

Background Information To Assist in Identifying Physician DPP Objectives

The purpose of this document is to provide information based on DSRIP experience and Medicaid resources that can be used to identify physician Directed Payment Program (DPP) quality objectives.

The focus of the first quality subcommittee meeting is to identify these objectives. Workgroup members will also be able to collaborate with their organizations and provide written feedback on the objectives after the first meeting.

Note that information on directed payment programs can be found on the CMS website under the “Delivery System and Provider Payment Initiatives” section on the [State Directed Payments](#) page.

A. DSRIP Implementation

In DSRIP 1.0 (DY2-6), the Academic Health Science Centers (AHSCs) implemented [178 projects](#). The greatest number of selected [primary project types](#) were Patient Navigation/Care Coordination/Care Transitions (25), Chronic Care Management (23), and Primary Care Expansion/Redesign (23).

In DSRIP 2.0 (DY7-10), the AHSCs (1 participating as a hospital) are implementing [57 Core Activities](#) as of DY9. The most selected Core Activities align with the DSRIP 1.0 primary project types: Access to Primary Care Services (14), Chronic Care Management (8), Prevention and Wellness (7), and Expansion of Patient Care Navigation and Transition Services (6).

For DY9-10, AHSCs selected [284 Category C P4P measures](#) across 16 Measure Bundles; the top 5 selections and measures with full achievement are summarized below.

Measure Bundle	# of P4P Measure Selections	DY7 AM-7.x 100% Achieved
A1: Improved Chronic Disease Management: Diabetes Care	40	37
A2: Improved Chronic Disease Management: Heart Disease	25	22
C1: Primary Care Prevention - Healthy Texans	78	68
C2: Primary Care Prevention - Cancer Screening	24	21
D1: Pediatric Primary Care	33	30

B. Texas Managed Care Quality Strategy

CMS requires that the DPP advance at least one of the goals and objectives in the State's quality strategy.

The current [Quality Strategy](#) includes the following goals:

- Transition from volume-based purchasing models to a pay-for-performance model
- Improve member satisfaction with care
- Reduce payments for low quality care

However, HHSC is in the process of updating the Quality Strategy and will submit it to CMS by March 31, 2021. These are the goals from the [Quality Plan](#), which will likely be incorporated into the updated Quality Strategy.

- Keeping Texans healthy at every stage of life through prevention and by engaging individuals, families, communities, and the healthcare system to address root causes of poor health;
- Providing the right care in the right place at the right time to ensure people receive timely services in the least intensive or restrictive setting appropriate;
- Keeping patients free from harm by building a safer healthcare system that limits human error;
- Promoting effective practices for chronic disease to better manage this leading driver of healthcare costs;
- Supporting patients and families facing serious illness to meet physical, emotional, and other needs; and
- Attracting and retaining high-performing providers and other healthcare professionals to participate in team based, collaborative, and coordinated care.

C. DSRIP Transition Plan

The [DSRIP Transition Plan](#) identified the following key focus areas to develop and propose new programs, policies, and other Medicaid strategies to further delivery system reform.

- Sustain access to critical health care services;
- Behavioral health;
- Primary care;
- Patient navigation, care coordination, and care transitions, including for patients with complex conditions that have high costs and high utilization;

- Chronic care management;
- Health promotion and disease prevention;
- Maternal health and birth outcomes, including in rural areas of the state;
- Pediatric care;
- Rural health care;
- Integration of public health with Medicaid;
- Telemedicine and telehealth; and
- Social drivers of health.

D. Best Practices Workgroup (BPW) Findings

The Best Practices Workgroup (BPW) consists of [84 total members](#) representing current DSRIP Performing Providers, DSRIP Anchors, and Executive Waiver Committee (EWC) members.

The Workgroup’s first task was to prioritize measures from DSRIP that have been key for driving improvements in the health status of clients within focus areas and populations for continued delivery system reform and quality improvement. BPW members were surveyed on a total of 41 measures, which represented DSRIP measures with higher priority measure classifications (e.g., clinical outcome measures as opposed to process measures) and higher priority focus areas for the state and/or CMS.

The table below shows the top 10 prioritized key measures for driving improvements in the health status of clients. Notably, these prioritized key measures do not involve tracking a client’s utilization pattern in the ED or hospital setting (e.g., emergency visit rates, hospitalization rates, and readmission rates); in fact, such measures lacked consensus among BPW members as being key measures.

Top 10 Prioritized Key Measures	
	Measure Title
1	Diabetes - HbA1c Poor Control
2	Diabetes - Blood Pressure Control
3	Cancer Screening
4	Cardiovascular Disease - High Blood Pressure Control
5	Follow-up after Hospitalization for Mental Illness
6	Age-Appropriate Screening for Clinical Depression/ Suicide Risk (Adult, Child, and Adolescent)
7	Pediatric and Adolescent Immunization Status
8	Post-Partum Follow-up Care Coordination
9	Medication Reconciliation

10 Maternal Screening for Behavioral Health Risks
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The Workgroup’s second task was to prioritize practices from DSRIP that have been key for driving improvements in the health status of clients within focus areas and populations for continued delivery system reform and quality improvement. BPW members were surveyed on a total of 40 practices, which represented practices in DSRIP-reported data that were most commonly implemented by DSRIP Performing Providers and/or associated with the key measures prioritized by BPW members.

The table below shows the top 10 prioritized practices for driving improvements in the health status of clients.

Top 10 Prioritized Key Practices	
	Practice Description
1	Pre-visit planning and/or standing order protocols (e.g. for screenings/assessments, immunization status, tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.)
2	Care team includes personnel in a care coordination role not requiring clinical licensure (e.g. non-clinical social worker, community health worker, medical assistant, etc.)
3	Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist
4	Automated reminders/flags within the E.H.R. or other electronic care platform (e.g. for screenings/assessments, immunization status, tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.)
5	Same-day and/or walk-in appointments in the outpatient setting
6	Integration or co-location of primary care and psychiatric services in the outpatient setting
7	Care team includes personnel in a care coordination role requiring clinical licensure (e.g. registered nurse, licensed clinical social worker, etc.)
8	Culturally and linguistically appropriate care planning for patients
9	Integration or co-location of primary care and specialty care (physical health only) services in the outpatient setting
10	Panel management and/or proactive outreach of patients using a gap analysis method (i.e. strategically targeting patients with missing or overdue screenings, immunizations, assessments, lab work, etc.)

E. Texas Healthcare Learning Collaborative (THLC)

THLC was established to strengthen public reporting and increase transparency and accountability of services and care being provided under

the Texas Medicaid system. Data is submitted by MCOs and DMOs that provide services to Medicaid and CHIP beneficiaries and FFS claims submitted by eligible Texas Medicaid service providers.

THLC data can be used to identify areas for improvement for inclusion in a potential physician DPP.

- Medical Quality of Care: <https://thlcportal.com/measures/medical>
 - Can filter for STAR and STAR+PLUS
- CMS Core Measures:
<https://thlcportal.com/measures/cmscoremeasuredashboard>
 - Can filter for Medicaid
- Potentially Preventable Events (PPE) Trends:
<https://thlcportal.com/ppe/ppetrends>
 - Can filter for STAR and STAR+PLUS

Data is available for the different Medicaid managed care programs and by [service delivery area \(SDA\)](#), MCO, and year.

- State of Texas Access Reform (STAR) program provides primary, acute care, behavioral health care, and pharmacy services for low-income families, children, pregnant women, as well as some former foster care youth.
- The Medicaid STAR+PLUS program provides both acute care services and long-term services and supports (LTSS) by integrating primary care, behavioral health care, pharmacy services, and LTSS for individuals who are age 65 or older or adults who have a disability.
- The STAR Kids program provides acute and LTSS benefits to children and young adults who are 20 and younger with disabilities.