Dianne Longley

RAISE THE FLOOR INITIATIVES
Raise the Floor Initiatives

• Two Options for Required Raise the Floor Initiatives:
  • Health Fair
  • Social Media
• Must select at least one; can participate in both
Providers Selecting Health Fair Option

- Bluebonnet Trails Community Center
- Citizens Medical Center
- Jackson County Hospital Districts
- Refugio County Memorial Hospital District
- Yoakum Community Hospital
- Border Region Behavioral Health Center
- Rio Grande Regional Hospital
- University of Texas Health Science Center at Houston
Providers Selecting Social Media

- Behavioral Health Center of Nueces County
- Corpus Christi Medical Center
- CC – Nueces County Public Health District
- Christus Spohn – Alice
- Christus Spohn – Beeville
- Christus Spohn – Corpus Christi
- Christus Spohn – Kleberg
- Coastal Plains Community Center
- DeTar Healthcare System
- Driscoll Children’s Hospital
- Memorial Hospital
- Otto Kaiser Memorial Hospital
- Harlingen Medical Center
- Valley Regional Medical Center
# Status of Health Fair Projects

<table>
<thead>
<tr>
<th>Provider</th>
<th>Recent Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugio County Memorial Hospital District</td>
<td>Participated in fair October 28, 2015; Looking to participate in Victoria Health Fair or another fair if available</td>
</tr>
<tr>
<td>Citizens Medical Center</td>
<td>Planning in progress</td>
</tr>
<tr>
<td>Jackson County Hospital District</td>
<td>Will participate in Victoria Health Fair, May 19</td>
</tr>
<tr>
<td>Yoakum Community Hospital</td>
<td>Hosted health screenings in February; plans to host another event in the summer</td>
</tr>
<tr>
<td>Border Region Behavioral Health Center</td>
<td>Participated in 2 local health fairs (with Gateway Community Health Center and Veterans Outpatient Clinic); Intends to host future fair at BRBHC</td>
</tr>
<tr>
<td>Harlingen Medical Center</td>
<td>Is planning 3 local health fairs throughout the year; has already participated in over 30 events throughout the community</td>
</tr>
</tbody>
</table>
# Highlights of Health Fair Projects

<table>
<thead>
<tr>
<th>Provider</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Rio Grande Regional Hospital</td>
<td>Hospital has authorized hosting of a back to school health fair in August; plans are underway</td>
</tr>
<tr>
<td>University of Texas Health Science Center at Houston</td>
<td>Participate in on-going CycloBia (Open Streets) events; Have participated in 3 events since June 2015; intend to participate in several more during this year to promote and recruit participants to MEND.</td>
</tr>
<tr>
<td>Bluebonnet Trails Community Services</td>
<td>Working with other providers to plan a local health fair; currently attending all local community health fairs with FQHCs</td>
</tr>
</tbody>
</table>
Challenges Identified by Providers

• Dealing with unpredictable circumstances, like weather
• Staffing multiple events, especially when they occur on weekends
• Process associated with health fair planning
• Following up with attendees is time consuming and of varying success
• Collaborating with providers who are scattered throughout the region
# Highlights of Social Media Projects

<table>
<thead>
<tr>
<th>Provider</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Christus Spohn – Kleberg</td>
<td>Posting events, promoting health literacy and access to care</td>
</tr>
<tr>
<td>Coastal Plains Community Center</td>
<td>Using my strength.com account to communicate health info to clients; posting YouTube videos on website</td>
</tr>
<tr>
<td>DeTar Healthcare System</td>
<td>Working to receive corporate approval to use social media</td>
</tr>
<tr>
<td>Driscoll Children’s Hospital</td>
<td>Using text messaging to educate pregnant women, provide information on availability of urgent care vs ER, encourage oral health and well child visits</td>
</tr>
<tr>
<td>Memorial Hospital</td>
<td>Using FB and multiple websites to disseminate health information, provide links to health-related website/information, and inform customers about health issues and upcoming events.</td>
</tr>
<tr>
<td>Behavioral Health Center of Nueces County</td>
<td>Using website, Facebook, Twitter, Instagram; have created a YouTube channel.</td>
</tr>
<tr>
<td>Otto Kaiser Memorial Hospital</td>
<td>Increasing Facebook interaction by creating separate pages (tabs) for different departments (Kaiser Home Health and Kaiser Wellness Center) since they don’t have their own separate website. Publicizing events and services through Facebook pages</td>
</tr>
</tbody>
</table>
## Highlights of Social Media Projects

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<th>Provider</th>
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</tr>
</thead>
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<tr>
<td>Harlingen Medical Center</td>
<td>Using Facebook to provide ongoing medical updates; improving patient portal to include outpatient services; pharmacists providing bedside consultations; encourage use of E-scribe rather than paper prescriptions; added medication reconciliation to EMR and encouraging increase utilization</td>
</tr>
<tr>
<td>Valley Regional Medical Center</td>
<td>Using Facebook to work with clients in Outpatient Diabetes Clinic; posting narratives and pictures on a weekly basis; will be showcasing patients in the future to highlight successes</td>
</tr>
<tr>
<td>Corpus Christi Medical Center</td>
<td>Using social media calendar, managing patient feedback to engage patients online and improve patient experience; using Binary Health Analytics to monitor patient feedback, online ratings and reviews, social media posts</td>
</tr>
<tr>
<td>Corpus Christi-Nueces County Public Health District</td>
<td>Primarily using Facebook to share ideas, recipes, and programs throughout the community; providing information to recruit individuals to attend MEND</td>
</tr>
<tr>
<td>Christus Spohn – Alice, Beeville, Corpus Christi,</td>
<td>Using Facebook as a hub to share community partners’ health events, education and screenings with goal of improving community health literacy and access to medical care</td>
</tr>
</tbody>
</table>
Challenges Identified by Providers

• Difficulties measuring effectiveness of strategies
• Reaching clients who do not have access to a computer, or know how to use social media
• Convincing corporate staff of the value/importance of social media
• Keeping information current and updated
• Advertising and reaching individuals throughout entire community
• Coordinating media activities with multiple staff
• Identifying strategies to more fully engage clients
• Attracting and retaining followers
• Engaging physicians, other providers/staff
• Ensuring media is in compliance with all federal/state health laws and regulations
Follow-Up

• Entire quarterly reports submitted by providers will be available on RHP 4 anchor website
• Health Fair planning – how can we help?
REGIONAL PERFORMANCE
BONUS POOL
Measuring DSRIP Success
Performance Bonus Pool (PBP)

• Performance Bonus Pool measures are required for all regions
• HHSC has drafted a list of PBP measures
• HHSC will use state-generated data rather than provider-generated data
• HHSC proposes to set aside 5-10% of each provider’s total DY 6 valuation to reward high performing regions in DY 7 forward
• Providers will be paid in DY 6 based on regional agreement on, and selection of, the region’s shared performance measures.
Measuring DSRIP Success Performance Based Pool (PBP)

• For the smallest providers (less than $500,000 in total Category 1-4 DY 5 valuation), 5% of their DY 6 valuation will be set aside for the region’s PBP measure selection in DY 6.
• For larger providers (more than $500,000 in total Category 1-4 DY 5 valuation), 10% of their DY 6 valuation will be set aside.
• For providers not participating in Category 4, the 5% or 10% will be taken from their Category 3 funding.
HHSC Draft PBP Selected Measures

1. Adult Prevention Quality Indicators (PQI)
2. Pediatric Quality Indicator (PD) Asthma Admission Rate
3. Potentially Preventable Emergency Department Visits (PPV)
4. Potentially Preventable Admissions (PPA)
5. Potentially Preventable Readmissions (PPR)
6. Combination 4 immunizations
7. Well visits for 3, 4, 5 and 6 year olds
8. Cervical cancer screening (CCS)
9. Colorectal cancer screening
10. Frequency of ongoing prenatal care
11. Access to postpartum care
12. Initiation and engagement of alcohol and other drug dependence treatment
13. Preventive care and screening for clinical depression and follow-up plan
14. Follow-up after hospitalization for mental illness
15. HEDIS antidepressant medication management (AMM)
### RHP 4 DSRIP Performance for selected Proposed PBP Measures in 2014

<table>
<thead>
<tr>
<th>Measure</th>
<th>RHP 4</th>
<th>Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Cancer screening</td>
<td>48.21%</td>
<td>50.87%</td>
</tr>
<tr>
<td>Frequency of ongoing prenatal care</td>
<td>57.54%</td>
<td>57.64%</td>
</tr>
<tr>
<td>Post partum care</td>
<td>51.45%</td>
<td>49.36%</td>
</tr>
<tr>
<td>Initiation &amp; engagement of alcohol and other drug dependence treatment</td>
<td>9.18%</td>
<td>7.46%</td>
</tr>
<tr>
<td>Follow-up after hospitalization for mental illness (within 7 days)</td>
<td>34.90%</td>
<td>39.06%</td>
</tr>
<tr>
<td>Follow-up after hospitalization for mental illness (within 30 days)</td>
<td>57.83%</td>
<td>62.49%</td>
</tr>
<tr>
<td>Antidepressant medication management (effective acute phase treatment)</td>
<td>38.25%</td>
<td>42.78%</td>
</tr>
<tr>
<td>Antidepressant medication management (effective continuation phase treatment)</td>
<td>27.69%</td>
<td>29.01%</td>
</tr>
</tbody>
</table>
Linda Wertz

MANAGED CARE INTEGRATION
# MCOs in RHP4 and RHP5

<table>
<thead>
<tr>
<th>MCO</th>
<th>RHP 4</th>
<th>RHP 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driscoll Children’s Health Plan</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Christus Health Plan</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cigna Healthspring</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Molina</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Superior</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Managed Care Services Delivery Areas

Map of Texas showing Managed Care Service Areas. Each area is labeled with specific providers for STAR, STAR+PLUS, and CHIP programs. Providers include Amerigroup, Molina, Parkland, United, and others. The map also includes notes about Rural Service Areas (RSA) and Medicaid Rural Service Areas (MRSA).
Overlay of RHPs on MCO Service Delivery Areas
Why Collaborate?

• Meet CMS goals
• Impacts renewal of 1115 Waiver and DSRIP projects
• MCO contract requirement
• National and statewide movement toward paying for value with a "Value-based Purchasing" model or "Alternative Payment Model"
  – The goal of VBP or APMs is to pay for value instead of quantity.
DSRIP Projects Going Forward

• Sustainability after quality improvements are achieved
• Transition year (DY6 – 10/1/2016 – 9/30/2017)
• Cat 1/2 sustainability planning
  – HHSC will develop template for reporting
  – Providers required to submit qualitative descriptions of planning efforts
• Evaluation
• Health Information Exchange
• Integration with managed care
What can DSRIP providers do?

• Reach out to MCOs in the service areas
• Develop Health Information Technology capacity
• Focus on achieving outcomes
• Work toward increasing number of Medicaid clients
• What if project does not lend itself to high Medicaid participation? The APM model is applicable with other community partners – grants, county funding, non-profits
What can MCOs do?

• Reach out to DSRIP projects in their area
• Develop VBP/APM models
• Use flexibility of MCO contracting to encourage VBP
• Support provider attainment of enhanced Health Information Technology capacity
• Participate in local Health Information Exchanges
RHP 4 Providers Capability & Interest Summary

• **Required Medicaid Quality indicators, including:**
  - W34: Well-child Visits in the 3rd - 6th Years of Life
  - PPC: Prenatal and Postpartum Care
  - AMM: Antidepressant Medication Management
  - CDC: HbA1c Control <8
  - PPA: Potentially Preventable Admissions
  - PPV: Potentially Preventable ER Visits

• **Performance Improvement Topics**
  - Access/Utilization Outpatient Care - Reduce PPVs due to URTIs
  - Improve Care Transition/Coordination: Reduce BH-related admissions/readmissions

• **Other Broad Areas of Potential interest, including**
  - Access to Care
  - Behavioral Health
  - Chronic Care Management
  - Health Promotion/Disease Prevention
  - Patient Navigation, Care Coordination/Transitions
  - Process Improvement/Patient Experience
  - Quality Indicators
  - Telemedicine
  - Workforce Development

• **Data Capability and Covered Status**
  - Ability to determine MCO members served (Medicaid IDs)?
  - Current MCO contracted/covered Provider?
  - Data Exchange Capability: EMR/EHR facility?
  - Data Exchange: Formal data sharing w/any organizations?
Linda Wertz

UPDATES & CLOSING REMARKS
Updates/Reminders

• April 22, 2016 – Final date to submit questions regarding April reporting and inform HHSC of any issues with DY5 data in the reporting system.

• MSLC continues its work in all compliance monitoring areas: Cat 1 and 2 review and Cat 3 baseline review

• HHSC will not accept baseline corrections via email or phone outside of the three currently available channels of correcting prior Category 3 reporting. The three currently available channels of correcting a previously reported baseline or performance rate are an Interim Correction Period, a Reporting Period, or an MSLC review.
Waiver Renewal Updates

• UC Study is underway – due August 2016
• CMS notification on initial extension (12-18 months) or the full five years – NLT September 2016
• Transition year (DY6): providers decision on continuing existing projects or propose replacement projects
  – HHSC is working on a "template" and tentatively plans for providers to submit in July 2016, pending CMS feedback.
• HHSC drafting proposals for DY7-10 including continuing projects, next steps and replacement projects requirements. Share high-level plan in the summer with the detailed draft protocols in the fall/winter 2016.
• HHSC Statewide Learning Collaborative:
  – Aug 30-31, 2016
Questions?

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