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**Regional Healthcare Partnerships 8 and 17**

**Joint Monthly Learning Collaborative Webinar**

**ATTENDANCE**

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| --- | --- | --- | --- | --- |
| **Organization** | **Name(s)** |  | **Organization** | **Name(s)** |
| Baylor Scott & White – Brenham | Gabby Menz | Little River Healthcare |  |
| Baylor Scott & White - College Station | Gabby Menz | MHMR Authority of Brazos Valley | Robert Reed |
| Baylor Scott & White – Llano | Cristy KnappGabby Menz | Montgomery County Public Hospital District | Andrew Karrer |
| Baylor Scott & White – Marble Falls | Bramer OwensGabby Menz | Seton Harker Heights | Zach Dietze  |
| Baylor Scott & White – Memorial | Gabby Menz | Seton Highland Lakes | Deidra HollandCindy Sanchez |
| Bell County Public Health District | Renee CarterAmanda Robison-Chadwell | St. David’s Round Rock Medical Center |  |
| Bluebonnet Trails | Meghan Nadolski | St. Joseph Regional |  |
| Brazos County Health District  | Sara Mendez | St. Luke’s The Woodlands  | Fiona Lowry |
| Center for Life | Ranita Oliver | Texas A&M Physicians  | Leigh Rhodes; Debbie Muesse; Dr. Carly McCord; Kevin Trulow; Dr. Sam Towne |
| Central Counties Services |  | Tri-County Behavioral Healthcare | Cynthia PetersonMillie McDuffey |
| College Station Medical Center/ Washington Co. EMS |  | Williamson County and Cities Health District | Melissa Tung |
| Conroe Regional Medical Center & Kingwood | Shannon Evans | RHP 8 Anchor Team |  Shawna JilesJennifer LoGalbo |
| Hill Country MHMR | Kristie Jacoby | RHP 17 Anchor Team | Shayna Spurlin |
| Huntsville Memorial Hospital | Lisa Prochaska; Kim Jarrell; Jana Endicott; Lisa Warner  | Other Stakeholders |  |

**AGENDA**

1. **Welcome and Introductions/Roll Call**
2. **Raise Performance – Focus Area and Open Discussion**
	1. **August Spotlight:** Review of the DY7-8 Measure Bundle Protocol and Proposal Process
		* The call started with an overview of the proposed changes that will take place in DY7-8 and a recap on the RHP 8 and RHP 17 unallocated funds process. The proposal form is due from providers on Friday, August 11. The Anchor teams then proceeded to talk about Categories A-D.
			+ **Category A:** No funding allocated, but required to receive Cat B-D.
				- **Core Activities** – defined and implemented by the Provider to achieve their selected Cat C outcome measure. Can be already implemented activities or new activities beginning in DY7-8. Must select at least one activity directly related to Cat C outcomes.
				- **Alternative Payment Models** – DSRIP Providers will report on any collaboration with MCOs in APM or VBP or efforts to build capacity to participate in APM/VBP.
				- **Costs and Savings** – Only required if you have a valuation of $1M or more. Choose one core activity that relates to selected outcome measures and report costs associated and forecasted savings. HHSC has indicated they will provide template or you can use similar template that covers criteria as outlined by HHSC.
				- **Collaborative Activities** – Providers will need to attend at least one learning collaborative, stakeholder forum, or other stakeholder meeting in their region each DY and report on it.
			+ **Category B:** 10% funding allocation. System and MLIU PPP.
				- **System** – definition should capture all aspects of provider’s patient services. HHSC has outlined required components that must be included for each provider type as well as optional components.
				- **MLIU PPP** – Will be reporting the number and ratio. Achievement and earning funds is tied to maintaining the number of MLIU served. Can receive partial achievement if above 50%. Baseline will come from average of DY5 and DY6 numbers.
			+ **Category C**: Generally all P4P (55% allocation in DY7; 75% allocation in DY8).
				- **Outcome Measures** – Each provider has been assigned a MPT based on total DSRIP valuation that dictates the number of measures/measure bundles that must be selected in DY7-8. Measures have individual assigned point values listed in the menu.

**Hospitals and Physician Practices** must select a measure bundle. Within a measure bundle, there are required and optional measure. A provider is required to report on all required measures within bundle. Must select at least one bundle with a required 3 point measure within bundle. To select bundle, at least half of the required measures in the bundle must have a significant volume (MLIU denominator of 30 or more). To select any optional measure, you MUST have a significant volume.

**CMHCs** may select individual measures. Must select at least two unique measures and must select at least one 3-point measure.

**LHDs** may select individual measures. Must select at least two unique measures and must select at least one 3-point measure. May request current P4P Cat 3 measures be grandfathered in for use in DY7-8 and can select combo of grandfathered and new measures to meet minimum requirements.

* + - * **Category D**: P4R - 15% of allocation.
				+ **Statewide Measure Bundles** – Required of all providers. Identified by HHSC as aligned with MLIU populations, identified as high priority given health care needs and issues of patient populations served. Viewed as valid health care indicators to inform/identify areas for improvement in population health within the health care system. Reporting will include narrative responses via templates provided by HHSC and areas reported/ info requested will vary based on provider type.
	1. **Open Discussion:** Participants had an opportunity to pose questions to the anchor teams and the group related to the requirements of Categories A thru D, key areas covered in the Measure Bundle Protocol including system definition core activities and MLIU PPP calculations, and were encouraged to share general feedback/ comments related to the updated protocol. Additionally, discussion was open for questions and guidance related to completing proposal forms for unallocated funds and covering the required components of DY7-8 in submitted proposals.

 Participants had an opportunity to pose questions to peers and similar organizations related to challenges in defining system, active patients, counting and maintaining MLIU PPP, determining core activities, ability to select and report measures, and other topics as desired.

* Question – System provider definition and looking at the Cat. C measures, we are having some difficulties in the expansiveness in the DSRIP settings. Is it your understanding that providers are determining what the settings mean? Specific example, must include maternal department in system definition, but then measure settings just say “OB” and where and how provider systems provide OB services can become much more expansive and include hospitalists, etc.
	+ Answer: Recommend looking at measure bundles, identify measures interested in and review the measure steward/compendium documents. After that, if providers have specific questions, would recommend submitting those questions to the HHSC inbox and make them very clear. HHSC may be able to give some directions and provider would have that paper trail. One thing that HHSC has indicated is that they know there needs to be a full-blown compendium document for the measures with more specifics and that there are still several vague areas in the draft that exists. HHSC indicated that they are contracting with a third party to create a detailed compendium, but they don’t know when that will come out. Anchor Teams did make note and will share this feedback and requests for clarification with HHSC and include as part of Anchor Feedback being pulled together and collectively submitted related to Cat C, data concerns, measurement period and timeline concerns, etc. All providers were encouraged to share comments and concerns with Anchor Teams to pass along to HHSC as well.

* Question – System definition as defined in MBP, when we are looking at our system definition and just go with the mandatory ones does that mean we cannot include the services that are in the optional ones as part of our Cat C rates?
	+ Answer – If you want to include it in your Cat C measure calculations, it has to be part of your Cat B system definition. You are starting with your system population and that is driving the denominator for the measures.
	+ Follow-up Question: After some discussion with Anchors about system and additional back-and-forth, Provider clarified that the patient would be in the denominator, but the measure in question is an example where the numerator is asking about whether or not a service was completed – not where the service was completed or specifying that has to be considered. So, the patient would be in the system definition and denominator based on required components, but could actually have a follow-up visit happen at an offsite location that is currently an optional component, and that follow-up visit (service) is what the numerator is counting. So, can you only count services that happen at sites defined as part of the provider system definition? Another provider shared they had the same questions, and a third provider shared additional information on the measure in question as the example and that it was looking at rates for service and not the individual – though acknowledged you must start with the individual. Anchor Teams looked up info on the measure and then offered to take the discussion offline and follow-up with the providers and take to HHSC as needed for further clarification.
* Question – the community needs table is it 3.9 or 3.7?
	+ Answer – it is different for each region, we sent the specific table for each region to the Providers with the proposal packet and they should reference that.
* Question – If there is a need not listed on the table, should they try to tie what they are doing back to one of the needs on the table?
	+ Answer – No, you can tie it back to needs on the table if that is appropriate. But, providers are also encouraged to update the needs on the table and share that info with Anchors as appropriate. Anchor Teams will update that in the RHP Plan submissions and providers can list new needs, especially those based on most recent needs assessments they may have, and share those with Anchor Teams.
* Questions – significant volume is 30 MLIU? Thought it was all payer.
	+ Answer – yes, it is MLIU not all payer. HHSC has indicated some providers could get permission from them to use all-payer denominators to determine volume and earn achievement metrics for Cat C, but in general and without HHSC approval, achievement for Cat C is based on improvement in MLIU populations and therefore volume requirements are tied to MLIU figures.
1. **Upcoming Events & Associated Due Dates**
	1. Call with Volunteer Scorers: Thursday, **August 10**, 2017 at 10 a.m.
	2. DY7-8 Proposals due to Anchors: Friday, **August 11**, 2017 by 5 p.m.
	3. Scored Proposals due to Anchors: Tuesday, **August 22**, 2017 by 5 p.m.
	4. RHP Scored List/Prioritization Surveys Open: Friday, August 25 thru Thursday, August 31, 2017 at 5 p.m.
	5. **Regional Public Meetings: Stakeholder Forums to Finalize Priority Lists & Fund Allocation**
	* RHP 17 Forum – Wednesday, **September 13**, 2017 (location TBD)
	* RHP 8 Forum – Thursday, **September 14**, 2017 ( TAMHSC Round Rock, Room 100)
2. **Next Steps & Adjourn**
	1. Upcoming public meetings (as noted above) scheduled for **September 13-14, 2017**
	2. Next joint call scheduled for **Thursday, October 19, 2017 at 10 a.m.**