

REGION 10 RHP PUBLIC HEARING

November 7, 2012

Robert Earley, President and CEO

David Salsberry, Chief Financial Officer

Allen Miller, CEO COPE Healthcare Solutions

WELCOME

Robert Earley, CEO, JPS Health Network

1115 WAIVER OVERVIEW

David Salsberry, CFO, JPS Health Network

Section 1115 Research & Demonstration Projects

- Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve **experimental, pilot, or demonstration projects** that promote the objectives of the Medicaid and CHIP programs.
 - **Expanding eligibility** to individuals who are not otherwise Medicaid or CHIP eligible
 - Providing **services not typically covered by Medicaid**
 - Using **innovative service delivery systems** that improve care, increase efficiency, and reduce costs.
- In general, section 1115 demonstrations are approved for a **five-year period** and can be renewed, typically for an additional **three years**.
- Demonstrations must be **“budget neutral”** to the Federal government, which means that during the course of the project Federal Medicaid expenditures will not be more than Federal spending without the waiver.

Why Did Texas Adopt a Waiver?

- Texas Medicaid budget shortfall
- Managed care imperative
- Collateral damage – Elimination of Upper Payment Limit (UPL) payments of \$2.8 billion (annually)
- CMS desire to promote innovation, fund based on performance, and focus providers on the triple aim:
 - Better care for individuals – Focus on access, quality & outcomes
 - Better health for the population
 - Lower cost through improvement – Without harm

1115 Waiver Objectives

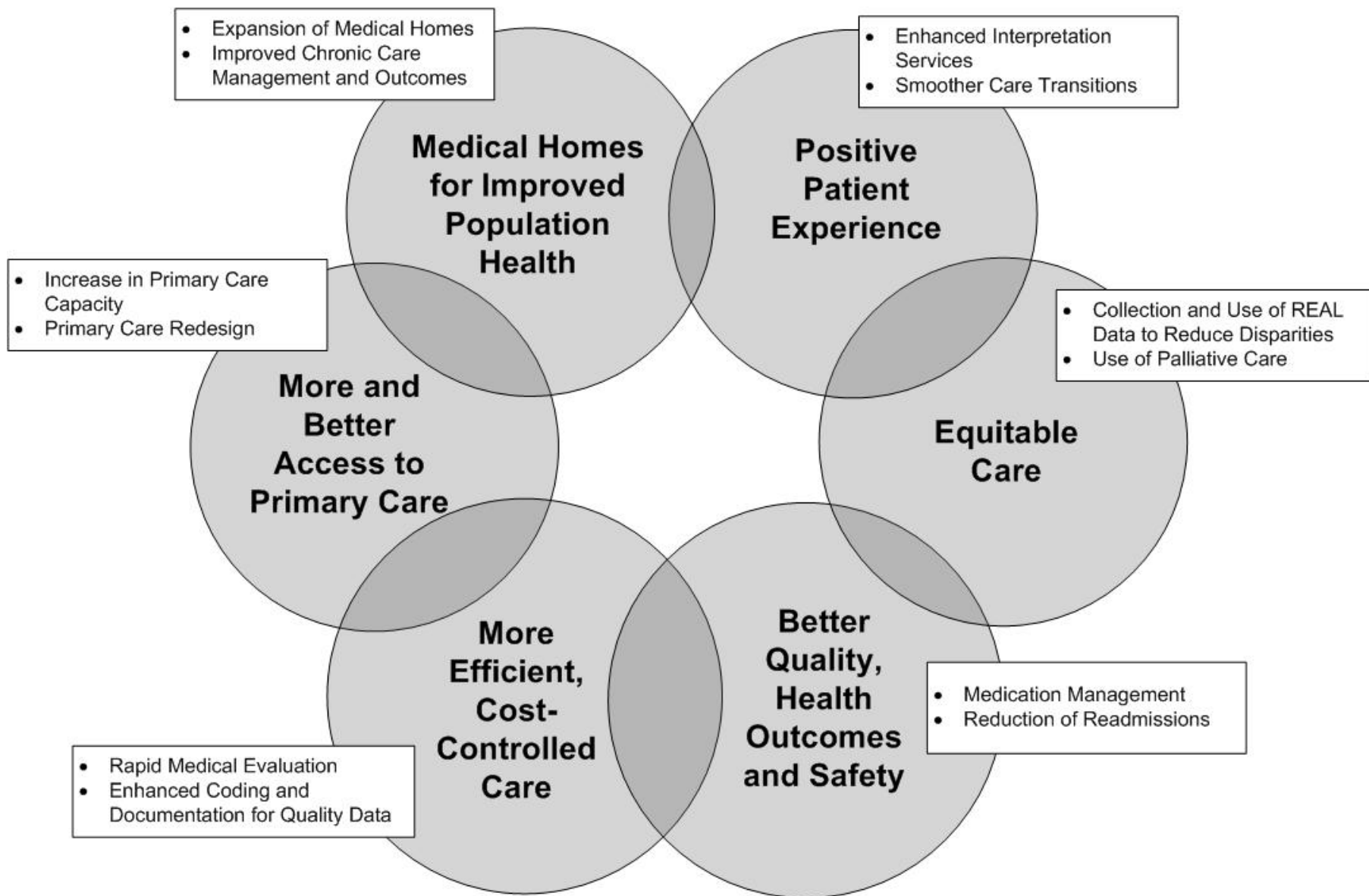
- Expand existing Medicaid and managed care programs statewide
- Replace the existing UPL payment program and establish a focus on developing innovative service delivery solutions within the guiding parameters of the CMS triple aim. This is funded through two pools:
 - Uncompensated Care (UC) Pool
 - Delivery System Reform Incentive Payments (DSRIP)
- Create Regional Health Partnerships (RHPs) to encourage regional collaboration, expand access and enhance the quality of care in a cost-efficient manner

Overall Waiver Goals

- Expand risk-based managed care statewide
- Support development and/or maintenance of a coordinated care delivery system through Regional Health Partnerships
- Improve outcomes while containing costs
- Protect and/or leverage financing to improve and prepare infrastructure for newly insured populations
- Transition to quality-based payment system across all providers
- Provide a mechanism for investments in delivery system reform

1115 Waiver Basics Paper

Integrated, Coordinated Systems of Care



Key Elements of the RHP Plan

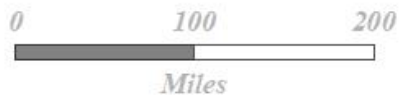
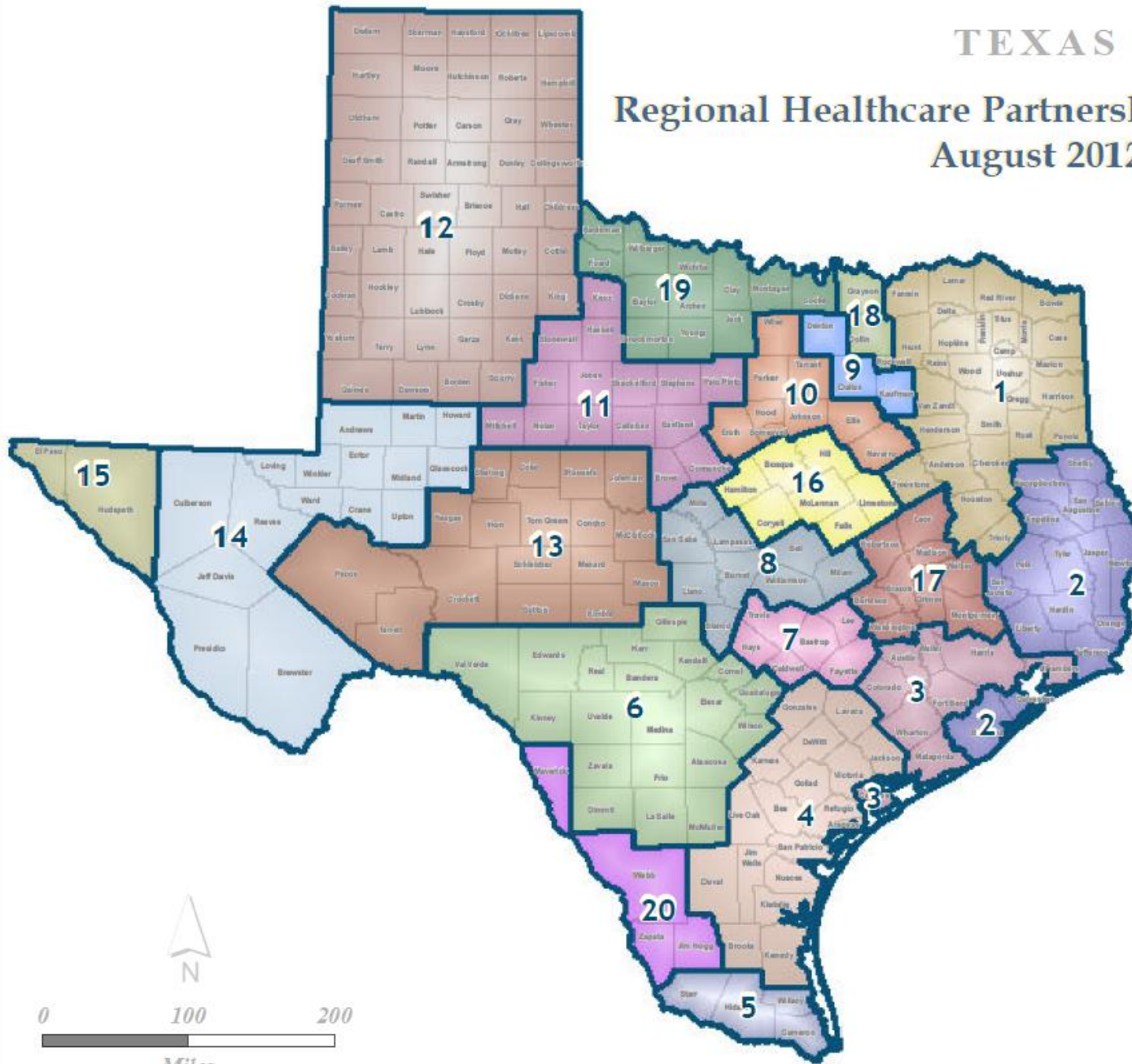
- RHP Plan Template – DSRIP projects, objectives, milestones, metrics, measures, and values
- RHP Plan
 - Executive Summary
 - Description of the RHP Organization
 - Community Needs Assessments
 - Stakeholder Engagement/Public Input
 - RHP Plan Development – Regional Approach
- Number of Projects – (meet minimums)
- Organization of DSRIP projects
 - Descriptions (Categories 1-4)
 - Requirements (Categories 1-3, 4)
 - Project valuation

REGION 10 RHP OVERVIEW

Providers and Geography

TEXAS

Regional Healthcare Partnership (RHP) Regions August 2012



Map Prepared by: Strategic Decision Support Department,
Texas Health and Human Services Commission,
August 7, 2012

Region 10 RHP

- Geographic area (Counties)
 - Ellis, Erath, Hood, Johnson, Navarro, Parker, Somervell, Tarrant and Wise
- JPS Health Network, as the Public Hospital in the region, serves as the anchor entity:
 - Single point of contact
 - Coordinate RHP activities
 - Responsible for administrative functions

Pass 1 Performing Providers - DSRIP

Hospitals

- JPS Health Network
- Baylor All Saints
- Cook Children's
- Ennis Regional
- Glen Rose
- HCA
 - Medical Center of Arlington
 - North Hills Hospital
 - Plaza Medical Center Fort Worth
- Methodist Mansfield
- Texas Health Harris
 - Arlington Memorial
 - Azle
 - Cleburne
 - Fort Worth
 - Huguley
 - Hurst Euless Bedford
 - Southwest Fort Worth
 - Stephenville
- Wise Regional

Mental Health

- Lakes Regional
- Pecan Valley
- Helen Farabee
- MHMR Tarrant County

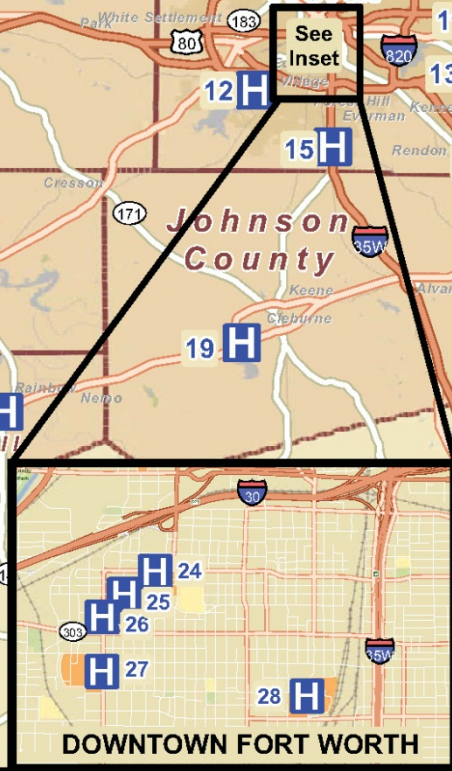
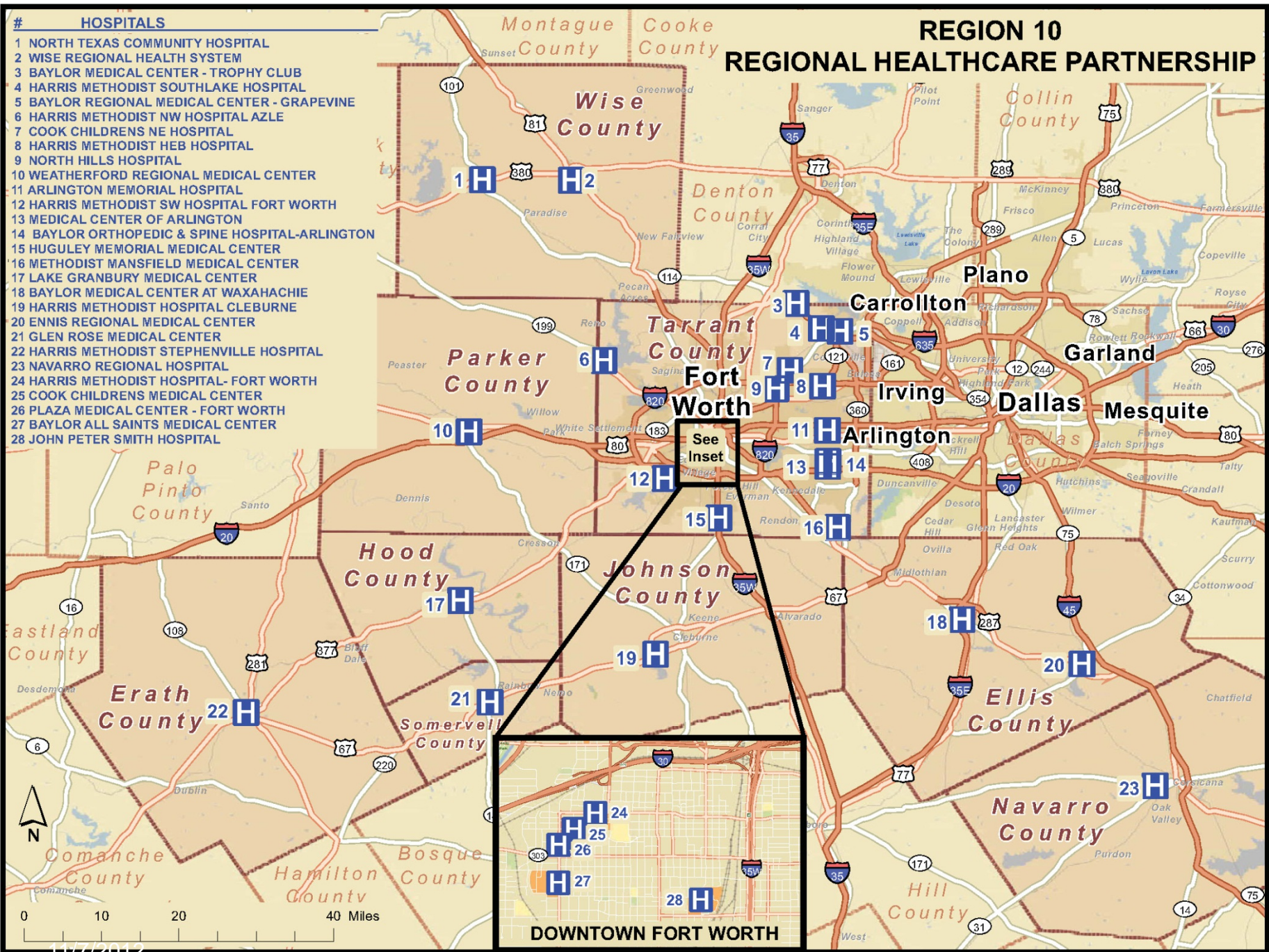
Other

- Tarrant County Public Health
- University of North Texas Health Sciences Center

HOSPITALS

- 1 NORTH TEXAS COMMUNITY HOSPITAL
- 2 WISE REGIONAL HEALTH SYSTEM
- 3 BAYLOR MEDICAL CENTER - TROPHY CLUB
- 4 HARRIS METHODIST SOUTHLAKE HOSPITAL
- 5 BAYLOR REGIONAL MEDICAL CENTER - GRAPEVINE
- 6 HARRIS METHODIST NW HOSPITAL AZLE
- 7 COOK CHILDRENS NE HOSPITAL
- 8 HARRIS METHODIST HEB HOSPITAL
- 9 NORTH HILLS HOSPITAL
- 10 WEATHERFORD REGIONAL MEDICAL CENTER
- 11 ARLINGTON MEMORIAL HOSPITAL
- 12 HARRIS METHODIST SW HOSPITAL FORT WORTH
- 13 MEDICAL CENTER OF ARLINGTON
- 14 BAYLOR ORTHOPEDIC & SPINE HOSPITAL-ARLINGTON
- 15 HUGULEY MEMORIAL MEDICAL CENTER
- 16 METHODIST MANSFIELD MEDICAL CENTER
- 17 LAKE GRANBURY MEDICAL CENTER
- 18 BAYLOR MEDICAL CENTER AT WAXAHACHIE
- 19 HARRIS METHODIST HOSPITAL CLEBURNE
- 20 ENNIS REGIONAL MEDICAL CENTER
- 21 GLEN ROSE MEDICAL CENTER
- 22 HARRIS METHODIST STEPHENVILLE HOSPITAL
- 23 NAVARRO REGIONAL HOSPITAL
- 24 HARRIS METHODIST HOSPITAL- FORT WORTH
- 25 COOK CHILDRENS MEDICAL CENTER
- 26 PLAZA MEDICAL CENTER - FORT WORTH
- 27 BAYLOR ALL SAINTS MEDICAL CENTER
- 28 JOHN PETER SMITH HOSPITAL

**REGION 10
REGIONAL HEALTHCARE PARTNERSHIP**



Principles and Governance

Our Principles for RHP Development

Patient Centered

- Improving patient care & experience through a more efficient, patient-centered and coordinated system

Transparent

- Decision-making process takes place in the public eye and that processes are clear to participants

Collaborative

- RHP informed by collaborative process that reflects the needs of the community(s) and inputs of stakeholders

Accountable

- Stakeholders are held to common performance standards, deliverables and timelines

Value Driven

- Focus on increasing value to patients, community, payers and other stakeholders

Better access, better care, less costs



Governance Structure

Committee	Members	Role
RHP Steering	CEOs of local & regional participant Hospitals, MHMR, School of Medicine	Final review of key initiatives
RHP Elected Leaders	County judges and other elected officials responsible for IGT entities	Maintain ongoing communication/ engagement of county
RHP Finance	Finance officers of participant hospitals, MHMR, school of medicine	Review of DSRIP projects, UC pool and IGT capacity
RHP Clinical/Quality	Quality/medical officers of participant hospitals, MHMR, public health, school of medicine, medical association(s)	Review of quality metrics for DSRIP projects
RHP Planning	Planning officers of participant hospitals, MHMR, public health, school of medicine	Overall development of RHP plan

REGION 10 RHP DSRIP PASS 1 PROJECTS: A SUMMARY

Allen Miller, CEO, COPE Health Solutions

Community Health Needs

Major Areas of Community Need

Capacity

- Increase capacity in primary and specialty care

Access

- Eliminate or reduce barriers to access

Delivery Transformation

- Change the manner in which health care is delivered

Population Health

- Improving health and wellness of the region through cooperation among providers

Community Need - Capacity

More provider capacity (CN.1)

More primary care and specialty care services (CN.2 and CN.3)

More mental health services access (CN.4)

More dental care access (CN.6)

More geriatric, long-term care, and home health resources (CN.9)

Region 10 DSRIP Transformation

Capacity

Interventions

More primary and specialty care

Implement telemedicine

Expand mobile clinics

Expand medical homes

Prioritization of patient experience

Improve staff quality and efficiency

Outcomes Measurements

All-cause admissions and readmissions

Patient satisfaction

Inappropriate usage of ED services

Pneumonia vaccination rate

Quality of Life

Specialty care referral time

Diabetes care and control

Participating Providers

Baylor All Saints

Cook Children's

Ennis Regional

Glen Rose Medical Center

HCA Hospitals

Helen Farabee

JPS Hospital

Lake Regional

Methodist Mansfield

Tarrant County Public Health

THR Hospitals

UNTHSC

Wise Regional

Regional Project Impacts by 2016

- Reduce all-cause readmission rates
- Improve patient satisfaction scores
- Increase Pneumonia vaccination rate
- Improve Quality of Life measurements
- Behavioral health consults delivered via telemedicine
- Early detection and intervention for diabetes patients

Capacity Projects by County

County	Ellis	Erath	Hood	Johnson	Navarro	Parker	Somervell	Tarrant	Wise
Number	4	0	0	2	2	0	2	37	4

More to do

- Dental care capacity
- Geriatric, and long-term care capacity

Community Need - Access

Reduce geographic barriers that impede access to care (CN.7)

Improve healthcare access for residents facing financial barriers (CN.8)

Region 10 DSRIP Transformation

Access

Interventions

More primary care and specialty care clinics.

Expand mobile clinics

Implement telemedicine

Implement PCMH standards

Redesign the outpatient delivery system to coordinate care (e.g. chronically ill)

Implement evidence-based strategies to reduce low birth weight and preterm birth

Implement whole health peer support

Outcome Measurements

Inappropriate ED utilization

Patient satisfaction

Quality of Life score

Congestive heart failure (CHF) 30 days readmission rate

Diabetes patient with poor indicators

Low birth weight births

Early elective delivery

Participating Providers

Baylor All Saints

Helen Farabee

JPS Hospital

Lake Regional

Methodist Mansfield

Tarrant County Public Health

THR Hospitals

UNTHSC

Regional Project Impacts by 2016

- Reduce inappropriate ED admission rates
- Improve patient satisfaction
- Improve Quality of Life measurements
- Reduce CHF 30 days readmission
- Reduce diabetes patients with poor indicators
- Reduce low birth-weight births
- Reduce early elective deliveries

Access Projects by County

County	Ellis	Erath	Hood	Johnson	Navarro	Parker	Somervell	Tarrant	Wise
Number	2	0	0	2	1	2	0	19	3

More to do

- Reduce Geographic barriers
- Reduce Financial barriers

Community Need – Population Health

More access to healthy foods (CN.14)

More education, resources to promote a healthy lifestyle (CN.15)

Reduce incidence rates of syphilis and chlamydia (CN.16)

Improve management of Varicella (Chicken pox) (CN.17)

Improve management of Pertussis (Whooping cough) (CN.18)

Improve Public Health Bio surveillance (CN.20)

Region 10 DSRIP Transformation

Population Health

Interventions

More primary care clinics

Expand PCMH

Implement health promotion programs

Implement disease prevention programs

Implement care management model for high risk patients

Develop a continuum of care in the community

Establish West Nile Virus Surveillance program

Outcome Measurements

Breast, cervical, and colorectal cancer screening rates

Patient satisfaction

Quality of Life scores

Clinical indicators for minority populations

Utilization rates for clinical preventive services

Infant mortality

West Nile Virus death rate

Participating Providers

Baylor All Saints

JPS Hospital

Tarrant County Public Health

UNTHSC

Regional Project Impacts by 2016

Increase Breast, Cervical, and Colorectal Cancer screening rates

Improve patient satisfaction scores

Improvement in Quality of Life measurements

Reduce STD in high risk populations

Improve utilization rates of clinical preventive services

Reduce infant mortality rate

County-wide West Nile Virus surveillance program and reduce death rate

Population Health Projects by County

County	Ellis	Erath	Hood	Johnson	Navarro	Parker	Somervell	Tarrant	Wise
Number	0	0	0	0	0	0	0	9	0

More to do

- More access healthy foods
- More education on healthy lifestyles
- Lower rates of communicable disease

Community Need – Delivery Transformation

Integrate mental health care in primary care system (CN.5)

Reduce emergency department (ED) services (CN.10)

More coordination of care between providers (CN.11)

More culturally competent care to address needs (CN.12)

More patient education programs (CN.13)

More early prenatal care (CN.19)

Region 10 DSRIP Transformation

Delivery Transformation

Interventions

Expand mobile clinics
 Implement telemedicine
 Implement PCMH
 Implement standardized care transitions
 Integrate primary and behavioral health
 Implement Patient Care Navigation Programs
 Implement disease prevention programs
 Reduce preventable admissions
 Redesign chronic care management

Outcome Measurements

Patient satisfaction
 Behavioral health inpatient admission rates
 Cost-savings in care delivery
 Potentially preventable complications
 All-cause 30 day readmission rates
 Early prenatal care and postnatal care
 Inappropriate ED use
 Sepsis morbidity and mortality rates

Participating Providers

Baylor All Saints
 Cook Children's
 HCA Hospitals
 JPS Hospital
 Lake Regional
 Methodist Mansfield
 MHMR Tarrant County
 Pecan Valley Center
 Tarrant County Public Health
 THR Hospitals
 UNTHSC

Regional Project Impacts by 2016

- Improve patient satisfaction scores
- Reduce behavioral health inpatient admission rates
- Reduce incurred cost (inpatient & outpatient) per patient
- Improve risk-adjusted potentially preventable complications rates
- Reduce all-cause 30 day readmission rates
- Reduce inappropriate ED use
- Improve ED compliance with Sepsis Bundles

Delivery Transformation Projects by County

County	Ellis	Erath	Hood	Johnson	Navarro	Parker	Somervell	Tarrant	Wise
Number	3	0	0	2	2	2	3	56	0

More to do

- Integrate Mental Health and Primary care
- Improve cultural competency
- More patient education
- Earlier prenatal care

On-going provider participation - Continued Collaboration

- Reporting requirements
- Learning collaboratives

POTENTIAL FINANCIAL IMPACT ON REGION 10 RHP

DSRIP Project Funding Highlights

- DSRIP funding is not block grant based but determined on a federal matching fund mechanism
- Allocations of DSRIP funding are driven by Program and Funding Protocol and not by the anchor facility
- DRSIP funding requires a qualifying local government entity to commit and provide an Inter-Governmental Transfer (IGT)
- Project valuation was determined in Region 10 based upon a valuation model that included significant vetting and participation by RHP participants
- Ultimate payment is dependent on performing provider performance on DSRIP milestones and outcomes

Delivery System Reform Incentive Payment

- Community needs assessment is conducted to identify areas of opportunity to improve health in each county within a region.
- The participating providers use the assessment to inform the selection of DSRIP projects.
- Payment from the DSRIP pool is contingent on outcomes achieved within designated time periods.

Potential DSRIP Funds – Region 10

	Gross DSRIP Allocation *	Required IGT **	Net Potential DSRIP Funds
Waiver Year 1 (DY1)	\$48.7 M	(\$20.3) M	\$28.4 M
Waiver Year 2 (DY2)	\$224.1 M	(\$93.6) M	\$130.5 M
Waiver Year 3 (DY3)	\$259.7 M	(\$108.5) M	\$151.2 M
Waiver Year 4 (DY4)	\$277.8 M	(\$116.1) M	\$161.7 M
Waiver Year 5 (DY5)	\$302.0 M	(\$126.2) M	\$175.8 M
Total	\$1.1 B	(\$464.7) M	\$647.6 M

* Statewide totals approved in the 1115 Waiver

** Estimated @ current FMAP rate

NEXT STEPS

FEEDBACK AND COMMENTS

Region 10 RHP Development Timeline

Pass 1 RHP Plan submitted to HHSC
November 12, 2012

Pass 2/3 Projects drafted by performing providers
and submitted to anchor – November 30, 2012

Pass 2/3 projects posted for public comment
December 7, 2012 (Tentative)

Webinar for public comment on Draft Region 10
Plan – Pass 2/3 projects and public comment from
pass one – TBD Week of December 10, 2012

Final RHP Plan submission with Pass 2 Projects
December 17, 2012

Contact information

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JPS Locations
Leadership
History
JPS Foundation
Just Plain Sensational Employees
Join Our Team
Public Notices
News and Events
Innovative Technology
Supplier Diversity Program



1115 Medicaid Waiver Updates

The Texas Health and Human Services Commission (HHSC) is now proceeding with implementation of a five-year Section 1115 Medicaid Waiver, Texas Healthcare Transformation and Quality Improvement Program: Medicaid 1115 Waiver, which was approved by the Centers for Medicare and Medicaid Services (CMS) in December of 2011. Through this Waiver, we have an unparalleled opportunity to re-shape health care in our communities and improve access to quality, affordable care. As the public health care system for our region, JPS Health Network will serve as the anchor facility.

Planning and implementation of Waiver activities will be achieved through the development of Regional Health Plans. In the coming weeks, as the Tarrant County region is formalized, additional information will be posted on this web page, including an overall project timeline and information regarding stakeholder engagement.

In order to develop the most effective Regional Healthcare Partnership proposal to deliver better care at a lower cost to our patients and communities, JPS will issue a regional health plan assessment Request for Proposal (RFP) and planning process. This process is designed to ensure transparency in the development of a Regional Healthcare Partnership proposal that will represent the best interests of our region, while delivering value to patients, our state