

Texas Healthcare Transformation and Quality Improvement Program

Region Nine—Dallas, Denton and Kaufman Counties

PUBLIC HEARING

November 7, 2012

6:30 p.m.

Dallas County Commissioners

Court—411 Elm Street

Dallas, TX 75202

PRESENTATION OUTLINE

Welcome and Introductions

Overview of the Texas Healthcare Transformation and Quality Improvement Program (Medicaid 1115 Waiver)

Overview of the Community Needs Assessment

Regional Healthcare Partnership—Region Nine

- The Delivery System Reform Incentive Program
- Region Nine Plan Development

PANEL

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Overview of the Waiver Program

In December 2011, the Texas Health and Human Services Commission (HHSC) received approval for a waiver of certain federal Medicaid requirements under Section 1115 of the Social Security Act. The Texas 1115 Waiver is a five-year demonstration program.

The Texas Healthcare Transformation and Quality Improvement Program (the transformation waiver) allows the State of Texas to expand Medicaid managed care while preserving federal hospital funding historically received as Upper Payment Limit (UPL) payments—supplemental payments to make up the difference between what Medicaid pays for a service and what Medicare would pay for the same service. Replacing the UPL payment methodology are two funding pools—the Uncompensated Care (UC) Pool and the Delivery System Reform Incentive Payment (DSRIP) Pool.

- **Uncompensated Care Pool** payments are designed to help offset the costs of uncompensated care provided by the hospital or other health care providers.
- **DSRIP Pool** payment are incentive payments to hospitals and other healthcare providers that develop programs or strategies to enhance access to health care, increase the quality of care, improve the cost-effectiveness of care and benefit the health of the patients and families served.

HHSC has defined the types of entities eligible to participate in the Transformation Waiver to include: hospitals, community mental health centers, local health departments, physician practice plans affiliated with an academic health science center and physician practice plans not affiliated with an academic health science center. To receive payments from the UC and/or DSRIP pools, entities must participate in a regional healthcare partnership. Within the partnership, participants include governmental entities providing public funds known as intergovernmental transfers (IGT), Medicaid health care providers and other stakeholders.

HHSC has defined twenty regions in Texas that define the geographic boundaries of regional healthcare partnerships. Region Nine consists of three counties—Dallas, Denton and Kaufman. The participants in each region are charged with developing a regional plan identifying partners, community needs, proposed projects to address the community needs and the funding distribution for each pool. Each partnership has one anchoring entity which acts as the primary point of contact for HHSC in the region and responsible to serve as an administrative extension of HHSC with respect to the regional activities. In Region Nine, Parkland Health & Hospital System has been designated as the anchoring entity.

For more information regarding the program—see <http://www.hhsc.state.tx.us/1115-waiver.shtml>

Overview Community Needs Assessment

To develop the Community Needs Assessment, a broad regional Task Force was convened to review and identify the regional needs through data analysis, expert presentations, and committee discussions. The major criteria used to identify and rank regional priorities included population impact, alignment with intervention categories, and whether solutions lend to regionally based approaches.

The following priorities were identified as the region's major community health needs:

- Primary and Specialty Care Capacity - demand exceeds available medical physicians in these areas, thus limiting healthcare access.
- Behavioral Health - Adult, Pediatric and Jail Populations - accounts for substantial volume and costs for existing healthcare providers, and is often utilized at capacity, despite a substantial unmet need in the population.
- Chronic Disease - Adult and Pediatric - affecting many individuals, are becoming more prevalent, and exhibiting more complications.
- Patient Safety and Hospital Acquired Conditions - ongoing coordinated efforts among providers are needed to improve patient safety and quality throughout the region.
- Emergency Department Usage and Readmissions - high volumes of patients present in the ED with conditions that are preventable or suitable to be addressed in a primary care setting. Inpatient readmissions are higher than desired, particularly for those with severe chronic disease or behavioral health conditions.
- Palliative Care - services can provide more suitable patient experiences at more appropriate costs.
- Oral Health - In Texas, preventive dental visits are below the recommended levels, and access can be a problem for minorities, the elderly, children on Medicaid, and other low income children.

Region Nine Regional Healthcare Partnership

More than 75 individuals representing the organizations presented below have been working collaboratively to prepare the financial and project plans that individually and collectively will comprise the RHP Nine Plan have a transformative impact on the region.

The DSRIP program and plan must conform to the Program Funding and Mechanics Protocol. The protocol calls for projects to be developed in alignment with a menu that is organized in four categories:

- Category 1—Infrastructure Development
- Category 2—Innovation and Redesign
- Category 3—Quality Improvements (Outcomes)
- Category 4—Population-focused Improvements.

The projects constructed in Categories 1 and 2 must be linked to outcomes measured in Category 3. Incentive payments are made based on the successful completion of Milestones and Metrics.

As described in protocol, the RHP Nine Plan will be conducted in a “two pass” process—the first pass is due to HHSC on November 16, 2012 and the second pass on December 31, 2012. The projects that are being submitted for Pass 1 have been compiled with detailed descriptions and associated Milestone and Metrics and incorporated into the regional plan.

As the Plan is drafted and completed, it will be posted and available to the public through the following website address—<http://www.parklandhospital.com/Section-1115-Medicaid-Waiver.html>

REGION NINE PLAN PARTICIPANTS

GOVERNMENTAL ENTITIES

State

- The University of Texas Southwestern Medical Center
- Texas A&M Health Science Center, Baylor College of Dentistry

County

- Dallas County Health and Human Services
- Denton County Health and Human Services
- Denton County MHMR
- Lakes Regional MHMR (Kaufman County)
- Metrocare (Dallas County)
- Dallas County Hospital District—Parkland Health & Hospital System

PRIVATE HOSPITAL PROVIDERS

- Baylor Medical Center at Garland
- Baylor Medical Center at Irving
- Baylor University Medical Center
- Baylor Medical Center at Carrollton

- Baylor Heart & Vascular Center
- Baylor Institute for Rehabilitation
- Baylor Specialty Hospital
- Children's Medical Center Dallas
- HCA Medical City Dallas Hospital
- HCA Las Colinas Medical Center
- HCA Green Oaks Hospital
- HCA Denton Regional Medical Center
- HCA Medical Center of Lewisville
- Methodist Charlton Medical Center
- Methodist Dallas Medical Center
- Methodist Richardson Medical Center
- Tenet Doctors Hospital at White Rock Lake
- THR Presbyterian Hospital of Dallas
- THR Presbyterian Hospital Denton
- THR Presbyterian Hospital Flower Mound
- THR Presbyterian Hospital Kaufman
- Texas Scottish Rite Hospital

OTHER STAKEHOLDERS

Medical Societies

- Dallas County Medical Society
- Denton County Medical Society

Behavioral Health Entities

- North Texas Behavioral Health Authority
- Dallas County—Behavioral Health Leadership Team and representative organizations
 - Adapt Community Solutions
 - APAA
 - Homeward Bound
 - The Bridge
 - Transicare

Others

- Dallas-Fort Worth Hospital Council
- Dallas Medical Resources