

## Texas Healthcare Transformation Waiver

### Instructions and Form for DY4 RHP Annual Report due December 15, 2015

The Program Funding and Mechanics Protocol (paragraph 24) requires that each RHP Anchoring Entity submit an annual report by December 15 following the end of Demonstration Years (DY) 2-5. The annual report is to be prepared and submitted using the standardized reporting form approved by HHSC. The report will include information provided in the interim reports previously submitted for the DY, including data on the progress made for all metrics. Additionally, the RHP will provide a narrative description of the progress made, lessons learned, challenges faced, and other pertinent findings.

#### Instructions

The purpose of the DY4 RHP annual report is to summarize the progress of the RHP during DY4 (October 1, 2014 – September 30, 2015). Information can include key region-wide progress of DSRIP, cross region collaboration and project-specific highlights. The annual report also will summarize information for each RHP regarding metrics reporting and achievement in DY4 based on the information available prior to annual report submission.

For the narrative portions of the report below, HHSC indicates specific information that should be included, but otherwise each RHP Anchoring Entity may report as appropriate for its RHP. The RHP annual report is a key opportunity to “tell the story” of the RHP’s successes, challenges and lessons learned for the year, which HHSC believes will be important information as the State works with CMS for waiver renewal beyond the initial five-year waiver term.

The narrative portions should address RHP governance issues (how the RHP is working together and has continued to develop over time), learning collaborative activities, and also may include individual provider/project progress/lessons/challenges, particularly if there are themes across multiple providers or projects in an RHP.

Each anchor should submit its annual report on the DY4 RHP Annual Report Form by December 15, 2015 to HHSC ([TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us)).

#### Anchor Information

**RHP Number**

**Anchor’s Name:**

**Anchor’s Phone Number:**

1. HHSC will provide the information in the table below regarding DY4 reporting & payments.

	# of Cat 1-2 Projects, Cat 3 outcomes and Cat 4 hospitals eligible to report in DY 4	Total # of Metrics (Cat 1 & 2), Milestones (Cat 3), and Reporting Domains (Cat 4)	Total # (Cat 1-4) Reported as Achieved	Total # (Cat 1-4) Approved	Payment Amount Approved
<b>April Reporting Period</b>					
<b>Cat 1 &amp; 2</b>					
<b>Cat 3</b>					
<b>Cat 4</b>					
<b>October Reporting Period</b>					
<b>Cat 1 &amp; 2</b>					
<b>Cat 3</b>					
<b>Cat 4</b>					
<b>Totals</b>					

## **2. Narrative Description of Progress Made**

This section should at a minimum include the following:

--Summary information on Regional DSRIP implementation of the RHP plan, progress on meeting community needs included in the RHP plan community needs assessment, changes in DSRIP performing providers and other key stakeholders, etc. Project specific highlights may also be included, including sustainability planning.

--Major activities conducted by the RHP during DY4 including updates to the RHP's website. Information can also be provided on administrative activities, including reporting.

--Any other progress updates from DY4 that the Anchor thinks are important to provide.

## **3. Narrative Description of Lessons Learned**

This may include lessons learned both from regional governance perspective and also from learning collaborative/continuous quality improvement activities. Please include updates to the RHP learning collaborative plan (can be provided as an attachment) and any RHP-wide learning collaborative events, including activities with other RHP's learning collaborative. Please also include any quality, health and Return on Investment (ROI) measures that are part of learning collaborative activities.

3a. How many learning collaborative events did your RHP host during DY4 (October 1, 2014 - September 30, 2015)? Please enter the number of events that took place for each type below. *Not applicable to Tier 4 RHPs not conducting their own Learning Collaborative.*

- In-person meetings/events:
- Teleconference/webinar:
- Other, please list number held and describe type:

3b. Which quality improvement topics were included in your RHP's Learning Collaborative(s) in DY4? Please select all that apply. For Tier 4 RHPs not conducting their own Learning Collaborative, please indicate the focus areas of the Learning Collaborative(s) your RHP members participated in through other RHPs, if known.

- Access to primary care
- All-cause 30 day readmission rates
- Behavioral health access and/or integration
- Care navigation
- Care transitions
- Chronic care prevention and management
- Diabetes in adult patients
- DSRIP project implementation, strategic planning, and/or reporting
- Emergency department utilization
- Health promotion and disease prevention
- Improve patient and community engagement
- Measurement strategies
- Medical homes
- Palliative care
- Potentially preventable readmissions
- Primary care expansion
- Right care, right setting
- Specialty care access
- Telehealth/telepsychiatry
- Other (please describe)

3c. Below, please describe how your RHP's Learning Collaborative(s) used the Plan-Do-Study-Act (PDSA), Plan-Do-Check-Act (PDCA), or other selected quality improvement process. For example, indicate how the Learning Collaborative(s) were facilitated throughout the cycle(s); the tools participants used to establish a plan, set expectations, and monitor progress (e.g., the Institute for Healthcare Improvement's PDSA form; how fidelity to the plan was measured; who evaluated outcomes of the process and how. *Not applicable to Tier 4 RHPs not conducting their own Learning Collaborative.*

3d. Which specific measures are your RHP monitoring through its Learning Collaborative(s)? Please list the measures below and summarize any changes observed since the learning collaborative began. *Not applicable to Tier 4 RHPs not conducting their own Learning Collaborative.*

3e. Please describe any challenges in administering, facilitating, or participating in a Learning Collaborative. For Tier 4 RHPs not conducting their own Learning Collaborative(s), please respond from the perspective of participating in other RHP or Statewide Learning Collaboratives, if known.

3f. Please describe strengths and challenges of the Learning Collaborative model as a tool for quality improvement within or for your RHP.

#### **4. Participation in Statewide Learning Collaborative**

Please describe your participation in the Statewide Learning Collaborative and any recommendations for the next Statewide Learning Collaborative.

#### **5. Narrative Description of Challenges Faced**

This may include challenges both at the RHP governance level and also at the individual provider/project level, particularly if there are themes across multiple providers or projects in an RHP. Information can also be included on discontinued projects, and reasons providers did not continue with a project.

#### **6. Narrative Description of Other Pertinent Findings.**