## Category 4 Population-Focused Improvements - Narratives and Tables

* **Little River Healthcare**
* **Scott & White Hospital - Llano**
* **Scott & White Memorial Hospital**
* **Seton Highland Lakes Hospital**
* **Seton Medical Center Harker Heights**
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**Category 4 Population-Focused Improvements**

**Little River Healthcare – 183086102**

**Performing Provider Name:** Little River Healthcare

**Performing Provider TPI:** 183086102

**Related Category 1 or 2 Project:** 183086102.1.1 – Expand Primary Care and 183086102.1.2– Expand Specialty Care

**IGT Entity for DYs 1-5:** Rockdale Hospital District

**Domain 1: Potentially Preventable Admissions (8 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

Little River Healthcare (LRH) will be expanding their existing Primary Care Capacity (#183086102.1.1) as well as improving Access to Specialty Care (#183086102.1.2) during the time frame of DYs 2-5. With the increase in primary care physicians, LRH will be able to expand its hours of operation (#183086102.1.1 P-4.1) and improve the access to primary care physicians (PCPs) with appointment times scheduled at the patients’ convenience (I-11.3, I-11.1, and I-12.1). Having the ability and convenience of visiting an expanded number of PCPs will result in the admission rate for congestive heart failure, complications from diabetes, hypertension, and chronic obstructive pulmonary disease (COPD) becoming a potentially preventable admission (PPA) because of the potential for early diagnosis and treatment. In addition, due to patients’ ability to make an appointment with the expanded base of PCPs, the admissions associated with pediatric asthma, and behavioral health and substance abuse will also become potentially preventable. As the expanded number of PCPs have appointments with patients, the PCP will also be able to consult with the at-risk patients on the benefits of receiving a bacterial pneumonia or influenza immunization. These immunizations will improve the patients’ chances of not becoming ill and seeking admittance. Improving access to primary care and specialty care and screening is a key factor of early detection of chronic and potentially debilitating conditions as well as disease states that are a potentially preventable admission if detected and treated in the early stages or for which there is an immunization available.

The communication between primary and specialty care physicians in treating patients for PPAs will be facilitated by LRH’s Electronic Hospital Record (EHR) system. This communication between physicians and the patient will result in a better patient experience, early treatment and positive outcomes.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | $36,855 | $44,651 | $50,009 | $131,516 |
| **IGT Required** | $15,225 | $18,445 | $20,659 | $54,329 |

The associated cost for completing this project include the personnel and external resources we will utilize to establish a plan to measure and report on the 5 Domains associated with our projects. The costs include personnel that will need to be hired to effect the implementation of our plan and the on-going cost of personnel and technology to monitor and effect improved associated with each Domain. Such ongoing costs include but are not limited to training material, training personnel, training time, implementation material, implementation personnel, technology utilized to monitor outcomes as well as personnel used to monitor outcomes.

*System Changes Necessary to Successfully Report Category 4*

LRH is implementing a hospital-wide EHR which will be fully integrated within all Hospital systems during DY2. Current reporting mechanisms do not exist within the new EHR system to effectively report on the measures associated with the Category 4 Domains. LRH will be developing custom reporting capabilities so as to accurately and efficiently capture Category 4 measures. Once completed in DY3, LRH will work during all subsequent periods to continually improve performance over baseline as well as refine reporting capabilities.

**Domain 2: Potentially Preventable Readmissions – 30 days (7 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

LRH will be expanding their existing Primary Care Capacity (#183086102.1.1) as well as improving Access to Specialty Care (#183086102.1.2) during the time frame of DYs 2-5. With the increase in primary care physicians, LRH will be able to expand its hours of operation (#183086102.1.1, P-4.1) and improve the access to PCPs with appointment times scheduled at the patients’ convenience (I-11.3, I-11.1, and I-12.1) for follow-up appointments. As a result of the expanded appointment times those patients that are admitted for congestive heart failure, complications as the result of diabetes, stroke, and COPD, and subsequently discharged, will be more likely to seek continued and follow up treatment from the PCPs or a Specialty Care Physician (SCP), and increase their chances of not being readmitted within 30 days of discharge. Also, those individuals with behavioral health and substance abuse, pediatric asthma, as well as all other causes for admission that are subsequently released, will have a better chance at not being re-admitted within 30 days of discharge due to follow up physician visits and treatments. Also, and as detailed in the narrative for expanding existing primary care, (#183086102.1.1) LRH will be developing a house call program to more fully meet the needs of the community and patients with limited or no means of transportation to primary care clinics. The house call program will not only positively affect the care for primary care patients but also directly affect the follow up care of patients discharged from the inpatient and ED of the Hospital. This house call program will also improve patient access to SCPs that can provide treatment and consultation to those with specialty needs both before and after discharge (I-22.1). LRH’s improved programs, access to primary care and SPCs, will reduce potentially preventable readmissions of patients within 30 days of discharge.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | $36,855 | $44,651 | $50,009 | $131,516 |
| **IGT Required** | $15,225 | $18,445 | $20,659 | $54,329 |

The associated cost for completing this project include the personnel and external resources we will utilize to establish a plan to measure and report on the 5 Domains associated with our projects. The costs include personnel that will need to be hired to effect the implementation of our plan and the on-going cost of personnel and technology to monitor and effect improved associated with each Domain. Such ongoing costs include but are not limited to training material, training personnel, training time, implementation material, implementation personnel, technology utilized to monitor outcomes as well as personnel used to monitor outcomes.

*System Changes Necessary to Successfully Report Category 4*

LRH is implementing a hospital-wide EHR which will be fully integrated within all Hospital systems during DY2. Current reporting mechanisms do not exist within the new EHR system to effectively report on the measures associated with the Category 4 Domains. Little River Healthcare will be developing custom reporting capabilities so as to accurately and efficiently capture Category 4 measures. Once completed in DY3, Little River Healthcare will work during all subsequent periods to continually improve performance over baseline as well as refine reporting capabilities.

**Domain 3: Potentially Preventable Complications (64 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

LRH will be expanding their existing Primary Care Capacity (#183086102.1.1) as well as improving Access to Specialty Care (#183086102.1.2) during the time frame of DYs 2-5. With the increase in primary care physicians (P-5) LRH will be able to expand its hours of operation and improve the access to PCPs with appointment times scheduled at the patients’ convenience (I-11.3, I-11.1, and I-12.1), for follow-up appointments. Also, and as detailed in the narrative for expanding existing primary care (project #183086102.1.1), LRH will be developing a house call program to more fully meet the needs of the community and patients with limited or no means of transportation to primary care clinics. The house call program will not only positively affect the care for primary care patients but also directly affect the follow up care of patients discharged from the inpatient and emergency department (ED) of the Hospital. This house call program will also improve patient access to specialty care physicians that can provide treatment and consultation to those with specialty needs both before and after discharge. With the increased and more convenient access to physicians, Potentially Preventable Complications (PPCs) such as septicemia, moderate and severe infections, post- operative infections and wound disruptions, and infections due to catheters have a better chance at prevention due to a patient seeking a physician or having a house call visit at the first sign of a PPC. In addition, the Fast Track triaged treatment schedule will enable the PCPs of the ED to see patients with critical care needs more quickly without the delay caused by over utilizing the ED. Thus as a related outcome, the ED will be more appropriately utilized (IT-9.2). Improving access to Specialty Care Providers (SCP’s) (#183086102.1.2) will increase the number of cancer screenings (IT-12.1, IT-12.2, and IT-12.3) thus enabling an increase in specialty clinic hours and procedure hours (I-22.1). With the SCP’s available, patients will be more likely to make an appointment for PPCs such as obstetrical hemorrhages, lacerations, and trauma, as well as urinary tract infections. Also, as the result of having available a gastroenterologist for colorectal screening, PPCs such as gastrointestinal complications can be reduced. As more SCP’s are made available to the residents of Milam County, cardiac complications, and congestive heart failure complications could also become a PPC. Improving patients’ access to primary care and specialty care physicians, through scheduled appointments, triaged ED care, and house call visits will have a positive effect in reducing PPC’s.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | NA | $44,651 | $50,009 | $94,661 |
| **IGT Required** | NA | $18,445 | $20,659 | $39,104 |

The associated cost for completing this project include the personnel and external resources we will utilize to establish a plan to measure and report on the 5 Domains associated with our projects. The costs include personnel that will need to be hired to effect the implementation of our plan and the on-going cost of personnel and technology to monitor and effect improved associated with each Domain. Such ongoing costs include but are not limited to training material, training personnel, training time, implementation material, implementation personnel, technology utilized to monitor outcomes as well as personnel used to monitor outcomes.

*System Changes Necessary to Successfully Report Category 4*

LRH is implementing a hospital-wide EHR which will be fully integrated within all Hospital systems during DY2. Current reporting mechanisms do not exist within the new EHR system to effectively report on the measures associated with the Category 4 Domains. LRH will be developing custom reporting capabilities so as to accurately and efficiently capture Category 4 measures. Once completed in DY3, LRH will work during all subsequent periods to continually improve performance over baseline as well as refine reporting capabilities.

**Domain 4: Patient-Centered Healthcare (2 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

LRH will be expanding their existing Primary Care Capacity (#183086102.1.1) as well as improving Access to Specialty Care (#183086102.1.2) during the time frame of DY 2-5. For those patients that are admitted to the hospital, their care and satisfaction with that care will be very important. Completed patient satisfaction surveys will be requested of all inpatients by DY3 with any necessary improvements documented in DYs 4-5 (I-11.1 and I-11.3, I-27.1). By increasing the PCPs and SCP’s in the hospital, the patient should leave with a positive experience and be inclined to schedule any necessary follow up appointments at the patient’s convenience. Along with obtaining a positive patient experience, the expanded capacity of PCPs and SPCs will effectively manage and reconcile any prescribed medications at the time of discharge. The patients will be instructed on the medications they are taking and what medications should not be taken. The expanded capacity for appointments for follow up visits (P-4.1, P-11.1, and I-12.1) will help to enable the continued monitoring of prescribed medications. Also, and as detailed in the narrative for expanding existing primary care (project #183086102.1.1), LRH will be developing a house call program to more fully meet the needs of the community and patients with limited or no means of transportation to primary care clinics. The house call program will not only positively affect the care for primary care patients but also directly affect the follow up care of patients discharged from the inpatient and ED of the Hospital. As the result of a positive healthcare experience centered on the patient, the patient will be more willing and likely to continue a regimen of prescribed treatment and follow up visits or house calls, and have a better possibility of a positive outcome.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | $36,855 | $44,651 | $50,009 | $131,516 |
| **IGT Required** | $15,225 | $18,445 | $20,659 | $54,329 |

The associated cost for completing this project include the personnel and external resources we will utilize to establish a plan to measure and report on the 5 Domains associated with our projects. The costs include personnel that will need to be hired to effect the implementation of our plan and the on-going cost of personnel and technology to monitor and effect improved associated with each Domain. Such ongoing costs include but are not limited to training material, training personnel, training time, implementation material, implementation personnel, technology utilized to monitor outcomes as well as personnel used to monitor outcomes.

*System Changes Necessary to Successfully Report Category 4*

LRH is implementing a hospital-wide EHR which will be fully integrated within all Hospital systems during DY2. Current reporting mechanisms do not exist within the new EHR system to effectively report on the measures associated with the Category 4 Domains. LRH will be developing custom reporting capabilities so as to accurately and efficiently capture Category 4 measure. Once completed in DY3, LRH will work during all subsequent periods to continually improve performance over baseline as well as refine reporting capabilities.

**Domain 5: Emergency Department (1 measure)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

LRH will be expanding their existing Primary Care Capacity (#183086102.1.1) as well as improving Access to Specialty Care (#183086102.1.2) during the time frame of DYs 2-5. The ED will have a Fast Track tiered triaged treatment program, as detailed in (#183086102.1.1), which will enable the ED to make a decision as to immediate treatment of the patient, transfer of patient to another facility, or treat patient as non-emergent. We anticipate this will allow the physicians to treat patients with critical care needs more quickly without delays associated with over utilization of the ED.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | $36,855 | $44,651 | $50,009 | $131,516 |
| **IGT Required** | $15,225 | $18,445 | $20,659 | $54,329 |

The associated cost for completing this project include the personnel and external resources we will utilize to establish a plan to measure and report on the 5 Domains associated with our projects. The costs include personnel that will need to be hired to effect the implementation of our plan and the on-going cost of personnel and technology to monitor and effect improved associated with each Domain. Such ongoing costs include but are not limited to training material, training personnel, training time, implementation material, implementation personnel, technology utilized to monitor outcomes as well as personnel used to monitor outcomes.

*System Changes Necessary to Successfully Report Category 4*

LRH is implementing a hospital-wide EHR which will be fully integrated within all Hospital systems during DY2. Current reporting mechanisms do not exist within the new EHR system to effectively report on the measures associated with the Category 4 Domains. LRH will be developing custom reporting capabilities so as to accurately and efficiently capture Category 4 measure. Once completed in DY3, LRH will work during all subsequent periods to continually improve performance over baseline as well as refine reporting capabilities.

**Optional Domain 6: Children and Adult Core Measures (8 measures)**

At this time, Little River Healthcare will not report on this optional domain.

**Category 4 Population-Focused Improvements**

**Scott & White Hospital – Llano   
(Formerly Llano Memorial Hospital) - 020840701**

**Performing Provider Name**: Scott & White Hospital—Llano (formerly Llano Memorial Hospital)

**Performing Provider TPI**: 020840701

**Related Category 1 or 2 Project:** 020840701.2.1 - Patient Care Navigation and 020840701.2.2 – Sheriff Transport

**IGT Entity for DYs 1-5:** Llano County

Domain Descriptions:

This Category 2 project may impact Domain 1 and Domain 2 metrics. It is unlikely to impact Domain 3, 4 or 5 because all are related to ED and hospital processes not targeted by this project. Each is described in more detail below:

**Domain 1: Potentially Preventable Admissions (8 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

Our Category 2 project will use rapid cycle process improvement to reduce avoidable EMS and ED utilization in the target population selected by the QI team (after the initiation of the project). Many outpatient and community-based processes that impact potentially preventable EMS and ED utilization may also impact potentially preventable admissions defined in Domain 1. Given that EMS services and ED services come before hospital admission in the chain of services often utilized in the hospitalization process, it is likely that reductions in utilization of these early services will also reduce admission. The team will choose its tests of change once the project is launched. At that time, they will select processes to impact. The selection of those processes will influence which of these eight Domain 1 measures are most likely to be impacted by the project.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | $8,444 | $8,390 | $8,390 | $25,244 |
| IGT Required | $3,488 | $3,466 | $3,466 | $10,420 |

Domains were valued equally in each Demonstration Year. In each year, Category 4 reporting was valued at the minimum required (i.e., 5% of total project value in DY2, 10% DY3, DY4, DY5) because a) the minimum percentages will provide sufficient resources to gather and report required data, and b) valuing reporting requirements at a minimum leaves the maximum percent of total project value available to run the Category 2 project and meet our Category 3 metrics. The QI team will have access to the data reports to use as they monitor the ongoing impact of their iterative tests of change.

*System Changes Necessary to Successfully Report Category 4:*

Personnel will be added to our quality reporting team to gather or extract and then report the required Category 4 data. Current data systems at the hospital require relatively more chart extraction than at other hospitals in the Baylor Scott & White Health System. The majority of personnel time will therefore be dedicated to on-site data extraction. Additional personnel time will be spent at the healthcare system level, cleaning, processing and reporting on data.

**Domain 2: Potentially Preventable Readmissions – 30 days (7 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

Rapid cycle process improvement efforts are unlikely to impact Domain 2.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | $8,444 | $8,390 | $8,390 | $25,244 |
| IGT Required | $3,488 | $3,466 | $3,466 | $10,420 |

Valuation was calculated the same was for all domains (see Domain 1).

*System Changes Necessary to Successfully Report Category 4*:

Necessary system changes are the same for all domains (see Domain 1).

**Domain 3: Potentially Preventable Complications (64 measures)**

See Category 4 of the RHP Planning Protocol for all 64 measures

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

Our Category 2 project is unlikely to directly impact potentially preventable complications in the hospital setting because the focus will be on preventing EMS and ED utilization rather than changing hospital processes after admission.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | NA | $8,390 | $8,390 | $16,780 |
| IGT Required | NA | $3,466 | $3,466 | $6,932 |

Valuation was calculated the same was for all domains (see Domain 1).

*System Changes Necessary to Successfully Report Category 4*:

Necessary system changes are the same for all domains (see Domain 1).

**Domain 4: Patient-Centered Healthcare (2 measures)**

Patient Satisfaction

Medication Management

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

Domain 4 measured are tied to hospital processes, which will not be changed in this project. Our Category 2 project is therefore unlikely to impact Domain 4.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | $8,444 | $8,390 | $8,390 | $25,244 |
| IGT Required | $3,488 | $3,466 | $3,466 | $10,420 |

Valuation was calculated the same was for all domains (see Domain 1).

*System Changes Necessary to Successfully Report Category 4*:

Necessary system changes are the same for all domains (see Domain 1).

**Domain 5: Emergency Department (1 measure)**

Admit decision time to ED departure time for admitted patients

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

Domain 5 is tied to ED processes, which are not likely to be targeted in this project because the focus will be reducing EMS utilization and ED admits. Our Category 2 project is therefore unlikely to impact Domain 5.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | $8,444 | $8,390 | $8,390 | $25,244 |
| IGT Required | $3,488 | $3,466 | $3,466 | $10,420 |

Valuation was calculated the same was for all domains (see Domain 1).

*System Changes Necessary to Successfully Report Category 4*:

Necessary system changes are the same for all domains (see Domain 1).

**Optional Domain 6: Children and Adult Core Measures (8 measures)**

At this time, Scott & White Hospital—Llano will not report on this optional domain.

**Category 4 Population-Focused Improvements**

**Scott & White Memorial Hospital - 137249208**

**Performing Provider Name:** Scott & White Memorial Hospital

**Performing Provider TPI:** 137249208

**Related Category 1 or 2 Project:** 137249208.2.1 - Patient Navigation

**IGT Entity for DYs 1-5:** Bell County

**Domain 1: Potentially Preventable Admissions (8 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

Potentially preventable admissions may be impacted by meeting patient needs before they experience exacerbations requiring hospitalization. It is possible, although not likely, that hospital-level potentially preventable admissions reported for Domain 1 will show a decrease during project years due to the impact of the program, depending on the size of the project population relative to the hospital’s overall patient population and the degree to which the targeted population makes up those at highest risk for admission among the full population.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | $17,036 | $17,036 | $17,036 | $51,108 |
| **IGT Required** | $6,849 | $6,848 | $6,848 | $20,545 |

Total Category 4 value for each year was calculated as the minimum required for Category 4 reporting in order to preserve maximum value for project implementation. Each domain was valued equally in each year, where applicable, to avoid emphasis on reporting one domain over the others requested in Category 4. Because the target population for this patient navigator program is only a subset of the large patient population at the Participating Provider site and because the navigator program is dedicated to serving a population in the county defined by payor and risk rather than site, we do not necessarily expect large impacts on the domains at the Participating Provider site. Instead, our goal is to reduce utilization across the sites in the County.

*System Changes Necessary to Successfully Report Category 4:*

Most processes are in place to gather raw data required for reporting in each domain. Additional personnel will be added to the healthcare system to process those data and prepare/submit reports required for Category 4.

**Domain 2: Potentially Preventable Readmissions – 30 days (7 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

Potentially preventable readmissions (PPRs) may be impacted for patients in the patient navigator program due to improved access of patients to social and health services needed after hospital discharge. It is possible, although not likely, that hospital-level PPRs reported for Domain 1 will show a decrease during project years due to the impact of the program, depending on the size of the project population relative to the hospital’s overall patient population and the degree to which the targeted population makes up those at highest risk for readmission among the full population.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | $17,036 | $17,036 | $17,036 | $51,108 |
| **IGT Required** | $6,849 | $6,848 | $6,848 | $20,545 |

As described above, the minimum allowable Category 4 value was assigned to preserve value for program implementation. Within each year, value was divided equally among domains to avoid over-emphasis on any one domain set requested.

*System Changes Necessary to Successfully Report Category 4:*

Most processes are in place to gather raw data required for reporting in each domain. Additional personnel will be added to the healthcare system to process those data and prepare/submit reports required for Category 4.

**Domain 3: Potentially Preventable Complications (64 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

This patient navigator program is unlikely to impact potentially preventable inpatient complications because the focus will be in the community/outpatient setting.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | NA | $17,036 | $17,036 | $34,072 |
| **IGT Required** | NA | $6,848 | $6,848 | $13,696 |

As described above, the minimum allowable Category 4 value was assigned to preserve value for program implementation. Within each year, value was divided equally among domains to avoid over-emphasis on any one domain set requested.

*System Changes Necessary to Successfully Report Category 4:*

Most processes are in place to gather raw data required for reporting in each domain. Additional personnel will be added to the healthcare system to process those data and prepare/submit reports required for Category 4.

**Domain 4: Patient-Centered Healthcare (2 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

This patient navigator program is unlikely to impact inpatient patient-centered healthcare as currently described in HHSC documents because the program focus will be in the community/outpatient setting.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | $17,036 | $17,036 | $17,036 | $51,108 |
| **IGT Required** | $6,849 | $6,848 | $6,848 | $20,545 |

As described above, the minimum allowable Category 4 value was assigned to preserve value for program implementation. Within each year, value was divided equally among domains to avoid over-emphasis on any one domain set requested.

*System Changes Necessary to Successfully Report Category 4:*

Most processes are in place to gather raw data required for reporting in each domain. Additional personnel will be added to the healthcare system to process those data and prepare/submit reports required for Category 4.

**Domain 5: Emergency Department (1 measure)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

This patient navigator program is unlikely to impact the Emergency Department (ED) domain as currently defined by HHSC because the domain is limited to admit decision time. The program will not change ED processes for necessary admissions.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | $17,036 | $17,036 | $17,036 | $51,108 |
| **IGT Required** | $6,849 | $6,848 | $6,848 | $20,545 |

As described above, the minimum allowable Category 4 value was assigned to preserve value for program implementation. Within each year, value was divided equally among domains to avoid over-emphasis on any one domain set requested.

*System Changes Necessary to Successfully Report Category 4:*

Most processes are in place to gather raw data required for reporting in each domain. Additional personnel will be added to the healthcare system to process those data and prepare/submit reports required for Category 4.

**Optional Domain 6: Children and Adult Core Measures (8 measures)**

At this time, Scott & White Memorial Hospital will not report on this optional domain.

**Category 4 Population-Focused Improvements**

**Seton Highland Lakes Hospital – 094151004**

**Performing Provider Name:**Seton Highland Lakes Hospital

**Performing Provider TPI:** 094151004

**Related Category 1 or 2 Project:** 094151004.2.1 - Patient Care Navigation

**IGT Entity for DYs 1-5:** Burnet County

**Domain 1 - Potentially Preventable Admissions (8 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5*

Because IT-2.11 -- Ambulatory Care Sensitive Conditions Admission Rate is the Category 3 Outcome Measure for this project, Potentially Preventable Admissions (PPAs) are expected to be substantially impacted by this project, Patient Navigation (#094151004.2.1), for the population being served. Likewise, Category 2 Improvement Measure I-6.1, which refers enrollees into a primary care setting and empanelment to a medical home is aimed at managing healthcare in the most appropriate setting and is anticipated to reduce the incidence PPAs of program enrollees. Seton Highland Lakes (SHL) used the primary diagnosis of all of the indigent and charity assistance patients against the Ambulatory Care Sensitive Conditions (ACSC) document listed in the Companion Documents. Nearly 10% (146 of 1,482) of the SHL service area indigent and charity care encounters from September 2011-August 2012 are considered ambulatory sensitive admissions when compared to the data provided by ACSC from the Canadian Institute of Health Information. The ability for this project to have a statistically significant impact on the whole community’s rates of PPAs has not been determined; it is likely dependent on the percentage of the community represented by this project and the current level of healthcare utilization for the project’s participants.

To the extent that the target population has the chronic conditions specifically called out in this domain (Congestive Heart Failure, Diabetes, Behavioral Health and Substance Abuse, Chronic Obstructive Pulmonary Disease or Asthma in Adults, Hypertension, or Pediatric Asthma), these specific indicators will be more or less impacted. Analysis of the target population’s clinical profile in the initial needs assessment will determine the extent to which these conditions apply and will determine if the measures are statistically significant.

The remaining measures in this domain related to Bacterial pneumonia immunization and Influenza Immunization will both be impacted via the one-on-one in-home meetings and navigation services to be provided to these patients. At the same time, the hospital already has systems in place to identify every inpatient’s need for these immunizations and to administer them if appropriate.

*Valuation/Rationale*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | $27,027 | $27,027 | $27,027 | $81,081 |
| **IGT Required** | $11,165 | $11,165 | $11,165 | $33,495 |

The valuation of Category 4 for each Demonstration Year is based on the minimum amounts permitted by the protocol, i.e. 5% in DY3 and 10% in DYs 4 and 5 of the total project value. Provider anticipates this amount will be sufficient to report the data required. Recognizing the shared and related provider data systems expected to be developed and/or utilized for the reporting of these measures; domains were valued equally in each Demonstration Year.

*System Changes Necessary to Successfully Report Domain:*

Although HHSC will make these data available for Medicaid HMO encounters, the Seton Healthcare Family is developing a network-wide data warehouse and supporting business intelligence reporting tools to be able to calculate and track these measures on a regular basis. A health information exchange is also being deployed to assist caregivers in real time with information about patients’ histories.

**Domain 2: Potentially Preventable Readmissions – 30 days (7 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

The Patient Navigator model that will be utilized by this project (#094151004.2.1) is intended to help guide persons to the most appropriate care setting for their needs. For patients who are admitted to the hospital, this will include assistance with linkage to appropriate outpatient care follow-up, teaching on self-care and disease management, and other supportive services that should help to avoid Potentially Preventable Readmissions (PPRs) for the population being served. Like Domain 1, these Domain 2 measures are also related to the Category 3 Outcome Measure IT-2.11 (Ambulatory Care Sensitive Conditions Admission Rate) and the Category 2 Improvement milestones I-6.1 (referral into a primary care setting and empanelment to a medical home).

To the extent that the target population is hospitalized for the conditions specifically called out in this domain (Congestive Heart Failure, Diabetes, Behavioral Health and Substance Abuse, Chronic Obstructive Pulmonary Disease, Stroke, or Pediatric Asthma), these specific indicators will be more or less impacted. Analysis of the target population’s hospitalization experience will determine the extent to which these conditions apply and will determine if the measures are statistically significant.

The All-Cause Readmission Rate will be applicable to all project participants who are hospitalized. However, the ability for this project to have a statistically significant impact on the whole hospital’s rate of PPRs has not been determined; it is likely dependent on the percentage of the hospital’s discharges represented by the project’s participants. Certainly, applicable learnings from the project will be adopted by the hospital as part of ongoing performance improvement initiatives. This could lead to a more substantial impact.

*Valuation/Rationale*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | $27,027 | $27,027 | $27,027 | $81,081 |
| **IGT Required** | $11,165 | $11,165 | $11,165 | $33,495 |

See Valuation/Rationale under Domain 1.

*System Changes Necessary to Successfully Report this Domain:*

Although HHSC will make these data available for Medicaid HMO encounters, the Seton Healthcare Family is developing a network-wide data warehouse and supporting business intelligence reporting tools to be able to calculate and track these measures on a regular basis for patients seen in Seton hospitals. For readmissions, in particular, this will make it possible to track patients admitted initially to Seton Highland Lakes and then readmitted to any Seton hospital. A health information exchange is also being deployed to assist caregivers in real time with information about patients’ histories.

**Domain 3: Potentially Preventable Complications (64 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

Potentially Preventable Complications (PPCs) are not expected to be explicitly impacted via this project (#094151004.2.1). However, there are other quality improvement efforts being conducted by the hospital toward this end.

*Valuation/Rationale*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | NA | $27,027 | $27,027 | $54,054 |
| **IGT Required** | NA | $11,165 | $11,165 | $22,330 |

See Valuation/Rationale under Domain 1.

*System Changes Necessary to Successfully Report this Domain:*

Although HHSC will make these data available for Medicaid HMO encounters, the Seton Healthcare Family is developing a network-wide data warehouse and supporting business intelligence reporting tools to be able to calculate and track these measures on a regular basis for patients seen in Seton hospitals. A health information exchange is also being deployed to assist caregivers in real time with information about patients’ histories.

**Domain 4: Patient-Centered Healthcare (2 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

The Patient Navigator model that will be utilized by this project (#094151004.2.1) will provide support for patients while they are in the hospital and when they leave the hospital. Thus, patients who are admitted to the hospital might be expected to respond favorably to their hospital experience, particularly their care upon leaving the hospital. They will also be well educated regarding their discharge medication lists and instructions. Category 2 Milestone 8 will include reporting of the type of navigation services provided (P-5.1). These services may include education related to medication usage.

These measures will be applicable to all project participants who are hospitalized. However, the ability for this project to have a statistically significant impact on the whole hospital’s patient satisfaction and medication reconciliation rate has not been determined; it is likely dependent on the percentage of the hospital’s discharges represented by the project’s participants. Certainly, applicable learnings from the project will be adopted by the hospital as part of ongoing performance improvement initiatives.

*Valuation/Rationale*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | $27,027 | $27,027 | $27,027 | $81,081 |
| **IGT Required** | $11,165 | $11,165 | $11,165 | $33,495 |

See Valuation/Rationale under Domain 1.

*System Changes Necessary to Successfully Report this Domain:*

SHL currently contracts with an outside vendor to conduct patient satisfaction surveys, including the HCAHPS measures. If it is necessary to isolate the surveys of project participants, we will work with our vendor to create this capability. Regarding medication reconciliation, our audit process will be revised to accommodate reporting this measure.

**Domain 5: Emergency Department (1 measure)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

ED through-put time is not expected to be explicitly impacted via this project. However, there are other quality improvement efforts being conducted by the hospital toward this end.

*Valuation/Rationale*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DY3** | **DY4** | **DY5** | **Total DY3-5** |
| **Total Value** | $27,027 | $27,027 | $27,027 | $81,081 |
| **IGT Required** | $11,165 | $11,165 | $11,165 | $33,495 |

See Valuation/Rationale under Domain 1.

*System Changes Necessary to Successfully Report this Domain:*

Seton Highland Lakes’ electronic medical record has the capacity to capture these data. The appropriate reports will be written to aggregate and report out this metric.

**Optional Domain 6: Children and Adult Core Measures (8 measures)**

At this time, Seton Highland Lakes Hospital will not report on this optional domain.

**Category 4: Population-Focused Improvements**

**Seton Medical Center Harker Heights – 013122392**

**Performing Provider Name:** Seton Medical Center Harker Heights

**Performing Provider TPI:** 013122392

**Related Category 1 or 2 Project:** 1.1 Expand Primary Care Capacity (1.1.2 Expand Existing Primary Care Capacity)

**IGT Entity for DYs 3-5:** Bell County

**Domain 1:- Potentially Preventable Admissions (8 measures)**

Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5

SMCHH will report on the 8 measures in this domain in an effort to gain information on and better understand the health status of our patients with regard to potentially preventable admissions (PPAs). PPAs are often linked with poor chronic disease management and lack of access to appropriate outpatient primary and preventive care. SMCHH expects that through the provision of increased access and capacity with more primary care staff we will reduce the number of PPAs over the course of the waiver years. More specifically, through increased access to care patients with chronic diseases will be better able to engage in self-management goals and activities of daily living with the increased support, education, and services that primary care Providers participating in this project can offer to a currently underserved patient population. This reporting domain will be affected by SMCHH’s Category 1 milestone in DYs3-5, in which SMCHH expects to provide at least 4,492 additional Nurse Practitioner Primary Care visits, 4,492 additional RN visits, and 2080 additional Social Worker visits over the 3 year project by the conclusion of Year 5. We expect to provide at least 832 RN, and 416 Social Worker additional clinic visits in DY3, an additional 1,664 Nurse Practitioner, 1,664 RN and 832 Social Worker visits in DY4, and an additional 1,996 Nurse Practitioner 1,996 RN, and 832 Social Worker clinic visits additional clinic visits in DY5. The additional volume of patients with access to primary care is expected to impact the number of PPAs because we expect more patients to receive primary, preventive and timely care before their health condition becomes acute and requires hospitalization.

Valuation/Rationale

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | $8,500 | $8,392 | $8,392 | $25,284 |
| IGT Required | $3,511.35 | $3,524.64 | $3,524.64 | $10,560.63 |

The value placed on this domain is based on the value the hospital attributes to understanding the causes of health/financial impacts of potentially preventable admissions. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking improvements are essential to making progress. PPAs negatively impact patient outcomes, including overall health, satisfaction and quality of life, which can have short and long-term consequences for the cost of delivering care to patients. The potential result of monitoring and reducing PPAs for our target population will have a beneficial impact on individual patient outcomes and will reduce the financial burden of paying for PPAs.

The valuation of Category 4 for each Demonstration Year is based on the minimum amounts permitted by the protocol, i.e. 5% in DY3 and 10% in DYs 4 and 5 of the total project value. We anticipate this amount will be sufficient to report the data required. Recognizing the shared and related provider data systems expected to be developed and/or utilized for the reporting of these measures; domains were valued equally in each Demonstration Year.

System Changes Necessary to Successfully Report Domain:

SMCHH is in the process of evaluating and will determine the necessary changes, updates and/or improvements required for the existing reporting capabilities and systems for reporting requirements for DYs 3-5 for this domain.

**Domain 2: Potentially Preventable Readmissions – 30 days (7 measures)**

Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5

SMCHH will report on the 7 measures in this domain in an effort to gain information on and to better understand the health status of patients treated, discharged, and then readmitted for the same principal diagnosis. Some patients are released from the hospital into the community with insufficient or no follow-up or support and end up back in the hospital inpatient setting soon thereafter. SMCHH expects that by providing expanded primary care services through increased primary care staffing we will allow patients recently discharged from the hospital to access follow-up care and support, thereby preventing the likelihood of a medically unnecessary hospital readmission. Additionally, SMCHH’s Category 3 Outcome Measure (Right care, right setting: emergency department (ED) appropriate utilization), reduce total ED visits, relates to this reporting domain because patients who are readmitted to the hospital often enter through the ED when their chronic condition worsens subsequent to discharge. Expanded access to primary care and support at local clinics should have a positive impact on the rate of readmissions to the hospital through the ED. Specifically, by increasing primary care visits and potentially avoiding emergencies we will support our goal to reduce Emergency Department visits by for the enrolled population by 10% over baseline in DY4 and 25% over baseline in DY5. The additional volume of patients with access to primary care after discharge from an inpatient stay is expected to impact the number of PPRs because more of this targeted population will receive the provider support and management they need in the community to avoid relapsing into a state requiring readmission.

Valuation/Rationale

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | $8,500 | $8,392 | $8,392 | $25,284 |
| IGT Required | $3,511.35 | $3,524.64 | $3,524.64 | $10,560.63 |

The value we placed on this domain is based upon the value the hospital attributes to understanding the causes of health/financial impacts of 30-day readmissions. Specifically, the measures are targeted towards prevalent chronic conditions and then allow for a broad measure of readmissions, which will allow the hospital to gauge the potential causes of these rates in conjunction with each other and as a whole. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking improvements are essential to making progress. PPRs negatively impact patient outcomes, including overall health, satisfaction and quality of life, which can have short and long-term consequences for the cost of delivering care to patients. The potential result of monitoring and reducing PPAs for our target population will have a beneficial impact on individual patient outcomes and will reduce the financial burden of paying for PPRs.

The valuation of Category 4 for each Demonstration Year is based on the minimum amounts permitted by the protocol, i.e. 5% in DY3 and 10% in DYs 4 and 5 of the total project value. We anticipate this amount will be sufficient to report the data required. Recognizing the shared and related provider data systems expected to be developed and/or utilized for the reporting of these measures; domains were valued equally in each Demonstration Year.

System Changes Necessary to Successfully Report Domain:

SMCHH is in the process of evaluating and will determine the necessary changes, updates and/or improvements required for the existing reporting capabilities and systems for reporting requirements for DYs 3-5 for this domain.

**Domain 3: Potentially Preventable Complications (64 measures)**

Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5

SMCHH will report on the 64 measures in this domain in an effort to gain information on and better understand the most prevalent causes of potential preventable complications (PPCs). With increased primary care capacity and additional access to primary care providers potentially preventable complications such as septicemia, moderate and severe infections, post-operative infections and wound disruptions, infections due to catheters, inflammation and other complications of devices or implants, have a better chance at prevention due to patients seeking care earlier or more timely, at the first sign of a PPC, through their primary care provider.

Valuation/Rationale

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | $8,500 | $8,392 | $8,392 | $25,284 |
| IGT Required | $3,511.35 | $3,524.64 | $3,524.64 | $10,560.63 |

The value SMCHH placed on this domain is based on the value the hospital attributes to understanding the causes of and health/financial impacts of PPCs. Tracking, monitoring and reporting on PPCs in our facility will help us evaluate our performance and determine if there are areas for improvement; which in turn provide added value to our patients and potentially a reduction in the hospital’s operating costs. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking improvements are essential to making progress.

The valuation of Category 4 for each Demonstration Year is based on the minimum amounts permitted by the protocol, i.e. 5% in DY3 and 10% in DYs 4 and 5 of the total project value. We anticipate this amount will be sufficient to report the data required. Recognizing the shared and related provider data systems expected to be developed and/or utilized for the reporting of these measures; domains were valued equally in each Demonstration Year.

System Changes Necessary to Successfully Report Domain:

SMCHH is in the process of evaluating and determine the necessary changes, updates and/or improvements required for the existing reporting capabilities and systems for reporting requirements for DYs 3-5 for this domain.

**Domain 4: Patient-Centered Healthcare (2 measures)**

Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5

SMCHH will report on the 2 measures in this domain – Patient Satisfaction and Medication Management. The report will include patient satisfaction on care from the doctors and nurses, satisfaction with the hospital environment and patient satisfaction upon leaving the inpatient hospital. How patients perceive their care often affects their willingness to engage in follow-up, self-management, and open honest interactions with caregivers. Patient dissatisfaction may cause a patient to alienate themselves from care and result in negative health outcomes. Along with obtaining a positive patient experience, the expanded capacity of primary care providers will effectively manage and reconcile any prescribed medications at the time of discharge. The patients will be instructed on the medications that they should be taking and the medication that they should not take. The increased staffing allowing for an increase in the number of follow-up visits will help enable the continued monitoring and patient compliance with prescribed medications.

Valuation/Rationale

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | $8,500 | $8,392 | $8,392 | $25,284 |
| IGT Required | $3,511.35 | $3,524.64 | $3,524.64 | $10,560.63 |

The value SMCHH placed on this domain is based on the value the hospital attributes to understanding how patients perceive the care they receive from us and how well we manage and promote medication compliance. Lack of patient satisfaction and lack of adherence to medication protocols can potentially lead to adverse patient outcomes. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking improvements are essential to making progress.

The valuation of Category 4 for each Demonstration Year is based on the minimum amounts permitted by the protocol, i.e. 5% in DY3 and 10% in DYs 4 and 5 of the total project value. We anticipate this amount will be sufficient to report the data required. Recognizing the shared and related provider data systems expected to be developed and/or utilized for the reporting of these measures; domains were valued equally in each Demonstration Year.

**Domain 5: Emergency Department (1 measure)**

Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5

SMCHH will measure the admit decision time to emergency department departure time for patients admitted. This measure is important because patients often languish in a hospital emergency department due to many factors including lack of systemic cooperation among local community hospitals, their departments and other providers and the patient often then experiences poor health outcomes as a result. SMHCC will monitor and if necessary work to reduce the decision time to transfer an emergency patient to another facility to the recommended threshold of < 1 hour for critical patients. This supports our Category 3 outcome measure of Right Care, Right Setting, ED appropriate utilization; one cause of extended ED decision to transfer and delayed departure times results from an overcrowded ED. Expanding access to primary care for patients who currently are unable to access primary care will help avoid unnecessary use of the emergency department for non-emergent services.

Valuation/Rationale

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | $8,500 | $8,392 | $8,392 | $25,284 |
| IGT Required | $3,511.35 | $3,524.64 | $3,524.64 | $10,560.63 |

The value SMCHH placed on this domain is based on the value the hospital attributes to knowing how well we currently perform in the emergency department and developing goals for improvement as necessary. Extended ED wait times potentially lead to complications, poor outcomes and patient dissatisfaction with their care, so identifying and reporting on this time interval will be very valuable for SMCHH. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking improvements are essential to making progress.

The valuation of Category 4 for each Demonstration Year is based on the minimum amounts permitted by the protocol, i.e. 5% in DY3 and 10% in DYs 4 and 5 of the total project value. We anticipate this amount will be sufficient to report the data required. Recognizing the shared and related provider data systems expected to be developed and/or utilized for the reporting of these measures; domains were valued equally in each Demonstration Year.

**Optional Domain 6: Children and Adult Core Measures (8 measures)**

At this time, Seton Medical Center Harker Heights will not report on this optional domain measure.

**Category 4 Population-Focused Improvements**

**St. David’s Round Rock Medical Center – 020957901**

**Performing Provider Name:** St. David’s Round Rock Medical Center

**Performing Provider TPI #**: 020957901

**Related Category 1 or 2 Project:** 020957901.1.1– Expand Primary Care

**IGT Entity for DYs 1-5:** Williamson County

**Domain 1: Potentially Preventable Admissions (8 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

St. David’s Round Rock Medical Center (RRMC) will report on the 8 measures in this domain in an effort to gain information on and understanding of the health status of its patients with regard to potentially preventable admissions (PPAs), which are often linked with poor chronic disease management and lack of access to appropriate outpatient healthcare. RRMC expects that its provision of expanded primary care services through existing local clinics (#020957901.1.1) will reduce the number of PPAs over the life of the Waiver. More specifically, RRMC hopes that patients with chronic diseases will be better able to engage in self-management goals and activities of daily living with the support, education, and services that primary care Providers participating with RRMC in this project can offer to a currently underserved patient population. Specifically, this reporting domain will be affected by RRMC’s Category 1 milestones in DYs 4-5, which RRMC expects to result in a 505 person increase in the number of individuals participating in the Community Clinic Services Project over the number of individuals enrolled at the start of DY4. The additional volume of patients with access to primary care is expected to impact the number PPAs of at RRMC because more patients will receive preventative/timely care before their health condition becomes acute and requires hospitalization.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | $79,602 | $79,602 | $79,602 | $238,806 |
| IGT Required | $32,000 | $32,000 | $32,000 | $96,000 |

The value RRMC placed on this domain is based upon the value the hospital attributes to understanding the causes of and health/financial impacts of potentially preventable admissions. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking our improvement is essential to making progress. PPAs negatively impact patient outcomes (including overall health, satisfaction, and quality of life), which can have short- and long-term consequences for the cost of delivering care to patients. The potential result of tracking and reducing PPAs in Williamson County will have a beneficial impact on individual patient outcomes and significantly reduce the financial burden of paying for PPAs. Between 2006-2010, there were 12,078 potentially preventable hospitalizations in Williamson County (with total charges of $326,889,520), and 8,832 of those hospitalizations were linked to manageable chronic diseases that RRMC intends to address with its project to expand access to primary care (see Table 3-6).

*System Changes Necessary to Successfully Report Category 4*

RRMC is in the process of evaluating the necessary changes, updates, and/or improvements to its existing reporting capabilities and systems, if any for this domain, to prepare for the reporting requirements in DYs 3-5.

**Domain 2: Potentially Preventable Readmissions – 30 days (7 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

RRMC will report on the 7 measures in this domain in an effort to gain information on and understanding of the health status of patients it has treated, discharged, and then readmitted for the same principal diagnosis. Too many patients are released from the hospital into the community with no follow-up or support, and end up back in the hospital inpatient setting soon thereafter. RRMC expects that its provision of expanded primary care services through existing local clinics (#020957901.1.1) will allow patients recently discharged from the hospital to access follow-up care and support, thereby preventing the likelihood of potentially preventable readmissions (PPR). Additionally, RRMC’s Category 3 Outcome Measure (Right care, right setting: emergency department (ED) appropriate utilization) relates to this reporting domain because patients who are readmitted to the hospital often enter through the ED when their chronic condition worsens subsequent to discharge. Expanded access to primary care and support at local clinics should have a positive impact on the rate of readmissions to the hospital through the ED. Specifically, this reporting domain will be affected by RRMC’s Category 1 milestones in DYs 4-5, which RRMC expects to result in a 505 person increase in the number of individuals participating in the Community Clinic Services Project over the number of individuals enrolled at the start of DY4. The additional volume of patients with access to primary care after discharge from an inpatient stay is expected to impact the number of PPRs at RRMC because more uninsured patients will receive the provider support and management they need in the community to avoid relapsing into a state requiring re-hospitalization.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | $79,602 | $79,602 | $79,602 | $238,806 |
| IGT Required | $32,000 | $32,000 | $32,000 | $96,000 |

The value RRMC placed on this domain is based upon the value the hospital attributes to understanding the causes of and health/financial impacts of 30-day readmissions. Specifically, the measures are targeted towards prevalent chronic diseases and then allow for a broad measure of readmissions, which will allow the hospital to gauge the potential causes of these rates in conjunction with each other and as a whole. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking our improvement is essential to making progress. The potential result of tracking and reducing PPRs in Williamson County will have a beneficial impact on individual patient outcomes and significantly reduce the financial burden of paying for PPRs. Between 2006-2010, Williamson County was charged for 12,078 potentially preventable hospitalizations (at a cost of $326,889,520), with 8,832 of those hospitalizations being linked to manageable chronic diseases that RRMC intends to address with its project to expand access to primary care (see Table 3-6).

*System Changes Necessary to Successfully Report Category 4*

RRMC is in the process of evaluating the necessary changes, updates, and/or improvements to its existing reporting capabilities and systems, if any for this domain, to prepare for the reporting requirements in DYs 3-5.

**Domain 3: Potentially Preventable Complications (64 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

RRMC will report on the 64 measures in this domain in an effort to understand the most prevalent causes of potential preventable complications (PPCs) and to use the information to make institutional reforms toward reducing the rates. Hospitals suffer from shortages of space, staffing, equipment, and protocols for preventing complications like the measures in this domain, and RRMC is dedicated to assuring that it takes all possible steps to improve its provision of healthcare where indicated. RRMC intends for its Category 1 project milestones (#020957901.1.1) in DYs 4-5 (to expand the volume of primary care provided in participating local clinics) to reduce the number of hospital visits at RRMC, which would reduce the strain on RRMC’s hospital resources, including staff, space, and equipment. With the reduction in avoidable hospital visits, RRMC can redirect its efforts to making the changes and/or improvements necessary to reduce the number of PPCs during the life of the Waiver.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | NA | $79,602 | $79,602 | $159,204 |
| IGT Required | NA | $32,000 | $32,000 | $64,000 |

The value RRMC placed on this domain is based upon the value the hospital attributes to understanding the causes of and health/financial impacts of PPCs. Reporting on this domain will require the hospital to evaluate its own performance, and will allow for institutional change that will be invaluable for the hospital’s patients and the hospital’s operating costs. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking our improvement is essential to making progress.

*System Changes Necessary to Successfully Report Category 4*

RRMC is in the process of evaluating the necessary changes, updates, and/or improvements to its existing reporting capabilities and systems, if any for this domain, to prepare for the reporting requirements in DYs 3-5.

**Domain 4: Patient-Centered Healthcare (2 measures)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

RRMC will report on Patient Satisfaction and Medication Management under this domain in an effort to gauge how well the hospital is serving its patients. How a patient perceives his/her care often affects that patient’s willingness to engage in follow-up, self-management, and honest interactions with practitioners. As a consequence of patient dissatisfaction, patients may experience negative health outcomes and become even more disillusioned with the healthcare delivery system. RRMC is committed to preventing this from happening. Additionally, medication management is a primary function that the hospital’s providers need to engage in with patients to avoid readmissions, complications, and to promote improved health outcomes outside of the hospital setting. RRMC expects improved patient satisfaction in the hospital setting and effective medication management protocols for inpatients to correlate with RRMC’s Category 1 project to expand primary care access (#020957901.1.1) because satisfied patients recently discharged from the hospital will be more likely to seek and receive the support they need to maintain their health upon discharge (including medication management). The milestones in DYs 4-5 should lead to an increase in uninsured patients’ access to primary care services upon discharge, which should increase patient satisfaction with the healthcare delivery system. Medication management best practices that patients learn in the hospital will be reinforced by the primary care providers in local clinics; this may improve the rate of medication management during future stays at the hospital, may reduce admissions, and benefit patients.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | $398,011 | $398,011 | $398,011 | $1,194,033 |
| IGT Required | $32,000 | $32,000 | $32,000 | $96,000 |

The value RRMC placed on this domain is based upon the value the hospital attributes to understanding how patients perceive the care they receive from RRMC and how well RRMC performs its function of promoting medication management. RRMC is committed to improving patient outcomes, and therefore places a high value on these measures. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking our improvement is essential to making progress. Between 2006 and 2010, Williamson County was charged for 12,078 potentially preventable hospitalizations (at a cost of $326,889,520), with 8,832 of those hospitalizations being linked to manageable chronic diseases (see Table 3-6). Prevalent chronic disease in Williamson County is costly to patients’ health and to the delivery system, and RRMC believes that its hospital services must leave these patients satisfied and confident in the healthcare delivery system, in order for the expansion of primary care to have the maximum beneficial impact for the community.

*System Changes Necessary to Successfully Report Category 4*

RRMC is in the process of evaluating the necessary changes, updates, and/or improvements to its existing reporting capabilities and systems, if any for this domain, to prepare for the reporting requirements in DYs 3-5.

**Domain 5: Emergency Department (1 measure)**

*Relationship to Categories 1-3 and Expected Domain Improvements DYs 2-5:*

RRMC will measure the admit decision time to ED departure time for admitted patients. This measure is important because patients often languish in hospital EDs due to lack of systemic cooperation between hospitals, their departments, and other types of providers, and the patients experience poor health outcomes as a result. RRMC is committed to reducing its ED admission decision time to ED departure if it is not within the recommended less than 1 hour threshold. This reporting domain ties in with RRMC’s Category 3 outcome to reduce inappropriate use of the ED; one cause of extended ED departure times results from an overcrowded ED. RRMC intends to expand access to primary care for patients who currently are unable to access primary care due to their financial situation, which RRMC expects will reduce the number of inappropriate ED visits. Specifically, RRMC expects a measurable reduction in the number of ED visits by diabetes patients in the community under its Category 3 project (the exact amount of which is to be determined in DY3), which will have a beneficial impact on the efficiency of running the ED and effecting quick decision-time to ED departure for emergent patients in the ED.

*Valuation and Rationale:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DY3 | DY4 | DY5 | Total DY3-5 |
| Total Value | $79,603 | $79,603 | $79,603 | $238,809 |
| IGT Required | $32,000 | $32,000 | $32,000 | $96,000 |

The value RRMC placed on this domain is based upon the value the hospital attributes to knowing how well it is currently performing in the ED and to making goals for self-improvement. Long ED wait times can lead to complications, poor outcomes, and patient dissatisfaction with their care. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking our improvement is essential to making progress.

*System Changes Necessary to Successfully Report Category 4*

RRMC is in the process of evaluating the necessary changes, updates, and/or improvements to its existing reporting capabilities and systems, if any for this domain, to prepare for the reporting requirements in DYs 3-5.

**Optional Domain 6: Children and Adult Core Measures (8 measures)**

At this time, St. David’s Round Rock Medical Center will not report on this optional domain.