

Proposed Changes to the Delivery System Reform Incentive Payment Measure Bundle Protocol for DY7-10

Introduction

HHSC is seeking stakeholder feedback on the proposed changes to the DSRIP MBP to address Demonstration Years 7-10 (October 1, 2017 - September 30, 2021). Unless specifically indicated as only a DY7-8 (October 1, 2017 - September 30, 2019) or DY9-10 (October 1, 2019 - September 30, 2021) requirement, all requirements apply to DY7-10.

HHSC encourages multiple stakeholders from the same organization to submit one completed feedback survey.

HHSC will use stakeholder feedback gathered through this survey to inform the MBP. HHSC plans to submit the final MBP to the Centers for Medicare & Medicaid Services (CMS) by July 31, 2019. All requested MBP changes for DY7-10 are subject to CMS approval.

This survey will close on Thursday, June 27, 2019.

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General Information

1. Type of stakeholder

- DSRIP Performing Provider
- IGT Entity
- Anchor
- Managed Care Organization
- Provider Association
- Other (please specify)

2. RHP, if applicable

3. Please provide your contact information as HHSC may want to follow-up with you about your comments (optional)

Name	<input type="text"/>
Organization	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

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Category A and B

On the following pages, please provide your feedback on the referenced MBP paragraphs or generally as indicated.

4. Providers should comment on the following added Core Activities: Maternal and Infant Health Care, Provision of coordinated prenatal and postpartum care; Hospital Safety and Quality, Development and implementation of standard protocols and/or evidence-based practices to address leading causes of hospital infections and injuries (e.g., CLABSI, CAUTI, SSI, Sepsis, and Falls); Hospital Safety and Quality, Implementation of evidence-based practices to improve quality of care (e.g., Quality Departments, monitoring and evaluation, etc.); Hospital Safety and Quality, other.

5. Providers should list any other Core Activities that provider feels should be added to the Menu of Core Activities.

6. General Comments on DY9-10 Costs and Savings requirements.

7. General Comments on DY7-10 Category A requirements not addressed in previous questions.

8. General Comments on DY7-10 Category B requirements.

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Category C

On the following pages, please provide your feedback on the referenced MBP paragraphs or generally as indicated.

9. Below is a list of all measures that are eligible for graduation as indicated in the Measure Bundle menu in the draft MBP. Provide comments next to all measures listed below that survey respondent wishes to comment on.

A1-112 Comprehensive Diabetes Care: Foot Exam

A2-210 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

B1-252 Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges)

B1-253 Transition Record with Specified Elements Received by Discharged Patients (Discharges from Inpatient Facility)

C1-105 Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention

D1-211 Rate 1 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents

D1-400 Tobacco Use and Help with Quitting Among Adolescents

D5-211 Rate 1 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents

10. Are there any other measures that provider feels should be eligible for graduation? If so, please provide the measure and an explanation as to why the measure should be eligible for graduation.

HHSC has defined the following criteria as a consideration for graduation based on the performance of all providers reporting a measure: high average baseline rate in DY7, high achievement percentages in DY8, and high average amounts of improvement in DY2-6. Graduation cannot be related to the difficulty of achievement for a measure.

11. Below is a list of all measures that are discontinued as indicated in the Measure Bundle menu in the draft MBP. Provider comments next to all measures listed below that the survey respondent wishes to comment on.

E1-193 Contraceptive Care – Postpartum Women Ages 15–44

E2-A01 Quality Improvement Collaborative Activity: Participation in OB Hemorrhage Safety Bundle Collaborative (TexasAIM Plus) through the Texas Department of State Health Services

12. Are there any other measures that provider feels should be discontinued? If so, please provide the measure and an explanation as to why the measure should be discontinued.

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Cat C: Related Strategies

On the following pages, please provide your feedback on the referenced MBP paragraphs or generally as indicated.

13. Which Related Strategies seem too broad and should be broken down into new, more granular Related Strategies? (Please reference the RS-ID in the response and specify provider type.)

14. Which Related Strategies seem too specific and should be reworded to be more encompassing? (Please reference the RS-ID in the response and specify provider type.)

15. Which Related Strategies seem too similar and should be combined into one? (Please reference the RS-IDs in the response and specify provider type.)

16. Which Related Strategies do not seem applicable and should be removed? (Please reference the RS-ID in the response and specify provider type.)

17. Which Related Strategies do you feel are missing? (Please reference the proposed Related Strategy List and/or theme in the response and specify provider type.)

18. On average, there are 40-45 Related Strategies in a List. On average, should there be more, less, or no changes to the number of Related Strategies in a List?

19. Hospitals and physician practices will report on one or more Related Strategies Lists as determined by Measure Bundle selection. Measure Bundles with similar interventions, populations, and/or service settings may be associated with a single Related Strategies List as identified in the table on pg. 57.

If applicable, please suggest/recommend a different association of Measure Bundles to a single Related Strategies List. (Please reference the specific Measure Bundles and Related Strategies List in your response.)

20. Local Health Departments will report on one or more Related Strategies Lists as determined by measure selection. Measures with similar interventions, populations, and/or service settings may be associated with a single Related Strategies List as identified in the table on pgs. 64-65.

If applicable, please suggest/recommend a different association of measures to a single Related Strategies List. (Please reference the specific Measures and Related Strategies List in your response.)

21. Community Mental Health Centers will report on one or more Related Strategies Lists as determined by measure selection. Measures with similar interventions, populations, and/or service settings may be associated with a single Related Strategies List as identified in the table on pgs. 71-72.

If applicable, please suggest/recommend a different association of measures to a single Related Strategies List. (Please reference the specific Measures and Related Strategies List in your response.)

22. Other feedback concerning Related Strategies

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Category C and D

On the following pages, please provide your feedback on the referenced MBP paragraphs or generally as indicated.

23. Which measure(s) from the Hospital and Physician Practices or the CMHC menus would the LHDs like added to the LHD measure menu? Please list these measures in the field provided and include a reasoning for the selection.

24. General Comments on DY7-10 Category C requirements not addressed in previous questions.

25. General Comments on DY7-10 Category D requirements.

26. Comments on any other DY7-10 MBP requirement not addressed in previous questions.

