

## MEMORANDUM

**To:** Central Health Board of Managers  
**From:** Jonathan Morgan, Executive Director  
**Date:** February 15, 2019  
**RE:** Agenda Item 5 - CCC DSRIP Update (*Informational Item*)

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### **Overview**

Over the course of the last six years, the CCC has achieved a number of remarkable project results and improvements to patient health outcomes through its participation in the Delivery System Reform Incentive Payment (DSRIP) program. Through the collective efforts of our dedicated staff and community of contracted providers, the CCC has earned \$247 million in total performance-based payments. For calendar year 2018, Demonstration Year 2018 (DY7), the CCC expects to earn 96.46% of the total available performance incentive payment, an estimated \$64,272,627.04. Below is a report of the CCC's current activities in the second iteration of the Texas 1115 Medicaid Waiver.

### **Synopsis**

In 2017, HHSC modified the DSRIP program to focus on performance metrics over individual projects. The current DSRIP structure provides an opportunity to earn \$248 million over the next four years. However, the amounts eligible to be earned over the course of the four-year program decrease year over year, with the program ending in 2022.

This year's DSRIP activities are organized among Categories A, B, C, and D:

- Category B is a report of the number of patients who are in the CCC's DSRIP population. The annual goal for this Category is to maintain or improve upon that number, year after year;
- Category C carries the greatest risk. It is composed of various predetermined health metrics that must be achieved to earn an incentive payment;
- Category A requires qualitative reporting on the activities performed to meet the Category C metric targets. It also requires a cost analysis for one of these activities, evidence of participation in a learning collaborative activity, and a narrative description of the CCC's efforts to work towards an alternative method of payment. These activities must be completed to be eligible for incentives available in other Categories; and
- Finally, Category D includes 13 HHSC-selected measures aimed at reducing the incidence of each reported measure over time (e.g. adults with diabetes complications).

### **DSRIP Incentives by Year and Program Wind-Down**

HHSC has scheduled the DSRIP program to wind down over the next five years. As the table below illustrates, annual earnable payments decrease year-over-year beginning in 2020, with no payments available by the program's final demonstration year in 2022.

Similar to the first waiver period, each year's incentive payment is distributed among categories of activity, with each Category has its own unique requirements. Category A carries no associated payment, but activities are required to earn any funds. Category C, which carries the greatest risk, is comprised of the outcome metrics discussed below.

	DY7 (2018)	DY8 (2019)	DY9 (2020)	DY10 (2021)	DY11 (2022)
<b>RHP Plan</b> Measure bundle selections	20% (\$13.3M)	-	-	-	-
<b>Category A</b> Description of core activities relating to system, payment reform, cost-savings analysis, and regional learning	-	-	-	-	-
<b>Category B</b> Maintain or increase number of Medicaid/Low Income Uninsured patients served	10% (\$6.6M)	10% (\$6.6M)	10% (\$6.2M)	10% (\$5.3M)	-
<b>Category C</b> Health care quality and system performance measures	55% (\$36.6M)	75% (\$49.9M)	75% (\$46.2M)	75% (\$40.1M)	-
<b>Category D</b> Population health measures for each provider type	15% (\$10.0M)	15% (\$10.0M)	15% (\$9.2M)	15% (\$8.0M)	-
<b>Total</b>	<b>\$66.6M</b>	<b>\$66.6M</b>	<b>\$61.6M</b>	<b>\$53.4M</b>	

### Category C: Outcome Measures

Among the eligible Category C health outcomes, CCC staff targeted six diabetes related measures, which include: improving foot and eye exams rates; controlling blood pressure and A1C; and reducing the rate of avoidable inpatient and emergency department visits. We also targeted the improvement of cancer prevention and screening measures, which include: tobacco use assessment rates and HPV vaccination rates, as well as screening rates for cervical, breast and colorectal cancers. Additionally, we selected: hospice program outcomes; opioid use and alcohol use disorders screenings, and flu vaccination rates.

The following table details 36 measures that were selected among HHSC's prescribed bundles of measures. Each bundle is worth a proportion of the total Category C incentive, which is then divided evenly among the measures within the bundle. Most of the measures are achievable within the primary care setting, but measures A1-500, A1-508, and C1-502 measure hospital activity, and are collectively identified as population-based clinical outcome (PBCO) measures. Bundle G1 is only achieved in a hospice care setting. For each measure, the CCC reported 2017 performance and annual targets were set based on this baseline rate.

Bundle	Measure ID	Measure Title	CCC Baseline Value	CY 2018 Target	CY 2019 Target	Current Achievement (12/31/2018)
A1: ^ Improved Chronic Disease Management: Diabetes Care	A1-111	Diabetes Eye Exam	62.13%	62.60%	64.01%	64.39%
	A1-112	Diabetes: Foot Exam	50.59%	51.83%	55.53%	66.92%
	A1-115	Diabetes: HbA1c >9.0%	35.45%	34.99%	33.62%	33.56%
	A1-207	Diabetes: BP control (<140/90mm Hg)	71.51%	71.98%	73.38%	74.51%
	A1-500	PQI 93 Diabetes Composite	3.14%	3.06%	2.82%	2.93.%
C1: ^ Primary Care Prevention - Healthy Texans	A1-508	Diabetes: ED visits	89.51%	87.27%	80.56%	77.01%
	C1-105	Tobacco Screening & Cessation	99.14%	99.16%	99.22%	99.92%
	C1-113	Diabetes: HbA1c testing	90.45%	90.65%	91.25%	93.45%
	C1-147	BMI Screening and Follow-Up	87.96%	88.28%	89.24%	91.71%
	C1-268	Pneumonia vaccination	55.43%	56.54%	59.89%	67.89%
	C1-269	Influenza Immunization	41.51%	42.97%	47.36%	46.96%
	C1-272	Adults Immunization status	14.20%	16.34%	22.78%	17.15%
	C1-280	Chlamydia Screening in Women	73.99%	74.39%	75.60%	76.91%
C2: ^ Primary Care Prevention - Cancer Screening & Follow-Up	C1-389	HPV Vaccine	12.97%	15.15%	21.67%	15.61%
	C1-502	PQI 91 Acute Composite	0.47%	0.46%	0.42%	0.42%
	C2-106	Cervical Cancer Screening	64.03%	64.46%	65.75%	67.78%
F1: Improved Access to Adult Dental Care	C2-107	Colorectal Cancer Screening	26.20%	28.04%	33.58%	43.27%
	C2-186	Breast Cancer Screening	57.56%	58.25%	60.34%	60.72%
	F1-105	Tobacco Screening & Cessation	99.76%	99.76%	99.78%	99.97%
G1: Palliative Care	F1-226	Chronic Disease: Dental Services	89.39%	89.66%	90.45%	90.76%
	F1-227	Dental Caries: Adults	53.39%	52.06%	48.05%	51.14%
	G1-276	Pain Assessment	100.00%	100.00%	100.00%	97.22%
	G1-277	Treatment Preferences	100.00%	100.00%	100.00%	100.00%
	G1-278	Beliefs and Values	98.21%	98.26%	98.39%	100.00%
	G1-361	Bowel Regimen	80.00%	80.50%	82.00%	79.41%
H1: Integration of Behavioral Health in a Primary or Specialty Care Setting	G1-362	Dyspnea Treatment	P4R	P4R	P4R	P4R
	G1-363	Dyspnea Screening	80.95%	81.43%	82.86%	77.78%
	H1-146	Depression and Follow-Up	72.27%	72.96%	75.04%	74.03%
	H1-255	ADHD Medication	P4R	P4R	P4R	P4R
	H1-286	Depression Remission	3.57%	5.98%	13.21%	5.56%
H3: ^ Chronic Non-Malignant Pain Management	H1-317	Unhealthy Alcohol Use & Counseling	1.70%	4.16%	11.53%	6.11%
	H3-144	Depression and Follow-Up Plan (Chronic Pain)	79.25%	79.76%	81.32%	85.58%
	H3-287	Current Medications	69.87%	70.62%	72.88%	76.70%
	H3-288	Pain Assessment and Follow-up	44.83%	46.21%	50.35%	37.16%*
	H3-401	Opioid Therapy Follow-up Evaluation	39.29%	40.81%	45.36%	48.30%*
	H3-403	Risk of Opioid Misuse	0.19%	2.69%	10.17%	0.77%*

^These bundles were also selected by Dell Seton Medical Center.

\*These achievement rates represent data as of 11/30/2018.

### DY7 Achievement

In the current DSRIP structure, the program's performance periods align with calendar years (e.g., DY7 concluded on December 31, 2018, DY8 began January 1, 2019). In DY7, the CCC had the opportunity to earn \$66.6 million. Of this \$66 million, \$32.4 million has already been earned through submission of the RHP Plan, Category C selections and metric baselines, and other related activities. The remaining \$33.6 million is tied to DY7 performance on the Category B & C reporting and improvement targets as of December 31, 2018. The CCC will report on its performance in April 2019, and we anticipate earning 93% of remaining incentives, or \$31.8 million. In total, the projected overall achievement of DY7 funds is 96.46%.

***Fiscal Impact***

The following table summarizes the CCC’s expected DY7 performance:

<b>DSRIP Deliverable</b>	<b>Amount Available to Earn (\$)</b>	<b>Amount Expected to Earn (\$)</b>	<b>Expected to Earn (%)</b>
RHP 7 Plan Update	\$13,325,817.00	\$13,325,817.00*	100%*
Category B	\$6,662,909.00	\$6,662,909.00	100%
Category C Baselines	\$9,161,499.47	\$9,161,499.47*	100%*
Category C Reporting	\$9,161,499.45	\$9,161,499.45	100%
Category C Achievement	\$18,322,999.10	\$15,966,539.12	87.14%
Category D	\$9,994,363.00	\$9,994,363.00*	100%*
<b>TOTAL</b>	<b>\$66,629,087.00</b>	<b>\$64,272,627.04</b>	<b>96.46%</b>

*\*Starred items are those that have been confirmed as “earned”; other amounts are expected to be earned, based on current performance projections.*

We are currently in Demonstration Year 8, which began on January 1, 2019. During this demonstration year, the CCC has the opportunity to earn performance incentives that were not earned in DY7, in addition to those incentives related to DY8.

**Future Demonstration Years**

HHSC launched the DY7-10 program without definitive guidance on program requirements for the last two years for which funding is available (DY9 and DY10). In January 2019, HHSC released guidance indicating that these years will largely be a continuation of the current DSRIP program. It is expected that there will be additional achievement targets for the 36 Category C measures over the last two-year performance period. The CCC also anticipates that there will be some opportunity to propose limited changes to the program. Central Health, in their role as anchor, is in the process of identifying other key changes and keeping all RHP7 partners informed of their impact. We expect additional clarification on program elements from HHSC other the next few months.