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DSRIP Outcomes Update

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Healthcare Transformation Waiver

September 4, 2019

Overview

1. DSRIP 1.0 Successes
   - Quantifiable Patient Impact
   - Quality Measures
2. DSRIP 2.0 Early Results
   - Quality Measures
   - Core Activities
3. Next Steps for DSRIP Measurement

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DSRIP 1.0 Successes

What is DSRIP 1.0?

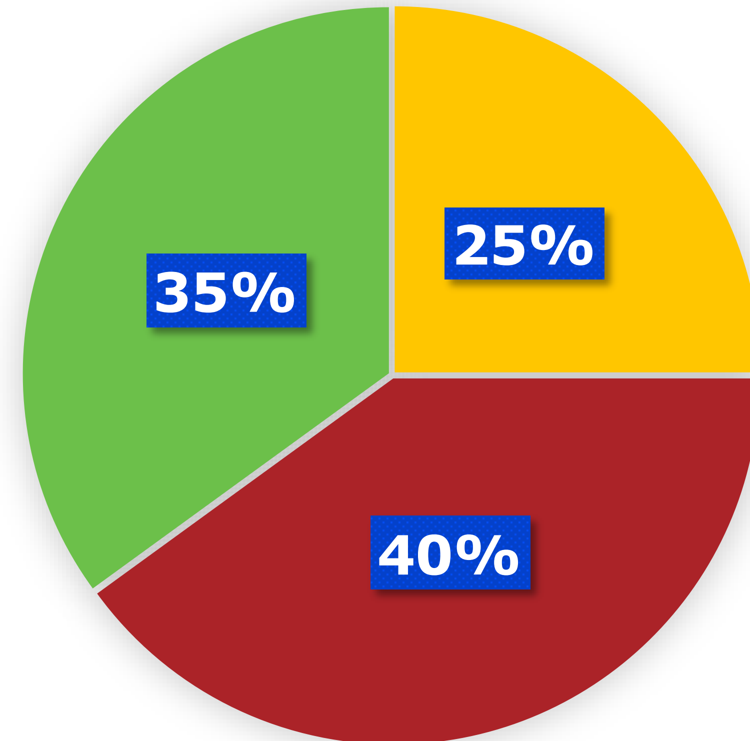
- Demonstration Years 2 – 6 (2013 – 2017)
- Project based reporting with associated quality measures
- ~1450 projects across the state
- Each provider proposed projects based on community needs.
- The target population is individuals enrolled in Medicaid, and individuals who are low income and/or uninsured (MLIU)
- Most common project areas include:
  - Behavioral Health
  - Primary Care Expansion/Redesign/Patient Centered Medical Homes
  - Patient Navigation/Care Coordination/Care Transitions
  - Chronic Care Management
  - Health Promotion/Disease Prevention

DSRIP 1.0 Reporting

- **Volume (QPI)**: Each project reported a "Quantifiable Patient Impact" (QPI) with service goals for each DY beginning in DY3 (and required for all projects by DY5)
  - QPI is typically reported for the all-payer population served by a project, with some projects having additional MLIU specific goals.
  - Project valuation was approved based on the estimated MLIU population to be served
- **Quality Measures (Category 3):** Each project selected at least one measure from a menu of ~350 standardized measures.
  - The majority of measures were "Pay for Performance" (P4P) with achievement goals beginning in DY4, and incremental improvement required for each subsequent DY.
  - Measure data is typically reported for the all-payer population eligible to be served by a project.
  - ~2000 measures reported (some duplicated)
- QPI service volume and Category 3 quality measure data is tracked by performing providers using their own data sources and reported to HHSC.

DSRIP 1.0 Increased Access to Care

- For demonstration years 3-6, DSRIP projects reported serving 11.7 million people & provided 29.4 million encounters.
- Projects either measured individuals or encounters (figures may be duplicated across projects)



DSRIP 1.0: Improvement in Measures of Healthcare Quality (Category 3)

Provider Type	Providers DY6	Number of P4P Measures DY6	Full Achieve-ment of DY6 Goal	Partial Achieve-ment of DY6 Goal
Hospitals	218	1151	78%	8%
Physician Practices	18	212	74%	13%
Community Mental Health Centers	39	328	84%	10%
Local Health Departments	21	100	88%	5%
ALL	**296**	**1792**	**79%**	**9%**

DY6 Category 3 Measure Highlights (Part 1)

Measure Title	Providers Reporting Measure	Measures with Full Achievement of DY6 Goal	Median Baseline Rate	Median PY1 Rate	Median PY2 Rate	Median PY3 Rate
Breast Cancer Screening	24	75%*	0.44	0.54	0.59	0.64
Cervical Cancer Screening	19	61%*	0.52	0.66	0.74	0.77
Colorectal Cancer Screening	25	75%*	0.32	0.53	0.56	0.57
Controlling High Blood Pressure	62	89%	0.56	0.60	0.64	0.65
Diabetes care: Blood Pressure Control	31	85%	0.62	0.66	0.68	0.72
Diabetes care: Foot exam	30	89%*	0.45	0.71	0.71	0.75
Diabetes care: HbA1c poor control (>9%) ↓	78	83%*	0.39	0.34	0.33	0.31
Diabetes care: Retinal eye exam	10	78%	0.30	0.47	0.48	0.50

*Additional measures reported partial achievement of the DY6 goal
↓ Inverse directionality where lower scores indicate improvements in health status

DY6 Category 3 Measure Highlights (Part 2)

Measure Title	Providers Reporting Measures	Measures with 100% Achievement of DY6 Goal	Median Baseline Rate	Median PY1 Rate	Median PY2 Rate	Median PY3 Rate
ED visits: Behavioral Health/Substance Abuse ↓	18	59%*	0.10	0.07	0.09	0.06
ED visits: Diabetes ↓	19	61%*	0.10	0.09	0.08	0.07
ED visits: Pediatric Ambulatory Care Sensitive Conditions ↓	7	91%	0.22	0.12	0.13	0.14
Follow-Up After Hospitalization for Mental Illness: 7 Day	20	84%*	0.47	0.59	0.67	0.61
Follow-Up After Hospitalization for Mental Illness: 30 Day	20	77%*	0.57	.73	0.76	0.74
Mental Health Admissions to Criminal Justice Settings ↓	18	96%	0.31	0.11	0.12	0.12
Risk-Adjusted All-Cause 30 Day Readmissions (A/E) ↓	25	68%*	0.87	0.83	0.80	0.73

*Additional measures reported partial achievement of the DY6 goal

↓ Inverse directionality where lower scores indicate improvements in health status

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DSRIP 2.0
Early Reporting Results

What is DSRIP 2.0?

- Demonstration Years 7 – 10 (2018 – 2021)
- Beginning in DY 7 (October 1, 2017), DSRIP evolved from project-level reporting to provider system-level reporting on healthcare quality measures.

DSRIP 2.0 Reporting

- **Volume (Category B)**: Each provider reports a "Patient Population by Provider" (PPP) with maintenance goals for each DY beginning in DY7
  - PPP is reported for the all-payer and MLIU population, with goals for maintenance of MLIU volume.
- **Quality Measures (Category C)**: Each Performing Provider selected "Category C" Measure Bundles or Measures from a menu of ~120 standardized measures. The number of measures a provider was required to select is determined by a provider's valuation.
  - The majority of measures are "Pay for Performance" (P4P) with achievement goals beginning in DY7, and incremental improvement required for each subsequent DY.
  - Measure data is typically reported for the all-payer, Medicaid/CHIP, and LIU population with improvement goals for the MLIU population.
  - ~2800 measures reported
- **Core Activities (Category A)**: Providers submit qualitative reporting on interventions taken to improve selected measures.
- Category B PPP and Category C quality measure data is tracked by providers using their own data sources and reported to HHSC.

Category C Preliminary Reporting Results

- As of August, 2019 providers have reported baselines for 99.8% of measures, and Performance Year (PY) 1 for 82% of measures.
  - Baseline is CY2017 (with some exceptions approved)
  - PY1 is CY2018
    - Since DY7-8 RHP Plan Updates, which included selection of quality measures, were approved in June 2018, the **PY1 data represent only six months of the DSRIP 2.0 program** approvals
- October 2019 will be the last opportunity to report PY1, and additional data is expected.
- April 2020 is the first opportunity for Providers to report PY2 (CY2019) data for their measures.
- The following data represents reported results for measures that have reported a CY2017 baseline and PY1, and is subject to change.

DSRIP 2.0: Improvement in Measures of Healthcare Quality (Category C)

Provider Type	Providers DY7 - 8	P4P Measures Reporting BL & PY1	Full Achieve-ment of DY7 Goal	Partial Achieve-ment of DY7 Goal
Hospitals	220	1389	72%	6%
Physician Practices	18	222	74%	8%
Community Mental Health Centers	39	350	85%	7%
Local Health Departments	21	75	85%	5%
ALL	**298**	**2036**	**75%**	**6%**

Category C Results by Measure Classification

Measure Classification	P4P Measures Reporting BL & PY1	Full Achieve-ment of DY7 Goal	Partial Achieve-ment of DY7 Goal
Process	1015	78%	8%
Clinical Outcome	427	73%	5%
Hospital Safety	205	62%	4%
Immunization	197	79%	6%
Population Based Clinical Outcome	92	65%	5%
Cancer Screening	91	77%	7%
Quality of Life	9	100%	-

- Each measure has a classification, and providers report higher achievement of certain classifications of measures.
- Measure bundles may be a mix of measure types. Not all measure bundles include a Clinical Outcome or a Population Based Clinical Outcome.

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Category C Results by Measure Bundle (Pt 1)

Measure Bundle (Hospital & Physician Practices)	Providers	P4P Measures Reporting BL & PY1	Full Achievement of DY7 Goal	Partial Achievement of DY7 Goal
A1: Diabetes Care	75	227	72%	5%
A2: Heart Disease	38	107	81%	1%
B1: Care Transitions & Hospital Readmissions	23	104	67%	7%
B2: Patient Navigation & ED diversion	27	56	52%	11%
C1: Adult Primary Care	34	223	73%	14%
C2: Cancer Screening	35	86	77%	7%
C3: Hepatitis C	7	27	96%	-
D1: Pediatric Primary Care	17	102	73%	14%
D3: Pediatric Hospital Safety	8	34	50%	18%
D4: Pediatric Diabetes Care	9	15	80%	-
D5: Pediatric Asthma Care	4	5	60%	-
E1: Maternal Care	20	42	60%	17%
E2: Maternal Safety	25	39	79%	-

Category C Results by Measure Bundle (Pt 2)

Measure Bundle (Hospital & Physician Practices)	Providers	P4P Measures Reporting BL & PY1	Full Achieve-ment of DY7 Goal	Partial Achieve-ment of DY7 Goal
F1 Adult Dental	4	12	75%	-
F2 Pediatric Dental	4	4	50%	-
G1 Palliative Care	16	67	81%	1%
H1 Behavioral Health in Primary Care	14	27	74%	11%
H2 Behavioral Health Appropriate Utilization	12	52	65%	6%
H3 Chronic Non-Malignant Pain Management	5	15	73%	7%
H4 Integrated Care for People with SMI	3	7	71%	14%
I1 Specialty Care	5	2	100%	-
J1 Hospital Safety	39	171	64%	1%
K1 Rural Primary Care	47	107	80%	1%
K2 Rural Emergency Care	32	72	83%	1%

A1 Diabetes Care Selected Measures

Hospital/Physician Practice Measures	Providers Reporting BL & PY1	Measures Achieving DY7 Goal	Payer Type (% of All-Payer Denominator)	Median BL Rate	Median PY1 Rate
Diabetes Care: HbA1 Poor Control 9% ↓ (Age 18 – 75)	60	Full: 73% Partial: 3%	All-Payer	.3321	.3109
			Medicaid (15%)	.3325	.3222
			LIU (36%)	.4258	.3718
Diabetes Care: Blood Pressure Control (Age 18 – 75)	60	Full: 83% Partial: 2%	All-Payer	.6458	.6706
			Medicaid (15%)	.6364	.6703
			LIU (36%)	.6211	.6667
Rate of ED Visits for Diabetes ↓ (ED Visits per Target Population Age 18 – 75)	21	Full: 22% Partial: 68%	All-Payer	.2268	.2081
			Medicaid (20%)	.3267	.2790
			LIU (36%)	.2385	.2292

Commonly Selected Core Activities:

- Management of targeted populations including individuals at high risk for developing complications, co-morbidities, and utilizing acute or emergency services.
- Care management services including education in chronic disease self-management.
- Provision of services that address social drivers of health
- Patient portal that allows patient to enter health information and/or enables bidirectional communication

C2 Cancer Screening Measures

Hospital/Physician Practice Measures	Providers Reporting BL & PY1	Measures Achieving DY7 Goal	Payer Type (% of All-Payer Denominator)	Median BL Rate	Median PY1 Rate
Breast Cancer Screening (Women Age 50 – 74)	28	Full: 71% Partial: 11%	All-Payer	.4545	.6069
			Medicaid (16%)	.4010	.5789
			LIU (40%)	.4310	.4951
Cervical Cancer Screening (Women Age 21 – 64)	27	Full: 93% Partial: 0%	All-Payer	.4449	.5560
			Medicaid (10%)	.4111	.5030
			LIU (30%)	.3077	.4003
Colorectal Cancer Screening (Age 50 – 75)	31	Full: 68% Partial: 10%	All-Payer	.6087	.6556
			Medicaid (9%)	.5614	.6419
			LIU (30%)	.4738	.5559

Commonly Selected Core Activities:

- Provision of screening & follow up services
- Utilization of care teams that are tailored to the patient’s health care needs
- Expanded Practice Access
- Coordinated services for patients under Patent Centered Medical Home (PCMH) model

D1 Pediatric Primary Care Selected Measures

Hospital/Physician Practice Measures	Providers Reporting BL & PY1	Measures Achieving DY7 Goal	Payer Type (% of All-Payer Denominator)	Median BL Rate	Median PY1 Rate
Childhood Immunization Status (Age 2)	12	Full: 58% Partial: 17%	All-Payer	.3673	.4297
			Medicaid/CHIP (43%)	.3440	.3751
			LIU (4%)	.2921	.3398
Immunization for Adolescents (Age 13)	12	Full: 100% Partial: NA	All-Payer	.4293	.4720
			Medicaid/CHIP (31%)	.4609	.4984
			LIU (3%)	.2897	.3276
Weight Assessment and Counseling for Physical Activity (Age 3 – 17)	12	Full: 67% Partial: 17%	All-Payer	.5696	.6189
			Medicaid/CHIP (36%)	.6641	.6892
			LIU (4%)	.4642	.5665

Commonly Selected Core Activities:

- Provision of vaccinations to targeted populations
- Patient Centered Medical Home Model
  - Emphasis on patient education and prevention

E2 Maternal Safety Selected Measure

Hospital/Physician Practice Measures	Providers Reporting BL & PY1	Measures Achieving DY7 Goal	Payer Type (% of All-Payer Denominator)	Median BL Rate	Median PY1 Rate
Cesarean Section ↓ (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section)	25	Full: 72% Partial: -	All-Payer	.3333	.3146
			Medicaid (49%)	.3111	.2896
			LIU (5%)	.3529	.2576

Commonly Selected Core Activities:

- Develop and implement standard protocols for the leading causes of preventable death and complications for mothers and infants
  - Emphasis on care teams, and provider education
  - Use of Bishop Score for induction of labor

H2 Behavioral Health Appropriate Utilization Selected Measures

Hospital/Physician Practice Measures	Providers Reporting BL & PY1	Measures Achieving DY7 Goal	Payer Type (% of All-Payer Denominator)	Median BL Rate	Median PY1 Rate
Primary Care Physician Assignment for Individuals with Schizophrenia	8	Full: 50% Partial: 0%	All-Payer	.3219	.3221
			Medicaid/CHIP (34%)	.2559	.3902
			LIU (29%)	.1631	.2146
Child and Adolescent MDD: Suicide Risk Assessment (Age 6 -17)	8	Full: 88% Partial: 13%	All-Payer	.7472	.7284
			Medicaid/CHIP (59%)	.6364	.8046
			LIU (14%)	.5773	.7250
Rate of ED Visits for Behavioral Health ↓ (ED Visits per Target Population)	7	Full: 43% Partial: 29%	All-Payer	.3277	.4324
			Medicaid/CHIP (18%)	.4736	.4986
			LIU (31%)	.6288	.5736

- Commonly Selected Core Activities
  - Utilization of care management function that integrates behavioral health and physical health needs
    - Emphasis on community health workers, risk-stratification systems, patient navigation, and provider education about comorbid substance use disorders

K1 Rural Preventive Care Selected Measures

Hospital/Physician Practice Measures	Providers Reporting BL & PY1	Measures Achieving DY7 Goal	Payer Type (% of All-Payer Denominator)	Median BL Rate	Median PY1 Rate
Tobacco Screening & Cessation Intervention (Age 18 +)	30	Full: 77% Partial: 3%	All-Payer	.6341	.7617
			Medicaid (10%)	.6220	.7351
			LIU (11%)	.5719	.6752
Pneumonia Vaccination (Age 65+)	33	Full: 76% Partial: 6%	All-Payer	.2223	.3533
			Medicaid (6%)	.2778	.4138
			LIU (2%)	.1250	.1429
Advanced Care Planning (Age 65+)	29	Full: 86% Partial: 7%	All-Payer	.0820	.2062
			Medicaid (6%)	.1154	.3043
			LIU (2%)	.0217	.1458

- Commonly Selected Core Activities
  - Provision of screening and follow up services
  - Expanded Practice Access (e.g., increased hours, telemedicine, etc.)
  - Provision of vaccinations to target population
  - Emphasis on patient education and care coordination

Community Mental Health Centers Selected Measures

CMHC Measures	Providers Reporting BL & PY1	Measures Achieving DY7 Goal	Payer Type (% of All-Payer Denominator)	Median BL Rate	Median PY1 Rate
Tobacco Screening & Cessation Intervention (Age 18 +)	28	Full: 93% Partial: 4%	All-Payer	.6081	.8107
			Medicaid (37%)	.6362	.8285
			LIU (57%)	.5286	.7760
Adult MDD Suicide Risk Assessment (Age 18+)	23	Full: 91% Partial: -	All-Payer	.5381	.7125
			Medicaid (26%)	.4439	.6999
			LIU (59%)	.5126	.7086
Follow-Up After Hospitalization for Mental Illness - 30 Day (Age 6 +)	20	Full: 95% Partial: -	All-Payer	.6535	.8298
			Medicaid/CHIP (23%)	.7308	.8621
			LIU (63%)	.6868	.8351
Controlling High Blood Pressure (Age 18 – 85)	8	Full: 80% Partial: -	All-Payer	.5268	.6509
			Medicaid (51%)	.5714	.6712
			LIU (46%)	.5055	.6354

Local Health Department Selected Measures

LHD Measures	Providers Reporting BL & PY1	Full Achieve-ment of DY7 Goal	Medicaid/ CHIP % of All-Payer Denom-inator	LIU % of All-Payer Denom-inator	Median MLIU BL Rate	Median MLIU PY1 Rate
Latent Tuberculosis Infection treatment rate	7	100%	7%	62%	0.6047	0.7209
Chlamydia Screening in Women (Age 16 – 24)	5	80%	5%	82%	0.8029	0.8528
Tobacco Screening & Cessation Intervention (Age 18+)	5	80%	5%	82%	0.6667	0.6479
Diabetes Care: HbA1c Poor Control >9.0% ↓ (Age 18 – 75)	4	100%	17%	74%	0.3056	0.2610
Diabetes care: BP control (Age 18 -75)	4	100%	9%	21%	0.6032	0.7081

Most Common Core Activities by Provider Type

Core Activity Description	H/PP	LHD	CMHC
Screening & Follow Up Services	35	8	3
Care Management including disease self-management education	43	2	3
Management of individuals at risk for complications, co-morbidities, use of acute/emergency services	43	1	1
Services that address social drivers of health	23	3	7
Expanded Practice Access (increased hours, telemedicine, etc.)	17	6	-
Provision of vaccinations to target population	17	5	-
Enhanced coordination between primary care, urgent care, & ED	19	-	-
Provision of navigation services to targeted patients	16	2	-
Care transitions, discharge planning, post-discharge supports	17	-	-
Certified Community Behavioral Health Clinic care model	-	-	18
Standard protocols for leading causes of preventable death and complications for mothers and infants	15	-	-
Empower lifestyle changes to manage chronic conditions	10	3	4
Integrated physical and behavioral health care services	2	-	11
Strategies to reduce tobacco use	5	3	3
Telehealth/telemedicine for behavioral health	3	-	7
Community-based crisis stabilization alternatives	1	-	5
Strategies to reduce sexually transmitted diseases	-	4	-

Next Steps for DSRIP Measurement & Evaluation

Formal 1115 Waiver Evaluation

- Required by the 1115 Waiver Special Terms & Conditions
- DY2-6: Published May 2017
  - Network analysis measured increases in collaboration
  - Patient Navigation Comparison Case Study identified improvements in patient experience of care and some decrease in ED utilization
  - Limited data was available at the time of publication to determine impact on Uncompensated Care costs. Additional time needed.
- DY7-10: An interim evaluation report will be submitted to CMS FFY 2022 and the final evaluation report will be submitted to CMS FFY 2024. Evaluation questions will include:
  - Did the DSRIP program incentivize changes to transform the health care system for the MLIU population in Texas?
  - Did the Demonstration impact unreimbursed costs associated with the provision of care to the MLIU population for UC providers?
  - Did the Demonstration impact the development and implementation of quality-based payment systems in Texas Medicaid?
  - Did the Demonstration transform the health care system for the MLIU population in Texas?

Next Steps for DSRIP Evaluation

- Cost & Savings Analysis – October 2019
  - DSRIP providers with more than $1,000,000 annual valuation (about 2/3 of all participants) are required to submit a cost benefit analysis for one DSRIP activity.
- RHP Plan Update for DY9/10 – January 2020
  - Core Activity Updates
  - Related Strategies Reporting
  - Updated Measure Bundle/Measure Selections
- H.B. 1 Rider 38 Cost Effectiveness of DSRIP – December 2020
  - HHSC will submit a report on the outcomes achieved by providers in the DSRIP program. This report will describe measure selection and performance, activities associated with successful performance, and a summary of final cost and savings reports.
- Annual DSRIP Statewide Analysis data from External Quality Review Organization

Questions?

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See HHS 1115 Waiver Site for Updates

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Texas Quality Measure Highlights

Jimmy Blanton, Director
Office of the Medicaid Quality Institute

September 4, 2019

PPR

Potentially Preventable Readmissions

Return hospitalizations that may result from deficiencies in care or treatment provided during a previous hospital stay. (3M)

PPC

Potentially Preventable Complications

Harmful events that occur during hospitalization that may result from processes of care and treatment rather than from natural progression of the underlying illness. (3M)

PPA

Potentially Preventable Admissions

Admissions to a **hospital or long-term care facility** that could reasonably be prevented if care and treatment was provided according to accepted standards of care. (3M)

PPV

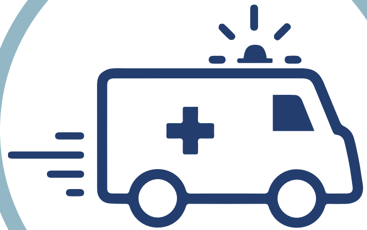
Potentially Preventable ED Visits

Emergency department visits for conditions that could otherwise be treated by a care provider in a non-emergency setting. (3M)

All-Payer

Medicaid + CHIP

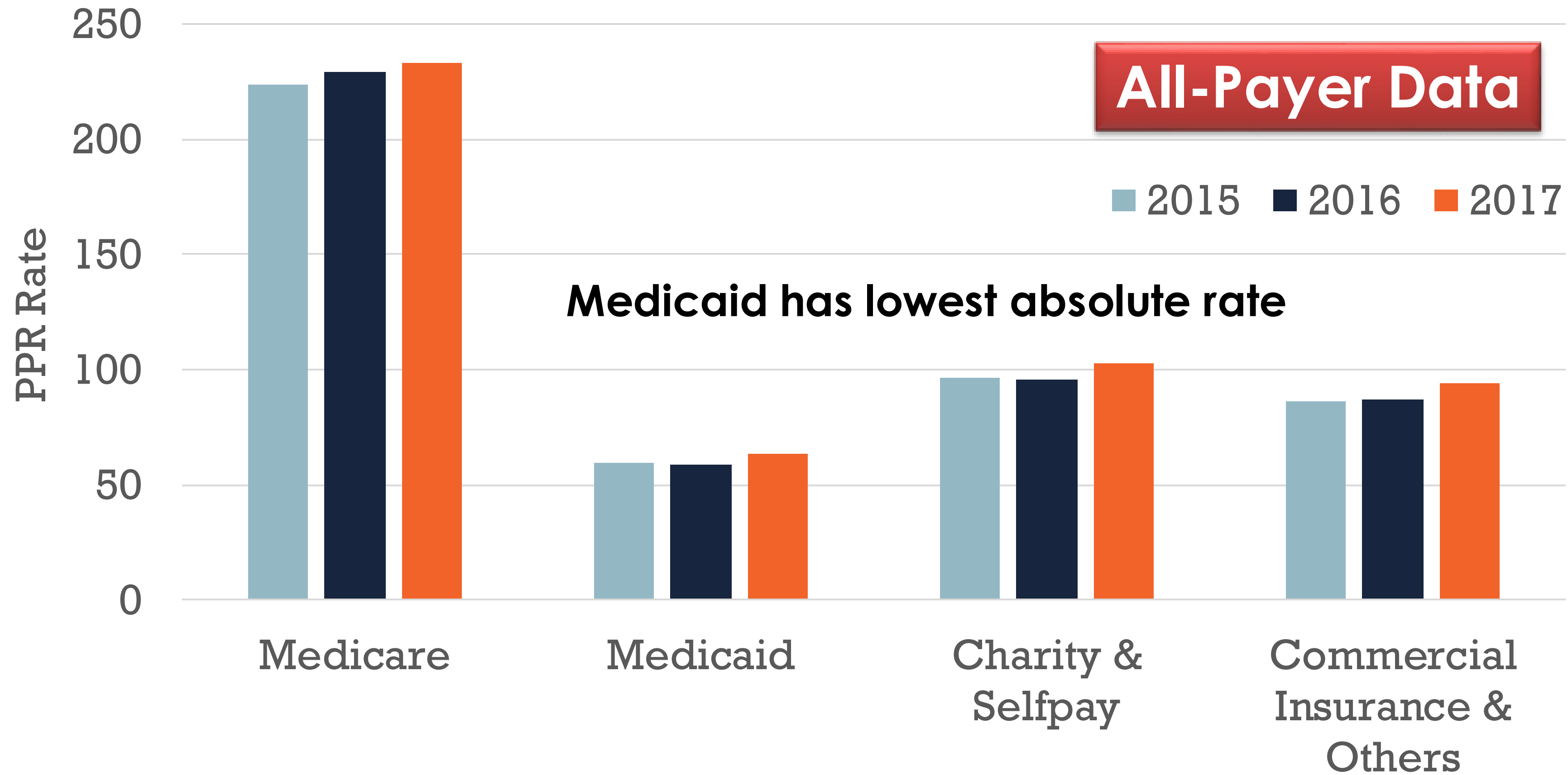
PPR: Potentially Preventable Readmissions Overview



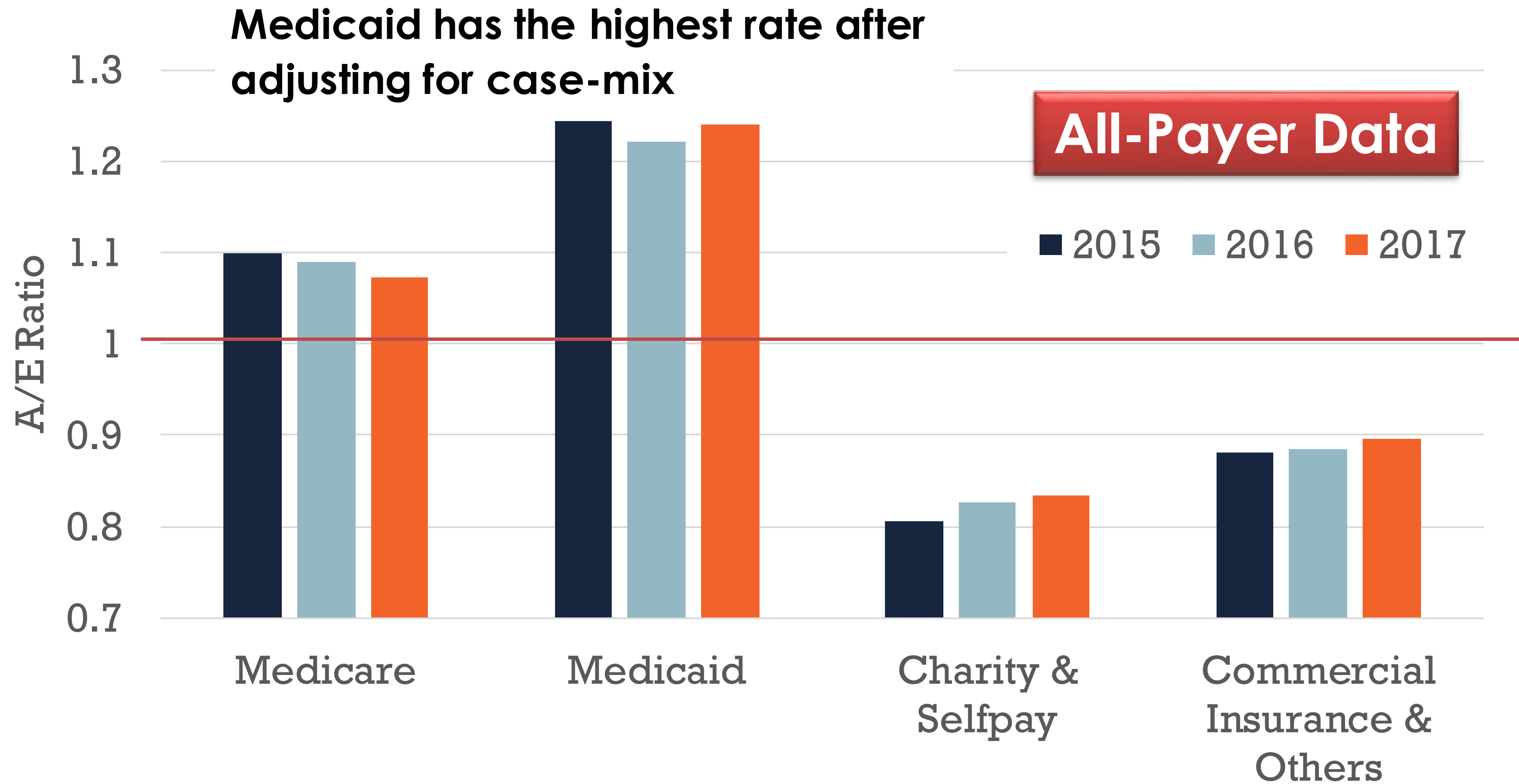
Potentially Preventable Readmissions: **Return hospitalizations** that may result from deficiencies in care or treatment provided during a previous hospital stay. (3M)

- Readmissions within 30 days.
- PPRs are clinically related to the initial admission.
- PPR admissions are weighted by resource use.
- PPRs are classified by APR-DRGs.

PPR Rate (Total PPR weight / 1,000 Admissions At Risk)



PPR A/E Ratios (by PPR Weight and Adjusted for Case-Mix)



PPR A/E Ratios by RHP

Medicaid + CHIP

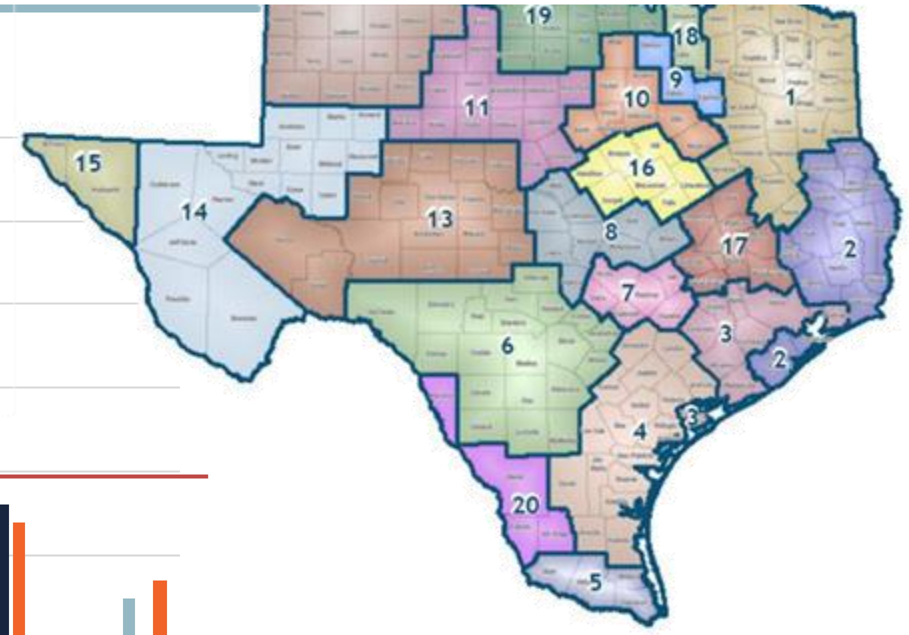
2015 2016 2017

A/E Ratio

1.4
1.3
1.2
1.1
1
0.9
0.8
0.7
0.6

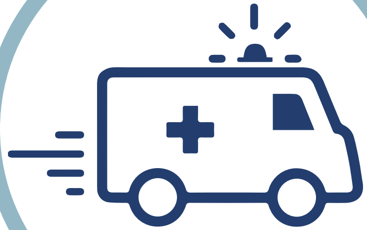
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

RHP Region



Descriptive Only

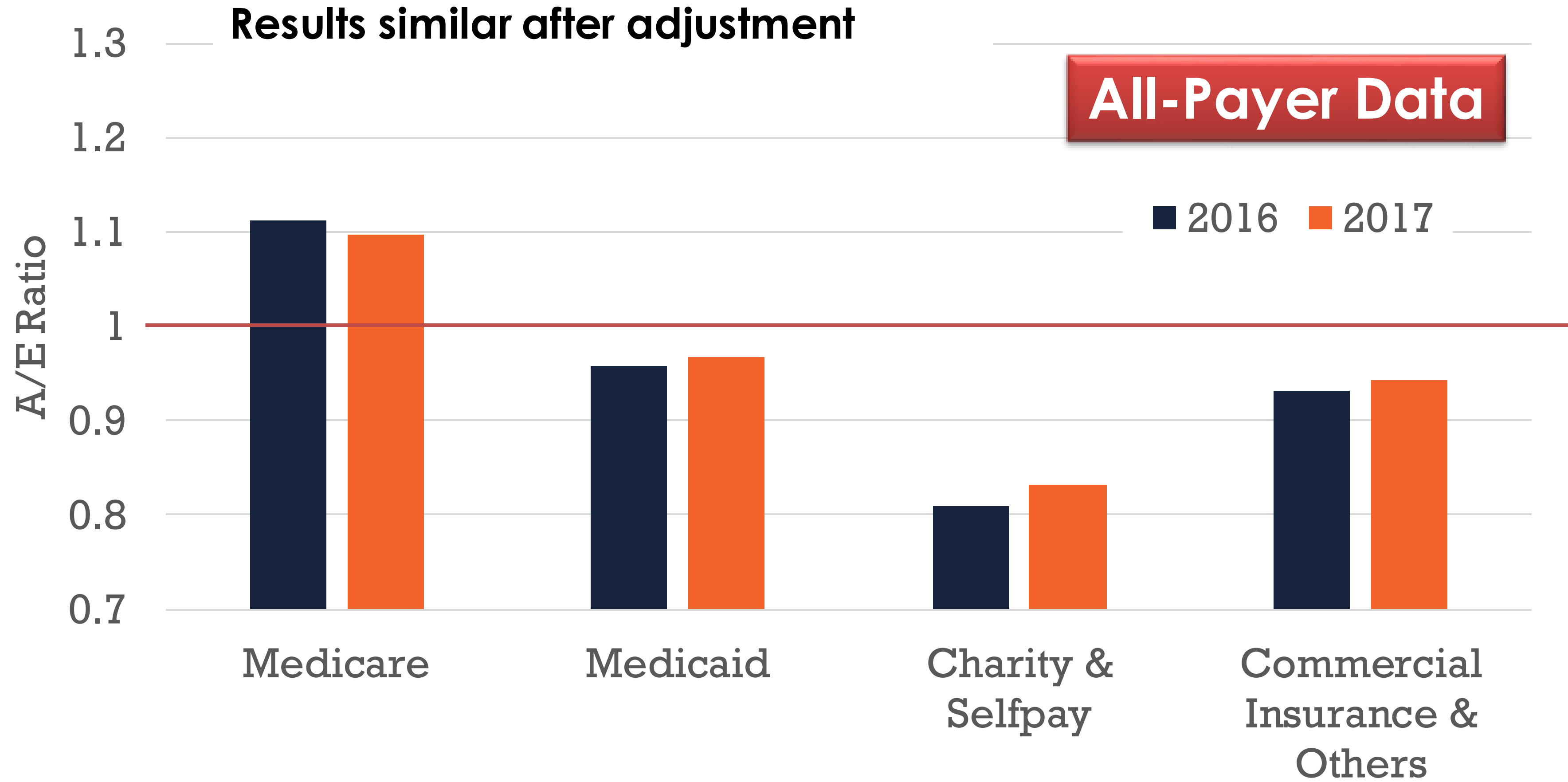
PPC: Potentially Preventable Complications Overview



Potentially Preventable Complications: Harmful events that occur during hospitalization that may result from processes of care and treatment rather than from natural progression of the underlying illness. (3M)

- Identification of PPC is based on risk at admission.
- The POA helps 1) Identify PPC and 2) Restrict risk determination to state at admission. Facility data is screened for POA quality.
- Some diagnoses exclude an admission. Some complications are only considered in certain types of patients.
- Multiple PPC are possible per admission.

PPC A/E Ratios (by PPC Weight and Adjusted for Case-Mix)

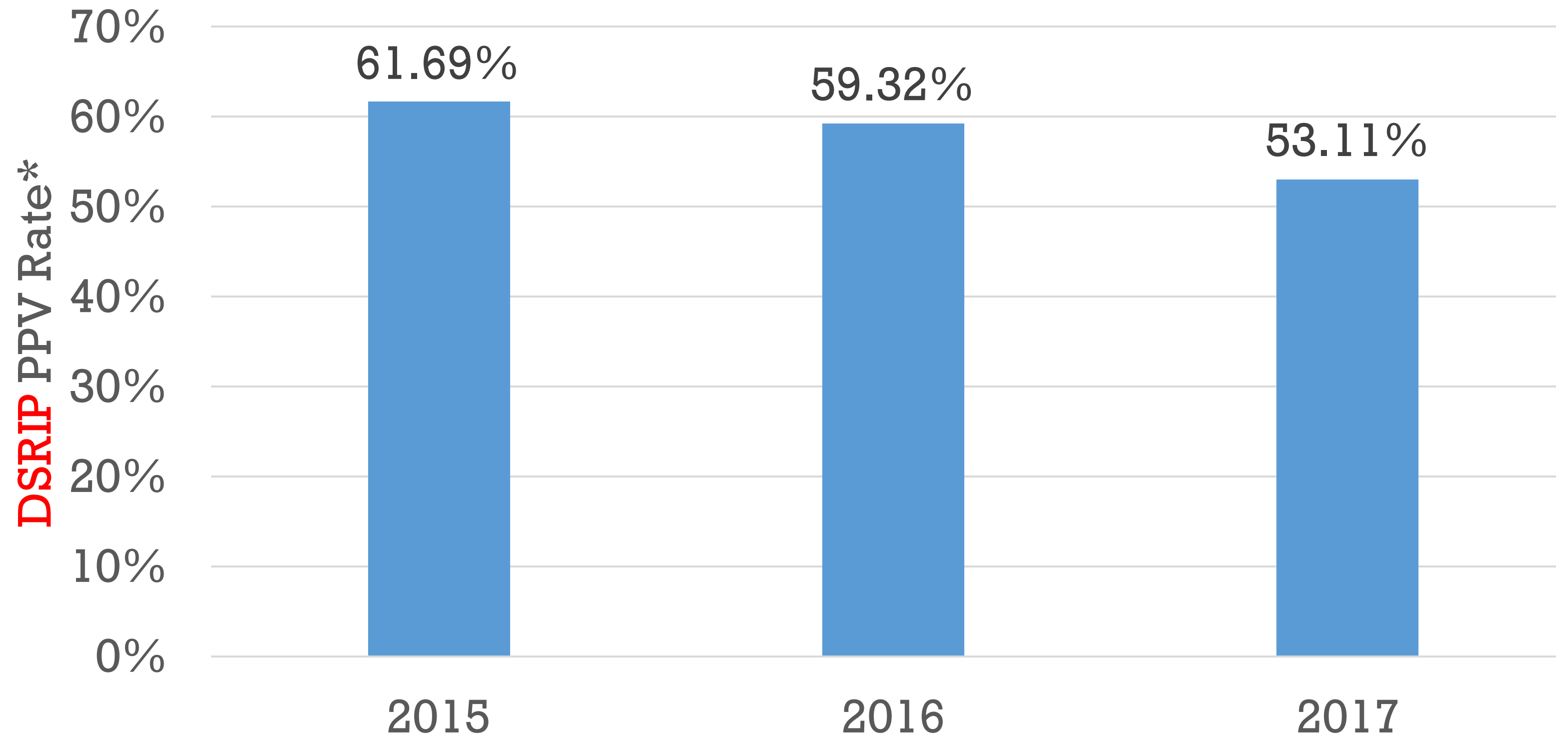


PPV: Potentially Preventable Visits Overview

Potentially Preventable Visits: Emergency department visits for conditions that could otherwise be treated by a care provider in a non-emergency setting. (3M)

- Ambulatory sensitive conditions that adequate care could reduce or eliminate.
- ED visits are classified as PPVs based on EAPGs.
- PPVs are weighted by resource use.
- DSRIP rates are discharge based and NOT measured over the population.
- ED visits resulting in admission are excluded.
- Minimum enrollment is required for risk adjusting.

DSRIP PPV Rate for Medicaid + CHIP



*DSRIP PPV Rate is: PPV EAPG Weight / At-Risk EAPG Weight

(or the percentage of ED resource use that might be preventable)

PQI: Prevention Quality Indicators

Prevention Quality Indicators: Set of measures that can be used with hospital inpatient discharge data to identify **quality of care for ambulatory care sensitive conditions**. (AHRQ)

- Serve as a '**screening tool**' to flag potential health care quality problem areas for further investigation.
- Use readily available administrative data (ICD codes).
- Reported as discharges occurring in an at risk population
  - Census population for an area forms the denominator.
  - At-risk population defined by member months.
- Include 13 specific ambulatory care sensitive conditions.

2018 PQI Rates and Severe Mental Illness