NORTHEAST TEXAS REGIONAL HEALTHCARE PARTNERSHIP

PUBLIC HEARING
DECEMBER 21, 2012

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The video and presentation from today’s public hearing will be archived online at www.uthct.edu/waiver.
Waiver Background: What Is The Waiver?

- A waiver is an agreement between the federal and state governments on operation of the state’s Medicaid program in a way that differs from the standard program requirements.

- Waivers have been widely used to address statewide challenges and to demonstrate innovations in administering Medicaid.

- Section 1115 of the federal Social Security Act allows states and the federal government to enter into Waivers.
The Texas Healthcare Transformation and Quality Improvement Program was approved in December 2011 as a 5-year demonstration waiver.

Eligible entities can seek Waiver payments under two pools: Uncompensated Care (UC) and Delivery System Reform Incentive Payments (DSRIP).

Funding under both pools requires a governmental entity to transfer the state match required to draw down federal funds.

Not limited to the Medicaid or indigent population.
Waiver Background: Waiver Goals

- Place decisions regarding health care delivery system improvements in the hands of local stakeholders, rather than a one-size-fits-all approach.

- Help drive down the cost of uncompensated care.

- Achieve accountability and transparency in the funding system.

- Develop a coordinated regional health plan that improves the quality of care, improves the health of populations, and reduces the cost of care.
• Regional Healthcare Partnership (RHP): Regions developed throughout the state to more effectively and efficiently deliver care and provide increased access to care under the 1115 Waiver.

Region 1

28 Counties

1.2 million people

21,000 square miles

No city with population ≥ 100K
• **Regional Health Plan:** A plan to identify the community needs, the projects and investments under DSRIP to address those needs, and the partners, challenges, and quality objectives of an RHP.

• **Anchor:** The single entity in a region serving as the primary coordinator for the regional health partnership. Responsible for development of the regional health plan.
REGIONAL HEALTH PLAN PARTNERS

- IGT Contributors
- Anchor Institution
- Healthcare Providers
- Hospitals
- Other Stakeholders
The following entities are participating as performing providers in Region 1:

- 5 local mental health authorities
- 8 public hospitals
- 10 private hospitals
- 1 academic health science center
- 2 local public health departments
- 2 physician groups

Many others are participating as collaborative partners.
COMMUNITY NEEDS ASSESSMENT

- Over half of the counties in Region 1 are in the bottom quartile of health outcomes in the State.

- Identified six health care delivery challenges that the best evidence suggests Northeast Texas needs to address.

- Community Needs: Primary/Specialty Access, Behavioral Health Access, Chronic Disease Management, Potentially Preventable Hospitalizations, Emergency Department Utilization, and Delivery System Efficiency and Effectiveness.
• Delivery System Reform Incentive Payment (DSRIP): Incentive payments available for projects under the waiver to enhance access to care, increase the quality of care, improve the cost-effectiveness of care provided, and improve the health of the patients served.

• Projects must be evidence-based, selected from an approved menu of options, and have outcomes that are measurable, time-bound, and have impact on the health of a population.
• Proposed projects were scored using a modified National Institutes of Health scoring tool.

• Scoring tool assessed the strength of a project across five domains: Alignment with Community Needs, Transformational Impact, Integration, Likelihood of Success, and Sustainability.

• The most transformative and beneficial projects were selected for the regional health plan.
The region considered 184 projects for the regional health plan. Fewer than half of the projects considered by the regional healthcare partnership were included in the regional health plan.

### Project Selection Summary

<table>
<thead>
<tr>
<th>Projects Considered by RHP</th>
<th>184</th>
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<tbody>
<tr>
<td>Projects Accepted by RHP</td>
<td>90</td>
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<tr>
<td>Pass 1 Projects</td>
<td>73</td>
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<tr>
<td>Pass 2 Projects</td>
<td>11</td>
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<td>Pass 3 Projects</td>
<td>6</td>
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<tr>
<td>Acceptance Rate</td>
<td>48.9%</td>
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DSRIP Projects in Region 1

• Clear focus is on increasing access to primary/specialty care and behavioral health services.

• Many hospitals working on projects to reduce inappropriate emergency department utilization rates.

• Collaborations between hospitals, local government, and behavioral health providers to open up access points for patients needing behavioral health services.

• Providers will continue to work together to share best practices in healthcare delivery.
• **Regional Review:** The Anchor reviewed projects to ensure they met waiver requirements, and an external quality reviewer provided feedback to providers on Pass 1 projects.

• **State Review:** The Health and Human Services will review each project for technical and quality requirements.

• **Federal Review:** The Centers for Medicare and Medicaid Services will review each project for technical and quality requirements.
The Anchor has conducted nearly three dozen public outreach activities in 15 different communities across Region 1.

All meetings and activities of the RHP were open to the public, including meetings and weekly webinars.

Meeting video and presentations were archived online.

The regional health plan was posted online, distributed by the Regional Director for DSHS, and notices were placed in major newspapers across the region.
There were two public comment periods for the RHP 1 regional health plan: November 5 – 9 and December 17 - 21.

Interested parties could provide comment in two ways: Public Comment Form or Attend a Public Hearing.

The Anchor responded in writing to each individual providing public comment, and posted a summary of public comments and responses online.
Question & Answer
Public Comment Period
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