

# **AGENDA**

## **Region 4 – Coastal Bend DSRIP Regional Learning Collaborative Meeting September 5, 2013**

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| <b>Welcome and Introductions:</b>           | Jonny Hipp, Administrator/Chief Executive Officer<br>Nueces County Hospital District |
| <b>Overview of Meeting Discussion:</b>      | Linda Wertz, Managing Principal<br>Health Management Associates                      |
| <b>Learning Collaborative Presentation:</b> | Dianne Longley, Principal<br>Health Management Associates                            |
| <b>Lunch Break</b>                          |  |
| <b>DSRIP Timeline and Program Updates:</b>  | Linda Wertz  |
| <b>Questions and Answers:</b>               | Jonny, Linda, Dianne   |
| <b>Closing:</b>                             | Jonny Hipp   |

# **RHP 4 Regional Learning Collaborative**

September 5, 2013

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## **RHP Performing Providers**

21 RHP 4 Performing Providers	
Bluebonnet Trails Community Mental Health Center	Cuero Community Hospital
Camino Real Community Services	De Tar Hospital
Christus Spohn – Alice	Driscoll Children's Hospital
Christus Spohn – Beeville	Gonzales Healthcare System
Christus Spohn – Corpus Christi	Gulf Bend Center
Christus Spohn – Kleberg	Jackson County Hospital District
Citizens Medical Center	Lavaca Medical Center
Coastal Plains Community Center	MHMR of Nueces County
Corpus Christi Medical Center	Otto Kaiser Memorial Hospital
Corpus Christi-Nueces County Public Health District	Refugio County Hospital District
	Yoakum Community Hospital

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## Three Types of Collaborative Requirements

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- Regional Learning Collaborative for all performing providers
- Semi-annual Learning Collaborative for performing providers with project-specific milestones/metrics
- Bi-weekly Learning Collaboratives for performing providers with project-specific milestones/metrics

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## Regional Learning Collaborative Requirements

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- Each RHP/Anchor must conduct a regional learning collaborative for all performing providers
- RHP Anchor must also submit a learning collaborative plan to HHSC by September 30, 2013
- Plan must include a coherent discussion of
  - Opportunities and Requirements for provider participation that is strongly relevant to their specific project
  - How learning is designed to accelerate progress and corrections necessary to achieve performance goals and demonstrate improvement in Category 3 outcomes and Category 4 health reporting measures

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## Additional Plan Requirements

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- Establish Aims/Goals of the collaborative
- Identify the improvement methodology chosen (such as Institute for Healthcare Improvement Model for Improvement or Plan, Do, Study Act) including key elements of design
- Describe structured leadership roles
- Describe the progress measurement plan (such as CQI processes and quality outcome data including Category 3 and Category 4 outcomes)
- Learning system design (how to share information and data)

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## Semi-Annual Learning Collaboratives

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- Several Providers also have projects that include Quality Improvement milestones for participation in semi-annual learning collaboratives
- Meetings must be face-to-face via meetings or seminars
- Additional meetings (quarterly or more frequent) are also expected by HHSC, consistent with learning collaborative purpose of on-going learning and CQI
- At each meeting, all providers should
  - Identify and agree upon several improvements they will pursue to “raise the floor” for performance
  - Commit to implementing these improvements
- Data for documenting participation includes meeting agendas slides from presentations, and/or meeting notes
- Semi-annual Regional Learning Collaboratives will serve to meet this requirement

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## **Project-Specific Bi-Weekly Learning Collaboratives for Achieving Continuous Quality Improvement**

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- In addition to the Semi-annual Regional LC, several projects include Quality Improvement milestones that require participation in at least bi-weekly discussions/meetings with other providers
- Meetings can be face-to-face, webinars, conference calls
- Meeting discussions should include:
  - Sharing of challenges and solutions
  - Sharing results and quantitative progress on new improvements the provider is testing
  - Identifying a new improvement and a public commitment to “test it” in the coming weeks

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## **Metric Options for Project-Specific Collaboratives for Achieving Continuous Quality Improvement**

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- Metrics and data sources for milestone vary depending on provider’s choice
- Generally, all providers will need to document participation in semi-annual meetings and bi-weekly meetings
  - Data source: Documentation of meetings including agendas for conference calls, slides from webinars, and/or meeting notes
- Additional metrics require additional documentation
- Each performing provider needs to review the metrics you included to be sure you are meeting all of the requirements for your project

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## **Roles of the Anchor and Providers in Regional, Semi-Annual Learning Collaboratives**

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- Anchor will host 2 regional learning collaborative meetings per DY and periodic conference calls (most likely quarterly); additional conference calls may be scheduled for topical discussions
- All Performing Providers are expected to actively participate which may include:
  - Attending meetings and periodic conference calls
  - Providing updates and reporting on your projects
  - Providing presentations upon request
  - Working with other providers to share information, including progress, challenges, best practices
  - Committing to participate in activities related to "testing new improvement"

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## **Roles of the Anchor and Providers in Bi-Weekly Project-Specific Learning Collaboratives**

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- Anchor will assist with initial organization of provider teams, but each team will be responsible for ongoing activities
- Each team will select a Team Leader who will be responsible for organizing, scheduling and facilitating bi-weekly meetings
- If no one volunteers, Team Leaders will be assigned for each quarter on a rotating basis
- Teams will be responsible for meeting HHSC/CMS requirements for meeting milestones/metrics
- Teams will be responsible for providing semi-annual reports to Anchor and for providing updates at Regional LC meetings

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## Performing Provider Projects with Project-Specific Learning Collaborative Requirements

Provider	Project Option	Milestone
Christus Spohn – Alice, Beeville, Corpus Christi, Kleberg	Expand care transitions program to address readmission for chronically ill patients	Bi-weekly learning collaborative
MHMR Nueces County	Dual diagnosis crisis stabilization clinic	Bi-weekly learning collaborative
Christus Spohn – Corpus Christi	Establish medical homes	Bi-weekly learning collaborative

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## Projects with Learning Collaboratives, continued

Provider	Project Option	Milestone
Gulf Bend Center	Expand and enhance ability to offer 24 hour crisis stabilization services and medical clearance to those affected by behavioral or mental health illnesses	Semi-annual learning collaborative
Gulf Bend Center	Expand and enhance existing psychiatric and behavioral health telemedicine services	Semi-annual learning collaborative
CC- Nueces County Health District	Provide patient navigation services to target patients at risk of disconnect from institutionalized healthcare	Semi-annual learning collaborative
Christus Spohn – Corpus Christi	Implement care transition program through development of a hospitalist services model	Semi-annual learning collaborative
Otto Kaiser	Expand neurology consultations through the establishment of telemedicine program	Semi-annual learning collaborative

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## **Teams for Bi-Weekly Learning Collaborative Projects**

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- We need to talk
  - May need to partner with providers in other RHPs who have similar projects
- OR
- Possible that HHSC/CMS will allow the three providers in RHP 4 to collaborate on a common goal

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## **Suggested Topics for Regional Learning Collaborative Teams**

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- Access to Care
  - Primary Care expansion, Medical Homes, Specialty Care expansion, Establish new/Expand existing clinics, Telemedicine
- Behavioral Health
  - Crisis Stabilization, Access to BH services, Care Integration, Peer Support
- Disease Management
  - Disease Registry, Care Integration/Management, Palliative Care, Care Navigation, Disease Prevention

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## **Key Elements of a Learning Collaborative**

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- Focus on Learning from each other, not formal teaching/instruction (which should be used occasionally)
- Share best practices, lessons learned, challenges and disappointments
- Bring participants together on a regular basis
- Establish quantifiable, project-level goals and deadlines that all participants pursue; define the problem and the goal
- Require some minimum improvement (raise the floor)
- Should support the principles of continuous quality improvement
- Celebrate successes

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## **Team Member Roles**

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- **Team Leader** – may be one individual/organization for entire collaborative period, or may change over time
- **Project Manager** – assists with organizing meetings, planning agendas, scheduling presenters; oversees development of required reports
- **Data Manager** – coordinates and provides technical assistance with data management and reporting
- **Team Members** – all members are expected to attend meetings or arrange for a substitute member from the organization, provide input on project activities, respond to requests for information or presentations, comply with any reporting requirements; are responsible for working with internal organization to identify appropriate staff and engaging them in the learning collaborative process where appropriate

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## Team Activities

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- Select a Team Leader
- Identify clear aims either for the team as a group, or individual team members within a specific scope (i.e., improve access to care);
- Identify topics for “learning sessions” which may be specific to each group or may be applicable to multiple groups
- Establish plans for monthly/quarterly meetings, in addition to 2 regional meetings
- Be prepared to participate in meetings; Team leader will provide an agenda and any assignments in advance

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## Measuring and Reporting Accomplishments

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- Teams will identify an area of improvement to focus on based on projects of performing providers
- Topic should be relevant to the Community Needs Assessment
- Identify a common measurement for success, or agree to allow each provider to provide their own measurement (may be consistent with Cat 3 or 4 improvements)
- Each team member should report verbally on a regular basis on their organization’s successes, challenges, failures, frustrations, solutions
- Providers will provide written reports semi-annually, prior to Regional Learning Collaborative meetings

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## **Next Steps for Learning Collaborative Process**

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- Identify Collaborative Teams/Subjects via survey and breakout discussions
- Respond to requests/information from Anchor and/or HMA regarding LC participation
- Upon approval by HHSC of RHP 4 Learning Collaborative Plan, first DY3 Learning Collaborative regional meeting will be scheduled and team assignments will be issued; additional training and information will be provided prior to and at the next LC meeting (possibly Feb/March 2014)

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## **DSRIP Updates**

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- 3-year projects (DY 3-5)
- DY 2 Reporting
- Category 3 Revisions
- Full Plan Submission
- Key Waiver Dates

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## 3- Year Projects (DY 3-5)

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- RHP 4 Guidelines (handout)
- Approximately \$15 million available as of December 31, 2012
- \$\$ will change based on lower valuations, revisions, or deletion of projects
- 3-year projects due NO LATER THAN September 27

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## DY2 Reporting

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- May report progress on metrics in either August or October
- Documents must be submitted to Deloitte – not HHSC, Anchor or HMA
- Payment will be based on percentage of achievement target you met (i.e., 75% or 50% of your goal)
- HHSC will review reports and request additional documentation if needed
- If submitted in August, HHSC and CMS will complete review by October 1<sup>st</sup> and will either approve or request additional information; payment for that metric/milestone will be delayed until next payment period if not approved
- Mid to late October – IGT due for August DY 2 DSRIP payments
- Mid November – August DY 2 payments processed
- PLEASE SEE: <http://www.hhsc.state.tx.us/1115-docs/DraftDY2Companion.pdf> and: <http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml>

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## Category 3 Revisions

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- CMS did not approve more than 170 Cat 3 measures, including all “Other” measures
- HHSC and CMS have been working to create additional proposed measures for Cat 3.
- New Draft Cat 3 measures include:
  - 2 new outcome domains – Behavioral Health/Substance Abuse and Infectious Diseases
  - Additional clarifications for outcomes in OD 5 to specify what cost analysis may be used
  - Clarification for IT-9.2 (.....) to clarify which measure can be selected as a stand-alone measure
  - Additions to IT-11.1 [insert title] and 12.5 (insert title) by including new measures in the menu
  - Delete OD-11 (Addressing Health Disparities in Minority Populations) as a separate domain
- Based on analysis, 238 projects disapproved would be accommodated by changes

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## Category 3 Revisions, continued

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- CMS proposed changes also allow performing providers to use a population based measure instead of the intervention population for Cat 3 outcomes.
  - Example: for PPA, the denominator could be Intervention based – “patients age 18 years or older within a hospital, medical center, and/or health care system” OR population based – “Population in metro area or county”
- Performing Providers may choose between the two measurement options as currently proposed by HHSC
- Category 3 revisions are due tentatively due October 1<sup>st</sup>; will likely be delayed since final menu hasn’t been issued
- Targeted date for final approval: March 31, 2014
- PLEASE SEE New Menu at: [http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/Cat3draft\\_revisions.pdf](http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/Cat3draft_revisions.pdf)

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## Category 3: New Text from Revised PFM

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Recognizing the complexity of setting Category 3 outcome targets, CMS and HHSC will jointly develop a standard target setting methodology for Category 3 outcomes no later than October 1, 2013 that will apply prospectively to Category 3 outcomes for DYs 4 and 5 for all projects. This methodology will recognize the demonstration's focus on the Medicaid/uninsured populations and the differing baselines for different providers and will use appropriate benchmarks (where applicable) to set targets for meaningful improvement. The methodology also will recognize the innovative nature of certain projects, as well as data limitations and data sharing issues for certain types of performing providers, including non-hospital providers.

Providers will be required to use this standard methodology to set their Category 3 improvement targets in DYs 4 and 5 unless they provide a compelling justification to use a different improvement target. If providers have already submitted Category 3 improvement targets for DYs 4 and 5 to CMS in the initial approval process, they should replace their previous targets with new targets based on the standard target setting methodology. HHSC and CMS will need to approve the use of a different target that is not based on the standard target setting methodology.

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## Full Project Submission

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- Due to HHSC December 2, 2013
  - Includes:
    - 3-year projects
    - Priority Technical Corrections
    - Category 3 improvement targets
    - Request for plan modification (DY 3-5)

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## Future Plans and Requirements

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- **Public Meeting with Stakeholders**
  - Once plan is approved by CMS, RHP will conduct a post-award implementation forum for all stakeholders. Feedback from meetings will be summarized in RHP report to HHSC/CMS, and should be used to inform learning collaborative activities.
- **Annual RHP Report to HHSC**
  - Due by December 15; will include information/data on the progress made for all metrics, a narrative description of progress made, lessons learned, challenges, and other relevant findings. Input will be solicited from Providers.

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## Key Waiver Dates

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Early September	Revise DY2 TBD/Non-quantifiable goals and missing data sources for October DY2 reporting.
Mid-September	RHPs receive CMS valuation feedback for DYs 4-5.
September 30 <sup>th</sup>	HHSC and CMS approval of August DY2 reports. Replacement projects due to HHSC. Learning collaborative plans due to HHSC.
October 1 <sup>st</sup>	Providers submit Category 3 outcomes based on updated Category 3 menu.
October (date TBD)	RHPs submit prioritized list of 3-year projects.
October 31 <sup>st</sup>	DY2 metrics and required qualitative reporting due to HHSC. HHSC approval of selected Category 3 outcomes.
November 12 <sup>th</sup>	Estimated payment date for August DY2 reporting.

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## Key Waiver Dates, cont.

November 30 <sup>th</sup>	HHSC and CMS approval of October DY2 reports.
December (date TBD)	RHPs submit full project descriptions for new 3-year projects.
December 2 <sup>nd</sup>	Full project submission to HHSC of: <ul style="list-style-type: none"><li>• Priority technical corrections</li><li>• Category 3 improvement target achievement levels</li><li>• Requests for plan modifications for DYs 3-5</li></ul>
December 15 <sup>th</sup>	Anchor annual reports due to HHSC.
January 24 <sup>th</sup>	Estimated payment date for October reporting.
March 2014	Full RHP plan submission to HHSC.
April 2014	First DY3 reporting opportunity.
<a href="http://www.hhsc.state.tx.us/1115-Waiver-Deadlines.shtml">http://www.hhsc.state.tx.us/1115-Waiver-Deadlines.shtml</a>	

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## All Dates Subject to Change

- Dates and Deadlines will continue to fluctuate
- It is imperative that providers stay informed on changes – including due dates – announced by HHSC
- Be sure you are looking at the most recent version of notices/due dates
- As holidays approach, please make plans in advance to get documents ready to meet deadlines

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## **Questions and Contact Info**

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**COASTAL BEND REGIONAL HEALTHCARE PARTNERSHIP (RHP 4)**  
*New Three-Year Project Submission Guidelines*  
*September 3, 2013*

***Background***

The Program Funding and Mechanics Protocol (PFM) allows regional healthcare partnerships to submit new three year (DY 3-5) projects funded with allocation that remains unused by the regional health plan. These new three-year projects must follow certain guidelines in order to be considered for funding.

***Available Allocation***

The amount of allocation available to providers in RHP 4 for new three-year projects is the total of:

1. The amount of allocation unused by the region in Passes 1, 2, and 3B; and
2. The amount of allocation returned to the region as a result of providers accepting a lower project value during HHSC or CMS review phases.

Because CMS is not expected to have final valuation approval for all projects for DYs 2-5 until Fall 2013, regions will be required to develop new project proposals without knowing the total allocation available to the region. Based on the amount of unused and returned allocation as of December 31, 2012, the estimated allocation available to all providers in RHP 4 is approximately \$15 million (all funds, DYs 2-5). This amount will change based on valuation determinations made by providers and CMS during review phases.

***Project Submission Requirements***

HHSC and CMS require that new three-year projects meet certain minimum standards in order to be eligible for consideration:

1. Projects and all related metrics and Category 3 outcomes must be “on menu” options, with the following additional restrictions:
  - a. 2.4 Redesign for Patient Experience is **not allowed**.
  - b. 2.5 Redesign for Cost Containment is **not allowed**.
  - c. 2.8 Apply Process Improvement Methodology to Improve Quality/Efficiency is **not allowed**.
  - d. 1.10 Enhance Performance Improvement and Reporting Capacity is only allowable for projects that focus on DSRIP learning collaboratives.
  - e. 1.9 Specialty Care Capacity must include a minimum focus of 40% Medicaid and indigent, unless a compelling justification can be made for a lower threshold.
2. Projects must be ready for immediate implementation upon approval, including demonstrating **patient impact in DY 3**. Projects must include milestones that represent implementation activities in DY 3 (not planning activities).
3. Projects must identify and have written confirmation of IGT source.
4. Projects must demonstrate significant benefit to the Medicaid and indigent populations.

### ***Project Selection Process***

The project selection process will occur in two phases – first at the regional level and then at the State level.

First, projects will be scored and prioritized at the regional level. CMS requires regions to use a process to score and prioritize new three-year projects. In communicating this requirement to Anchors, CMS specifically referenced the scoring process used by RHP 1 during Pass 3B as the model scoring process for new three-year projects. All projects submitted to the Anchor by the deadline will be scored; however, projects that do not have a written confirmation of IGT source will be ineligible for funding.

Once the region has scored and prioritized a list of new three year projects, the Anchor will submit to HHSC the prioritized list no later than October 2013 (specific date has not yet been identified). HHSC will use this list to fund projects until the region's remaining allocation is exhausted.

### ***Important Deadlines***

- September 27, 2013 at 5:00pm: Project narratives, tables, and written IGT confirmation due to Anchor.
- Late September – Early October 2013: Projects are reviewed and scored.
- Early October 2013: Public comment period on proposed three-year projects.
- October 2013: Prioritized list due to HHSC.
- No later than December 31, 2013: HHSC grants initial state approval to proposed projects.
- No later than March 1, 2014: CMS approves new three-year projects.

## RHP 4 - Process for Evaluating and Selecting Projects

In order to guide the region in selecting only the most transformative projects, the Anchor developed a project scoring template for regional stakeholders to use in scoring projects considered by the regional healthcare partnership. Modified from a National Institutes of Health grant scoring tool, the scoring template assessed the strength of a project across five domains, shown in the table below:

Domain	Weight
Alignment with Community Needs	30%
Transformational Impact	25%
Integration with Other Projects/Partners	20%
Likelihood of Success	12.5%
Sustainability	12.5%
<b>Total</b>	<b>100%</b>

Projects will be scored on a scale of 1-9, using the guidelines in the table below:

Impact	Score	Descriptor	Additional Guidance on Strength/Weaknesses
High	9	Exceptional	Exceptionally strong with essentially no weaknesses
	8	Outstanding	Extremely strong with negligible weaknesses
	7	Excellent	Very strong with only minor weaknesses
Medium	6	Very Good	Strong but with numerous minor weaknesses
	5	Good	Strong but with at least one moderate weakness
	4	Satisfactory	Some strengths but also some moderate weaknesses
Low	3	Fair	Some strengths but with at least one major weakness
	2	Marginal	A few strengths and a few major weaknesses
	1	Poor	Very few strengths and numerous major weaknesses

For the purposes of this scoring template, the region used the following definitions from the Guidelines for Reviewers Including Scoring Descriptors from the Office of Extramural Research at the National Institutes of Health:

- Minor Weakness: Easily addressable weakness that does not substantially lessen impact.
- Moderate Weakness: Lessens impact
- Major Weakness: Severely limits impact.

Individual performing providers will rank order their projects based on that project's priority for that provider.