

Delivery System Reform Incentive (DSRIP) Program

Delivery System Reform Incentive Payment (DSRIP) Program

DSRIP provides an unprecedented opportunity to improve patient care for low-income populations by incentivizing delivery system reforms that increase access to health care, improve the quality of care, and enhance the health of patients and families they serve. These investments not only contribute to the Triple Aim, but they can also help position safety net providers for the emerging healthcare market, in which data-based quality performance and cost-efficiency drive competition.

The RHP Planning Protocol (DSRIP Project Menu) presents a menu of evidence-based projects that can be incentivized through DSRIP. The projects were selected by HHSC and the Centers for Medicaid and Medicare Services (CMS) to have the maximum impact on the health system challenges facing Texas. It is anticipated that multiple, complementary initiatives will be occurring in the same RHP simultaneously, reinforcing each other in the transformation of care delivery. The selected projects for the RHP plan should possess the following qualities:

- While they are highly related projects, each improvement project is distinct;
- All of the proposed projects are oriented to creating more effective and coordinated care provision; and
- There is a coordinated approach to supporting improved patient experience, population health, quality improvement, and cost control.

DSRIP activities are divided into four categories, which are interrelated and complementary:

- **Category 1 Infrastructure Development (DSRIP Project)** lays the foundation for delivery system transformation through investments in technology, tools and human resources that will strengthen the ability of providers to serve populations and continuously improve services.
- **Category 2 Program Innovation and Redesign (DSRIP Project)** includes the piloting, testing and replicating of innovation care models.
- **Category 3 Quality Improvements (DSRIP Outcome Measure)** includes outcome reporting and improvements in care that can be achieved within the four demonstration years.
- **Category 4 Population-focused Improvements (Reporting)** pertains to hospital providers only and is the reporting of measures that demonstrate the impact of delivery system reform investments under the waiver. (Five required reporting domains and 1 optional domain).

The Project Menu also provides prescribed sets of process milestones and associated metrics and improvement milestones and associated metrics for each project/outcome domain. Milestones and associated metrics, appropriate to each individual project, are to be bundled for each Waiver Demonstration Year (DY). The milestone/metric bundles form the basis for payment for each DSRIP project.

In order to achieve meaningful change by the end of the demonstration, every performing provider must link each selected Category 1 or 2 project to related Category 3 outcome measures. The outcome measure is to assess the results of care experienced by patients, including patients' clinical events, patients' recovery and health status, patients' experiences in the health system and efficiency/cost.