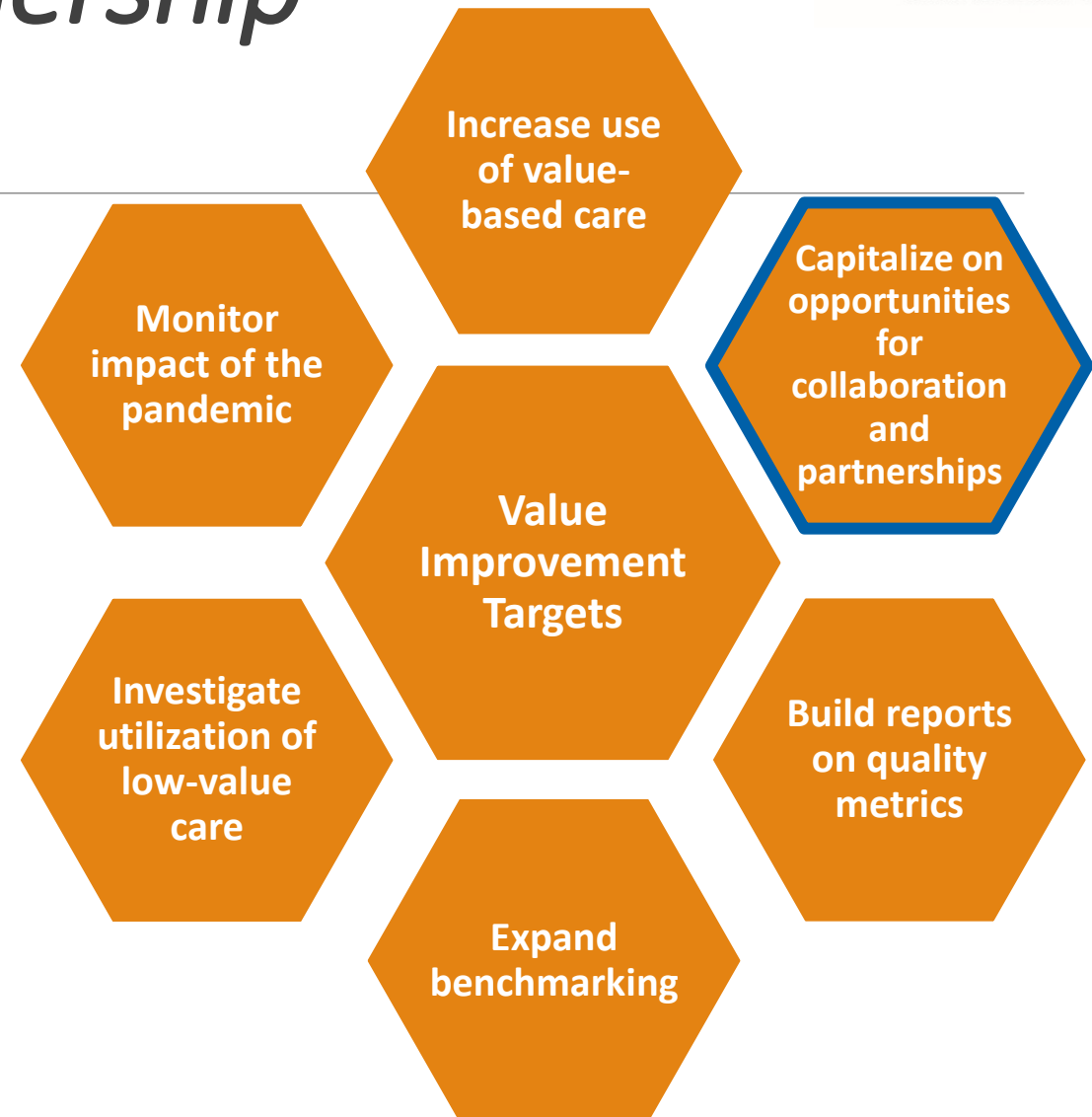➢ Promote DSHS's TexasAIM Initiative safety bundles and Hear Her, Texas

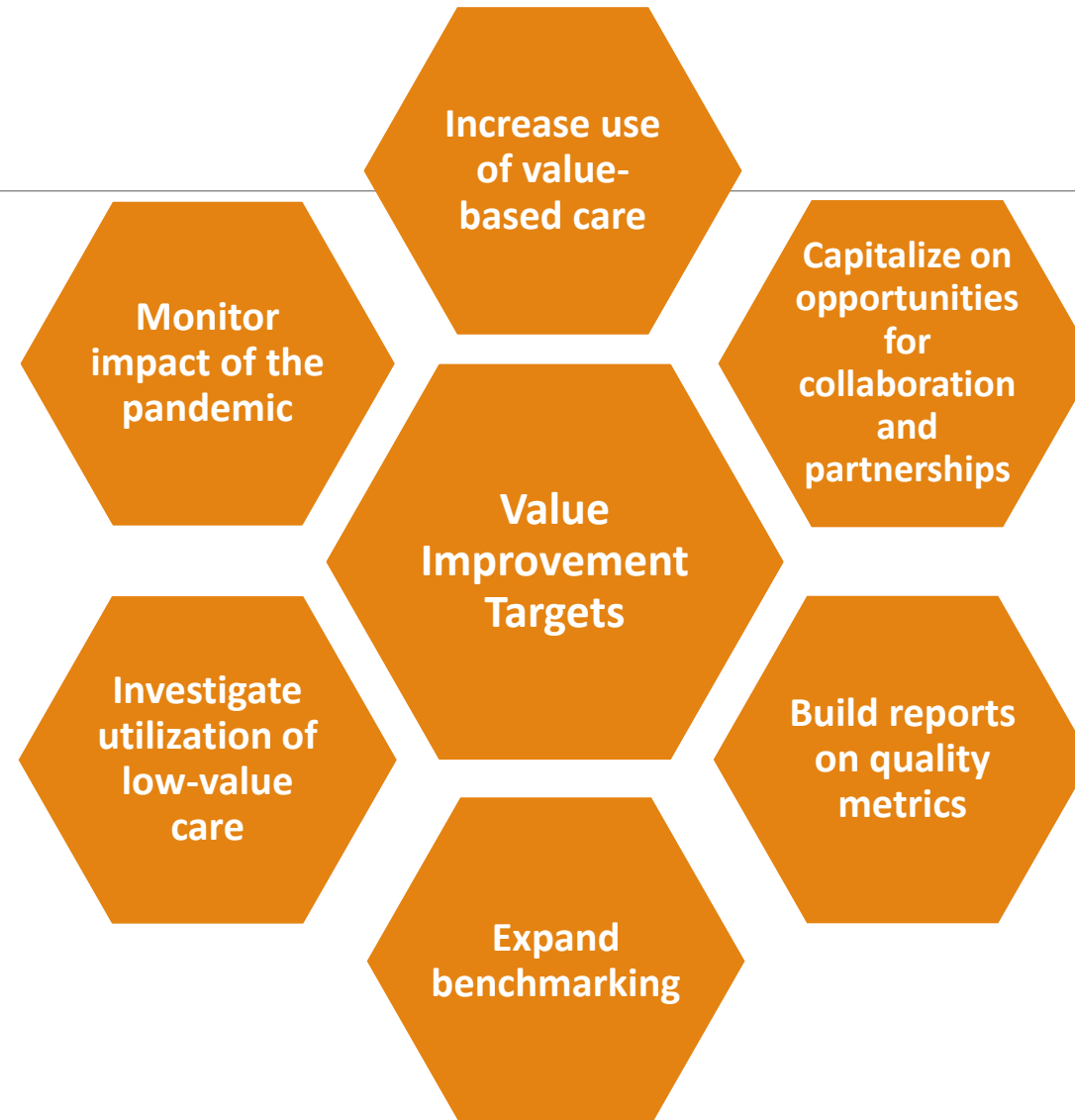➢ Explore ways to incentivize adoption and continuance of bundles

Increase use of value-based care

Monitor impact of the pandemic

Capitalize on opportunities for collaboration and partnerships

Value Improvement Targets

Investigate utilization of low-value care

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Expand benchmarking

Collaboration & Partnership Recommendations

Partner with, and advance, state initiatives

➤ Foster collaboration and dialogue

➤ Leverage state funds by boosting initiatives with similar goals

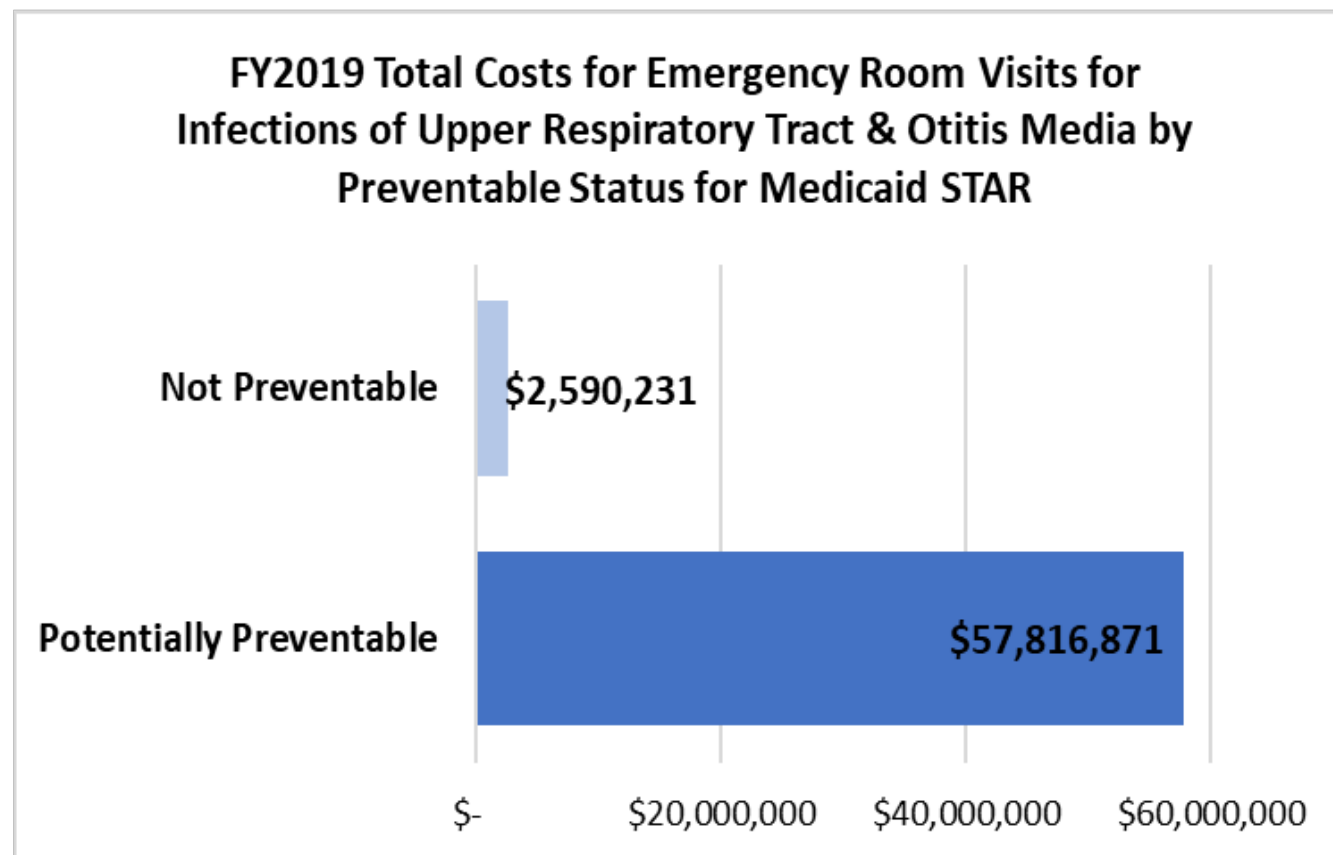➤ Learn from each other and increase efficiency in meeting shared goals

UTHealth Houston
School of Public Health
Center for Health Care Data

Increase use of value-based care

Capitalize on opportunities for collaboration and partnerships

Monitor impact of the pandemic

Value Improvement Targets

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Expand benchmarking

Other Recommendations

- Increase use of value-based care
- Capitalize on opportunities for collaboration and partnerships
- Monitor impact of the pandemic
- Value Improvement Targets
- Investigate utilization of low-value care
- Build reports on quality metrics
- Expand benchmarking

What the Data Reveal

PREVENTABLE SERVICES COSTS, Emergency Room Visits

FY2019 Total Costs for Emergency Room Visits for Infections of Upper Respiratory Tract & Otitis Media by Preventable Status for Medicaid STAR

Not Preventable: $2,590,231

Potentially Preventable: $57,816,871

Data as of 8/31/2019

Example of Data Use Case
POTENTIALLY PREVENTABLE SERVICES, Overuse of Neuroimaging for Migraine

FY2019 Claim Count for Emergency Room Visits for Migraine by Preventable Status for TRS

Not Preventable: 570 (25.8%)

Potentially Preventable: 1,638 (74.2%)

0   200   400   600   800   1,000 1,200 1,400 1,600 1,800
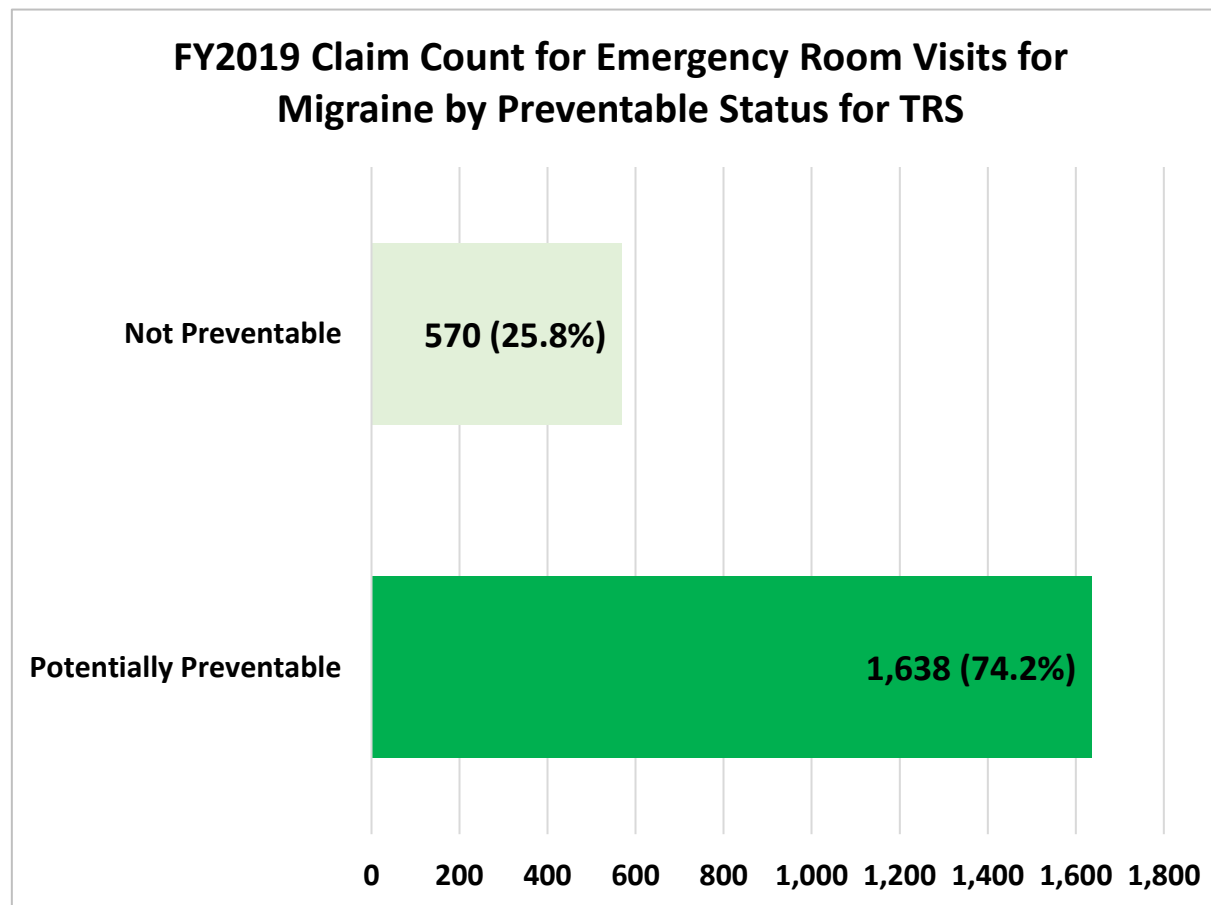
Data as of 8/31/2019, Active members (excludes Retirees & COBRA)

Pandemic Impact Recommendations

- Increase use of value-based care
- Capitalize on opportunities for collaboration and partnerships
- Monitor impact of the pandemic
- Value Improvement Targets
- Build reports on quality metrics
- Investigate utilization of low-value care
- Expand benchmarking
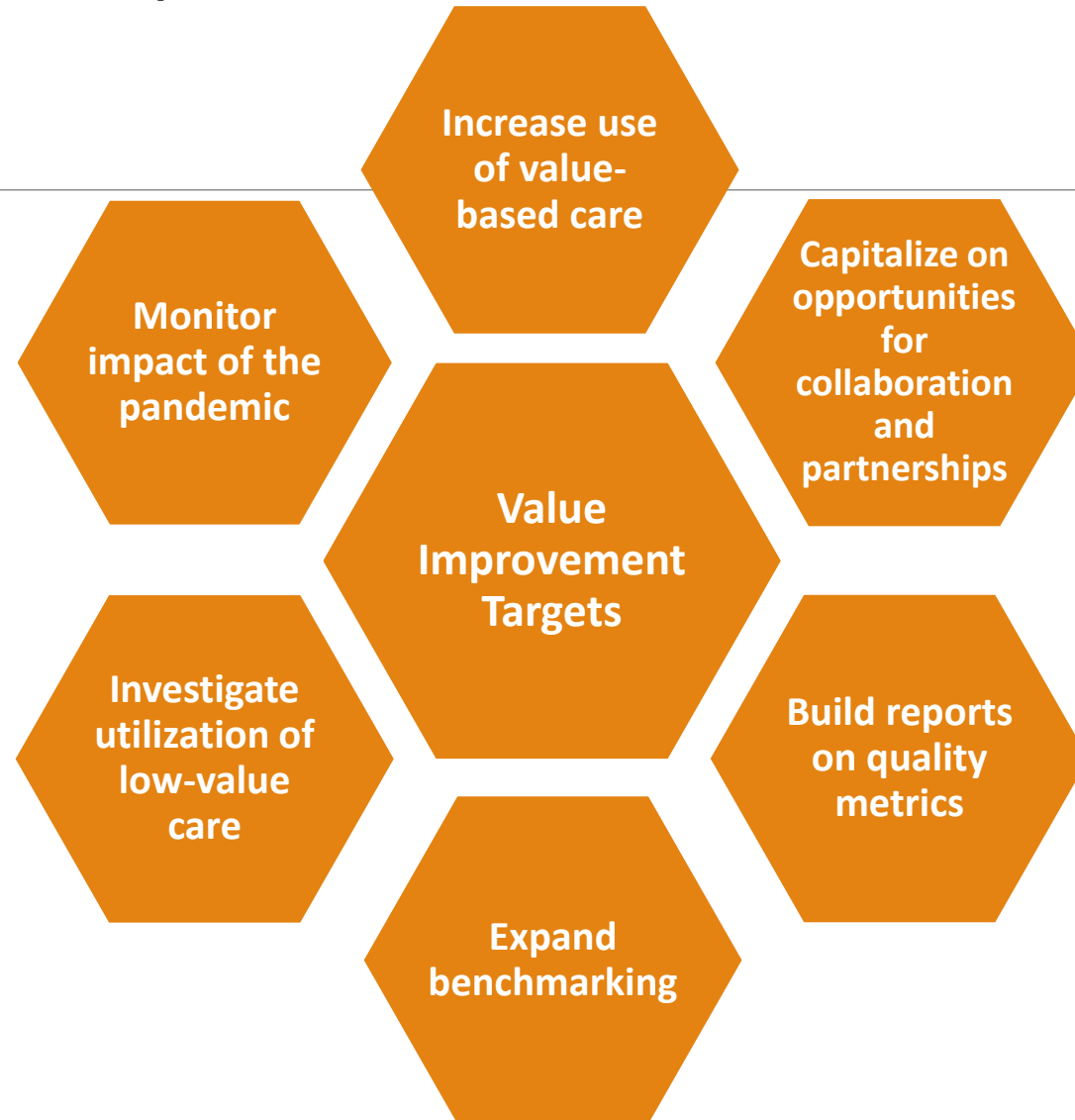
Next Steps

➢ Implement value-based initiatives to
- Reduce self-harm events by increasing the number of providers enrolled and using the Child Psychiatry Access Network (CPAN)
- Improve maternal health outcomes by promoting DSHS's TexasAIM safety bundles and Hear Her, Texas

➢ Expand quality metrics on data portals
- Expand preventive care measures
- Add HEDIS® measures

➢ Update benchmarking

➢ Explore the costliest potentially preventable events (PPEs) by agency

Reference Definitions

➢ **Expected rates:** Benchmarks developed by UTHealth Data Center analysts for commercial plans (ERS and TRS) based on statewide claims data from other sources. Each agency's expected rates were adjusted to mirror the age distribution of the state agency populations and were compared against the observed rates for that agency

➢ **Unique count:** Total annual count of unique persons during the measurement year

➢ **Member years (MY):** An accepted means of reporting the average count of persons for the year; MY is derived by summing counts of unique persons for each month of the measurement year and dividing by 12

➢ **Not Reportable (NR)**: Data with values >0 and <10 are not reported on the data portals