



# NORTHEAST TEXAS REGIONAL HEALTHCARE PARTNERSHIP

**PUBLIC MEETING**  
**June 12, 2012**



# ANCHOR INFORMATION

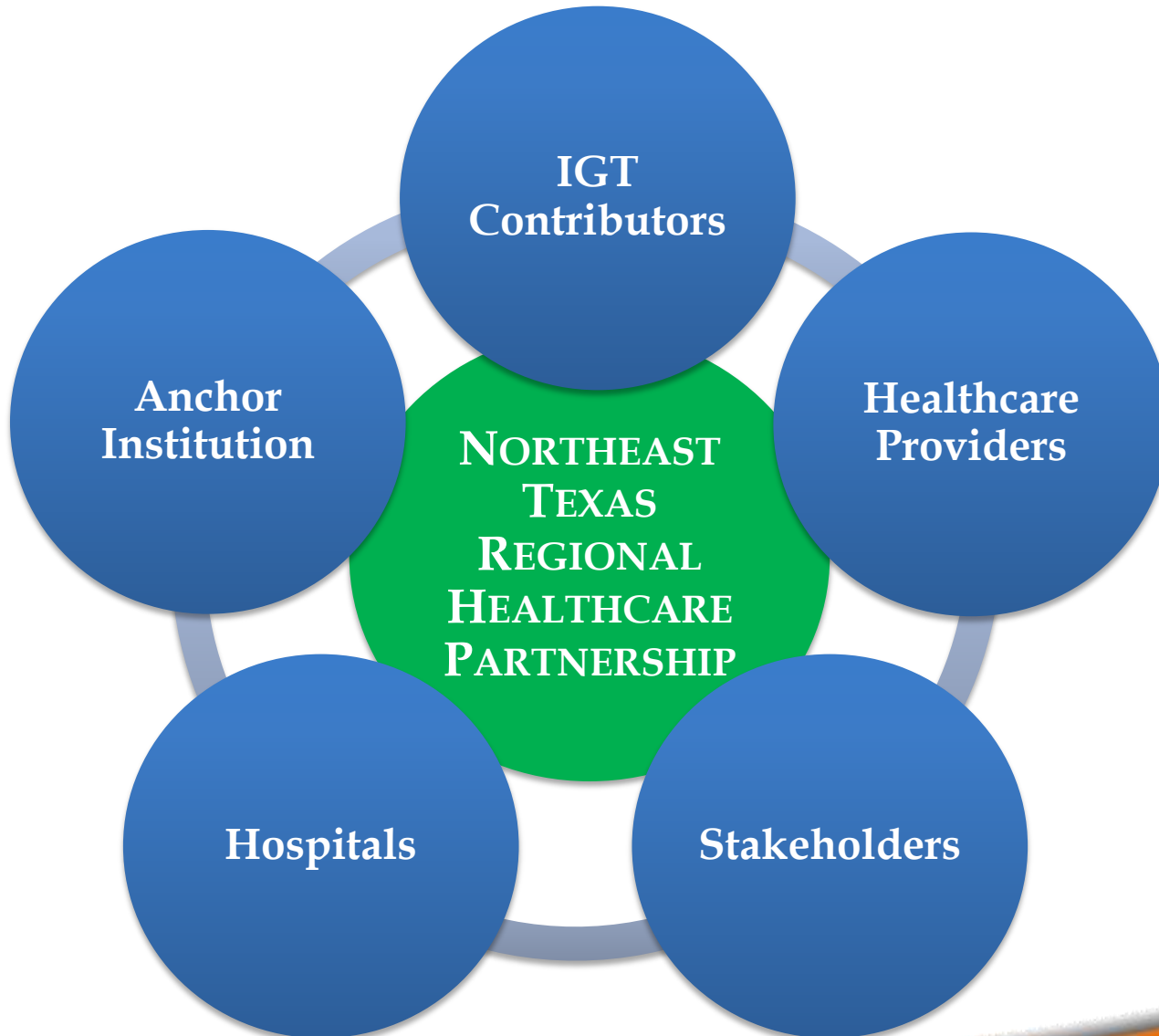
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# ROLES IN THE WAIVER



# ANCHOR RESPONSIBILITIES

Communicates information from HHSC to the RHP.

Facilitates stakeholder and workgroup meetings.

Ensures inclusion of key stakeholders in plan development.

Drafts and provides regional health plan to HHSC based on projects consistent with statewide menu and IGT contributors' input.

Coordinates public meetings as part of the development of the regional health plan.

Coordinates required reporting of all project milestones and metrics within RHP for DSRIP to HHSC.

Provides technical assistance to participating providers.

Source: Regional Healthcare Partnerships: Roles & Responsibilities Matrix (HHSC)

# IGT CONTRIBUTOR RESPONSIBILITIES

Participates in regional planning.

Estimates total IGT available for both DSRIP and UC each year in the plan.

Determines use of its public IGT funding for DSRIP projects and UC.

Selects projects and provides baseline metrics consistent with state RHP protocol for DSRIP.

Provides IGT match for self and affiliated hospitals (at its discretion) under both UC and DSRIP.

Performs DSRIP work for own projects.

Reports DSRIP data to anchor for submission to HHSC.

Source: Regional Healthcare Partnerships: Roles & Responsibilities Matrix (HHSC)

# PRIVATE HOSPITAL RESPONSIBILITIES

Participates in regional planning.

Coordinates with IGT providers to offer transformational services or uncompensated care as basis of receiving Waiver payments.

Performs transformational projects (included in plan)

Reports DSRIP data as necessary.

Source: Regional Healthcare Partnerships: Roles & Responsibilities Matrix (HHSC)

# OTHER HEALTHCARE PROVIDER RESPONSIBILITIES

Participates in regional planning.

Coordinates with IGT providers to offer transformational services or uncompensated care as basis of receiving payments from hospitals.

Document uncompensated care or DSRIP projects to IGT provider.

Reports DSRIP data as necessary.

Source: Regional Healthcare Partnerships: Roles & Responsibilities Matrix (HHSC)

# OTHER STAKEHOLDER RESPONSIBILITIES

Participates in regional planning.

Work with IGT providers and hospitals to carry out activities under the Waiver.

Reports DSRIP data as necessary.

Source: Regional Healthcare Partnerships: Roles & Responsibilities Matrix (HHSC)



# REGIONAL HEALTH PLAN REQUIREMENTS

Community Needs Assessment

Estimated IGT Capacity

Estimated Allocation of Funds (UC & DSRIP)

DSRIP Project Matrix

<http://www.hhsc.state.tx.us/1115-waiver.shtml>

Source: HHSC Draft Regional Health Plan Template

# DSRIP DEVELOPMENT PROCESS

The four DSRIP Categories were based on California's 1115 waiver with modifications for Texas differences.

**Category I** – Lays the foundation for delivery system transformation through investments in people, places, processes and technology (e.g. expand behavioral health, expand primary care access, expand specialty care access, enhance HIT, implement disease management or care management, develop patient-centered medical home infrastructure, etc.)

**Category II** – Includes piloting, testing, and replicating of innovative care models (e.g., reduce potentially preventable admissions/readmissions, develop innovations in health promotion/disease promotion, develop innovation in provider training and capacity, etc.)

# DSRIP DEVELOPMENT PROCESS

**Category III** – Broad dissemination of interventions in which major improvements in care can be achieved in 4 years (e.g., chronic disease, healthcare acquired conditions, perinatal care, emergency care, etc.)

**Category IV** – Achieve improvement in targeted quality and patient safety measures (e.g., at-risk populations, preventive health, patient-centered health care, etc.)

Source: HHSC waiver website

# CLINICAL CHAMPIONS

Clinical Champions group was formed in February 2012 to provide DSRIP menu feedback to create a draft menu for public input.

Members were nominated by HHSC Executive Waiver Committee and approved by the HHSC Executive Commissioner.

Texas Medical Foundation Quality Institute was contracted to:

1. Assist with DSRIP menu development
2. Facilitate Clinical Champions meetings under HHSC direction.

Clinical Champions members were divided into subgroups with each person focused on one of four DSRIP categories.

Through subgroup meetings, webinars, and face-to-face meetings, the Clinical Champions advised HHSC on the current draft DSRIP menu .

Source: HHSC

# INITIAL DRAFT DSRIP MENU

HHSC, Texas Medical Foundation, and the Clinical Champions developed the draft DSRIP menu with the following considerations:

- Creating project area standardization and allowing flexibility in achieving goals.
- Setting achievable standards that enable system transformation.
- Ensuring selected projects are reasonable and measure intended innovative program changes.
- Consider data availability and existing systems.

Source: HHSC

# OVERVIEW OF DSRIP PROJECT REQUIREMENTS

Category	Choice of Project	Mandatory	Pay on Performance	Pay Based on Reporting	Inpatient or Outpatient
1	Yes	No	Yes	No	Either
2	Yes	No	Yes	No	Either
3	For some	Some mandatory	In later years	In early years	Inpatient
4	No	Yes	No	Yes	Inpatient measure

# NORTHEAST TEXAS RHP DSRIP ACTIVITIES

IGT Entities and Community Partners develop partnerships and identify initiatives for funding.

Use the State's DSRIP menu to target the initiatives.

Based on community needs assessment, some target areas:

1. Access to Care (primary care, specialists)
2. Behavioral Health (mental health and substance abuse)
3. Chronic Disease Management
4. Disease Prevention (obesity)
5. Preventable Hospital Admissions/Readmissions.

# NORTHEAST TEXAS RHP WORK PLAN

Responsible Party	Milestone	Due Date
Anchor	Public Meeting - provide overview of RHP planning process	June 12, 2012
IGT Entities & Partners	Based on community needs assessment, develop partnerships and identify initiatives.	June 13 - July 9, 2012
All Stakeholders	Submit community assessments	No later than June 22, 2012
State Agency (HHSC)	Submit program protocols and DSRIP Menu to CMS	June 15, 2012
State Agency (HHSC)	CMS approval of program protocols and DSRIP menu.	July 15, 2012



# NORTHEAST TEXAS RHP WORK PLAN

IGT & Anchor	Finalize RHP DSRIP initiatives with approved HHSC DSRIP menu	July 18, 2012
Anchor	Complete draft regional health plan	July 20 – early August
IGT and Performing Providers	RHP Participation Verification	Early August 2012
Anchor	Public Meeting – final regional health plan	Mid August 2012
Anchor	Final regional health plan submitted to State	September 1, 2012
State Agency (HHSC)	Submit final regional health plans to CMS	October 31, 2012

# ACTION ITEMS

## **Everyone:**

1. Sign Up for RHP Region #1 Updates  
([www.NortheastTexasRHP.com](http://www.NortheastTexasRHP.com))
2. Contribute to the Community Needs Assessment

## **IGT Contributors:**

1. Estimate IGT Capacity
2. Estimate Allocation of Funds (UC & DSRIP)
3. Develop DSRIP Projects

## **Private Hospitals:**

1. Estimate UC Needs
2. Develop Potential DSRIP Projects
3. Partner with IGT Contributor(s) for UC & DSRIP