

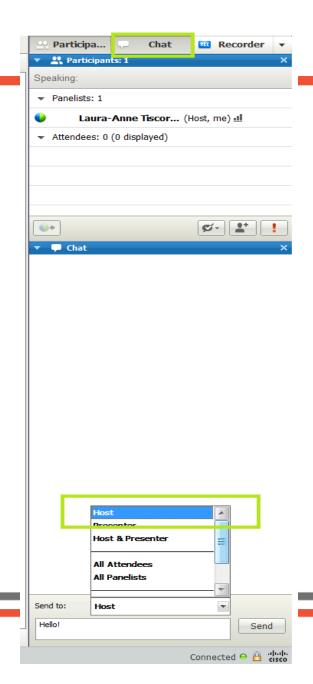
The Texas Regional Approach to DSRIP Waivers: Success, Challenges and Sustainability

Essential Hospitals Institute *July 23, 2014* 



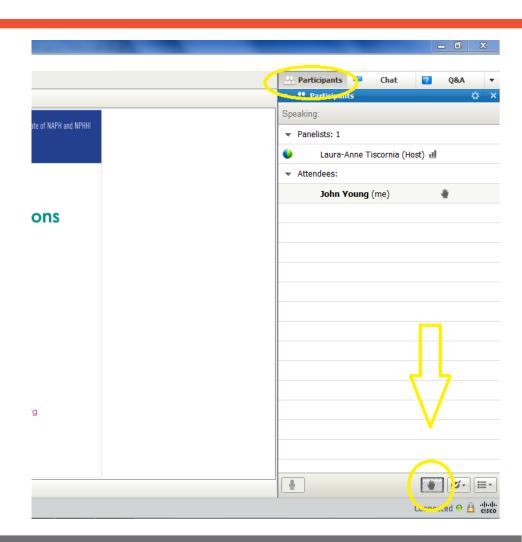
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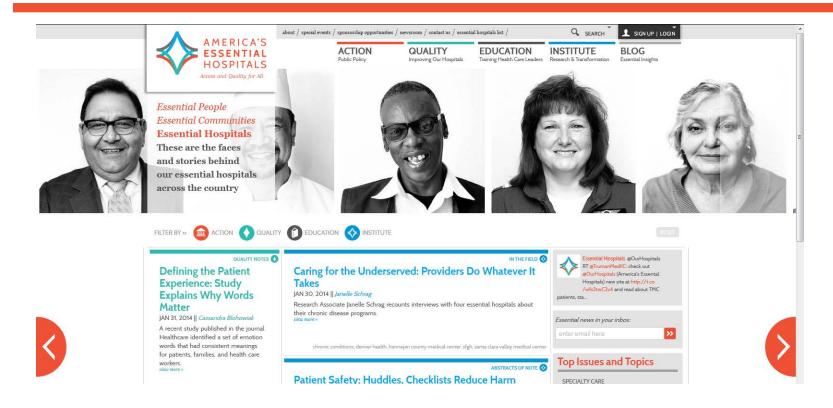
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#### **SPEAKERS**





Jeffrey Levin, MD, MSPH
Senior Vice President for Clinical and
Academic Affairs
UT Health Northeast



Daniel Deslatte, MPA
Associate Vice President, Planning
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UT Health Northeast





# DSRIP Waiver Sustainability: Northeast Texas Approach

Jeffrey L. Levin, MD, MSPH Senior Vice President for Clinical and Academic Affairs

Daniel Deslatte, MPA
Associate Vice President, Planning and Public Policy

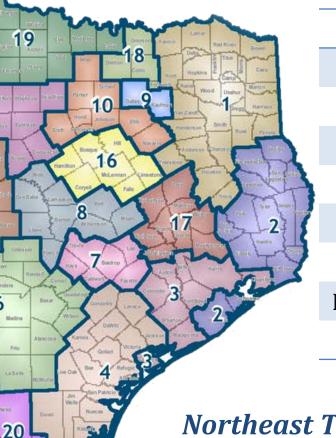


#### **Presentation Outline**

- Regional Perspective (Daniel Deslatte)
  - Regional Structure
  - Financing
- Provider Perspective (Dr. Jeff Levin)
  - Implementation Approach
  - Measuring Success (Milestones & Metrics)
  - Best Practices



#### **Northeast Texas**

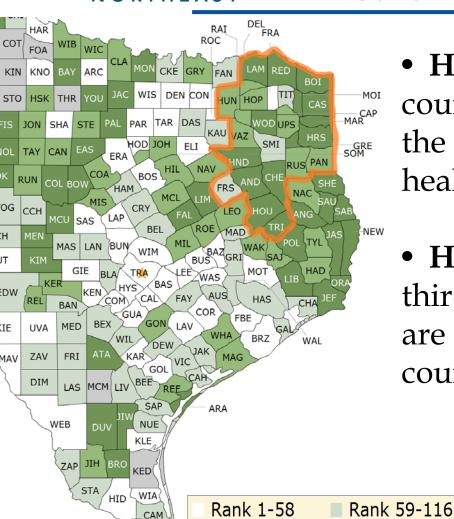


	<b>Northeast Texas</b>	Texas
Population	1.3 million	25.1 million
Counties	28	254
Rural Population	53.9%	17.5%
Median Age	41	33.6
Per Capita Income	\$19,386	\$24,870
Bachelor's Degree	13.2%	25.8%
Minority Population	24.8%	29.6%
Hispanic Origin	13.1%	37.6%

Northeast Texas is older, poorer, less well educated and at greater risk of early death than the state average.



#### **Health Outcomes & Risk Factors**



- **Health Outcomes:** Over half of counties in Northeast Texas are in the bottom quartile of counties in health outcomes.
- **Health Risk Factors:** Over one third of counties in Northeast Texas are in the bottom quartile of counties in health risk factors.

■ Rank 175-232

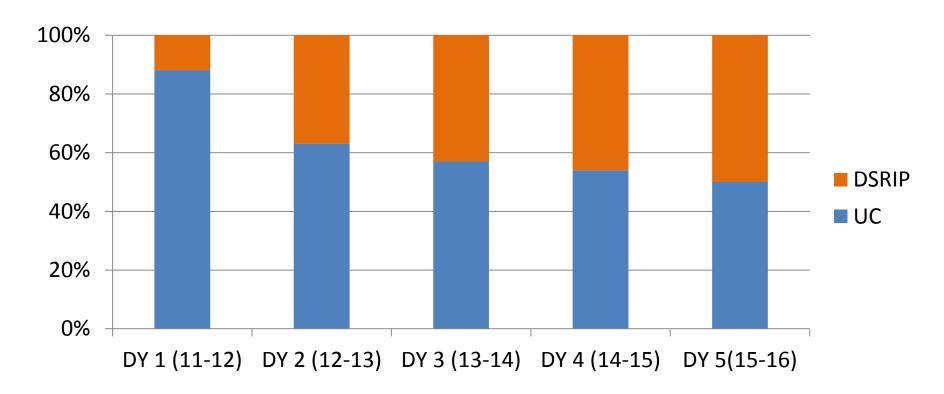
Not Ranked

■ Rank 117-174



# **Waiver Financing**

• Funding levels shift over the demonstration years, giving greater emphasis on DSRIP rather than UC.





# **DSRIP Payment Process**

Provider Implements Plan

Provider
Receives Waiver
Payments

Provider Reports on Metrics

IGT Entity Transfers State Match State Certifies that Provider Achieved Metrics



# **Regional Health Partners**

• As Anchor, UT Health is the lead agency responsible for coordinating the development, approval, and implementation of a five year, \$456 million regional health plan designed to transform the healthcare delivery system across a 28 county region in Northeast Texas.

Provider Type	Total
Local Mental Health Authorities	6
Public Hospitals	8
Private Hospitals	9
Academic Health Science Center	1
Local Public Health Department	2



# **Regional Health Plan**

• Clear focus of the regional health plan is on addressing the most pressing community needs.

Community Need	Total Projects	Total Value (Cat 1-3)	% of Plan (Value)
Primary & Specialty Care	37	\$183.2m	41.99%
Behavioral Health Services	21	\$78.5m	17.99%
Care Navigation (ED Use)	13	\$46.8m	10.72%
<b>TOP 3 PROJECT AREAS:</b>	71	\$308.5m	70.7%



#### **Demonstration Projects**

As a provider, UT Health Northeast has the largest share of healthcare transformation work, more than any other provider, housed in its Center for Rural Community Health.

- Behavioral Health Integration
- CHW Training Program
- Colon Cancer Screening Awareness
- North Tyler Clinic
- Oral Health
- Patient Centered Medical Home UPA
- Patient Centered Medical Home GSMC
- Patient Navigation Services
- Pediatric Asthma Mobile Unit
- Pediatric Weight Management
- Quality Improvement

- Supportive / Palliative Care
- Specialty Care Services
- Telepsych Network
- Tuberculosis Identification and Treatment
- Care Transitions Program
- Crisis Stabilization Unit
- Dental Service Expansion
- Establish Primary Care Clinic
- Intensive Outpatient Services
- Patient Centered Medical Home CSM

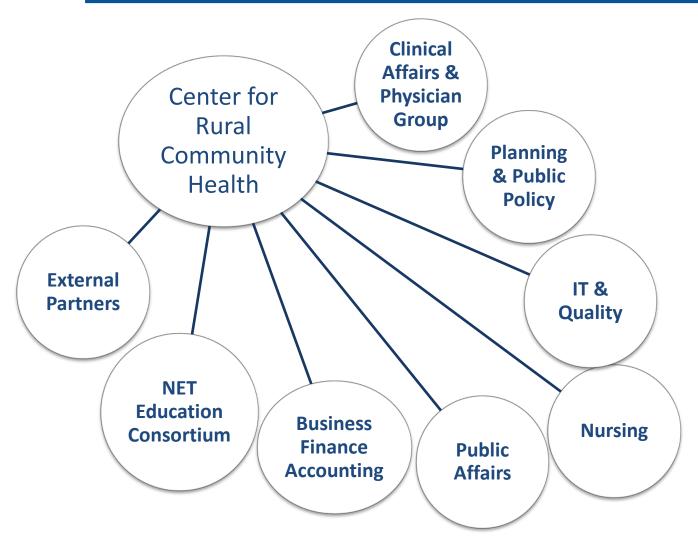


# **Keys to Success**

- Accountability: Dedicate needed resources to implement and manage projects. Use metrics to drive accountability.
- **Sustainability:** Integrated project design is critical to sustainability of achievement.
- **Collaboration:** Transformation in isolation is not transformation. For patient benefit, providers must be willing to share and implement best practices.
- **Commitment:** To be successful in DSRIP, you must fully commit. Partial achievement is failure.



#### **Implementation Approach**





#### **Example - Accountability**

Plan

- Assign individual ownership with defined expectations
- Evaluate and assign potential impact
- Define milestones, deliverables, and schedule

**Execute** 

- Track and maintain adherence to timelines
- Communicate clearly about status and adjustments needed
- Reprioritize and respond to changes

Monitor

- Understand gaps and how to address them
- Measure status on financial and operational targets
- Monitor and report metrics and performance



#### **Project Milestones & Metrics**

# Types of Metrics

- Process Milestones
- Improvement Milestones
- Outcome Improvement Targets

# Improvement Milestone and Target Examples

- Increased Colorectal Cancer Screening Utilization
- Decreased ED Admissions
- Increased Number of Supportive Care Consults
- Increased Number of Community Health Worker Trainees



# **Project Example - Sustainability**

• **Project:** Behavioral Health Integration

• **Summary:** Integrate primary and behavioral health

care services by adding behavioral

health professionals and CHWs to

primary care teams.

Integration becomes the way we do business, not just a time-limited project.



# **Project Example - Collaboration**

• **Project:** Congestive Heart Failure Quality

**Improvement** 

• **Summary:** Partnership between three hospitals to

reduce congestive heart failure

readmissions.

Collaboration means sharing (even among competitors) best practices to improve patient care.



# **Project Example - Commitment**

• **Project:** North Tyler Clinic

Summary: Increase access to a largely minority,

underserved area of Smith County by

establishing an open access clinic to

provide primary care services and

referral channels.

We created a new clinic, hired new providers, and cared for an underserved population. Failure is not an option for us or the patients.



# **Barriers & Challenges**

- **Provider Recruitment:** Recruiting providers (physicians, nurse practitioners, etc.) is very difficult in a rural environment.
- **Data Management:** Accessing the data necessary to demonstrate achievement of project metrics is difficult, even in systems that use an electronic health record.
- **Delays in Project Approval or Revisions:** We are currently in DY 3 of the Waiver and providers are still finalizing their outcome measures. This has made operationalizing projects much more difficult and complex.



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#### **Contact Information**

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#### **UPCOMING EVENT**

- Leadership Summit on State Medicaid Waivers
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