Quarterly Quality Provider Meeting

May 16, 2022
1:00-2:00pm
Agenda (1 of 2)

1. Welcome and Introductions
2. Update: HHSC projects
   • Hospital Based Quality Payment Program
   • Directed Payment Programs (Quality components)
   • All Payor Claims Database
3. Update: DSHS Data Resources
Agenda (2 of 2)

4. Update: Texas Medical Association’s recent activities
5. Update: Texas Hospital Association’s recent activities
6. Open Discussion
7. Action Items and topics for staff follow-up
8. Adjourn
Welcome and Introductions

Jimmy Blanton, Director
Office of Value-Based Initiatives
Medicaid & CHIP Services
Update: HHSC Projects
Hospital Quality-Based Payment Program

Jimmy Blanton, Director
Office of Value-Based Initiatives
Medicaid & CHIP Services
Hospital Quality-Based Payment Program (HQBP)

- HHSC administers the HQBP Program for all hospitals in Medicaid and CHIP in the managed care and FFS delivery systems.

- Hospitals are measured on their performance for risk-adjusted rates of potentially preventable hospital readmissions within 15 days of discharge (PPR) and potentially preventable inpatient hospital complications (PPC) across all Medicaid Programs and CHIP.

- Hospitals can experience reductions to their payments for inpatient stays:
  - Up to 2 percent for high rates of PPRs
  - Up to 2.5 percent for PPCs

- Measurement, reporting, and application of payment adjustments occur on an annual cycle.
Changes in Hospital PPC Performance for 2017-2020

Statewide PPC Weights for Most Frequent PPCs, FY 2017-2020

- Septicemia & Severe Infections
- Shock
- Renal Failure without Dialysis
- Acute Pulmonary Edema and Respiratory Failure without Ventilation
- Medical & Anesthesia Obstetric Complications
Changes in Hospital PPR Performance for 2014-2020
Changes to the HQBP

• Readmissions for Neonatal Jaundice will no longer be eligible for PPR consideration, effective for the SFY 2021 report cycle (available June 1, 2022).
  o This change will be made manually for SFY 2021. However, 3M has indicated this change will be reflected in their software update in October 2022.

• HHSC will begin a biannual stakeholder meeting series to promote/facilitate provider feedback for the HQBP and future 3M software updates.
Accessing HQBP Data

• Hospitals can access their confidential PPR and PPC reports on TMHP's secure provider portal at https://www.tmhp.com/.
  o Files containing underlying patient level data can also be accessed here.
  o For technical assistance with accessing the provider portal or creating an account, contact the TMHP EDI Helpdesk at 888-863-3638, from 7 a.m. to 7 p.m., Central Time. More information can be found at the TMHP website under the “Resources” banner.
  o Mid-year reports (available in August of every year) and underlying data are available upon request to the HQBP email box at MCD_PPR_PPC@hhsc.state.tx.us.
HQBP Data Elements

• Hospital PPR and PPC reports contain a number of informative metrics to contextualize performance:
  o Hospital volume and admissions at risk of PPE
  o PPE Performance metrics, including weighted and events-based rates
  o Expenditure data associated with PPEs
  o PPE category and reason data for the hospital
  o Statewide distributions for PPE rates

• Summaries of hospital performance are publicly available on the THLC portal one year after hospitals have received their results.
HQBP Program Website

Hospital Quality-based Payment Program

Texas Health and Human Services collects data on potentially preventable events and uses it to improve quality and efficiency.

Managed care organizations and hospitals are financially accountable for potentially preventable complications and potentially preventable readmissions flagged by HHS.

Based on performance for these measures, adjustments are made to fee-for-service hospital inpatient claims. Similar adjustments are made in each MCO’s experience data, which affects capitation rates. The data for fiscal years 2019 – 2020 is displayed in the folders below. The data for previous fiscal years through 2015 can be requested by emailing the PPR PPC Coordination Team.

Announcements

- April 15, 2022 (PDF) – FY 2021 Analysis
- August 6, 2020 (PDF) – FY 2020 Analysis
- May 11, 2020 (PDF) – FY 2019 Analysis
- July 10, 2019 (PDF) – FY 2019 Mid-year Analysis
- April 29, 2019 (PDF) – The FY 2018 PPR PPC hospital-level PDF reports will be accessible to hospitals on June 1, 2019.

Website link: https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/potentially-preventable-events?msclkid=fbb7a95ccd6b11ecae35262240442cb6
Texas Medicaid Directed Payment Programs & Quality Improvement

Noelle Gaughen, Manager
Delivery System Quality & Innovation
Medicaid/CHIP Services
What is a State Directed Payment?

• Directed Payment Programs (DPPs) are designed to help Medicaid managed care programs achieve delivery system and payment reform and performance improvement.

• Specifically, a state is permitted to direct Medicaid managed care organizations (MCOs) to make certain payments to healthcare providers.

• In Texas DPPs, intergovernmental transfers provide the non-federal share to draw down federal funds.

• These programs must be approved annually by the Center for Medicaid and Medicare Services (CMS).
Texas Medicaid DPPs

- **Quality Incentive Payment Program (QIPP)**
  - $1.1 Billion
  - Nursing Facilities
  - Started SFY18

- **Comprehensive Hospital Increased Reimbursement Program (CHIRP)**
  - $4.7 Billion
  - Hospitals
  - Started as UHRIP SFY18
  - Started as CHIRP SFY22

- **Directed Payment Program for Behavioral Health Services (DPP BHS)**
  - $176 Million
  - CMHCS
  - Started SFY22

- **Texas Incentive for Physicians and Professional Services (TIPPS)**
  - $600 Million
  - Physician Groups
  - Started SFY22

- **Rural Access to Primary and Preventive Services (RAPPS)**
  - $11 Million
  - Rural Health Clinics
  - Started SFY22
DPPs and the Medicaid Quality Strategy

Texas must demonstrate that each directed payment arrangement advances at least one of the goals and objectives in the Texas Managed Care Quality Strategy. Texas expects the five DPPs to advance the objectives of the following quality strategy goals.

<table>
<thead>
<tr>
<th>Quality Strategy Goal</th>
<th>CHIRP</th>
<th>QIPP</th>
<th>TIPPS</th>
<th>BHS</th>
<th>RAPPS</th>
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</thead>
<tbody>
<tr>
<td>Promoting optimal health for Texans</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Keeping patients free from harm</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promoting effective practices for people with chronic, complex, and serious conditions</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Attracting and retaining high-performing Medicaid providers, including medical,</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>behavioral health, dental, and long-term services and supports providers to participate</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in team based, collaborative, and coordinated care</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Performance Criteria

QIPP Year 5:
• Some payments are tied to a participating nursing facilities performance on specific quality measures or metrics.

CHIRP, TIPPS, RAPPS, and DPP BHS Year 1:
• Payment is not tied to performance on quality metrics. Reporting is required as a condition of participation.
Evaluation Criteria

• All DPPs will have performance targets for evaluation purposes.
• Texas DPPs require participants to submit quality reports to HHSC. The type and frequency of data submitted varies by program. Participant reporting may be in the form of:
  • Structure measures like:
    • Health Information Exchange participation
    • Staffing hours
  • Process or outcome measures like:
    • Screening for food insecurity
    • Diabetes control
• All DPPs have performance targets for evaluation purposes.
• Other data sources will also be used to evaluate the program, such as managed care claims and CMS Care Compare.
How quality reporting will be used

• Annual evaluations will be sent to CMS as part of the annual application and approval process. CMS will use evaluation findings to make decisions about future program years. CMS expects states to demonstrate year over year improvement through annual evaluations.

• HHSC will publish public information on performance, so that providers know how they are doing compared to their peers.

• HHSC and MCOs may also use the data to provide technical assistance or develop possible policy or program changes to drive quality improvement.
Preliminary Results of DPP BHS Structure Measure Implementation Status

As of August 31, 2021, has your organization implemented the following structure measure?

- **Electronic exchange of clinical data**: 9 (23%), 13 (33%), 17 (44%)
- **Integrated physical and behavioral health care services**: 4 (10%), 32 (82%), 12 (31%)
- **Provide services using remote technology**: 39 (100%)
- **CCBHC Certification Status**: 27 (69%)
Thank you

Additional Resources on Texas DPP Quality:
https://www.hhs.texas.gov/services/health/medicaid-chip/provider-information/medicaid-chip-directed-payment-programs
Update: HHSC Projects
All Payor Claims Database

Jimmy Blanton, Director
Office of Value-Based Initiatives
Medicaid & CHIP Services
All Payor Claims Database

TX HB 2090 creates a system to collect public and private payor data.

Deliverables:
• Stakeholder Advisory Group (first met October 27, 2021)
• Data collection
• Public portal

Final rules to be adopted in July 2022.
• MCOs would submit data only to HHSC.
• HHSC will submit Medicaid Payor information on behalf of MCOs.

TDI Implementation:
https://www.tdi.texas.gov/health/hb2090.html
Update: DSHS Data Resources

DSHS Center for Health Statistics
Texas Health Data

www.healthdata.dshs.Texas.gov
A Portal for Comprehensive Health Data in Texas

• Sabrina Blackledge, PhD
• Data Visualization Team Lead
• DSHS Center for Health Statistics
• May 2022
Presentation Outline

• Overview of Texas Health Data (THD)
  • Center for Health Statistics (CHS)
  • The Data Viz Team

• Navigating through Texas Health Data - What you can find

• Selected THD dashboards overview

• Future directions and contacts
What and Where is Texas Health Data?

- **Texas Health Data** is a website maintained by the **Data Viz team**, that is within the DSHS **Center for Health Statistics** (CHS)
Texas Health Data – An Overview

• Texas Health Data helps fulfill the CHS mission as a source for timely, accurate, and useful health information in Texas:
  • CHS meets it’s mission by:
    1. Coordinating, integrating, and providing access
    2. Adopting standards for collection and dissemination
    3. Providing guidance and education
    4. Conducting analysis and interpretation, while protecting the privacy of the citizens of Texas
What you will find here

This site contains public data and statistics on various health topics. The data are intended to help you plan and improve delivery of services, evaluate health care systems, inform policy decisions, and aid in research. Other uses or disclosures are not permitted.

FEATURED DATA

Opioids

Discover public data and statistics about the opioid crisis in Texas and learn how opioids have impacted people living in Texas over time, by demographics, and by region or county. This information educates the general public and gives intervention and prevention guidance for legislators and the community.

Stay Informed

Stay up-to-date on our progress by signing up for email updates. If you are unable to find what you need on Texas Health Data, please visit the Center for Health Statistics website or contact the Texas Health Data team to make a data request.

https://healthdata.dshs.texas.gov
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VIEW DASHBOARD

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SUBSCRIBE TO OUR NEWSLETTER

New launches!
Texas Health Data: Stay Informed

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Sign up for email updates and contact for the data viz team
Almost 50 Dashboards Under 8 Broad Categories! (1 of 2)

- Births and Deaths
- Diseases
- Drugs & Alcohol
- Environmental Health
- Health Care Workforce
- Hospitals
- Injuries
- Surveys & Profiles
Almost 50 Dashboards Under 8

Broad Categories! (2 of 2)

- Births and Deaths – *Live Births, Deaths*
- Diseases
- Drugs & Alcohol – *Opioid collection*
- Environmental Health
- Health Care Workforce – *Texas Center for Nursing Workforce Studies (TCNWS)*
- Hospitals – *Inpatient and Outpatient discharges, Quality Indicators*
- Injuries
- Surveys & Profiles – *Health Facts Profiles*
Texas Health Care Information Collection (THCIC)

“Hospitals” tab
Inpatient, Outpatient, Quality Indicators dashboards
Inpatient Use: Additional Features

Header: Contacts for the program “home(s)” for the data
Example of our one of our “create a data table” features built into many of our dashboards.
Data download spot at the bottom right-hand corner
Data Source

Texas Health Care Information Collection (THIC)

Data Source and Description

The Texas Health Care Information Collection (THIC) was created by Chapter 108 of the Texas Health and Safety Code (THSC) and is responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data from all state licensed hospitals except those that are statutorily exempt from the reporting requirement. The Inpatient Utilization dashboard uses the Texas hospital inpatient discharge Public Use Data Files (PUDF). For more details on the data source, data collection and data dictionary, see the Texas Outpatient Public Use Data File.

Measure Information

Inpatient hospitalization

Hospitalizations for patients who were admitted into the hospital for care. The inpatient hospital stay may last several hours to days, weeks or years, depending upon the condition or status of the patient before being discharged.
Hospital Quality Indicators

Quality Indicators (QIs) are standardized, evidence-based measures of health care quality that can be used with readily available hospital inpatient administrative data to measure and track clinical performance and outcomes.

Dashboards

Inpatient Quality Indicators
Mortality indicators reporting the percentage of patients who died in the hospital after undergoing a specific type of surgery. Utilization indicators reflecting the use of certain procedures about which questions have been raised about excessive or underuse.

Patient Safety Indicators
Potential complications that occur within hospital and patients adverse events following surgeries, procedures, and treatments. Mortality change per case.

Pediatric Quality Indicators
Quality of care of children under the age of 18.

Prevention Quality Indicators
Amount of cases hospitals deal with that are connected to preventable diseases. Some preventable diseases that are monitored are: asthma, diabetes and urinary infections. Assessing the effectiveness of this care.
## Pediatric Quality Indicators

### Texas Health Care Information Collection

**Accidental Puncture or Laceration Rate, 2019**

- Diagnosis Present on Admission (PPS) included in calculations, PPS exempt hospitals excluded
- Inpatient Patients Under Age 10
- Better quality may be associated with lower rates
- Rates not calculated for hospitals with fewer than five complications

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### Metropolitan Statistical Area (MSA)  
### Hospital  
### Cases  
### Number of C. complications  
### Observed Rate  
### Expected Rate  
### Risk adjusted Rate  
### 95% confidence interval  
### Average Charges per Case

<table>
<thead>
<tr>
<th>Metropolitan Statistical Area (MSA)</th>
<th>Hospital</th>
<th>Cases</th>
<th>Number of C. complications</th>
<th>Observed Rate</th>
<th>Expected Rate</th>
<th>Risk adjusted Rate</th>
<th>95% confidence interval</th>
<th>Average Charges per Case</th>
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</thead>
<tbody>
<tr>
<td>STATE OF TEXAS</td>
<td>Dell Children’s Medical Center</td>
<td>64,492</td>
<td>47</td>
<td>0.07%</td>
<td>0.00%</td>
<td>0.02%</td>
<td>(0.02%, 0.04%)</td>
<td>$109,720</td>
</tr>
<tr>
<td>Austin-Round Rock, TX</td>
<td>Dell Children’s Medical Center</td>
<td>0.0%</td>
<td>7</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.02%</td>
<td>(0.02%, 0.07%)</td>
<td>$102,690</td>
</tr>
<tr>
<td>Corpus Christi, TX</td>
<td>Texas Scottish Rite Hospital for Children</td>
<td>2,401</td>
<td>6</td>
<td>0.10%</td>
<td>0.00%</td>
<td>0.04%</td>
<td>(0.01%, 0.06%)</td>
<td>$123,677</td>
</tr>
<tr>
<td>Dallas-Fort Worth-Ft. Worth, TX</td>
<td>Texas Scottish Rite Hospital for Children</td>
<td>Less than 5</td>
<td>Fewer than 5 Complications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$68,723</td>
</tr>
<tr>
<td>Our Children’s House</td>
<td>Less than 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$127,354</td>
</tr>
<tr>
<td>Cooke Children’s Medical Center</td>
<td>Less than 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$100,634</td>
</tr>
<tr>
<td>Children’s Medical Center-Dallas</td>
<td>Less than 5</td>
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<td></td>
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<td></td>
<td></td>
<td>$119,870</td>
</tr>
<tr>
<td>El Paso, TX</td>
<td>El Paso Children’s Hospital</td>
<td>Less than 5</td>
<td>Fewer than 5 Complications</td>
<td></td>
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<td>$46,052</td>
</tr>
</tbody>
</table>
Texas Vital Statistics

“Births and Deaths” tab
Live Births, Deaths dashboards
LIVE BIRTHS IN TEXAS, 2005-2019

This dashboard presents the number of live births in Texas from 2005 through 2019 by selected variables.

Select a Variable: Mother's Education

Select Chart Type: Bar chart

Legend:
- 1-Less Than High School Graduate
- 2-High School Graduate
- 3-Some College
- 4-College Graduate

Chart showing the number of births in Texas from 2005 to 2019, categorized by mother's education level.
Deaths (2006-2019)

For questions about this data, send email to vital@thstx.state.tx.us or call 512-776-7507

In 2019...

...there were:
203,099
total deaths

...there were:
700.3
deads per
100,000 population

...the top 10 causes of death among Texas residents were:

1. Diseases of the Heart
2. Malignant Neoplasms
3. Accidents
4. Chronic Lower Respiratory Diseases
5. Cerebrovascular Diseases
6. Alzheimer’s Disease
7. Diabetes Mellitus
8. Chronic Liver Disease and Cirrhosis
9. Nephritis, Nephrotic Syndrome and Nephrosis
10. Septicemia
The Texas Center for Nursing Workforce Studies (TCNWS) "Health Care Workforce" tab

Future of Nursing Indicators, Licensed Vocational Nurses, Nursing Education, Vocational Nursing Education, and Workforce Supply & Demand dashboards
Health Resources in Texas

Nursing facilities

Count of nursing facilities in the county from the Health and Human Services Provider Portal (2020).

Click any county to see more details.

To view legend, turn layer on and off, or select a different base map, go to the drop-down menus in the top right corner of the map panel.

Nursing facilities

- 33 - 102
- 12 - 32
- 1 - 11
Workforce Supply & Demand Projections

For questions about this data, send email to HRD@dhhs.texas.gov or call (512) 776-7261

Nurse Supply and Demand

Supply of and demand for RN FTEs over time, Texas

<table>
<thead>
<tr>
<th>Year</th>
<th>Supply</th>
<th>Demand</th>
<th>FTE Unmet Demand</th>
<th>% Unmet Demand</th>
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</thead>
<tbody>
<tr>
<td>2019</td>
<td>228,840</td>
<td>257,080</td>
<td>28,244</td>
<td>11.0%</td>
</tr>
<tr>
<td>2020</td>
<td>233,908</td>
<td>263,133</td>
<td>29,165</td>
<td>11.3%</td>
</tr>
<tr>
<td>2021</td>
<td>239,007</td>
<td>269,197</td>
<td>50,510</td>
<td>11.2%</td>
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<tr>
<td>2022</td>
<td>244,127</td>
<td>275,713</td>
<td>51,586</td>
<td>11.3%</td>
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<tr>
<td>2023</td>
<td>249,240</td>
<td>282,580</td>
<td>53,540</td>
<td>11.2%</td>
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<tr>
<td>2024</td>
<td>254,379</td>
<td>289,352</td>
<td>54,073</td>
<td>11.8%</td>
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<tr>
<td>2025</td>
<td>259,451</td>
<td>296,416</td>
<td>56,965</td>
<td>12.1%</td>
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<tr>
<td>2026</td>
<td>264,491</td>
<td>303,563</td>
<td>58,871</td>
<td>12.8%</td>
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<tr>
<td>2027</td>
<td>269,692</td>
<td>310,755</td>
<td>41,230</td>
<td>13.0%</td>
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<tr>
<td>2028</td>
<td>274,349</td>
<td>318,375</td>
<td>43,026</td>
<td>13.8%</td>
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<tr>
<td>2029</td>
<td>279,090</td>
<td>323,860</td>
<td>46,764</td>
<td>14.4%</td>
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<td>2030</td>
<td>283,650</td>
<td>333,602</td>
<td>40,946</td>
<td>15.0%</td>
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Health Facts Profiles

“Surveys and Profiles” tab

Health Facts Profiles 2012-2013, 2014-2015, and upcoming 2022 launch dashboards
Be on the lookout for the 2022 launch of a revamp of Health Facts Profiles, coming soon!
Thank you!

Data Viz Team: CHS-Info@dshs.Texas.gov
Sabrina Blackledge: Sabrina.Blackledge@dshs.Texas.gov

http://www.dshs.texas.gov/chs/
Update: Texas Medical Association

TMA recent activities
Update: Texas Hospital Association

THA recent activities
Open Discussion

Jimmy Blanton
Director, Office of Value-Based Initiatives
HHSC
Action Items and Topics for Follow-up

Jenn Hamilton
Program Specialist, Office of Value-Based Initiatives
HHSC
Questions?

Jimmy Blanton
Director, Office of Value-Based Initiatives
Jimmy.Blanton@hhs.texas.gov