


HEALTH MANAGEMENT ASSOCIATES



Coastal Bend  
Regional Health Partnership  
(RHP) 4

Waiver Updates

April 5, 2018

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[HealthManagement.com](http://HealthManagement.com)

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## RHP 4 Agenda Topics

- Summary - Draft RHP 4 Plan Update
- Learning Collaborative Plan DY 7-8
- DY 6 Carryforward/DY 7 October reporting
- MLSC Cat C Data Support Guide
  
- Public Meeting
  - Community Needs Assessment
  - Draft RHP 4 Plan Update
  - Unallocated Funds Distribution

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## Draft RHP 4 Plan Update

- RHP 4 includes 18 counties, 17 performing providers (13 hospitals, 3 CMHCs, 1 LHD) and 2 UC-only hospitals
- Total Valuation RHP 4 for DY 7 & 8:
  - Approximately \$260 million
  - 20% Valuation for Submittal of the RHP 4 Plan Update – July 2018

## Summary - Draft RHP 4 Plan Update

- Hospital Measure Bundles:
  - Most common selection:
    - K1Rural Preventive and K2 Rural Emergency(6)
    - E2 (Maternal Safety),H1 (Integration of BH,J1 (Hospital Safety)
- Local Community Health Center Measures:
  - 9 total measures selected; M1-147 (BMI)
- Local Health Department Measures:
  - 1 total measure selected including grandfathered measures (L1-147 BMI)

## Summary - Draft RHP 4 Plan Update

- Core Activities-Most Common Selections:
  - Access to Primary Care (4)
  - Appropriate levels of BH (4)
  - Patient Navigation (4)
  - Wellness & Prevention (3)

## Learning Collaborative Plans

- Goals for RHP 4:
  - Provide opportunities for participating providers to discuss project challenges
  - Share strategies and successes
  - Identify and discuss common problems and concerns and work together to develop solutions
  - Ensure DSRIP activities are effective in addressing community needs
  - Support development of relationships that ensure community collaboration continues beyond DSRIP

## Learning Collaborative Plans

- RHPs must conduct at least one learning collaboratives each demonstration year – RHP 4 Anchor will host 2 LCs each DY
- Subjects to include in discussions include long term sustainability strategies, integration into Medicaid managed care, value-based purchasing, alternative payment models, sustainability strategies for low-income uninsured, and core activities
- Develop process for improvement design

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## Provider Requirements

- Must attend at least one learning collaborative meeting in each DY (Oct-Sept).
- Must report on what you learned in the second reporting period of each DY (October).
- Lessons learned must be relevant at the provider level and applicable to some of the providers' Core Activities.
- Providers will report on the collaborative activities in the template prescribed by HHSC.

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## DY 7 Reporting

- **DY 6 Carryforward- DY 7 April Reporting**
  - Template is posted to the Bulletin Board
  - Due April 30, 2018
  - If you have no carryforward to report, you don't need to do anything.
- **DY 7 October Reporting**
  - Due October 31, 2018
  - Anchor will schedule a learning collaborative for DY 7 reporting activities in August-September
  - Provider Responsibility:
    - Category C Measure Bundle Baselines
    - Select Core Activity for Cost Analysis

## Category C Baselines

- October 2018 is the first opportunity to submit CY 2017 baseline.
- Providers are paid for submission of the baselines (submit in Oct'18 and paid in Jan'19)

## DY 9-10

- DY9-10 \$\$ reductions - HHSC will include stakeholders near the end of 2018/early2019
- By March 31, 2019 HHSC will submit an updated PFM Protocol to CMS that includes DSRIP requirements for DY9-10
- CMS will aim to approve no later than 45 days from submission
- No later than July 31, 2019, HHSC will submit an updated Measure Bundle Protocol to CMS that includes revised measures and changes to innovative measures for DY 9-10
- CMS will aim to approve within 60 days from submittal.

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## Next Steps

- If template corrections are needed, submit by close of business April 11, 2018
  - Submit revised template to Linda Wertz and Catie Hilbelink
- Public comment period ends April 13, 2018
- Goal is to submit the RHP 4 Plan Update the week of April 16, 2018

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## Sources

- DSRIP PFM
- Measure Bundle Protocol
- Category C Measure Specifications General Overview
- Category C Measure Specifications
- FAQs Category B
- FAQs Category C
- HHSC Webinars
- MSLC Cat C Data Support Guide

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## PUBLIC TESTIMONY

- **PLEASE SHARE YOUR COMMENTS ON:**
  - Community Needs Assessment
  - DRAFT RHP 4 Plan Update
- Public Comment Period will close on **Friday, April 13, 2018**
- Submit comments to Jonny Hipp at [www.nchdcc.org](http://www.nchdcc.org)

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## Community Needs Assessment (CNA) Requirements

- First DSRIP CNA conducted in 2012
- 2018 update required to inform program development under the waiver renewal
- Goals:
  - Identify and review local health/social/economic factors that impact health care to understand how community can improve health outcomes
  - Identify community needs to inform development of DSRIP plan

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## Summary of CNA Update Activities

- Initial request for organizational data, annual reports, community updates, or other relevant data was distributed to all RHP providers in September
- Updated 2012 data using public health information, census data and local reports from various sources, including:
  - Texas Demographic Center - Texas Population Program
  - U.S. Census Bureau American Community Survey
  - Texas Department of State Health Services
  - County Health Rankings and Roadmaps,
  - U.S. Health Resources and Services Administration
- Also relied on material from 2016 Coastal Bend Health Needs Assessment
  - Local report led by 20 member steering committee from local health care systems, hospitals, school districts, public providers; understand how community can improve health outcomes

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## Summary of CNA Update Activities

- Also relied on material from 2016 Coastal Bend Health Needs Assessment
  - Local study led by 20 member steering committee from local health care systems, hospitals, school districts, public health agencies, providers, community stakeholders
  - Included community survey of providers and local residents, targeted interviews with health care and social services providers

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## County Health Rankings, 2012 and 2017, continued

**Table 1: County Health Rankings (Outcomes and Factors), 2012 and 2017\***

County	2012 Health Outcomes Ranking N=221	2016 Health Outcomes Ranking N=241	↑ ↔ ↓	2012 Health Factors Ranking N=221	2016 Health Factors Ranking N= 241	↑ ↔ ↓
Kleberg	34	143	↓	119	196	↓
Lavaca	19	71	↓	13	46	↓
Live Oak	111	69	↑	49	80	↓
Nueces	107	133	↓	152	193	↓
Refugio	56	76	↓	86	115	↓
San Patricio	76	153	↓	121	166	↓
Victoria	88	87	↑	146	139	↑

<http://www.countyhealthrankings.org/>

\* The lower the number the better the ranking

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### County Health Rankings, 2012 and 2017, continued

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### Texas County Rankings

**Texas County Rankings: Health Factors/Health Behaviors Measures**

County	Percent of Adults Who Currently Smoke		Percent of Adults Reporting BMI of 30 or More		Percent of Adults Age 20 or More Reporting No Leisure Physical Activity	
	2012	2017	2012	2017	2012	2017
Statewide Avg.	19%	15%	29%	28%	25%	23%
Aransas	13%	16%	28%	27%	29%	24%
Bee	8%	17%	29%	29%	25%	24%
Brooks		21%	29%	27%	30%	24%
DeWitt		15%	28%	31%	26%	30%
Duval		16%	30%	28%	27%	25%
Goliad	29%	14%	27%	29%		25%
Gonzales		17%	32%	30%	29%	29%
Jackson		14%	30%	32%	27%	28%

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	2012	2017	2012	2017	2012	2017
Statewide Avg.	19%	15%	29%	28%	25%	23%
Jim Wells		15%	32%	29%	27%	25%
Karnes		18%	30%	29%	28%	25%
Kenedy		16%	30%	26%	28%	22%
Kleberg	9%	16%	30%	28%	27%	23%
Lavaca		14%	27%	32%	29%	30%
Live Oak		14%	28%	28%	30%	27%
Nueces	24%	17%	30%	34%	24%	24%
Refugio		14%	29%	28%	30%	26%
San Patricio	17%	15%	30%	33%	29%	30%
Victoria	26%	15%	31%	34%	26%	29%

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- ## RHP Accomplishments Under DSRIP
- Improved collaboration and coordination among providers
  - Improved access to health care due to increased number of providers, addition of new clinic locations and expanded office hours, improved transportation services, expansion of telemedicine, implementation of mobile crises services
  - Advances in care coordination through physical and behavioral health integration initiatives, use of electronic medical records, improved communication and planning between inpatient hospital staff and outpatient/community providers
  - Implemented strategies to reduce avoidable ER admissions, including improved access to primary care and alternative options for treating BH crises
  - Expanded and improved patient education services
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## Community Needs

- Improved access to affordable primary, specialty, behavioral health and dental care
- Improved access to services for pregnant women, uninsured residents and individuals living in rural communities
- Reduction in rates of avoidable ER utilization
- High prevalence of chronic disease, including diabetes, obesity, heart disease, asthma, hepatitis, cardiovascular disease and cancer.
- Improved care coordination and patient education
- High number of uninsured individuals
- Expanded public transportation options

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## Draft RHP 4 Plan Update

- RHP 4 includes 18 counties, 17 performing providers (13 hospitals, 3 CHMCs, 1 LHD) and 2 UC-only hospitals
- Private Hospital Participation
- Total Valuation RHP 4 for DY 7 & 8:
  - Approximately \$260 million
  - 20% Valuation for Submittal of the RHP 1 Plan Update – July 2018

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## DSRIP Pool Allocations

- DY 7 \$3.1 B
- DY 8 \$3.1B
- DY 9 \$2.91B
- DY 10 \$2.49B
- DY 11 \$0

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## Unallocated Funds Distribution

### Total Unallocated Funds: \$522,345

- Proposal Process Addressed Five Domains
  - Alignment with Community Needs
  - Sustainability
  - Transformational Impact
  - Integration/collaboration with community partners
  - Likelihood of success
- Received 5 proposals (3 hospitals, 2 CMHCs)
- Funded 3 proposals for a total of \$522,345
- Proposals evaluated by independent party

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