

Delivery System Reform Incentive Payment (DSRIP) Program in Texas

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DSRIP Program in Texas

- In December 2011, Texas received CMS federal approval for a five-year Texas Healthcare Transformation Quality Improvement Program, a Medicaid transformation waiver program operating under the authority of the §1115 Social Security Act.
- As part of the Texas Medicaid transformation waiver, the Delivery System Reform Incentive Payment (DSRIP) program incentivizes hospitals and other providers to improve access to care and how care is delivered, targeting Medicaid enrollees and low income uninsured individuals.
- The development and maintenance of a coordinated care delivery system is supported through 20 regional healthcare partnerships (RHPs) covering Texas' 254 counties.
- Each RHP plan outlines projects that support health care delivery system reform. Plans include regional assessments, goals, rationale for projects, annual milestones, metrics, and expected results.

DSRIP Program in Texas

- DSRIP aims to transform hospital care delivery systems by:
 - Integrating systems of care;
 - Delivering high-quality care;
 - Delivering prevention and primary care services for patients;
 - Increasing patient access;
 - Providing patients with a positive health care experience; and
 - Offering timely, proactive, coordinated medical home care

DSRIP Program in Texas

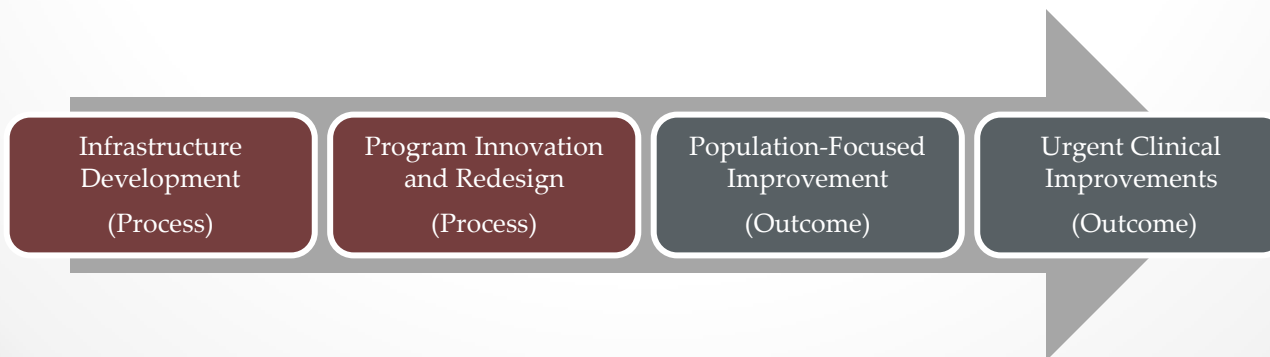
- To achieve the goals:

Category 1 - Infrastructure development – lays the foundation for delivery system transformation through investments in people, places, processes and technology.

Category 2 - Program innovation and redesign – includes the piloting, testing, and replicating of innovative care models.

Category 3 - Quality improvements – Healthcare delivery outcomes reporting and targets tied to Category 1 and 2 projects.

Category 4 – Population-based improvements – requires hospitals in all RHPs to report on the same measures.



Key Challenges Identified

- High chronic disease burden
- Limited access to health care services
- Poor maternal and child outcomes
- High rates of hospitalizations
- Need for care navigation upon discharge
- Medically underserved areas/populations
- Unmet mental and behavioral health needs
- Health care provider shortage and access to care
- Need to prepare and develop infrastructure to improve health

Overview

- Texas statewide rates by RHP
- Map of percentiles by RHP
- Behavioral Health
- Access to Care
- Potentially Preventable Events

Behavioral Health Measures

- HEDIS Initiation of Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- HEDIS Continuation of Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- HEDIS Antidepressant Medication Management (AMM): Acute Phase
- HEDIS Antidepressant Medication Management (AMM): Continuation Phase
- HEDIS Follow-Up After Hospitalization for Mental Illness (FUH) within 7 Days
- HEDIS Follow-Up After Hospitalization for Mental Illness (FUH) within 30 Days
- HEDIS Substance Abuse: Initiation of Alcohol and Other Drug Dependence Treatment (IET-Initiation)
- HEDIS Substance Abuse: Engagement of Alcohol and Other Drug Dependence Treatment (IET-Engagement)

Access to Care Measures

- HEDIS Women's Access to Primary Care: Breast Cancer Screening (BCS)
- HEDIS Children and Adolescents' Access to Primary Care Practitioners (CAP)
- HEDIS Women's Access to Primary Care: Cervical Cancer Screening (CCS)
- HEDIS Access to Primary/Preventive Care: Frequency of Ongoing Prenatal Care (FPC)
- HEDIS Access to Primary/Preventive Care: Postpartum Care (PPC-Postpartum Care)

Utilization of Care Measures

- Inpatient Expenditures and Lengths of Stay
- HEDIS Ambulatory Care (AMB): Outpatient Visits per 1000 Member Months
- HEDIS Ambulatory Care (AMB): Emergency Department Visits per 1000 Member Months

Potentially Preventable Events

- 3M Potentially Preventable Admissions (PPA)
- 3M Potentially Preventable Complications (PPC)
- 3M Potentially Preventable Readmissions (PPR)
- 3M Potentially Preventable ED Visits (PPV)
- AHRQ Pediatric Quality Indicator: Asthma Admission Rate (PDI 14)
- AHRQ Pediatric Quality Indicator: Diabetes Short-Term Complications Admission Rate (PDI 15)
- AHRQ Pediatric Quality Indicator: Gastroenteritis Admission Rate
- AHRQ Pediatric Quality Indicator: Perforated Appendix Admission Rate
- AHRQ Pediatric Quality Indicator: Urinary Tract Infection Admission Rate

Data Used

- Medicaid Managed Care for Calendar Year 2013
 - Excludes clients dually enrolled in Medicaid and Medicare
- May not be reflective of full DSRIP population
 - Opportunities exist to compare to actual DSRIP project calculations for participants
 - Medicaid data does not include the low income uninsured population
- Provides information about care within the RHPs

Behavioral Health

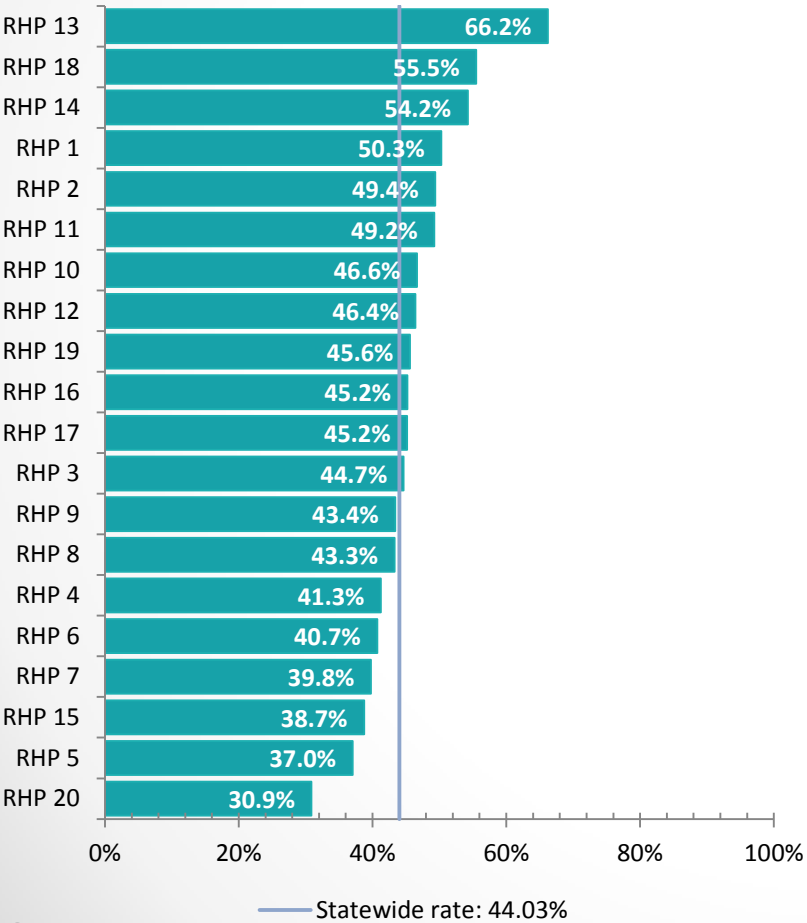
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HEDIS® Antidepressant Medication Management: Acute Phase

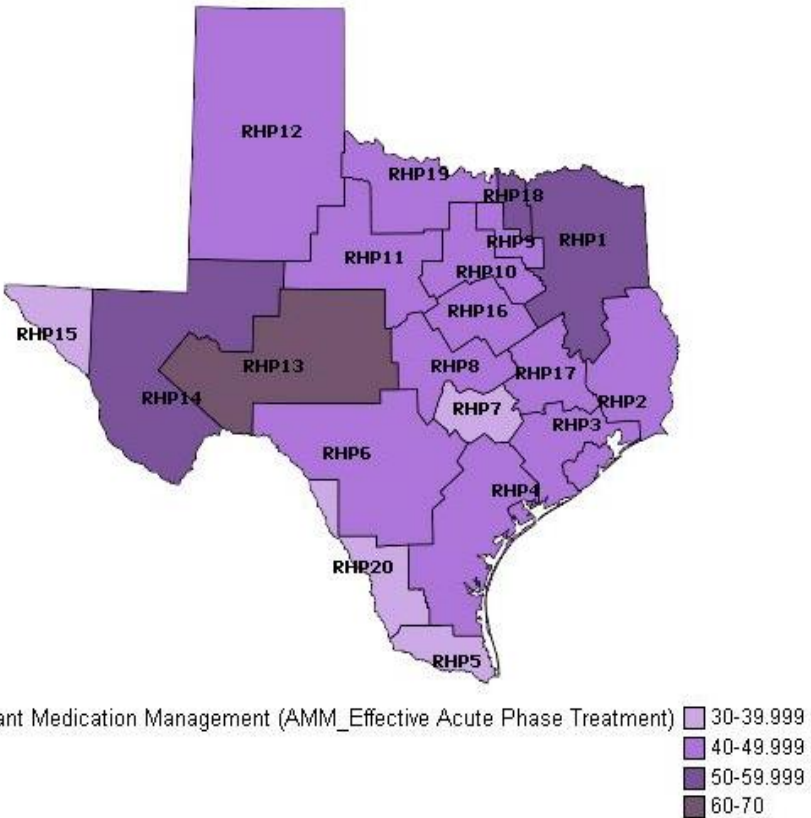
- Members 18 and older with a diagnosis of major depression
- Percentage dispensed a new antidepressant medication covering 12 weeks of treatment
- May include a washout period or other short gaps
- No antidepressant prescription filled in preceding 105 days

HEDIS® Antidepressant Medication Management: Acute Phase

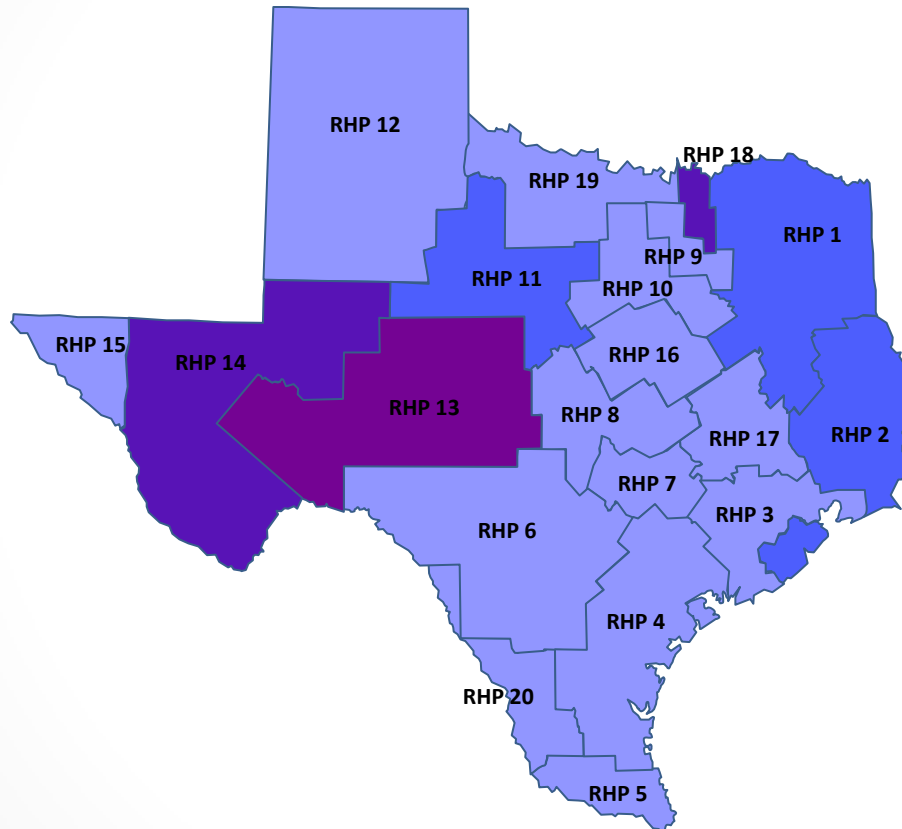
AMM: Effective Acute Phase



AMM-Acute: Statewide Comparison



AMM-Acute: HEDIS® National Percentile



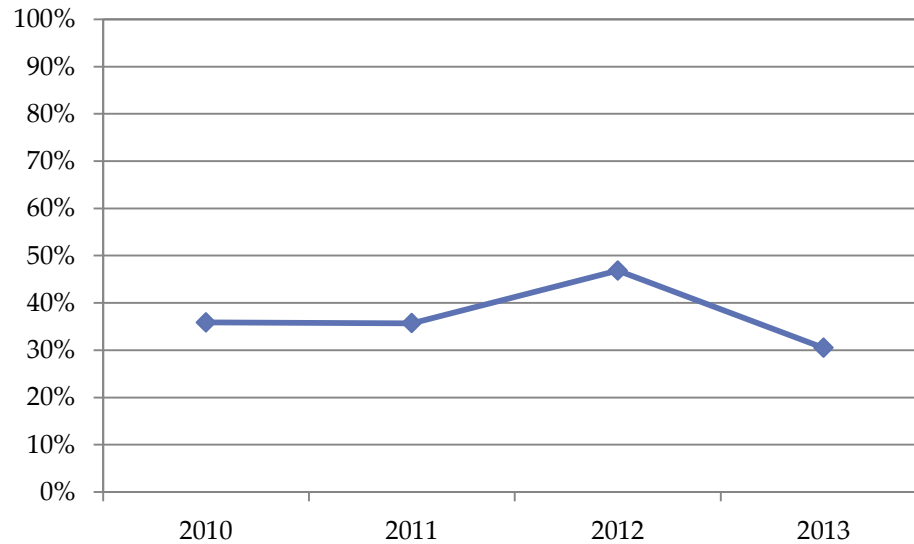
Antidepressant Medication Management (AMM_Effective Acute Phase Treatment)

HEDIS® percentiles:

- less than 25th percentile
- 25th to less than 50th percentile
- 50th to less than 75th percentile
- 75th percentile or greater

STAR+PLUS HEDIS®

Antidepressant Medication Management Acute Phase Treatment, 2010-2013



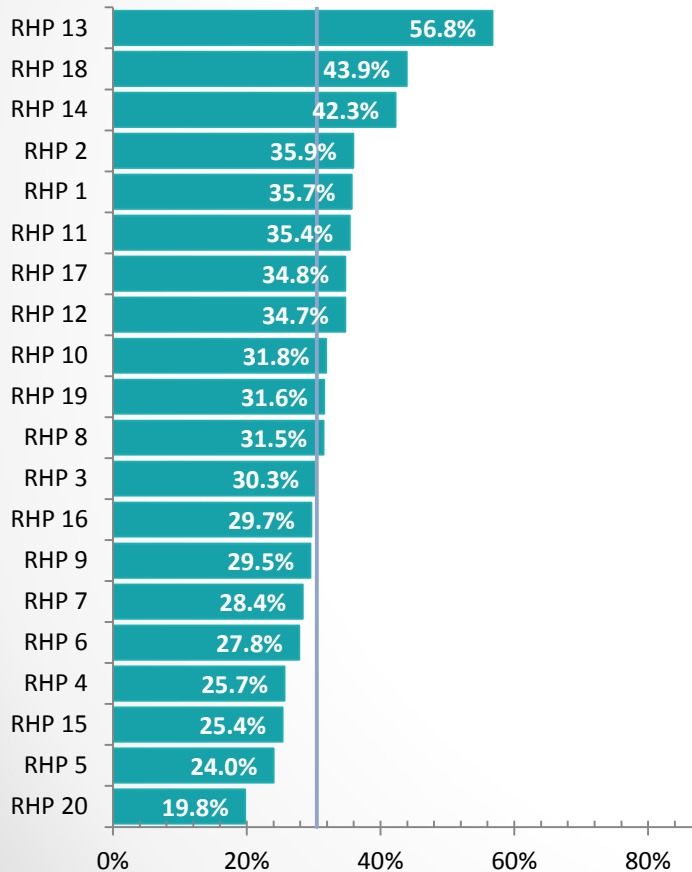
Illustrates longitudinal statewide results for STAR+PLUS
RHP-specific longitudinal results should be considered

HEDIS® Antidepressant Medication Management: Continuation Phase

- The percentage of members who remained on the antidepressant medication for at least 6 months

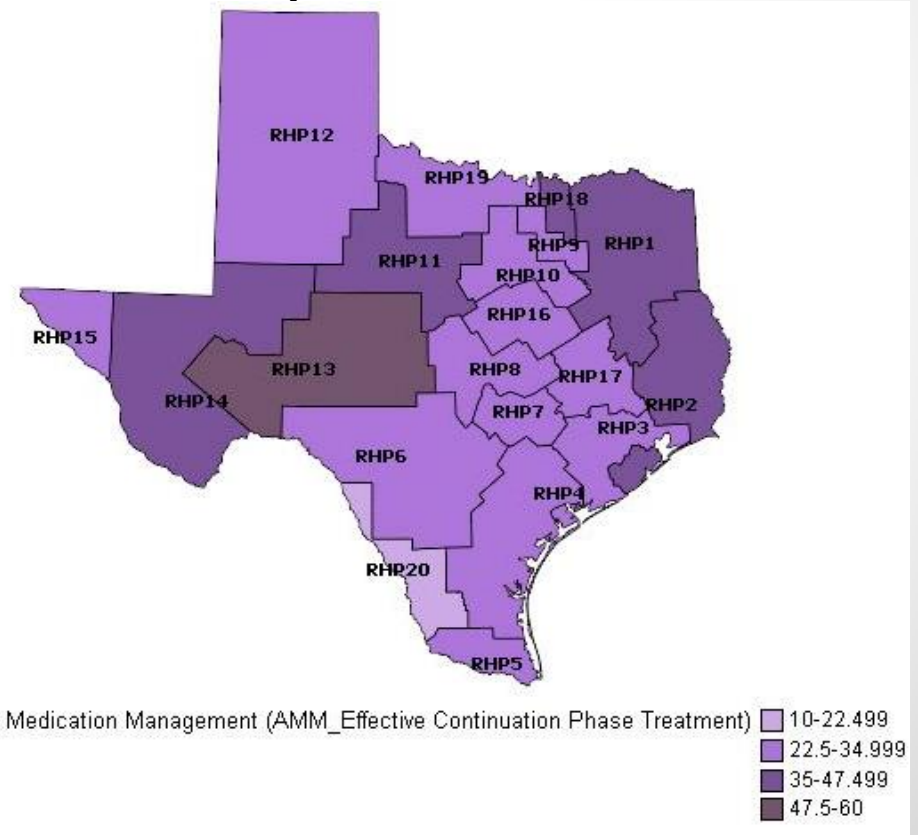
HEDIS® Antidepressant Medication Management: Continuation Phase

AMM: Effective Continuation Phase

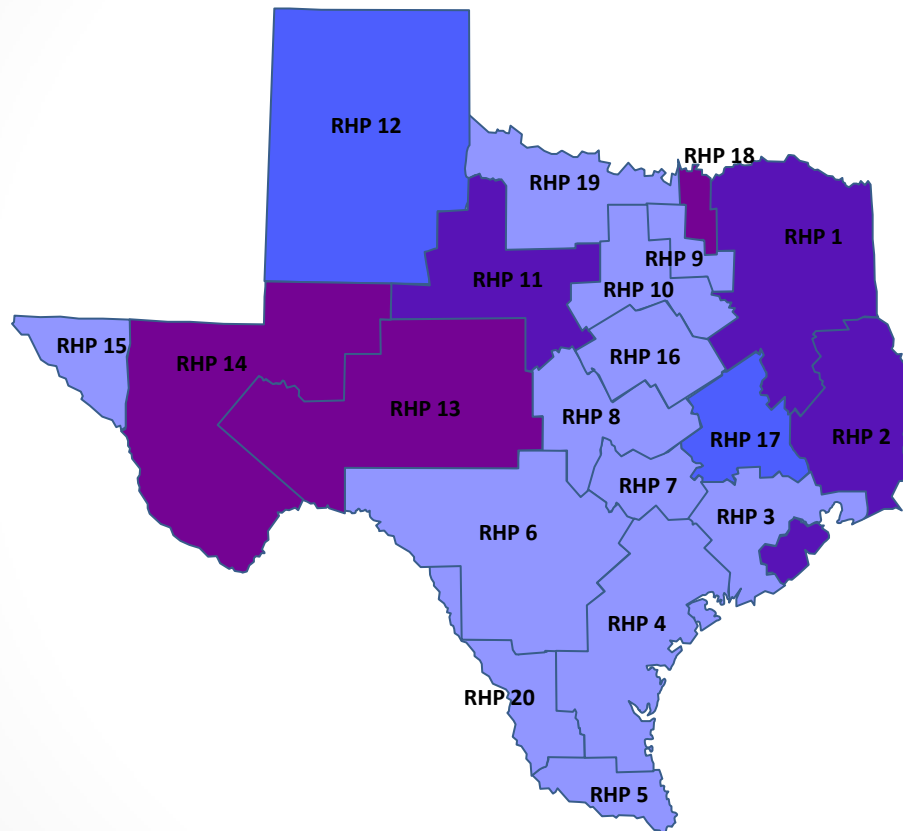


— Statewide rate: 30.49%

AMM-Continuation: Statewide Comparison



AMM-Continuation: HEDIS® National Percentile

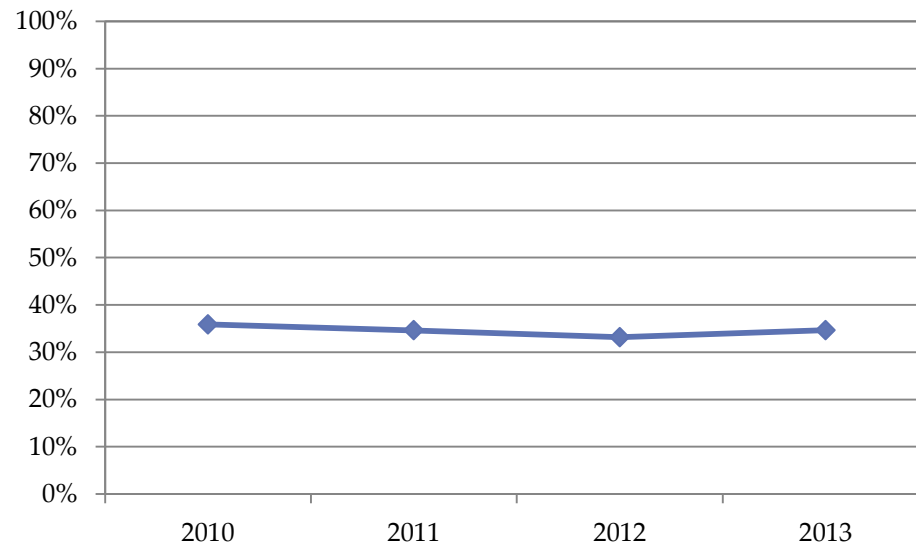


Antidepressant Medication Management (AMM_Effective Continuation Phase Treatment)

HEDIS® percentiles:

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- 75th percentile or greater

STAR+PLUS HEDIS® Antidepressant Medication Management Continuation Phase Treatment, 2010-2013



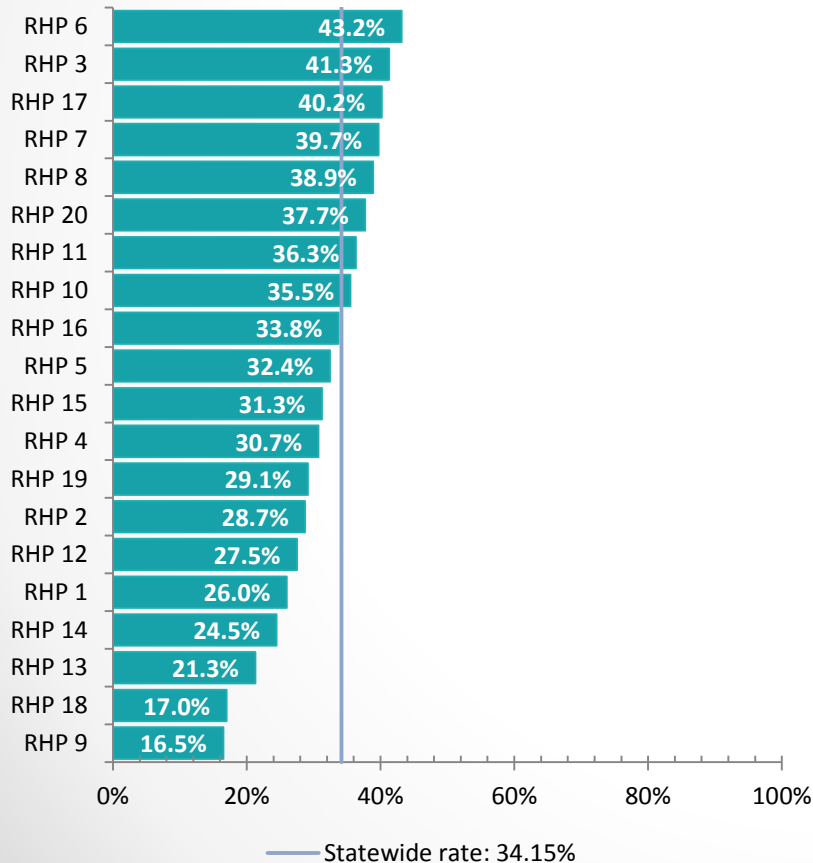
Illustrates longitudinal statewide results for STAR+PLUS
RHP-specific longitudinal results should be considered

HEDIS® Follow-Up After Hospitalization for Mental Illness

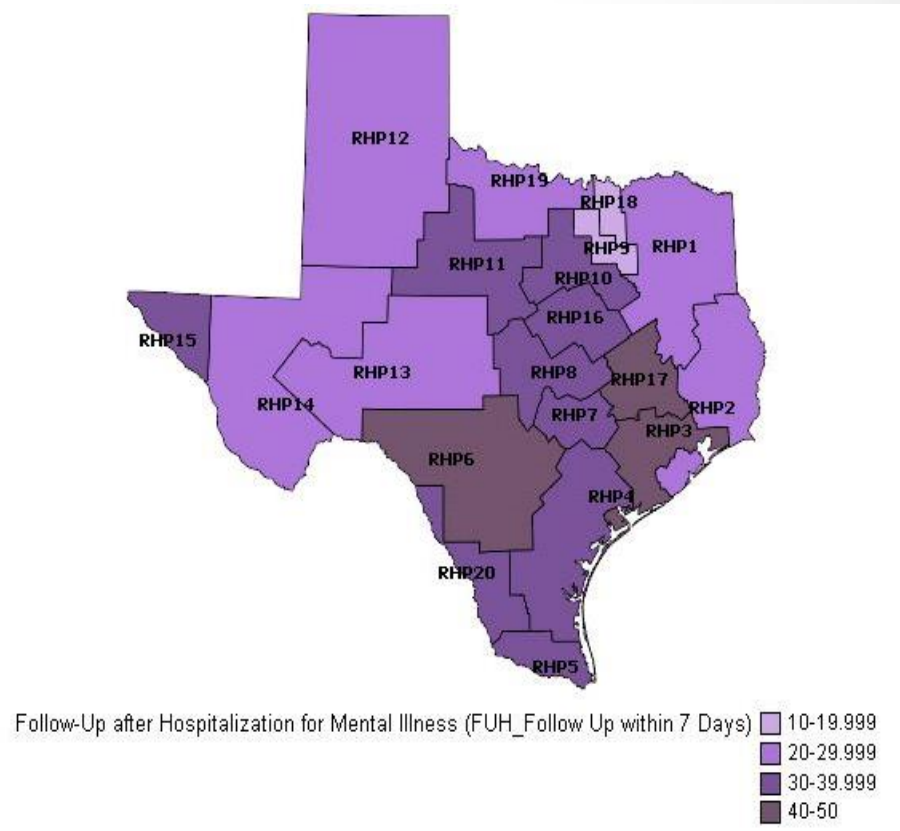
- Hospitalized for treatment of selected mental illness diagnoses
- Received follow-up outpatient visit within
 - 7 Days after Discharge
 - 30 Days after Discharge
- Six years or older at time of discharge

HEDIS® : Follow-Up After Hospitalization for Mental Illness within 7 Days

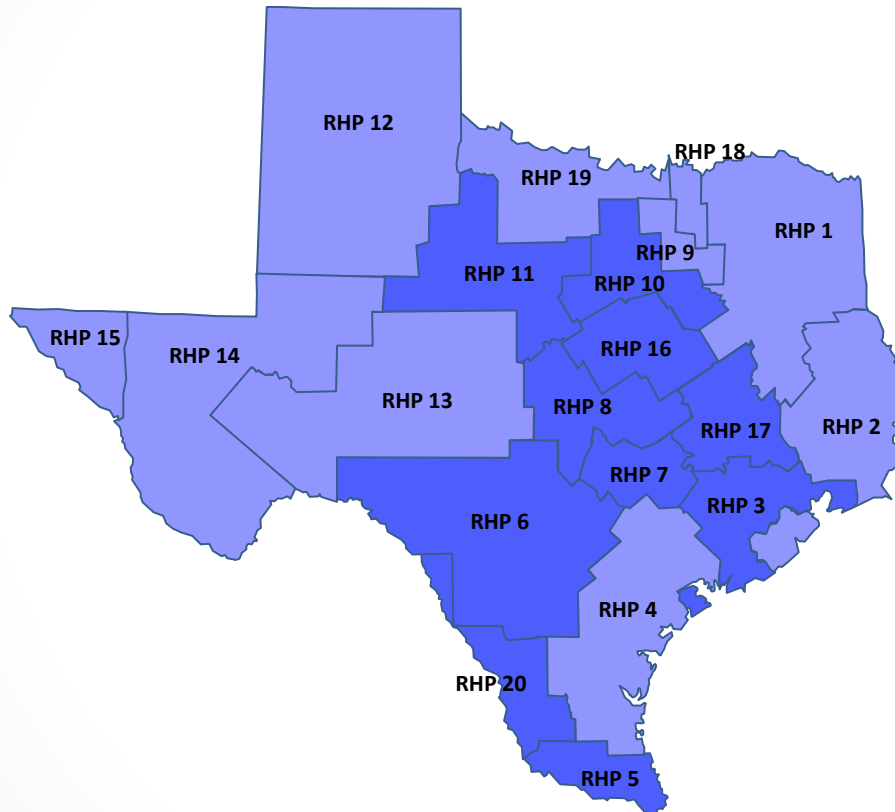
Follow-Up After Hospitalization for Mental Illness (7 days)



FUH (7 Days): Statewide Comparison



FUH (7 Days): HEDIS® National Percentile



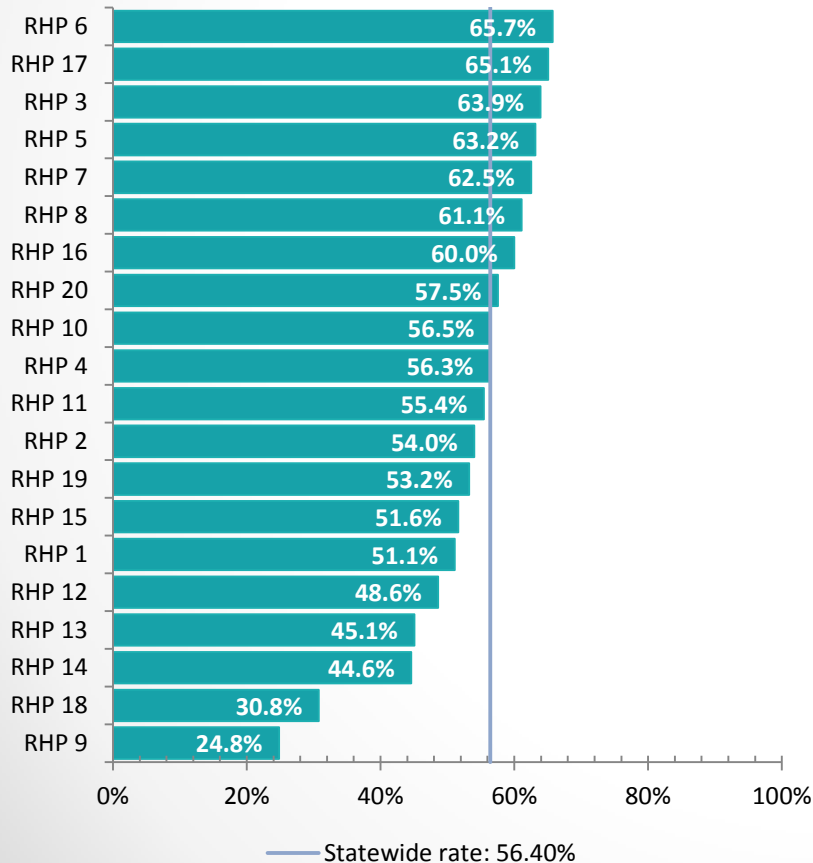
Follow-Up after Hospitalization for Mental Illness (FUH_Follow Up within 7 Days)

HEDIS® percentiles:

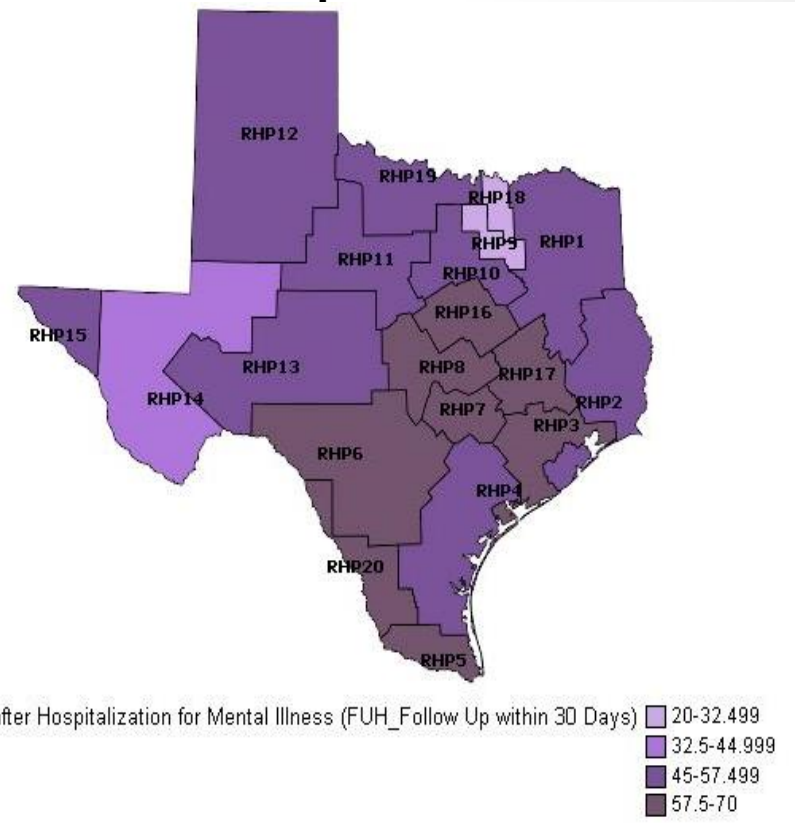
- less than 25th percentile
- 25th to less than 50th percentile
- 50th to less than 75th percentile
- 75th percentile or greater

HEDIS® Follow-Up After Hospitalization for Mental Illness within 30 Days

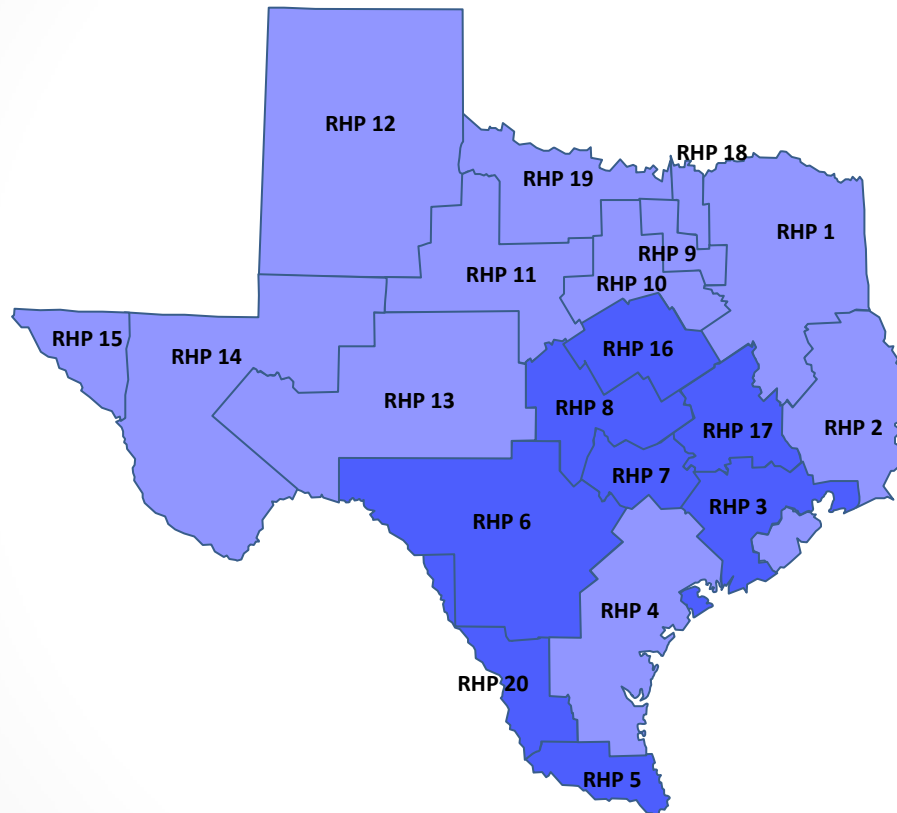
Follow-Up After Hospitalization for Mental Illness (30 days)



FUH (30 Days): Statewide Comparison



FUH (30 Days): HEDIS® National Percentile



Follow-Up after Hospitalization for Mental Illness (FUH_Follow Up within 30 Days)

HEDIS® percentiles:

- less than 25th percentile
- 25th to less than 50th percentile
- 50th to less than 75th percentile
- 75th percentile or greater

Access to Care

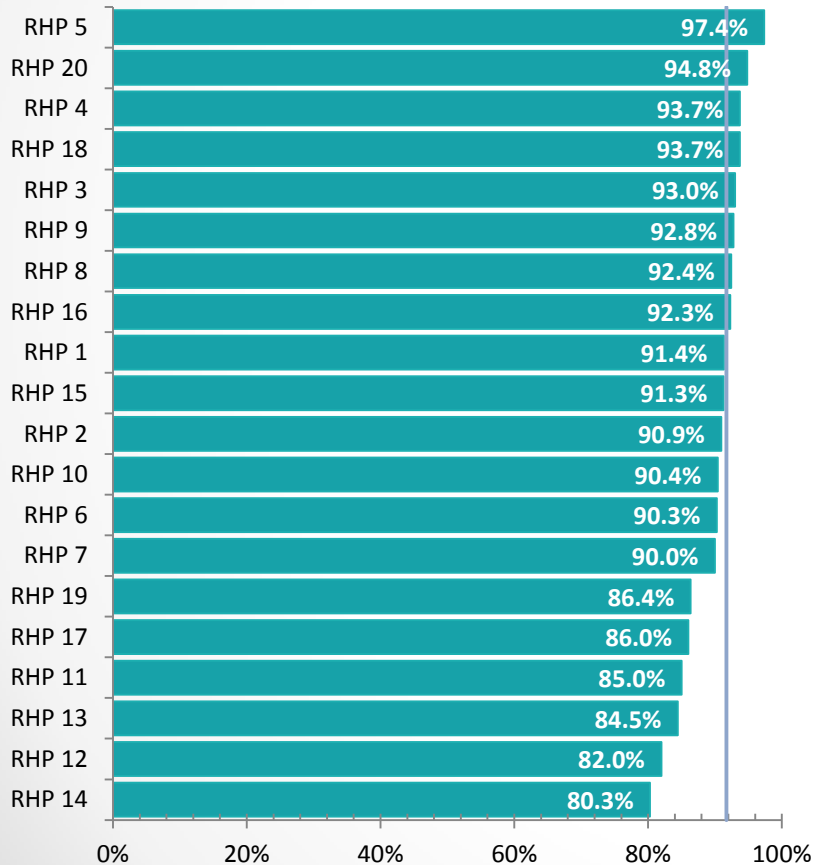
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HEDIS® Children and Adolescents' Access to Primary Care Practitioners (CAP)

- Children 12 months to 19 years of age
- One or more ambulatory or preventive care visits to any primary care provider
- Continuously enrolled for the measurement year and the preceding year

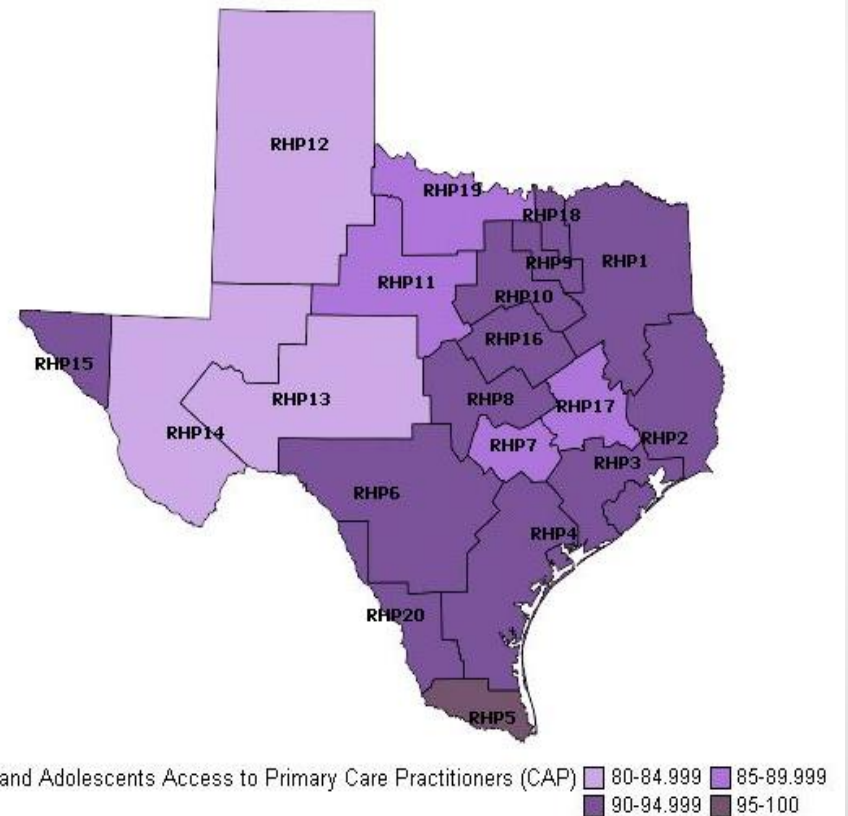
HEDIS® Children and Adolescents' Access to Primary Care Practitioners (CAP)

CAP: ALL Members



— Statewide rate: 91.73%

CAP: Statewide Comparison

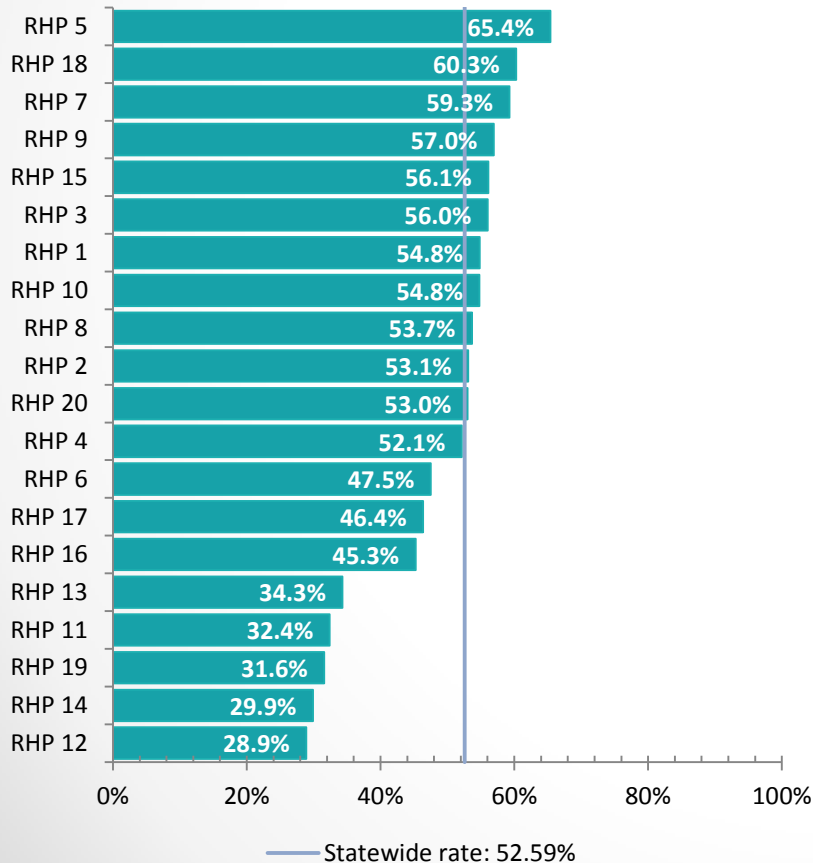


HEDIS® Frequency of Ongoing Prenatal Care

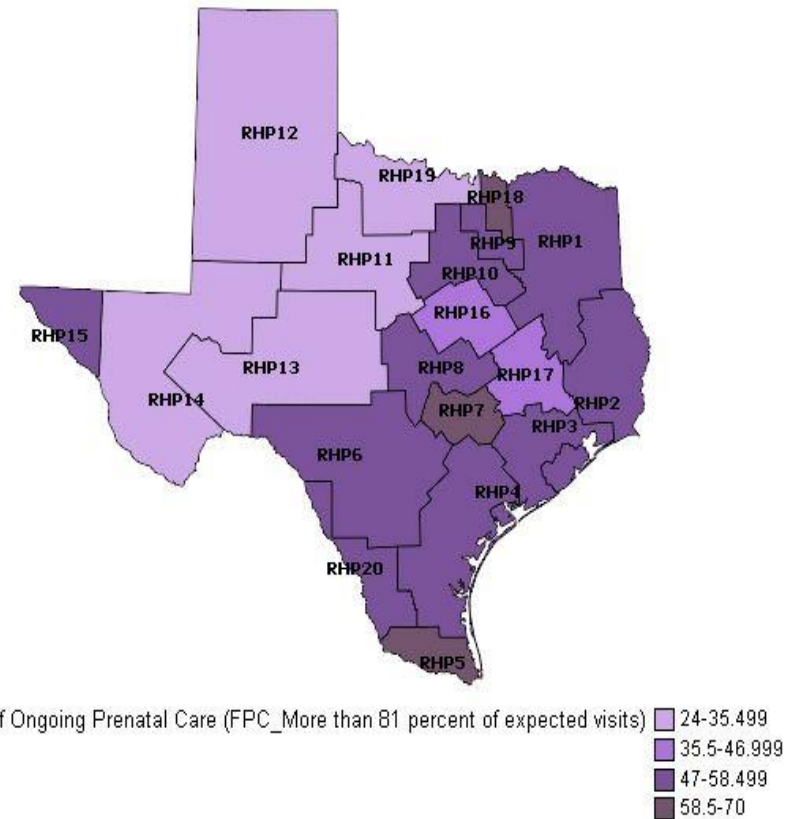
- Rate of receiving at least 81% of expected prenatal visits
- Count multiple live births during one pregnancy as one event. Count two separate deliveries as two events
- Adjusted for month of pregnancy at time of enrollment

HEDIS® Frequency of Ongoing Prenatal Care

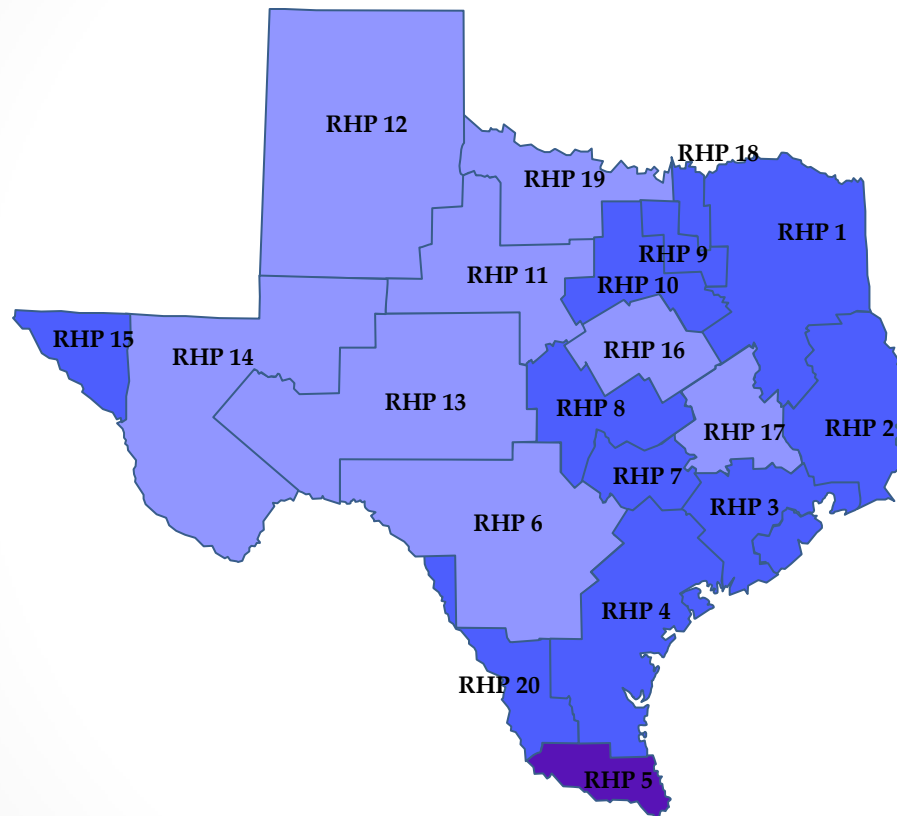
Frequency of Ongoing Prenatal Care (≥81%)



Frequency of Prenatal Care (FPC ≥ 81%): Statewide Comparison







Frequency of Prenatal Care (FPC $\geq 81\%$): HEDIS® National Percentile



Frequency of Ongoing Prenatal Care (FPC_At least 81 percent of expected visits)

HEDIS® percentiles:

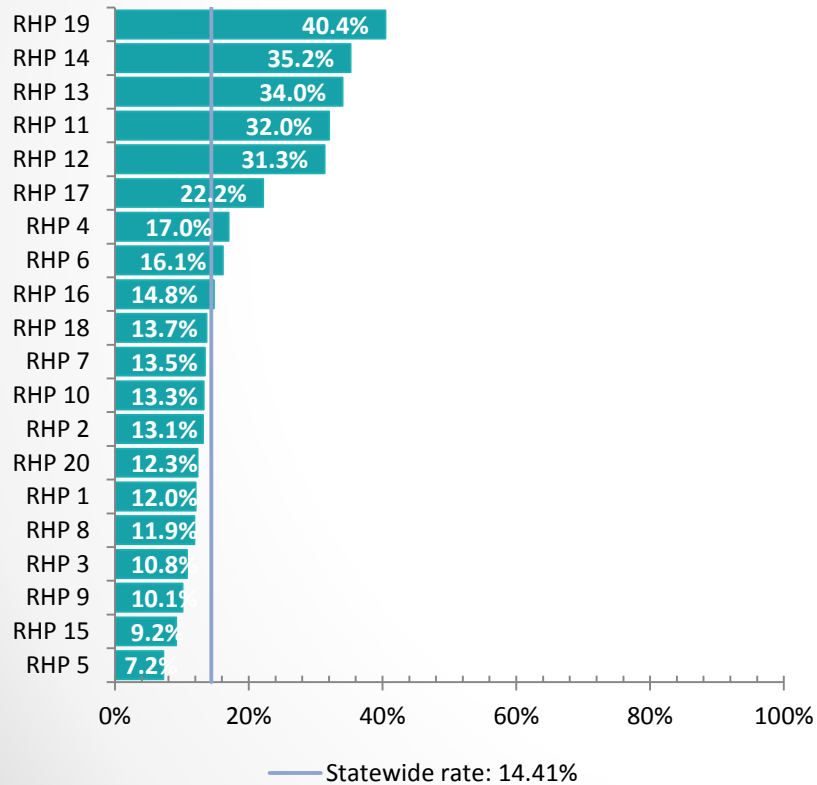
-  less than 25th percentile
-  25th to less than 50th percentile
-  50th to less than 75th percentile
-  75th percentile or greater

HEDIS® Frequency of Ongoing Prenatal Care

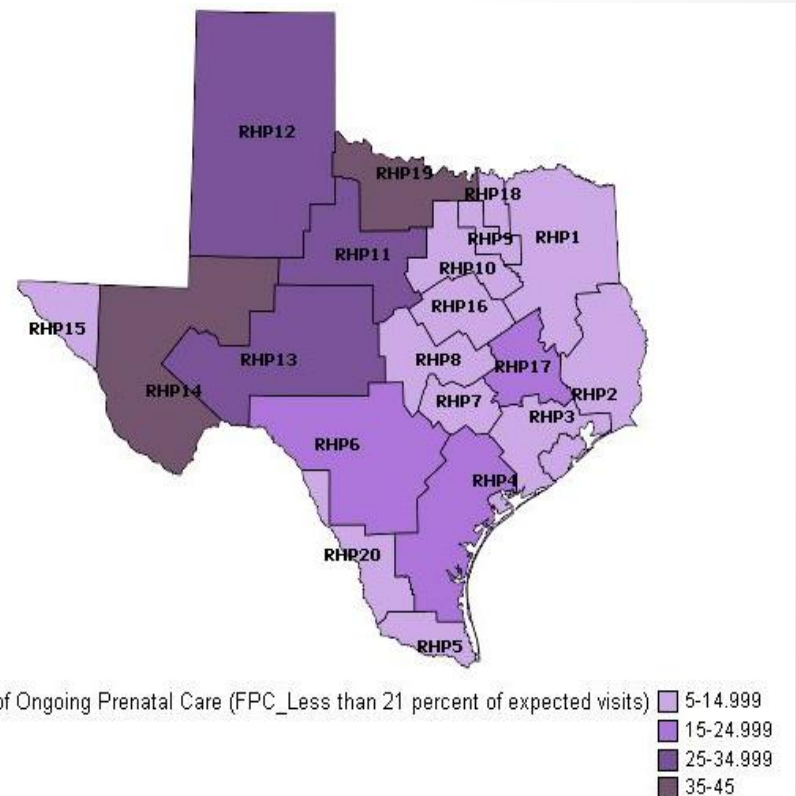
- Rate of receiving less than 21 percent of expected prenatal visits
- Low rate shows better quality of care

HEDIS® Frequency of Ongoing Prenatal Care

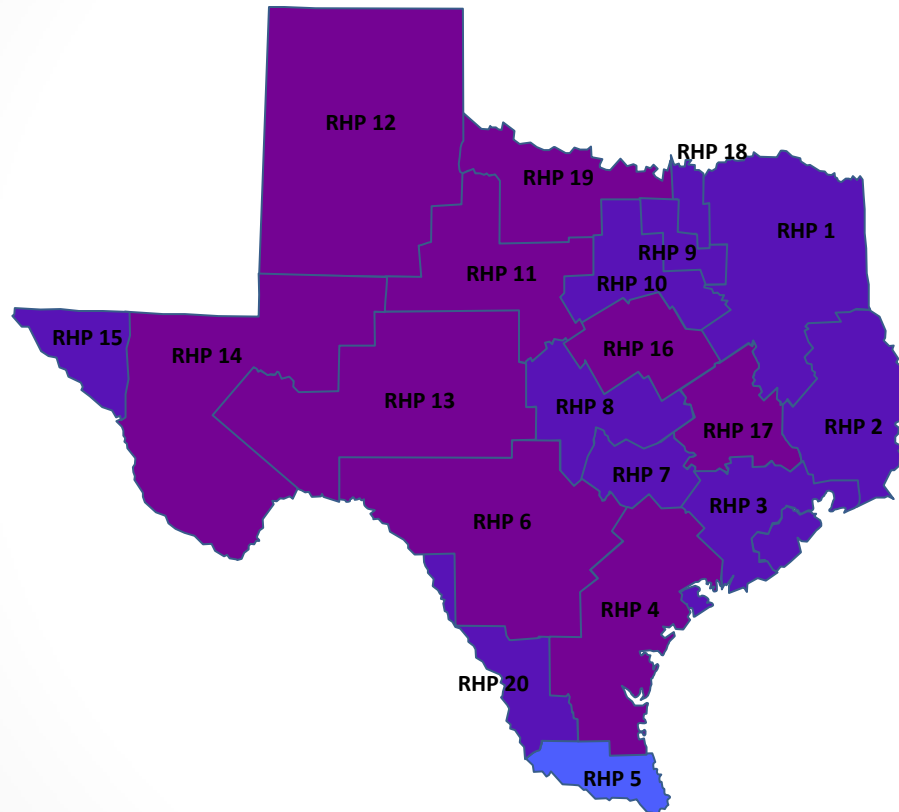
Frequency of Ongoing Prenatal Care (<21%)



Frequency of Ongoing Prenatal Care (<21%): Statewide Comparison



Frequency of Ongoing Prenatal Care (FPC < 21%): HEDIS® National Percentile



Frequency of Ongoing Prenatal Care (FPC_Less than 21 percent of expected visits)

HEDIS® percentiles:

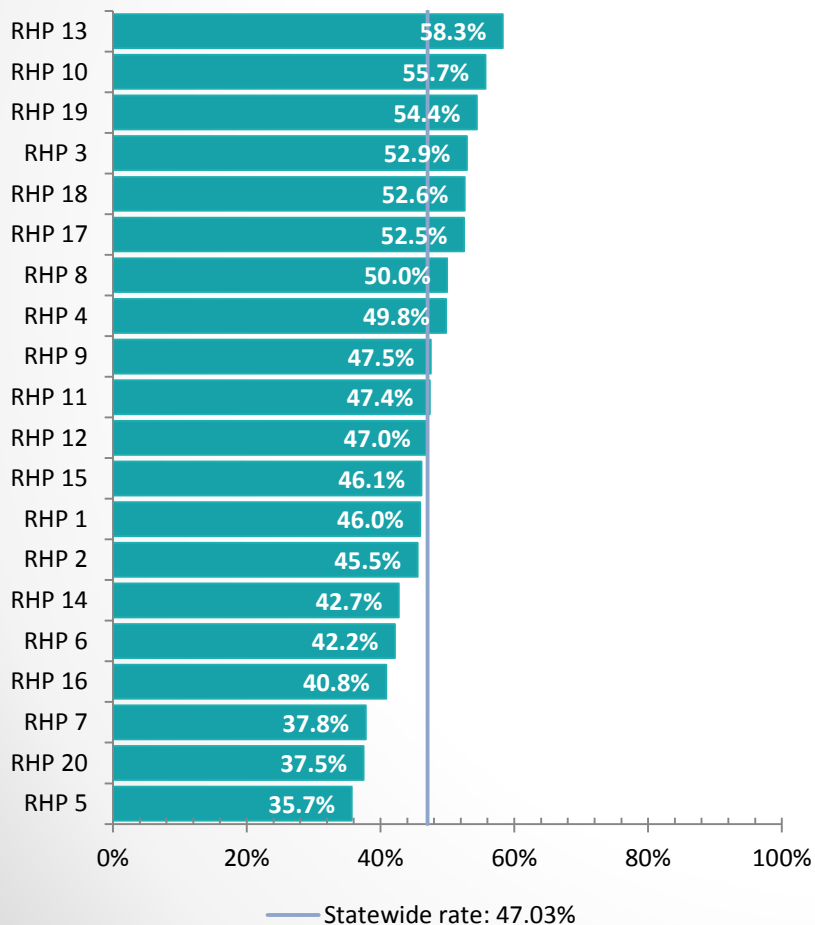
- less than 25th percentile
- 25th to less than 50th percentile
- 50th to less than 75th percentile
- 75th percentile or greater

HEDIS® Postpartum Care

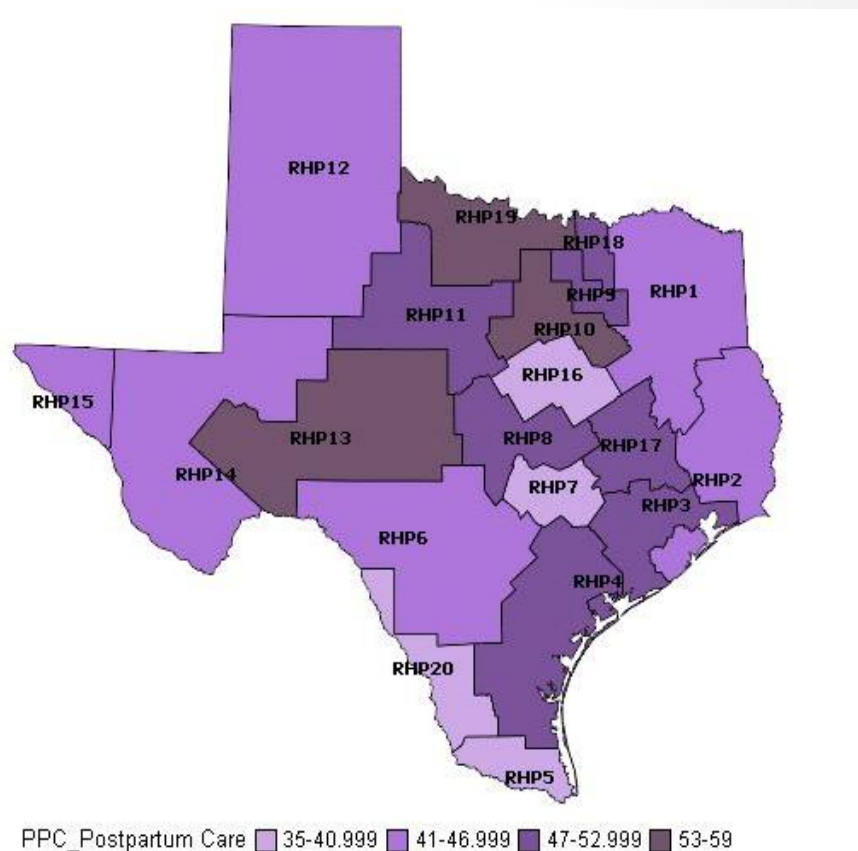
- Pelvic exam or postpartum care three to eight weeks after delivery
- Multiple live births counted once, two separate deliveries counted twice
- Routine, non-emergent care

HEDIS® Postpartum Care

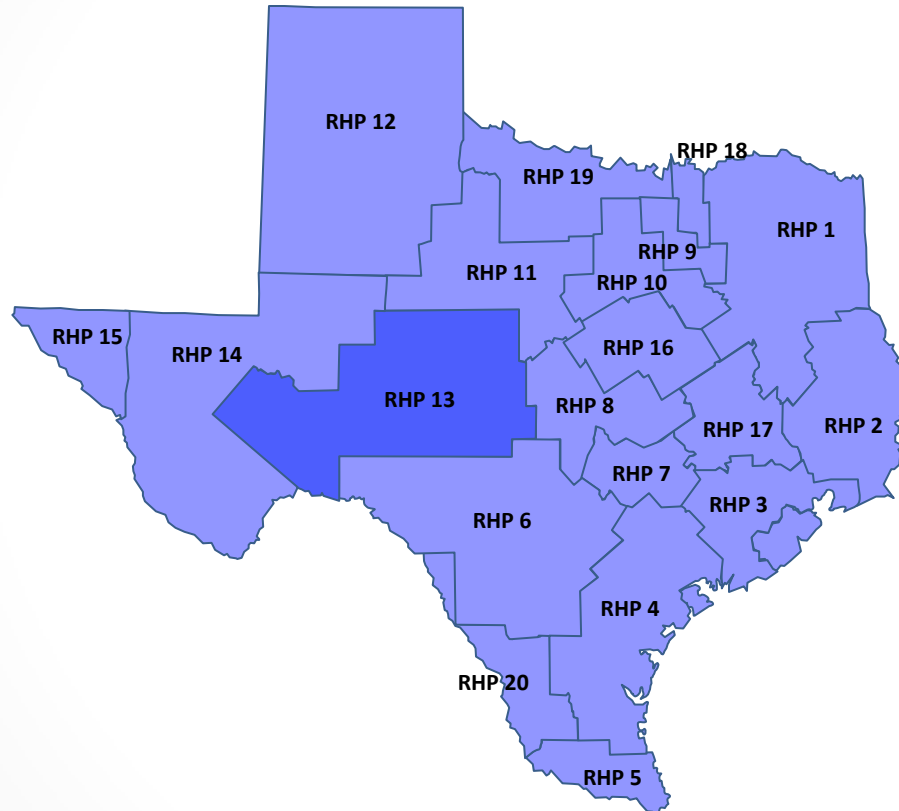
PPC-Postpartum Care



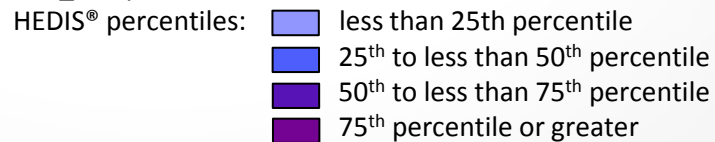
PPC-Postpartum Care: Statewide Comparison



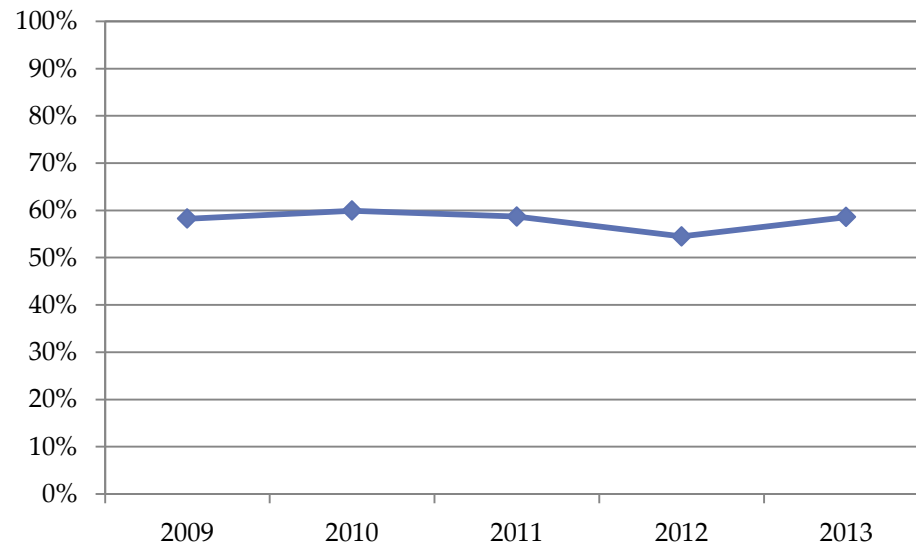
PPC-Postpartum Care: HEDIS® National Percentile



PPC_Postpartum Care



STAR HEDIS® Postpartum Care, 2009-2013



Illustrates longitudinal statewide results for STAR
RHP-specific longitudinal results should be considered

Potentially Preventable Events

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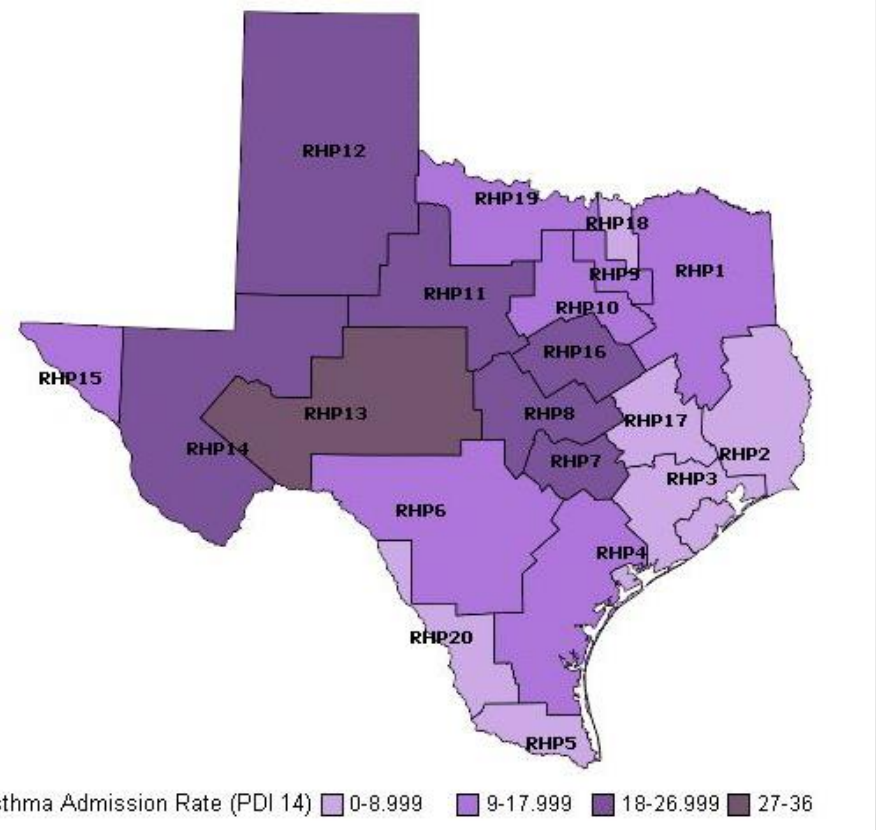
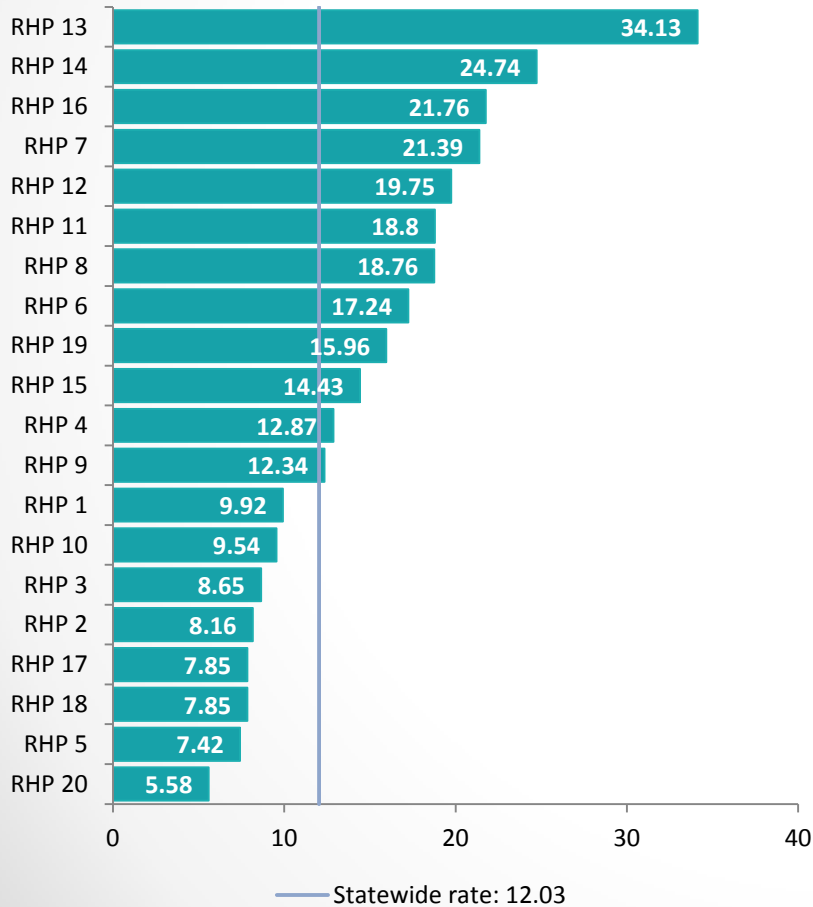
Pediatric Quality Indicator: Asthma Admission Rate

- Asthma admissions per 100,000 member months
- Principal diagnosis of asthma
- Ages 2 through 17

Pediatric Quality Indicator: Asthma Admission Rate

Asthma Admission Rate (PDI 14): Statewide Comparison

Asthma Admission Rate (PDI 14)

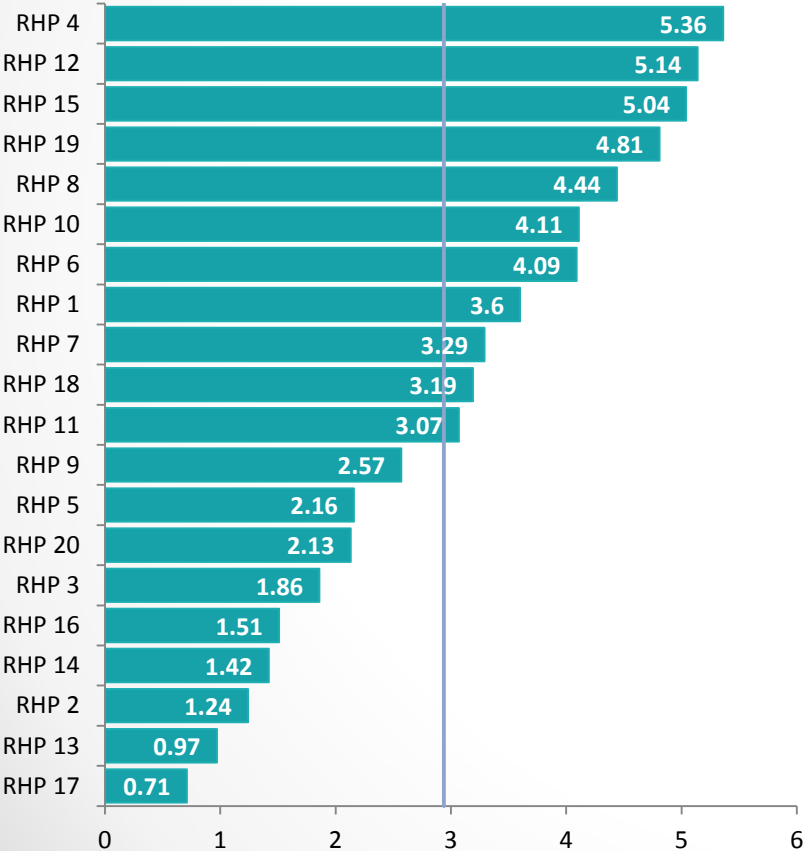


Pediatric Quality Indicator: Diabetes Short-Term Complications Admission Rate

- Ages 6 through 17
- Exclude obstetric admissions and transfers from other institutions
- Rate per 100,000 member months

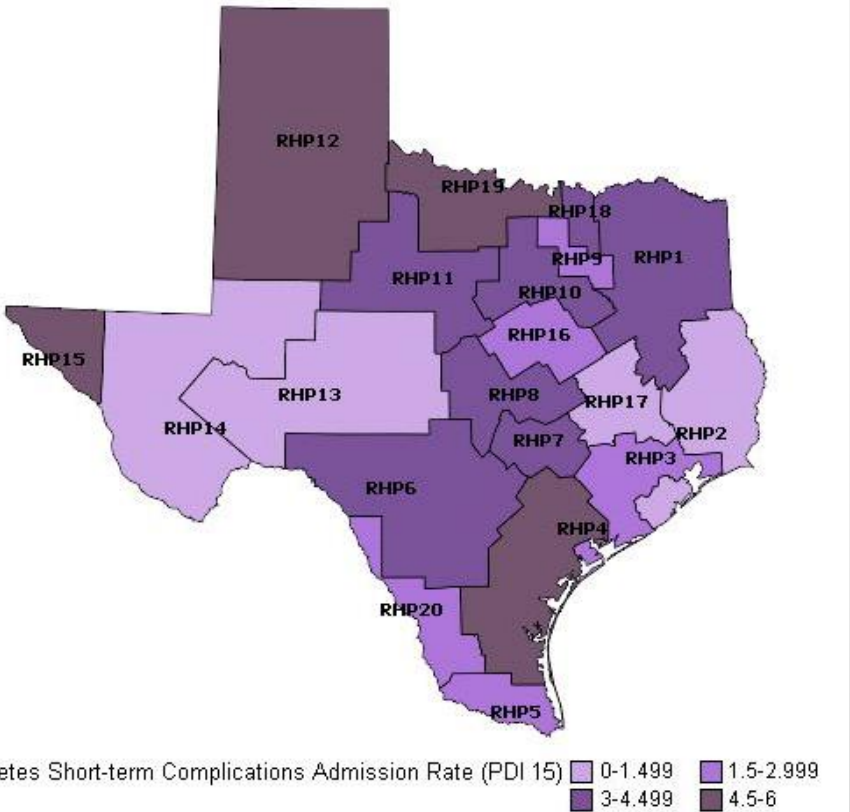
Pediatric Quality Indicator: Diabetes Short-Term Complications Admission Rate

Diabetes Short-Term Complications (PDI 15)



— Statewide rate: 2.94

Diabetes Short-Term Complications Admission Rate (PDI 15): Statewide Comparison



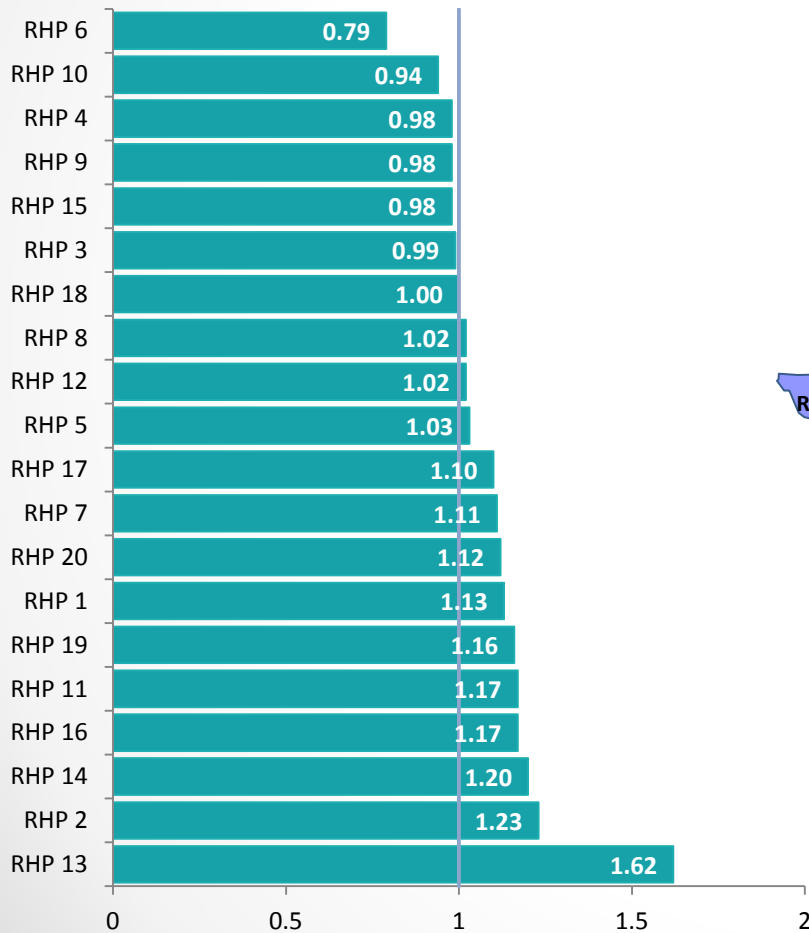
Potentially Preventable Admissions (PPAs)

- PPAs are hospital admissions that may have resulted from;
 - Lack of adequate access to care
 - Ambulatory care sensitive conditions.
- PPAs are based on and use 3M All Patient Refined Diagnosis Related Groups (APR-DRG) for admission grouping and 3M Clinical Risk Groups (CRG) for risk adjustment
- Actual-to-Expected ratio: Actual PPA rates divided by Expected PPA rates.

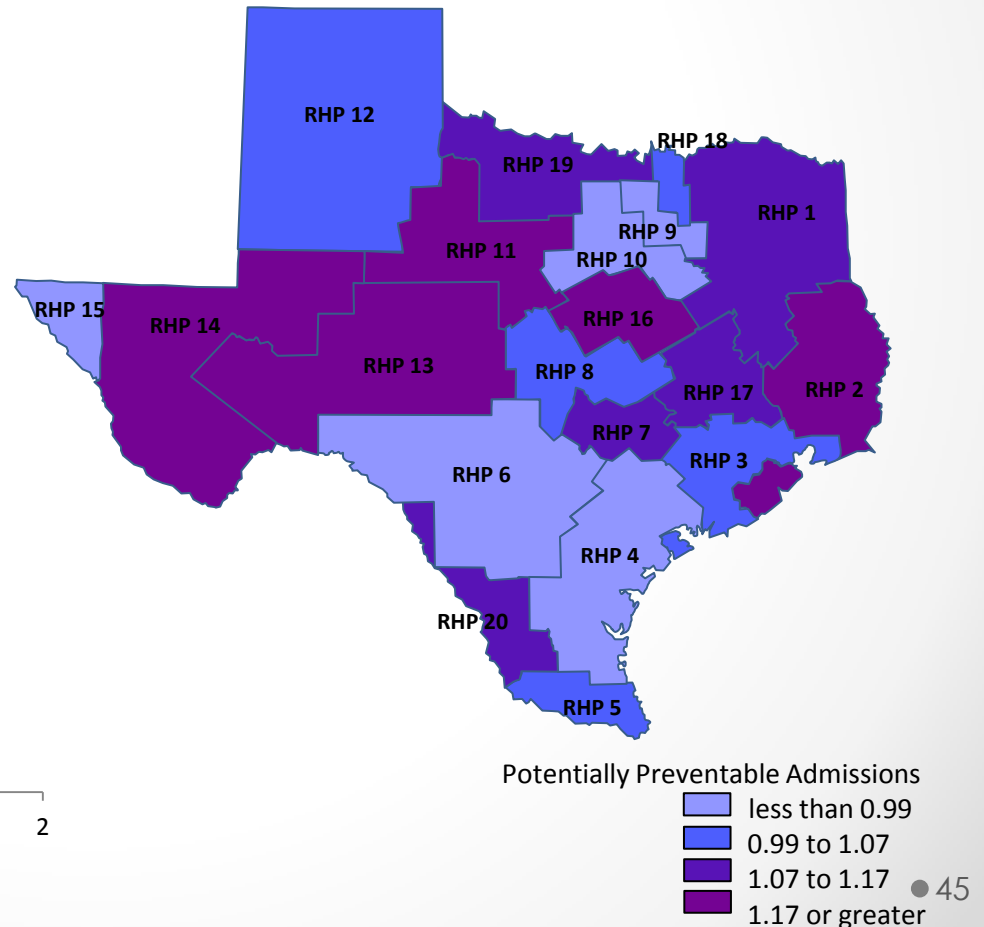


Potentially Preventable Admissions (PPAs)

PPA: Actual-to-Expected Ratio

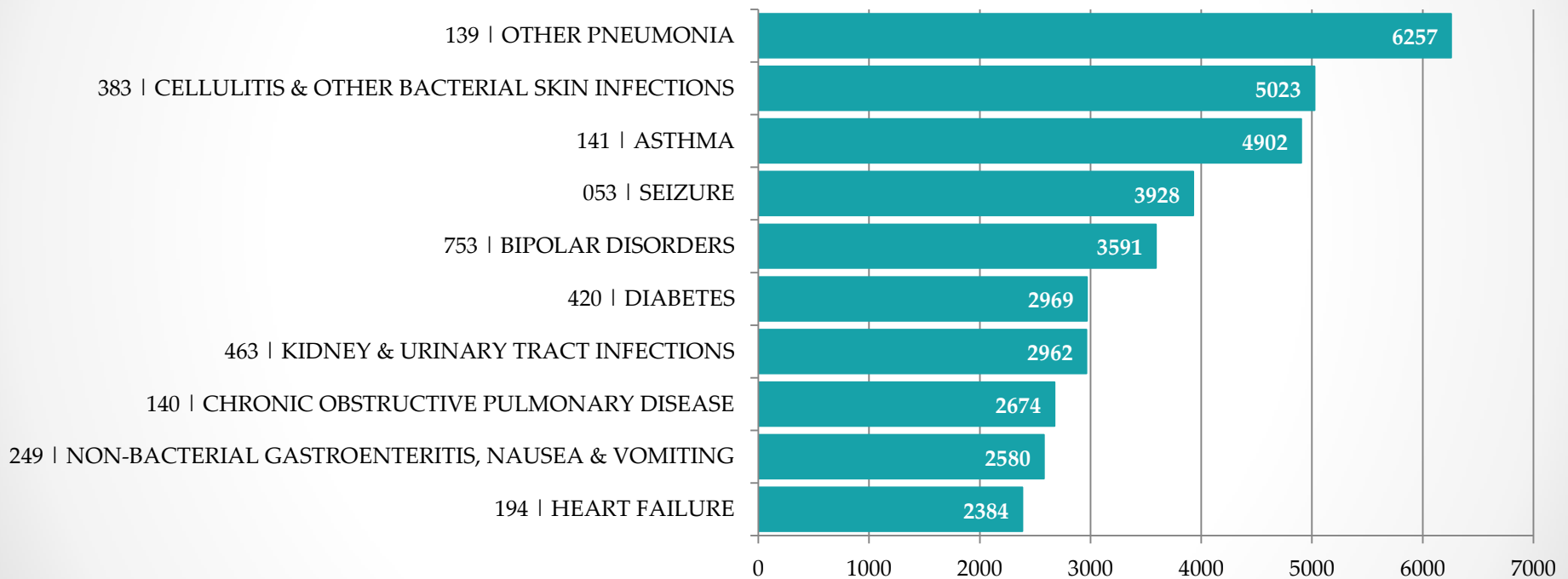


PPA Actual-to-Expected Ratio: Statewide Comparison

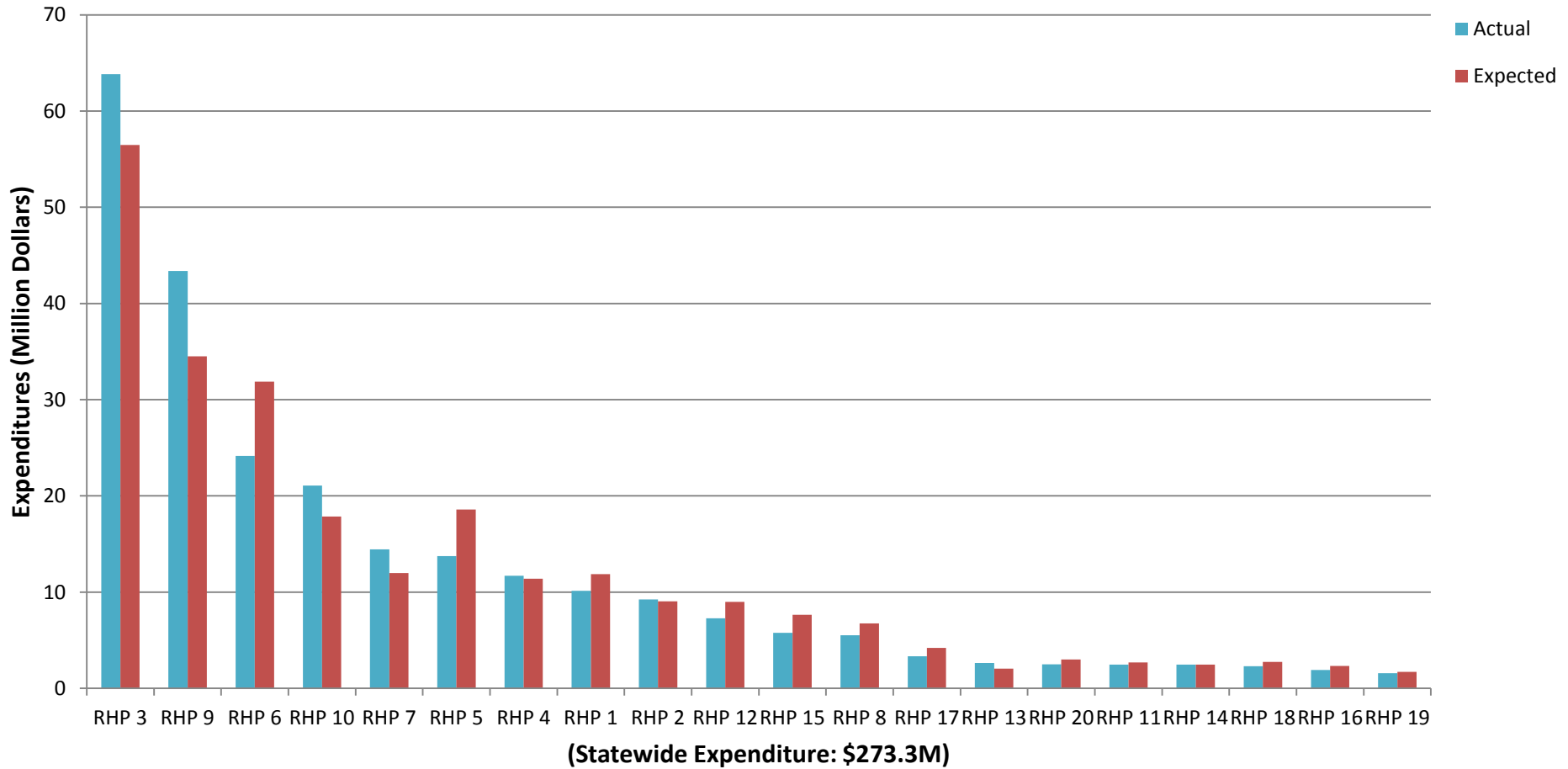


Most Common Reasons for Inpatient Admissions that were Potentially Preventable (PPA)

PPA: Top 10 APR-DRG Counts



Actual and Expected PPA Expenditures



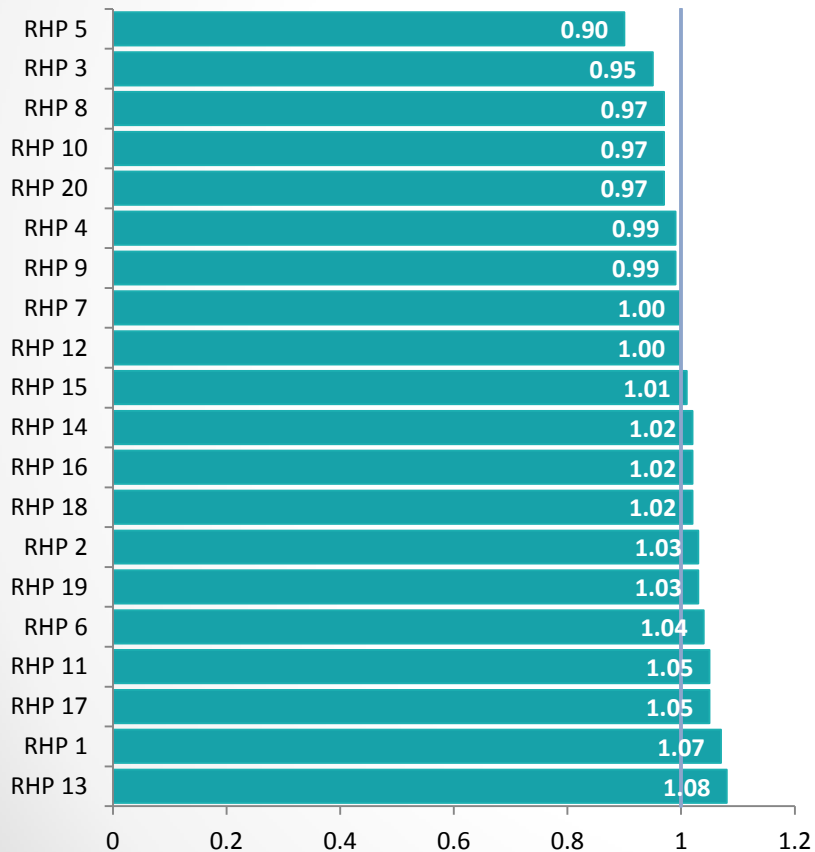
Potentially Preventable ED Visits (PPVs)

- PPVs are:
 - Emergency room visits for conditions that could be treated by care providers in a non-emergency setting.
- PPVs high rates represents lack of adequate or effective ambulatory care, including follow up.
- PPVs are based on and use 3M Enhanced Ambulatory Patient Groups (EAPG) for outpatient grouping and 3M Clinical Risk Groups (CRGs) for risk adjustment

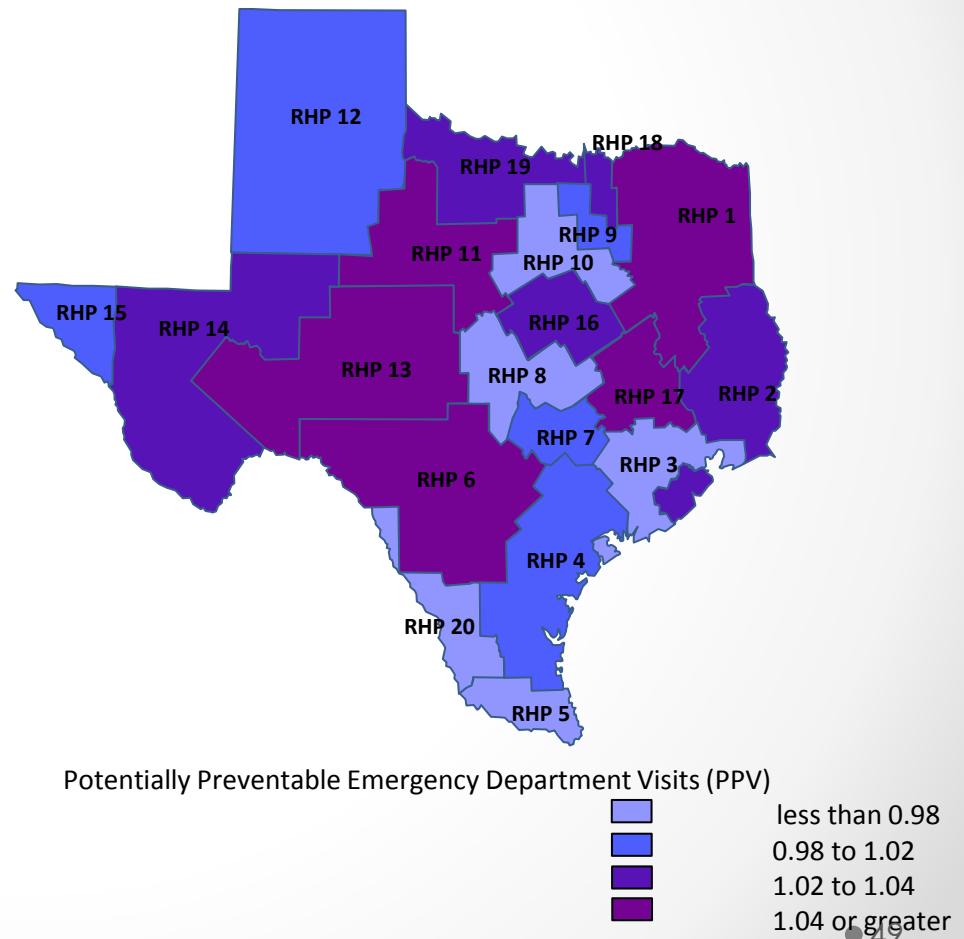


POTENTIALLY PREVENTABLE ED VISITS (PPVs)

PPV Actual-to-Expected Ratio

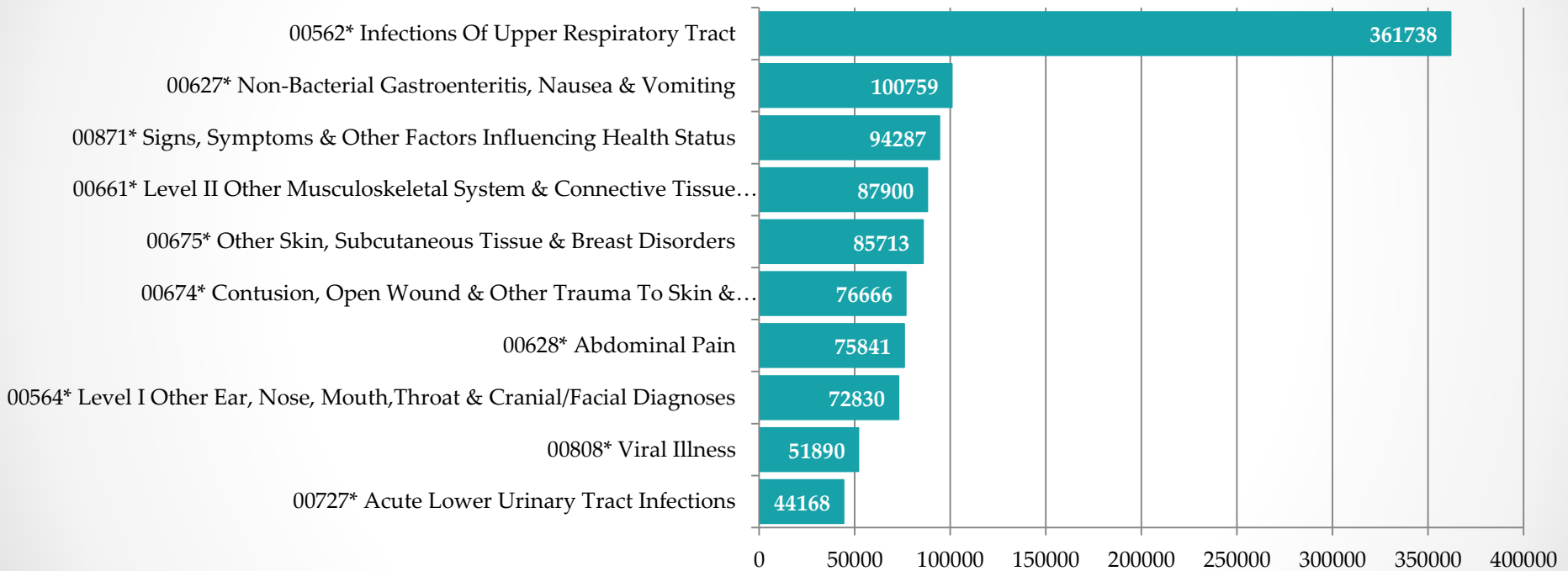


PPV Actual-to-Expected Ratio: Statewide Comparison

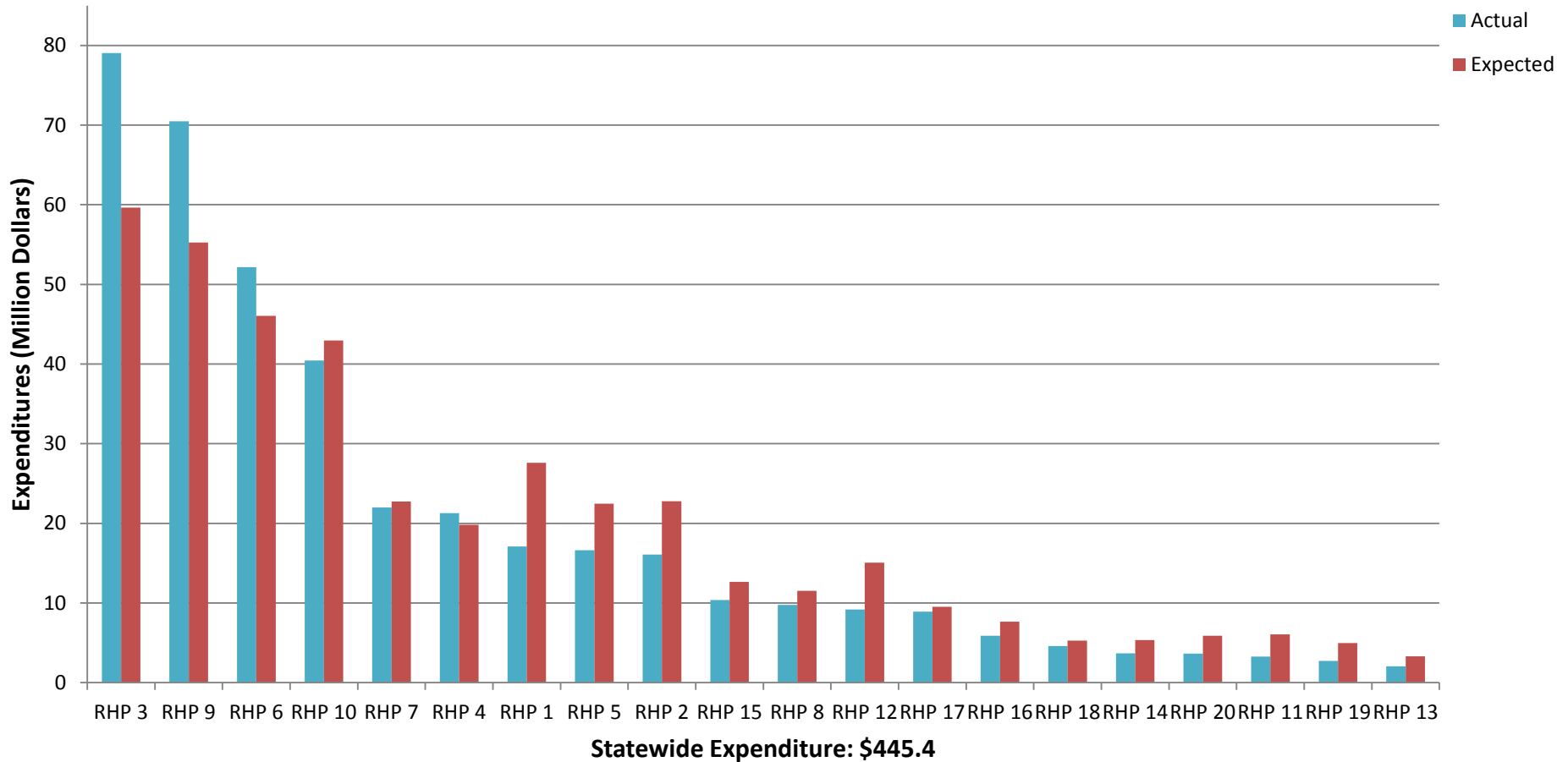


Most Common Reasons for ED Visits that were Potentially Preventable (PPV)

PPV: Top 10 EAPG Count



Actual and Expected PPV Expenditures



Next Steps for Statewide Analysis

- Get feedback on the measures to include in the statewide analysis plan.
 - Are these the best measures for Medicaid?
 - How to capture all payer information that would include the low-income uninsured population?
 - For which measures does Texas have the best opportunity for improvement?
- Work to better understand the results of the preliminary analysis and state trends.
 - Further analysis forthcoming of 2014 data
 - Why are some RHPs particularly successful with certain measures?
 - Why do some RHPs have challenges with certain measures?

Questions?