May 18, 2017

RHP 4
LEARNING COLLABORATIVE

Health Management Associates
COMMUNITY NEEDS ASSESSMENT UPDATE
Community Needs Assessment (CNA) Requirements

• First CNA conducted 2012 as a requirement for the region’s DSRIP project submission
• Waiver renewal requires an update, due in January 2018
• Prior CNA included specific instructions and page limits
  • Describe key demographic and health status characteristics of all participating RHP counties
  • Identify social determinants of health
  • Identify resources used to support selected DSRIP projects
Instructions issued for 2018 are less prescriptive than those required in 2012

• Template will be provided (date unknown)
• Must include 3 components:
  • Describe process for updating the CNA
  • How the RHP solicited community stakeholder input
  • Explain community needs that changed or the priorities that were updated
Information We Need from You

• To develop the CNA report, we need information regarding local health care challenges and community needs

• Please send us annual reports, community health updates or reports, or community needs assessments created by your organization or other organizations in your community
  • Hospitals, health departments, community clinics, county commissioners, local government agencies often publish reports with community health needs information

• Also, please send any statistics you might have showing how your project has impacted a community need. Need quantitative data if available.

• Any information is appreciated; doesn’t need to be comprehensive
  • Send us the actual printed report or a link to an on-line version
Next Steps

- We will use the information you provide to develop the CNA update
- We will supplement those reports with public health information and statistics from state and federal data resources
- HMA will draft the CNA and circulate it for your review and input and make additional edits based on your comments
- A public meeting will be held on August 24, 2017 to allow public comment and input
- CNA will be finalized for submission to HHSC in January
Contact Information

Send links to on-line reports to Lkwertz@gmail.com and chilbelink@healthmanagement.com

If sending a printed version, please send to:
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CORE COMPONENTS & SUSTAINABILITY
M-3 Project Summary and Core Components

• Project overview accomplishments, challenges and lessons learned
• Did you participate in at least one learning collaborative, stakeholder forum or other stakeholder meeting during DY6A?
• Progress on core components specific to project option
Samples: Progress on core components

**Project Option 2.15.1**
- Establish protocols and process for communication, data-sharing, and referral between BH and physical health providers
- Recruit a number of specialty providers
- Train providers in protocols, effective communication and team approach
- Etc.

**Project Option 1.1.2**
- Expand primary care clinic space
- Expand primary care clinic hours
- Expand primary care clinic staffing

Health Management Associates
M-4 Sustainability Planning

• Sustainability templates need to be completed to be eligible for payment of the DY6 Sustainability Planning Milestone in October 2017

• The final template will be an Excel file with drop-down menus for discrete responses and open text fields for narrative responses

• HHSC does not expect that each provider or the project will have engaged in all of the sustainability activities, but does anticipate the template will reflect at least some consideration has gone into evaluating the DSRIP project’s potential for sustainability

• DY6 Sustainability Template Questions (PDF)
Project Sustainability: Question Categories

Provider and/or Project Level Questions:
- Collaboration with Medicaid Managed Care
- Value Based Purchasing/Alternate Payment Models
- Other Funding sources
- Project evaluation
- Health information exchange
Sample Evaluation Tools

• RHPs 9 & 10 project evaluation tool
  • 3 page Word document with an accompanying instruction document
  • Includes project challenges, alignment with community needs, financial funds achieved, triple aim impact, keys to success and improvements still needed

• RHP 6 sustainability tool
  • Validated tool originally developed for public health programs
  • Rate your DSRIP project across specific factors that affect sustainability
  • 8 domains including environmental support, funding sustainability and partnerships
SMALL GROUP DISCUSSION
DRAFT BUNDLES DISCUSSION
Draft Protocols and Discussions

Indicate

• DSRIP Projects No Longer Exists
• Payments are for “System” Performance
• Each “system” will be assigned a point threshold based on the provider’s DSRIP allocation and each measure will be assigned a point value
• Must follow the standard measure specifications
• HHSC Bundle Advisory Team, CMHCs, and LHDs are commenting on draft measure bundles. No final decisions yet.
WAIVER UPDATES
Revised PFM

- On January 31, 2017, HHSC released an initial draft of the PFM with DSRIP program parameters for DY7-8, along with a survey for feedback.
- HHSC has revised the draft PFM based on stakeholder feedback received.
Key Changes to PFM

RHP Plan Update Submissions/Timelines
• Given current timelines, the RHP Plan Update Submission is changed from November 30, 2017, to January 31, 2018.

Category Funding Distribution
• The main change is the addition of a payment to providers equal to 20% of their valuation for the submission of a complete and approved RHP Plan Update. This payment would be made in July 2018 along with payments for achievement of milestones that are eligible to report in April 2018.

Remaining Unused Funds - Additional Regional Allocations
• Leadership decision on unused funds is to first allow RHPs that did not fully use their allocation to use it for DY7-8. HHSC will be reaching out to those RHPs.

System Definition
• In response to feedback, the revisions provide additional system definition detail, structure, and flexibility for the variances in DSRIP performing provider systems.
Key PFM Changes Continued

Private Hospital Participation Incentive
• Based on feedback from private hospitals that the incentive was not enough, the revision increases the incentive from 10% to 15% Pay for Reporting in Category D.

Costs and Savings
• Allows providers to track costs and savings for just one activity of their choice rather than for all their activities. It also exempts providers with $1 million or less in valuation by DY.

Reporting
• Based on stakeholder feedback, the revision changes the timeframes during which providers may report DY7 MLIU PPP. The revision allows providers to report DY7 MLIU PPP in the 2nd reporting period of DY7 (October, 2018) or the 1st reporting period of DY8 (April, 2019)
• For Category C, adds ability to carry forward performance.
QUESTIONS?