Region 17 Regional Healthcare Partnership

Provider Meeting

Friday, July 20, 2012 • 10:00 a.m. to 12:00 noon

Texas A&M Health Science Center • Clinical Building 1 • Executive Conference Room, Suite 3100 (3rd Floor)
8441 Highway 47 • Bryan, Texas 77802

AGENDA

I. Welcome and Brief Introductions

II. Update on DSRIP Program Funding & Mechanics Protocol

a. RHP 17 Project Requirements
b. UC/DSRIP Participation Requirements for Hospital Providers
c. Regional UC/DSRIP Allocations
d. HHSC Guidance on Subcontracting
e. Project Valuation
f. Update on Pending Items
   i. Use of GR, 8% County Indigent as IGT
   ii. County EMS as Performing Provider

III. Overview of DSRIP Planning Protocol for Categories 1-4

a. Introduction of Revised/New Project Areas
b. Submission of New Project Proposals under New Project Areas
c. Realignment of Current RHP 17 Projects with Revised Project Areas
d. County IGT Entities' Feedback on Project Collaboration and Non-Duplication

IV. Finalizing Project Proposals for Inclusion in RHP Plan

a. Review of Proposal Worksheets
b. Selection of Process and Outcome Measures
c. Selection of Metrics
d. Project Valuation

V. Discussion on Next Steps

a. Identifying and Securing IGT
b. Submission of Project Worksheets & Additional Plan Information to TAMHSC – August 3rd
c. HHSC Planning Conference – August 7th & 8th
d. RHP Draft Plan for RHP 17 Review – August 13th
e. Public Comment Period for Final RHP 17 Draft Plan - August 20th
f. Certification and Submission of RHP 17 Plan – August 31st 11:00 a.m. to 1:30 p.m.

VI. Adjourn

Meeting facilitated by Dr. Monica Wendel and Ms. Angie Alaniz - Texas A&M Health Science Center

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Summary of 6.29.12 Draft DSRIP Program Funding and Mechanics Protocol

REGIONAL HEALTH CARE PARTNERSHIP (RHP) REQUIREMENTS FOR DSRIP

RHP 17 DSRIP PLANNING REQUIREMENTS AS A TIER 4 RHP

- RHP 17 is a "Tier 4 RHP" which is defined as "an RHP that contains less than 3% share of the statewide population under 200% Federal Poverty Level and an RHP that does not have a public hospital."

- As a Tier 4 RHP, the RHP 17 Plan must include - at a minimum - two projects from the Delivery System Reform Incentive Payment (DSRIP) Categories 1 and 2 combined. One project must be selected from Category 1 and one project must be selected from Category 2.

UC/DSRIP PARTICIPATION

UNCOMPENSATED CARE (UC) PARTICIPATION

- As proposed by HHSC, hospitals may choose to participate in the UC Program and choose **not** to participate in the Delivery System Reform Incentive Payment (DSRIP) Program. However, because CMS will require that there be a connection between the UC and DSRIP Programs, the hospitals will still have to report on a subset of DSRIP Category 4 measures. Hospitals opting to only participate in UC may also be required to implement the mandated DSRIP Category 3 project related to sepsis resuscitation and management.

- If a hospital opts out of DSRIP and only participates in UC, the hospital will still be required to report on a subset of DSRIP Category 4 measures which include: Potentially Preventable Admissions (PPA), Potentially Preventable Readmissions (PPR), and Potentially Preventable Conditions (PPC). Hospitals participating in only UC will **not** receive incentive payments for reporting on the subset of Category 4 measures.

- If a hospital opts to only participate in UC, it is likely that the hospital will still be required to implement the mandated DSRIP Category 3 project focused on sepsis resuscitation and management. These hospitals will **not** receive incentive payments for reporting for the implementation of the Category 3 project.

- All UC payments will be contingent on submitting the required PPA/PPR/PPC reporting.
  - Reports are due in the fourth quarter of each demonstration year (DY).
  - Failure to report will result in forfeiture of UC payment for that quarter.
  - Hospitals can request a 6-month reporting extension from HHSC at end of DY.

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PARTICIPATION

- Performing Providers include hospitals, local mental health authorities (LMHAs), physician groups associated with academic health science centers and local health districts.

- Each Performing Provider participating in the DSRIP program must select a minimum of one project from either Category 1 or Category 2
  - Two Performing Providers may implement the same or a similar project as long as the two projects do not serve the same population.

- Hospital Performing Providers MUST implement the State's common Category 3 project: Severe Sepsis Resuscitation and Management

- Hospital Performing Providers MUST select one additional Category 3 project
  - The additional project cannot be an intervention in which the hospital has achieved top performance for at least four consecutive quarters prior to waiver approval (December 12, 2011).

- Hospital Performing Providers must report on all Category 4 measures

- **EXEMPTIONS FOR SMALL RURAL HOSPITALS:** Hospitals located in counties with population of less than 35,000 as of July 1 are exempt from doing any additional Category 3 projects and are exempt from the Category 4 reporting.
  - RHP 17 has four exempt facilities: Burleson St. Joseph Health Center, Grimes St. Joseph Health Center, Madison St. Joseph Health Center, and Scott & White Hospital - Brenham

TABLE 1: DSRIP PROJECT PARTICIPATION REQUIREMENTS BY PROVIDER TYPE

Provider Type	Category 1 & 2	Category 3	Category 4
Non-Hospital Performing Providers	One project from either Category 1 or Category 2	N/A	N/A
Hospital Performing Providers	One project from either Category 1 or Category 2	• Mandatory sepsis project • 1 additional project	Report on ALL 5 measures: • PPAs • PPRs • PPCs • Patient-centered Health Care • Emergency Dept.
Exempted Hospital Providers	One project from either Category 1 or Category 2	• Mandatory sepsis project	N/A
Project Start Date	10/1/2012	10/1/2012	10/1/2013

ALLOCATIONS

STATEWIDE UC AND DSRIP ALLOCATION

Over the 5-year period of the Waiver, the total amount of funding available to Texas will be divided into two funding pools, the UC Pool and the DSRIP pool. The percentage allocated to each pool will shift over the 5 years with the distribution in the final Demonstration Year (DY) being equal. RHPs are "strongly encouraged" to adhere to these benchmarks as well.

TABLE 2: UC AND DSRIP WAIVER FUNDING ALLOCATION BY DEMONSTRATION YEAR

	DY1	DY2	DY3	DY4	DY5
% UC	88%	63%	57%	54%	50%
% DSRIP	12%	37%	43%	46%	50%

DSRIP ALLOCATION BY REGION AND BY PROVIDER – DEMONSTRATION YEAR 1

- Anchoring Entities, IGT Entities, and Performing Providers who have a Medicaid provider identification number and who will begin participation in DSRIP DY2 are eligible to receive a DY 1 DSRIP payment.

- Ten percent (10%) of the RHP's DY1 DSRIP funds is allocated for Anchoring Entities.

- The remaining 90% of the RHP's DY1 allocation will be divided amongst eligible IGT Entities and Performing Providers based on the following formula.
  - The estimated dollar value of each Performing Provider's DSRIP projects in Categories 1-4 over DYs 2-5 will be divided by the total value of the RHP's DSRIP projects over the DYs 2-5 period. The percentage of each provider's value will then be multiplied by the RHP's remaining DY1 amount to determine the DY1 DSRIP payment to each Performing Provider and IGT Entities. The Performing Provider will retain 50% of the resulting payment and the remaining 50% will be shared proportionately among the IGT Entities that are funding the Performing Provider's project.

HHSC EXAMPLE OF DY1 DSRIP ALLOCATION:

- An RHP's DY1 DSRIP Allocation is $25 million.
- $2.5 million (10%) is allocated to the anchor
- The remaining amount, $22.5 million will be distributed to Performing Providers and eligible IGT Entities as shown below.

1. The RHP Plan's total DSRIP project valuation in DYs 2-5 is $500 million across 10 Performing Providers.
2. Performing Provider "A" has a total valuation of DSRIP DYs 2-5 projects of $100 million or 20% of the RHP total DSRIP valuation.
3. Of the $22.5 million remaining RHP allocation, Provider "A" could receive $4.5 million (20%) of the total DY1 DSRIP payment.
4. Provider "A" will proportionately pay $2.25 million of the $4.5 million to the IGT Entities that are funding the non-federal share of Provider "A's" projects.

DSRIP ALLOCATION BY REGION AND BY PROVIDER – DEMONSTRATION YEARS 2-5

Each RHP will be allocated a percentage of UC and DSRIP funds. The DSRIP funding is based upon the following variables as stated by HHSC in the funding protocol.

"The following variables were selected as proxies for measuring an RHP's participation in Medicaid and serving low-income populations:

i. Percent of State population with income below 200% FPL residing in the RHP (Source: U.S. Census Bureau: 2006-2010 American Community Survey for Texas).

ii. Percent of Texas Medicaid acute care payments in SFY 2011 made in the RHP (including fee for service, MCO, vendor drug, and PCCM payments).

iii. Percent of total SFY 2011 Medicaid supplemental payments made to providers in the RHP.

The simple average of the three variables (low income population (<200% FPL), Medicaid supplemental payments, and Medicaid acute care medical payments) is the basis for allocating DSRIP Pool funds to each RHP."

Pass 1 Funding

Initially, RHP DSRIP Funding will be allocated by provider type beginning in DY2 in what is referred to as *"Pass 1"*. See table below.

TABLE 3: ALLOCATION BY PROVIDER

Provider Type	**% Initial DSRIP Allocation (Pass 1)**
Hospitals	75%
Local Mental Health Authorities	10%
Physician Practices associated with an Academic Health Science Center	10%
Local Health Districts	5%

Hospital Providers Allocation

"Potentially eligible hospital Performing Providers in an RHP shall be initially allocated 75 percent of the RHP's annual DSRIP funds. **Of this amount, each hospital shall be assigned a potential DSRIP allocation based on a provider's size and role in serving Medicaid patients, as measured by two variables:**

1. The hospital's percent share of Medicaid acute care payments in SFY 2011 made to all potentially eligible hospitals in the RHP (including fee for service, MCO, vendor drug, and PCCM payments); and

2. The hospital's percent share of total SFY 2011 Medicaid supplemental payments made to potentially eligible hospital providers in the RHP. The two variables shall be weighted equally and added together to produce a Hospital DSRIP Allocation percentage. The resulting percentage shall be multiplied by the annual RHP DSRIP amount allocated to hospitals to come up with the potential allocation amount for each hospital."

DSRIP Allocation for Non-Hospital Providers

The protocol does not indicate how the DSRIP allocation for non-hospital providers was determined or if there was a formula for determining the non-hospital provider allocation.

Pass 2 Funding

If there are DSRIP funds remaining after the requirements of the "Pass 1 Funding" are met, the RHP may allocate the remaining funds to additional Category 1-3 projects performed by hospital and non-hospital providers. In addition to the four groups eligible for Pass 1 funding, physician groups that are not affiliated with an academic health science center are eligible to implement projects from Categories 1 & 2 and receive DSRIP payments.

Tables 4 and 5 indicate the UC and DSRIP funding available to RHP 17 and the allocation by provider as well as the IGT required. The federal/state funding ratio is 58.22/41.78 which is subject to change annually. The federal share is based upon the Federal Medical Assistance Percentages which are annually set and published in November by the federal government.

TABLE 4: RHP 17 UC Funding Allocation & Required IGT for Eligible Hospitals - DY2-5 ($ in millions)
Allocation represents 1.66% of State's Total UC Pool

	DY2	DY3	DY4	DY5	TOTAL
RHP Allocation	**73.9**	**66.97**	**63.44**	**58.74**	**263.05**
IGT Required	**30.87**	**27.98**	**26.51**	**24.54**	**109.90**

TABLE 5: RHP 17 DSRIP Funding Allocation & Required IGT for Eligible Providers - DY2-5 ($ in millions)
Allocation represents 1.89% of State's Total DSRIP Pool

Provider Type/Required IGT	DY2	DY3	DY4	DY5	TOTAL
Hospitals	**32.69**	**37.89**	**40.53**	**44.06**	**155.17**
IGT Required	*13.66*	*15.83*	*16.93*	*18.41*	*64.83*
LMHAs	**4.36**	**5.05**	**5.40**	**5.87**	**20.68**
IGT Required	*1.82*	*2.11*	*2.26*	*2.45*	*8.64*
Physicians w/HSCs	**4.36**	**5.05**	**5.40**	**5.87**	**20.68**
IGT Required	*1.82*	*2.11*	*2.26*	*2.45*	*8.64*
Local Health Districts	**2.18**	**2.53**	**2.70**	**2.94**	**10.34**
IGT Required	*.91*	*1.06*	*1.13*	*1.23*	*3.42*
TOTAL ALLOCATION*	**43.58**	**50.52**	**54.04**	**58.74**	**206.88**
TOTAL IGT REQUIRED	***18.21***	***21.11***	***22.58***	***24.54***	***86.44***

**Due to rounding errors, the total allocation shown is the actual allocation rather than the sum of the allocation by provider.*

VALUATION

HHSC provides only the following guidance related to project valuation and there is not an expectation that any additional guidance will be forthcoming. The following is the entire excerpt on the PFM Protocol's valuation section.

"Project Valuation: The RHP Plan shall contain a narrative that describes overall approach for valuing each project and rationale, including an explanation why a similar project selected by two Performing Providers might have different valuations (e.g., due to project size, provider size, etc.)."

For Hospitals who must undertake Category 3 and 4 DSRIP Projects:
"RHP Plans shall include a narrative that describes the approach used for valuing projects and rationale to support the approach. At a minimum, hospital Performing Providers shall ensure that project values comport with the following funding distribution across Categories 1-4 in DYs 2-5."

TABLE 6: HOSPITAL PROJECT PERCENTAGE ALLOCATION BY CATEGORIES BY WAIVER DEMONSTRATION YEAR

	DY 2 (10/1/12 – 9/30/13)	DY 3 (10/13 – 9/30/14)	DY 4 (10/1/14 – 9/30/15)	DY 5 (10/1/15 – 9/30/16)
Category 1 & 2	No more than 85%	No more than 80%	No more than 80%	No more than 75%
Category 3	At least 10%	At least 10%	At least 10%	At least 15%
Category 4	5%	At least 10%	At least 10%	At least 10%

** Any small or rural hospital exempt from Category 4 reporting shall allocate that funding to Categories 1, 2 or 3.*

PLAN MODIFICATION

A plan modification process is being put into place to allow RHPs the flexibility to adjust their plans. Modifications require both HHSC and CMS approval and must be submitted in writing to HHSC. HHSC anticipates taking action within 30 days of an RHP submitting a plan modification to HHSC who will then submit the modification to CMS. CMS will also have 30 days following the submission of the modified plan by HHSC to take action on the RHP plan.

- *NEW PROJECTS*
  - New projects can be added to the plan for DY3 (10/1/13 – 9/30/14).
  - New projects can be financed by new or existing IGT entities.
  - New projects can be implemented by new or existing Performing Providers and selected from Categories 1, 2 or 3.
  - Modifications to add new projects must be submitted by 6/1/13.

- *DELETING PROJECTS*
  - Projects can be deleted and not replaced as long as the RHP continues to meet the required minimum projects on the regional level.
  - Loss of the project cannot jeopardize or dilute the remaining delivery system reform in the plan.
  - Incentive funding from the deleted project can be used to fund a replacement project but cannot be redistributed to existing projects.
  - Funds not used for a replacement project are forfeited and eligible for redistribution by HHSC to other RHPs.

- *MODIFYING EXISTING PROJECTS*
  - Requests to modify elements of an existing project may be submitted with “good cause”.
  - Modification requests must be submitted to HHSC within 90 days of demonstration year end for changes to go into effect the following demonstration year.

CARRYFORWARD

CATEGORY 1, 2, AND 3 CARRY-FORWARD IS ALLOWABLE

- If a Performing Provider doesn’t fully achieve the milestones specified in the plan for a demonstration year, the Performing Provider will be able to carry forward the available incentive funding until the end of the following demonstration year, during which time the provider can meet the milestone and receive full payment.

- Should the Performing Provider not meet the milestone during the carry-forward year, funding for the incentive payment will be forfeited and no longer available for use in the DSRIP program.

NO CATEGORY 4 CARRY-FORWARD IS ALLOWED

If a Hospital Performing Provider fails to report a Category 4 measure in a demonstration year, that provider shall forfeit incentive payment for that measure and that funding will no longer be available for use in the DSRIP program.

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*excluding proposed metrics

Category 1: Improvement Projects - Infrastructure Development	
Project Area 1: Expand Primary Care Capacity	
A	Establish more primary care clinics
B	Expand primary care clinic space
C	Expand primary care clinic hours
D	Expand primary care clinic staffing
E	Expand primary care clinic staffing knowledge
F	Expand urgent care services
G	Expand transportation
H	Expand mobile clinics
Project Area 2: Increase Training of Primary Care Workforce	
A	Updated primary care training programs to include training on the medical home and chronic care models, disease registry use for population health management, patient panel management, and/or quality/performance improvement
B	Increase the number of primary care residents (i.e., physicians, nurse practitioners, physician assistants and other clinicians/staff, such as health coaches and community health workers/*promotoras*)
C	Increase the number of residency/training program faculty/staff to support an expanded, more updated program
D	Increase the number of residents/trainees choosing primary care as a career
E	Establish/expand primary care training programs
Project Area 3: Implement and Utilize Disease Management Registry Functionality	
A	Implement and utilize disease management registry functionalities
B	Enter patient data into the registry
Project Area 4: Enhance Interpretation Services and Culturally Competent Care ***(NEW)***	
A	Identify language access needs and/or gaps in language access
B	Implement language access policies and procedures
C	Increase training related to language access and/or cultural competency/sensitivity
D	Expand language access
Project Area 5: Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities ***(NEW)***	
A	Implement a system to stratify patient outcomes and quality measures by patient REAL demographic information in order to identify potential health disparities and develop strategies to ensure equitable health outcomes
B	Collect accurate data on race, ethnicity, and language at the point of care
C	Analyze and report on quality outcomes by REAL data categories to identify potential areas of disparities
D	Develop improvement plans to address key factors contributing to the disparities
E	Target and improve identified health outcome disparities
F	Reduce disparities for target patient populations measured through improved rates of preventive care, patient experience, and/or health outcomes

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Project Area 6: Enhance Urgent Medical Advice ***(NEW)***	
A	Establish/expand access to medical advice and direction to the appropriate level of care to reduce Emergency Department use for non-emergent conditions and increase patient access to health care
B	Develop a process (including a call center) that in a timely manner triages patients seeking primary care services in an ED to an alternate primary care site.
Project Area 7: Introduce, Expand, or Enhance Telemedicine/Telehealth	
A	Expand/establish telemedicine/telehealth program to help fill significant gaps in services
Project Area 8: Enhance Coding and Documentation for Quality Data ***(NEW)***	
A	Conduct data collection and reporting using ICD-9 codes linked to APR-DRGs
B	Implement HIPAA 5010 transaction sets and convert to ICD-10 codes
C	Implement processes and environmental changes to enhance coding and documentation diagnoses, procedures, and process and outcome measures
*Project Area 9: Expand Specialty Care Capacity **** ***Referral project TBD & Not Final***	
A	Identify high impact/most impacted specialty services and gaps in care and coordination
B	Expand high impact specialty care capacity in most impacted medical specialties
C	Increase the number of residents/trainees choosing targeted shortage specialties
D	Establish or expand initiatives to increase the availability of targeted specialty providers
E	Develop workforce enhancement initiatives to support access to specialty providers in underserved markets and areas (recruitment and retention)
F	Enhance service availability (hours, clinic locations, etc.)
G***	Implement transparent, standardized referrals across the system
Project Area 10: Enhance Performance Improvement and Reporting Capacity ***(NEW)***	
A	Enhance improvement capacity within people
B	Enhance improvement capacity through technology
*Project Area 11: Expand Behavioral Health Capacity **** ***This Area TBD & Not Final***	
A***	*Expand and enhance the capacity of behavioral health to better meet the needs of the population*
B***	*Increase training of behavioral health workforce including professionals, paraprofessionals, peer-to-peer, and volunteers*
Project Area 12: Increase, Expand, and Enhance Dental Services ***(NEW)***	
A	Increase provider training, recruitment and retention, including initiative(s) to support access to dental services in underserved markets and areas (dentists, dental hygienists or related).
B	Increase and expand services by increasing clinics, clinic hours, using mobile clinics, or other approaches to increase patient access to dental services
Project Area 13: Expand or Enhance Emergency Medical Transportation Services	
A	Expand or enhance existing emergency medical transportation capacity with additional vehicles, staff and related infrastructure to address documented shortages
B	Develop and implement or enhance existing emergency medical transportation systems and/or regional coordination to improve efficiency and timeliness of emergency medical transportation
C	Develop and enhance transfer systems to reduce times from initial patient intake to location of appropriate care level

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Category 2: Improvement Projects - Program Innovation and Redesign	
Project Area 1: Enhance/Expand Medical Homes	
A	Enhance medical homes
B	Establish/expand medical homes
C	Restructure staffing into multidisciplinary care teams that manage a panel of patients where providers and staff operate at the top of their license
D	Empanel patients who would most benefit from medical homes
E	Actively manage medical home patient panels
F	The team will be responsible for contacting patients to receive their initial health assessment
Project Area 2: Expand Chronic Care Management Models	
A	Redesign the outpatient delivery system to coordinate care for patients with chronic diseases.
B	Increase patient engagement, such as through patient education, group visits, self-management support, improved patient-provider communication techniques, and coordination with community resources
C	Empower patients to make lifestyle changes to stay healthy and self-manage their chronic conditions
D	Apply a care management model to patients identified as having high-risk health care needs
E	Redesign rehabilitation delivery models for persons with disabilities
F	Develop a continuum of care in the community for persons with serious and persistent mental illness and co-occurring disorders
G	Develop care management functions that integrate the primary and behavioral health needs of individuals
Project Area 3: Redesign Primary Care ***(NEW)***	
A	Implement the patient-centered scheduling model in primary care clinics
B	Implement patient visit redesign
C	Achieve improvements in efficiency, access, continuity of care, and patient experience
Project Area 4: Redesign to Improve Patient Experience	
A	Organizational integration and prioritization of patient experience
B	Data and performance measurement (to include HCAHPS/CAHPS and/or other systems and methodologies to measure patient experience)
C	Implementing improvements
Project Area 5: Redesign for Cost Containment ***(NEW)***	
A	Implement cost-accounting systems to measure intervention impacts
B	Establish a method to measure cost containment
C	Establish a baseline for cost
D	Measure for cost containment
E	Develop an integrated care model with outcome-based payments

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Project Area 6: Integrate Physical and Behavioral Health Care - **May move to Cat 1, Area 11**	
A*	*Expand and enhance the capacity of behavioral health to better meet the needs of the population*
B*	*Increase training of behavioral health workforce including professionals, paraprofessionals, peer-to-peer, and volunteers*
C	Develop individual care management strategies to improve care access and coordination
D	Implement physical-behavioral health integration pilots
E	Train primary care providers in behavioral health care
F	Better identify patients needing behavioral health care
G	Improve coordination and referral patterns between primary care and behavioral health
H	Link patients with serious mental illnesses to a medical home or another care management program
I	Implement and enhance discharge and post-discharge support interventions for behavioral health, including substance abuse disorder interventions
J	Provide early intervention or intensive wraparound services and supports for a targeted behavioral health population, including people with co-occurring disorders, to reduce unnecessary use of more expensive services in a specified setting
K	Assess and develop a long-term crisis intervention and stabilization services capability to improve access to behavioral health care in the most appropriate, cost-effective setting

Project Area 7: Establish/Expand a Patient Care Navigation Program	
A	Establish/expand health care navigation services
B	Provide navigation services to targeted patients who are at high risk of disconnect from institutionalized health care (for example Limited English Proficient patients, recent immigrants, the uninsured, those with low health literacy, frequent visitors to the ED, and others)
C	Identify frequent ED utilizers and use navigators as part of a preventable ED reduction program
D	Connect patients to medical homes, increase access to primary and specialty care, and increase access to chronic care management

Project Area 8: Apply Process Improvement Methodology to Improve Quality/Efficiency ***(NEW)***	
A	Implement a quality/process improvement methodology
B	Measure continuous improvement

Project Area 9: Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation	
A	Analyze ED throughput
B	Increase ED throughput
C	Develop and implement ED triage protocol
D	Establish ED care teams to improve patient flow

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Project Area 10: Use Palliative Care Programs	
A	Develop a hospital-specific business case for palliative care and conduct planning activities necessary as a precursor to implementing a palliative care program
B	Implement a Palliative Care Program to address patients with end-of-life decisions and care needs
C	Transition palliative care patients from acute hospital care into home care, hospice or a skilled nursing facility
D	Implement a patient/family experience survey regarding the quality of care, pain and symptom management, and degree of patient/family centeredness in care and improve scores over time
E	Measure how many patients who died in the hospital received a palliative care consult
Project Area 11: Conduct Medication Management ***(NEW)***	
A	Put in place teams, technology and processes
B	Develop criteria and identify targeted patient populations
C	Implement a medication management program
D	Manage medications prior to, at, and after discharge/ED visits
Project Area 12: Implement/Expand Care Transition Programs	
A	Develop standardized clinical protocols and care delivery model
B	Integrate information systems so that continuity of care for patients is enabled
C	Develop a system to identify patients being discharged potentially at risk of needing acute care services within 30-60 days
D	Implement discharge planning program and post discharge support program
Project Area 13: Implement Evidence-Based Health Promotion and Disease Prevention Programs	
A	Implement evidence-based strategies to increase screenings and referral for targeted populations (e.g., mammography screens, colonoscopies, prenatal alcohol use, etc.)
B	Implement evidence-based strategies to reduce tobacco use
C	Implement evidence-based strategies to increase early enrollment in prenatal care
D	Implement evidence-based strategies to reduce low birth weight and preterm birth
E	Implement evidence based strategies to reduce and prevent obesity in children and adolescents
F	Engage in population-based campaigns or programs to promote healthy lifestyles using evidence-based methodologies including social media and text messaging in an identified population
G	Establish self-management programs and wellness using evidence-based designs
H	Engage community health workers in an evidence-based program to increase health literacy of a targeted population

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Category 3: Improvements in Quality and Safety	
REQUIRED: Severe Sepsis Resuscitation and Management	
A	Implementation of the Sepsis Resuscitation Bundle
B	Implementation of the Sepsis Management Bundle
Project Area 1: Potentially Preventable Admissions (PPAs)	
A	Congestive Heart Failure admission rate
B	Diabetes, short-term complications, admission rate
C	Diabetes, uncontrolled diabetes, admission rate
D	Behavioral Health and Substance Abuse potentially preventable admission rate
E	Chronic Obstructive Pulmonary Disease or asthma in adults admission rate
F	Hypertension admission rate
G	Diagnosis and Management of Asthma
H	Bacterial Pneumonia Immunization
I	Influenza Immunization
Project Area 2: Potentially Preventable Re-admissions (PPRs)	
A	All-Cause potentially preventable readmission rate
B	Congestive Heart Failure readmission rate
C	Diabetes readmission rate
D	Behavioral Health potentially preventable readmission rate
E	Chronic Obstructive Pulmonary Disease readmission rate
F	Stroke readmission rate
Project Area 3: Potentially Preventable Complications (PPCs) (For DY4 and after) ***(NEW)***	
A	Select five PPCs from a list of the ten highest volume complications or those with rates higher than the State
Project Area 4: Perinatal Outcomes	
A	Birth trauma rates
B	Pre-39-week elective inductions
C	Antenatal corticosteroid administration
Project Area 5: Diabetes Composite Measures ***(NEW)***	
A	Collect measures based on the “Optimal Diabetes Care Composite” (as adopted by the National Quality Forum)

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*excluding proposed metrics

Category 4: Population-focused Improvements	
Project Area 1: Potentially Preventable Readmissions	
A	Congestive Heart Failure admission rate
B	Diabetes admission rate
C	Behavioral Health and Substance Abuse admission rate
D	Chronic Obstructive Pulmonary Disease or Asthma in Adults admission rate
E	Hypertension admission rate
F	Pediatric Asthma
G	Bacterial Pneumonia immunization
H	Influenza immunization
*Project Area 2: Fifteen-Day (15-day) Readmissions **(NEW)***	
A	Congestive Heart Failure
B	Diabetes
C	Behavioral Health and Substance Abuse
D	Chronic Obstructive Pulmonary Disease
E	Stroke
F	Pediatric Asthma
G	All-Cause 15-day Readmissions
*Project Area 3: Potentially Preventable Complications **(NEW)***	
RHP Plans must include all/a subset of 64 measures in DY4-5 listed below	
1	Stroke and Intracranial hemorrhage
2	Extreme CNS Complication
3	Acute Pulmonary Edema and Respiratory Failure **without** Ventilation
4	Acute Pulmonary Edema and Respiratory Failure **with** Ventilation
5	Pneumonia and Other Lung Infections
6	Aspiration Pneumonia
7	Pulmonary Embolism
8	Other Pulmonary Complications
9	Shock
10	Congestive Heart Failure
11	Acute Myocardial Infarction
12	Cardiac Arrhythmias and Conductive Disturbances
13	Other Cardiac Complications
14	Ventricular Fibrillation/Cardiac Arrest
15	Peripheral Vascular Complications except Venous Thrombosis
16	Venous Thrombosis
17	Major Gastrointestinal Complications **without** Transfusion or Significant Bleeding
18	Major Gastrointestinal Complications **with** Transfusion or Significant Bleeding
19	Major Liver Complications
20	Other Gastrointestinal Complications without Transfusion or Significant Bleeding
21	Clostridium difficile Colitis
22	Urinary Tract Infection
23	GU Complications except UTI
24	Renal Failure **without** Dialysis
25	Renal Failure **with** Dialysis
26	Diabetic Ketoacidosis and Coma

27	Post-Hemorrhage and Other Acute Anemia with Transfusion
28	In-Hospital Trauma and Fractures
29	Poisonings except from Anesthesia
30	Poisonings due to Anesthesia
31	Decubitis Ulcer
32	Transfusion Incompatibility Reaction
33	Cellulitis
34	Moderate Infections
35	Septicemia and Severe Infections
36	Acute Mental Health Changes
37	Post-Operative Infection and Deep Wound Disruption **without** Procedure
38	Post-Operative Infection and Deep Wound Disruption **with** Procedure
39	Reopening Surgical Site
40	Post-Operative Hemorrhage and Hematoma **without** Hemorrhage Control Procedure or I&D procedure
41	Post-Operative Hemorrhage and Hematoma **with** Hemorrhage Control Procedure or I&D procedure
42	Accidental Puncture/Laceration During Invasive Procedure
43	Accidental Cut or Hemorrhage During other Medical Care
44	Other Surgical Complication – Mod
45	Post-procedure Foreign Bodies
46	Post-operative Substance Reaction and Non-O.R. Procedure for Foreign Body
47	Encephalopathy
48	Other Complications of Medical Care
49	Iatrogenic Pneumothorax
50	Mechanical Complications of Device, Implant and Graft
51	Gastrointestinal Ostomy Complications
52	Inflammation and Other Complications of Devices, Implants or Grafts Except Vascular Infection
53	Infection, Inflammation and Clotting complications of Peripheral Vascular Catheters and Infusions
54	Infections Due to Central Venous Catheters
55	Obstetrical Hemorrhage **without** Transfusion
56	Obstetrical Hemorrhage **with** Transfusion
57	Obstetric Lacerations and Other Trauma **without** Instrumentation
58	Obstetric Lacerations and Other Trauma **with** Instrumentation
59	Medical and Anesthesia Obstetric Complications
60	Major Puerperal Infection and Other Major Obstetric Complications
61	Other Complications of Obstetrical Surgical and Perineal Wounds
62	Delivery with Placental Complications
63	Post-Operative Respiratory Failure with Tracheostomy
64	Other In-Hospital Adverse Events
Project Area 4: Patient-Centered Health Care	
A	Patient satisfaction
B	Medication management
Project Area 5:Emergency Department	
A	Admit decision time to ED departure time for admitted patients

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Performing Provider	Brazos	Burleson	Grimes	Leon	Madison	Montgomery	Robertson	Walker	Washington
Brazos Valley MHMR									
Category 1 - Infrastructure									
1.A (Expand BH Access/IT Assisted Svc & Hlth Mgmt Strategy) - Frontline Telehealth Svc		X	X	X	X		X		X
Cat. 1/ PA 11.A (or Category 2) -- Expand Behavioral Health Capacity/ Expand and enhance the capacity of behavioral health to better meet the needs of the population									
Cat. 1/ PA 11.B (or Category 2) -- Expand Behavioral Health Capacity/ Increase training of behavioral health workforce including professionals, paraprofessionals, peer-to-peer, and volunteers									
7.A (Introduce, Expand, or Enhance Telemedicine/Telehealth/ Expand/establish telemedicine/telehealth program to help fill significant gaps in services									
1.A (Expand BH Access/IT Assisted Svc & Hlth Mgmt Strategy) - Develop/Implement EMR	X	X	X	X	X	X	X	X	X
***** May need to reframe*****									
10.B (Enhance Performance Improvement and Reporting Capacity/Enhance improvement capacity through technology)									
Category 2/ 6G -- Integrate Physical and Behavioral Health Care/ Improve coordination and referral patterns between primary care and behavioral health									
1.B (Expand Behavioral Health/Early Intervention for Targeted Population) - Jail Diversion		X	X	X	X		X		X
Cat. 1/ PA 11.A (or Category 2) -- Expand Behavioral Health Capacity/ Expand and enhance the capacity of behavioral health to better meet the needs of the population									
Category 2/ 6J -- Integrate Physical and Behavioral Health Care/ Provide early intervention or intensive wraparound services and supports for a targeted behavioral health population, including some people with co-occurring disorders, to reduce unnecessary use of more expensive services in a specified setting									
1.C (Expand Behavioral Health/Enhance Service Availability) - Increase Peer Providers	X	X	X	X	X		X		X
Cat. 1/ PA 11.B (or Category 2) -- Expand Behavioral Health Capacity/ Increase training of behavioral health workforce including professionals, paraprofessionals, peer-to-peer, and volunteers									
1.C (Expand Behavioral Health/Enhance Service Availability) - Enhance Rural MCOT		X	X	X	X		X		X
Cat. 1/ PA 11.A (or Category 2) -- Expand Behavioral Health Capacity/ Expand and enhance the capacity of behavioral health to better meet the needs of the population									
1.C (Expand Behavioral Health/Enhance Service Availability) - Increase Child/Adol. MD Cap	X	X	X	X	X		X		X
Cat. 1/ PA 11.A (or Category 2) -- Expand Behavioral Health Capacity/ Expand and enhance the capacity of behavioral health to better meet the needs of the population									
1.C (Expand Behavioral Health/Enhance Service Availability) - Eliminate Waitlist	X	X	X	X	X		X		X
Cat. 1/ PA 11.A (or Category 2) -- Expand Behavioral Health Capacity/ Expand and enhance the capacity of behavioral health to better meet the needs of the population									

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Performing Provider	Brazos	Burleson	Grimes	Leon	Madison	Montgomery	Robertson	Walker	Washington
Brazos Valley MHMR (continued)									
Category 1 - Infrastructure									
1.C (Expand Behavioral Health/Enhance Service Availability) -Expand ACT Svcs		X	X	X	X		X		X
Cat. 1/ PA 11.A (or Category 2) -- Expand Behavioral Health Capacity/ Expand and enhance the capacity of behavioral health to better meet the needs of the population									
Category 2/ 6J -- Integrate Physical and Behavioral Health Care/ Provide early intervention or intensive wraparound services and supports for a targeted behavioral health population, including some people with co-occurring disorders, to reduce unnecessary use of more expensive services in a specified setting									
1.D (Expand Behavioral Health/Collaborate on CSU) - Crisis Triage/Residential Unit	X	X	X	X	X		X		X
Category 2/ 6K -- Integrate Physical and Behavioral Health Care/ Assess and develop a long-term crisis intervention and stabilization services capability to improve access to behavioral health care in the most appropriate, cost-effective setting									
5.A (Implement/Expand Telehealth/Establish TH Pgm/Network) - Integrated Healthcare	X								
Category 2/ 6D -- Integrate Physical and Behavioral Health Care/ Implement physical-behavioral health integration pilots									
College Station Medical Center									
Category 1 - Infrastructure									
2.A (Expand Primary Care Access/Enhance Service Availability) - Leon County Access				X					
1.C (Expand Primary Care Access/Expand Primary Care Clinic Hours)									
1.D (Expand Primary Care Access/Expand Primary Care Clinic Staffing)									
2.A (Expand Primary Care Access/Enhance Service Availability) - Wa. Co. EMS ACP3 Pgm									X
13.A (Expand or Enhance Emergency Medical Transportation Services/ Expand or enhance existing emergency medical transportation capacity with additional vehicles, staff and related infrastructure to address documented shortages)									
Category 2 - Program Innovation and Redesign									
1.B. (Reduce PPA/PPR) - Hospital to Home Bridge Program	X		X	X					X
2.A (Expand Chronic Care Mgmt. Models/ Redesign the outpatient delivery system to coordinate care for patients with chronic diseases)									
2.B (Expand Chronic Care Mgmt. Models/ Composition of care teams is tailored to the patient's health care needs, including non-physician health professionals, such as pharmacists doing medication mgmt; case managers providing care outside of the clinic setting via phone, email, and home visits; nutritionists offering culturally and linguistically appropriate education; health coaches helping patients to navigate the health care system)									
7.A (Establish/Expand a Patient Care Navigation Program/Establish Expand Health Care Navigation Services									

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Performing Provider	Brazos	Burleson	Grimes	Leon	Madison	Montgomery	Robertson	Walker	Washington
Conroe Regional Medical Center									
Category 1 - Infrastructure									
3.A (Expand Specialty Care Access/Enhance Svc Availability) - Specialized Trauma Svcs			X		X	X		X	X
9.D (Expand Specialty Care Capacity/Establish or expand initiatives to increase the availability of targeted specialty providers)									
5.A (Implement/Expand Telehealth/Establish TH Pgm/Network) - Telemedicine						X		X	
7.A (Introduce, Expand, or Enhance Telemedicine/Telehealth/ Expand/establish telemedicine/telehealth program to help fill significant gaps in services)									
9.A (Improve/Expand EMS/Reduce ED Transfer Time) - Expand Med Transpo Svcs						X		X	
13.A (Expand or Enhance Emergency Medical Transportation Services/ Expand or enhance existing emergency medical transportation capacity with additional vehicles, staff and related infrastructure to address documented shortages)									
Category 2 - Program Innovation and Redesign									
2.A (Test Financing Mechanisms for Providers/Create PD Wellness Pgm) - Pt Navigation						X		X	
7.A (Establish/Expand a Patient Care Navigation Program/Establish Expand Health Care Navigation Services									
Category 3 - Quality Improvements									
4.B (PPA/R - Behavioral Health PPA/R) - Expand BH Capacity						X		X	
1.D (Potentially Preventable Admissions (PPAs)/ Behavioral health and substance abuse potentially preventable admission rate)									
2.D (Potentially Preventable Readmissions (PPRs)/ Behavioral health potentially preventable readmission rate)									
Category 2/ PA 6F (Better identify patients needing behavioral health care) or 6J (provide early intervention or intensive wrap-around svcs and supports for a targeted behavioral health population, including people with co-occurring disorders, to reduce unnecessary use of more expensive services in a specified setting)									
Huntsville Memorial Hospital									
Category 1 - Infrastructure									
2.A (Expand Primary Care Access/Enhance Service Availability) - Mobile Office								X	
1.H (Expand Primary Care Capacity/Expand mobile clinics)									
2.C (Expand Primary Care/Workforce Enhancement Initiative) - Nursing Fellowship								X	
2.B (Increase Training of Primary Care Workforce/ Increase the number of primary care residents (i.e., physicians, NPs, PAs and other clinicians/staff, such as health coaches and community health workers/*promotoras*)									
2.E (Increase Training of Primary Care Workforce/ Establish/expand primary care training programs)									

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Performing Provider	Brazos	Burleson	Grimes	Leon	Madison	Montgomery	Robertson	Walker	Washington
Huntsville Memorial Hospital (continued)									
Category 1 - Infrastructure									
3.A (Expand Specialty Care Access/Enhance Svc Availability) - On-Call Svcs								X	
9.D (Expand Specialty Care Capacity/Establish or expand initiatives to increase the availability of targeted specialty providers)									
9.F (Expand Specialty Care Capacity/Enhance service availability (hours, clinic locations, etc.)									
3.C (Expand Specialty Care/Develop-Expand Telehealth) - Expand Telehealth Capability								X	
7.A (Introduce, Expand, or Enhance Telemedicine/Telehealth/ Expand/establish telemedicine/telehealth program to help fill significant gaps in services)									
Category 2 - Program Innovation and Redesign									
3.A (Develop Innovation in Health Promo/Community Partners) - Electronic Ref/Track Rsc								X	
***** May need to reframe*****									
2.C (Expand Chronic Care Mgmt Models/Increase patient engagement, such as through patient education, group visits, self-mgmt support, improved pt-provider communication techniques, and coordination with community resources)									
13.G (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Establish self-management programs and wellness using evidence-based designs)									
13.H (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Engage community health workers in an evidence-based program to increase health literacy of a targeted population)									
3.B (Develop Innovation in Health Promo/Utilize CHWs) - CHW Expansion Project								X	
***** May need to reframe *****									
Category 1/PA 2.B (Increase the number of primary care residents (i.e., physicians, NPs, PAs and other clinicians/staff, such as health coaches and community health workers/promotoras)									
Cat. 2/ 13.H (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Engage community health workers in an evidence-based program to increase health literacy of a targeted population)									
3.D (Develop Innovation in Health Promo/Social Media Campaigns) - Health Promo Website								X	
13.F (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Engage in population-based campaigns or programs to promote healthy lifestyles using evidence-based methodologies including social media and text messaging in an identified population)									

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Huntsville Memorial Hospital (continued)									
Category 2 - Program Innovation and Redesign									
8.B (Reduce Inappropriate ED Use/Identify Freq. User Needs) - Streamlining protocols for CD pts								X	
2.D (Expand Chronic Care Mgmt Models/ Empower patients to make lifestyle changes to stay healthy and self-manage their chronic conditions)									
2.E (Expand Chronic Care Mgmt Models/Apply a care-mgmt model to patients identified as having high risk health care needs)									
13.G (Evidence-Based Health Promotion & Disease Prevention Pgms/Establish self-management programs & wellness using evidence-based designs)									
13.H (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Engage community health workers in an evidence-based program to increase health literacy of a targeted population)									
Montgomery County Public Health District									
Category 1 - Infrastructure									
4.A-E (Enhance HIE and HIT/Leverage HIE for Care Coordination) - Improve Health Outcomes						X			
10.B (Enhance Performance Improvement and Reporting Capacity/Enhance improvement capacity through technology)									
Category 2 - Program Innovation and Redesign									
3. (Develop Innovations in Health Promotion/Disease Prevention) - MC Navigator Initiative						X			
7.A (Establish/Expand a Patient Care Navigation Program/Establish Expand Health Care Navigation Services									
7.A. (Innovate in Supportive Care/Create Supportive Pgm) - MCHD Health & Wellness						X			
1.C (Enhance/Expand Medical Homes/Restructure staffing into multidisciplinary care teams that manage a panel of patients where providers and staff operate at the top of their license)									
2.A (Expand Chronic Care Mgmt Models/Redesign the outpatient delivery system to coordinate care for patients with chronic diseases)									
2.C (Expand Chronic Care Mgmt Models/Increase patient engagement, such as through patient education, group visits, self-mgmt support, improved pt-provider communication techniques, and coordination with community resources)									
2.E (Expand Chronic Care Mgmt Models/Apply a care-mgmt model to patients identified as having high risk health care needs)									
Scott & White Hospital System									
Category 1 - Infrastructure									
2.A (Expand Primary Care Access/Enhance Service Availability) - Svc Availability Hours	X								
1.C (Expand Primary Care Access/Expand Primary Care Clinic Hours)									
1.D (Expand Primary Care Access/Expand Primary Care Clinic Staffing)									
2.A (Expand Primary Care Access/Enhance Service Availability) - Svc Availability Hours									X
1.C (Expand Primary Care Access/Expand Primary Care Clinic Hours)									
1.D (Expand Primary Care Access/Expand Primary Care Clinic Staffing)									

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Performing Provider	Brazos	Burleson	Grimes	Leon	Madison	Montgomery	Robertson	Walker	Washington
St. Joseph Health System									
Category 1 - Infrastructure									
1.A (Expand BH Access/IT Assisted Svc & Hlth Mgmt Strategy) - LPC Placement	X	X	X	X	X		X		X
Cat. 1/ PA 11.A (or Category 2) -- Expand Behavioral Health Capacity/ Expand and enhance the capacity of behavioral health to better meet the needs of the population									
1.B (Expand Behavioral Health/Early Intervention Targeted Population) - ER/Acute Care & Med Home	X								
1.A (Expand Primary Care Capacity/ Establish more primary care clinics)									
1.F (Expand Primary Care Capacity/ Expand urgent care services)									
3.C (Expand Specialty Care/Develop-Expand Telehealth) - Central Referral Ctr	X	X	X	X	X		X	X	X
9.A (Expand Specialty Care Capacity/Identify high impact/most impacted specialty services and gaps in care and coordination)									
9.D (Expand Specialty Care Capacity/Establish or expand initiatives to increase the availability of targeted specialty providers)									
7.A (Pt. Ctr Med Home/Redesign Care or Expand Scope) - Develop Pt. Medical Home	X	X	X	X	X		X		X
Category 2/ Area 1.A -- Enhance/Expand Medical Homes/ Enhance medical homes									
Category 2/ Area 1.B -- Enhance/Expand Medical Homes/ Establish/expand medical homes									
Category 2/ Area 1.C -- Enhance/Expand Medical Homes/Restructure staffing into multidisciplinary care teams that manage a panel of patients where providers and staff operate at the top of their license									
Category 2 - Program Innovation and Redesign									
1.A (Reduce PPA/PPR/Evidence-Base Care Coord Model) - CHF/MI/Diabetes Intervention	X								
2.E (Expand Chronic Care Mgmt Models/Apply a care-mgmt model to patients identified as having high risk health care needs)									
12.A (Implement/Expand Care Transition Programs / Develop standardized clinical protocols and care delivery model)									
12.C (Implement/Expand Care Transition Programs / Develop a system to identify patients being discharged potentially at risk of needing acute care services within 30-60 days)									
12.D (Implement/Expand Care Transition Programs / Implement discharge planning program and post discharge support program)									
1.B. (Reduce PPA/PPR) - Reduce 30d readmission rates	X	X	X						
12.C (Implement/Expand Care Transition Programs / Develop a system to identify patients being discharged potentially at risk of needing acute care services within 30-60 days)									
12.D (Implement/Expand Care Transition Programs / Implement discharge planning program and post discharge support program)									

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Performing Provider	Brazos	Burleson	Grimes	Leon	Madison	Montgomery	Robertson	Walker	Washington
St. Joseph Health System (continued)									
Category 2 - Program Innovation and Redesign									
3.C (Innovations in Health Promo/Dis. Prev.) - Fit & Strong! Pgm	X		X	X			X		X
13.G (Evidence-Based Health Promotion & Disease Prevention Pgms/Establish self-management programs & wellness using evidence-based designs)									
13.H (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Engage community health workers in an evidence-based program to increase health literacy of a targeted population)									
3.C (Innovations in Health Promo/Dis. Prev.) - Fit & Strong! Pgm		X							
13.G (Evidence-Based Health Promotion & Disease Prevention Pgms/Establish self-management programs & wellness using evidence-based designs)									
13.H (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Engage community health workers in an evidence-based program to increase health literacy of a targeted population)									
3.C (Innovations in Health Promo/Dis. Prev.) - Fit & Strong! Pgm					X				
13.G (Evidence-Based Health Promotion & Disease Prevention Pgms/Establish self-management programs & wellness using evidence-based designs)									
13.H (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Engage community health workers in an evidence-based program to increase health literacy of a targeted population)									
3.C (Innovations in Health Promo/Dis. Prev.) - CRC for Prenatal, ENT, Ortho, Uro, Cardio		X	X	X	X		X	X	X
9.A (Expand Specialty Care Capacity/Identify high impact/most impacted specialty services and gaps in care and coordination)									
9.D (Expand Specialty Care Capacity/Establish or expand initiatives to increase the availability of targeted specialty providers)									
3.C (Innovations in Health Promo/Dis. Prev.) - Wellness for Diabetes Express Pgm		X	X	X	X		X		
13.B (Evidence-Based Health Promotion & Disease Prevention Pgms/Implement evidence-based strategies to reduce tobacco use)									
13.G (Evidence-Based Health Promotion & Disease Prevention Pgms/Establish self-management programs & wellness using evidence-based designs)									
8.A/B/C (Reduce Inappropriate ED Use) -- Reduce Inappropriate ER Use	X	X	X	X	X	X	X	X	X
9.A. (Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation -- Analyze ED throughput)									
9.B (Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation -- Increase ED throughput)									
9.C (Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation -- Develop and implement ED triage protocol)									
9.D (Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation -- Establish ED care teams to improve patient flow)									
Category 3 - Quality Improvements									
3.A/B/C (Quality Improvements/Perinatal Outcomes)	X	X	X	X	X		X	X	X
Category 2/Area 13.C -- Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Implement evidence-based strategies to increase early enrollment in prenatal care									
4.A/B/C (Improvements in Quality & Safety/ Perinatal Outcomes)									

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Performing Provider	Brazos	Burleson	Grimes	Leon	Madison	Montgomery	Robertson	Walker	Washington
Texas A&M Health Science Center (Texas A&M Physicians Group)									
Category 1 - Infrastructure									
1.A (Expand BH Access/IT Assisted Svc & Hlth Mgmt Strategy) - Telehealth Link w/PCPs	X	X	X	X	X	X	X	X	X
Cat. 1/ PA 11.A (or Category 2) -- Expand Behavioral Health Capacity/ Expand and enhance the capacity of behavioral health to better meet the needs of the population									
7.A (Introduce, Expand, or Enhance Telemedicine/Telehealth/ Expand/establish telemedicine/telehealth program to help fill significant gaps in services									
1.B (Expand Behavioral Health/Early Intervention Targeted Pop.) - Somatization Disorder	X	X	X	X	X	X	X	X	X
Cat. 1/ PA 11.A (or Category 2) -- Expand Behavioral Health Capacity/ Expand and enhance the capacity of behavioral health to better meet the needs of the population									
Category 2/ 6J -- Integrate Physical and Behavioral Health Care/ Provide early intervention or I intensive wraparound services and supports for a targeted behavioral health population, including people with co-occurring disorders, to reduce unnecessary use of more expensive services in a specified setting)									
1.F (Expand Behavioral Health/Expand Residency Slots) - Create Pysch Residency	X	X	X	X	X	X	X	X	X
Cat. 1/ PA 11.A (or Category 2) -- Expand Behavioral Health Capacity/ Expand and enhance the capacity of behavioral health to better meet the needs of the population									
Cat. 1/ PA 11.B (or Category 2) -- Expand Behavioral Health Capacity/ Increase training of behavioral health workforce including professionals, paraprofessionals, peer-to-peer, and volunteers									
2.A (Expand Primary Care Access/Enhance Service Availability) - HFA Capacity	X	X	X	X	X	X	X	X	X
1.D (Expand Primary Care Access/Expand Primary Care Clinic Staffing)									
2.B (Expand Primary Care Access/PCP Recruit & Retention Sys) - Rural Fellowship	X	X	X	X	X	X	X	X	X
2.D (Increase Training of Primary Care Workforce/ Increase the number of residents/trainees choosing primary care as a career)									
2.E (Increase Training of Primary Care Workforce/ Establish/expand primary care training programs)									
2.B (Expand Primary Care Access/PCP Recruit & Retention Sys) - Geriatric Fellowship	X	X	X	X	X	X	X	X	X
2.E (Increase Training of Primary Care Workforce/ Establish/expand primary care training programs)									
9.A (Expand Specialty Care Capacity/ Identify high impact/most impacted specialty services and gaps in care and coordination)									
9.C (Expand Specialty Care Capacity/ Increase the number of residents/trainees choosing targeted shortage specialties)									
9.E (Expand Specialty Care Capacity/ Develop workforce enhancement iniatives to support access to specialty providers in underserved markets and areas (recruitment and retention))									

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Performing Provider	Brazos	Burleson	Grimes	Leon	Madison	Montgomery	Robertson	Walker	Washington
Texas A&M Health Science Center (continued)									
Category 1 - Infrastructure									
4.A-E (Enhance HIE and HIT for Perf. Improvement & Rptng) - Clinical Data Warehouse	X	X	X	X	X	X	X	X	X
5.A (Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities/ Implement a system to stratify patient outcomes and quality measures by patient REAL demographic information in order to identify potential health disparities and develop strategies to ensure equitable heatlh outcomes)									
**Category 1/PA 10.A -- Enhance Performance Improvement and Reporting Capacity/ Enhance improvement capacity within people									
**Category 1/ PA 10.B -- Enhance Performance Improvement and Reporting Capacity/ Enhance improvement capacity through technology									
**Category 2/ PA 8.A -- Apply Process Improvement Methodology to Improve Quality/Efficiency - Implement a quality/process improvement methodology									
**Category 2/ PA 8.B -- Apply Process Improvement Methodology to Improve Quality/Efficiency - Measure continuous improvement									
6.A/B (Implement Disease or Care Mgmt Registry) - Develop registry infrastructure for pt eval	X	X	X	X	X	X	X	X	X
3.A/B (Implement and Utilize Disease Mgmt Registry Functionality)									
***Category 1/PA 10.A -- Enhance Performance Improvement and Reporting Capacity/ Enhance improvement capacity within people*									
***Category 1/ PA 10.B -- Enhance Performance Improvement and Reporting Capacity/ Enhance improvement capacity through technology*									
***Category 2/ PA 8.A -- Apply Process Improvement Methodology to Improve Quality/Efficiency - Implement a quality/process improvement methodology*									
***Category 2/ PA 8.B -- Apply Process Improvement Methodology to Improve Quality/Efficiency - Measure continuous improvement*									
7.A (Pt-Ctr Med. Home Model/Redesign scope-expand care) - RN Coord. MHM Del. Sys.	X	X	X	X	X	X	X	X	X
7.A (Establish/Expand a Patient Care Navigation Program/Establish Expand Health Care Navigation Services)									
Category 2/PA 1.A -- Enhance/Expand Medical Homes -- Enhance medical homes									
Category 2/PA 1.A -- Enhance/Expand Medical Homes -- Establish/expand medical homes									
7.A-B (Pt-Ctr Med. Home Model/Redesign scope-expand care) - Develop MHM Infrastructure	X	X	X	X	X	X	X	X	X
Category 2/Area 1.B (Enhance/Expand Medical Homes -- Establish/expand medical homes)									
***Category 1/PA 10.A -- Enhance Performance Improvement and Reporting Capacity/ Enhance improvement capacity within people*									
***Category 1/ PA 10.B -- Enhance Performance Improvement and Reporting Capacity/ Enhance improvement capacity through technology*									
***Category 2/ PA 8.A -- Apply Process Improvement Methodology to Improve Quality/Efficiency - Implement a quality/process improvement methodology*									
***Category 2/ PA 8.B -- Apply Process Improvement Methodology to Improve Quality/Efficiency - Measure continuous improvement*									

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Performing Provider	Brazos	Burleson	Grimes	Leon	Madison	Montgomery	Robertson	Walker	Washington
Texas A&M Health Science Center (continued)									
Category 1 - Infrastructure									
9.A (Improve or Expand Emergency Medical Svcs) - ED/ER Operations Improvement	X	X	X	X	X	X	X	X	X
Category 2/Area 9 (Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation)									
***Category 1/PA 10.A -- Enhance Performance Improvement and Reporting Capacity/ Enhance improvement capacity within people*									
***Category 1/ PA 10.B -- Enhance Performance Improvement and Reporting Capacity/ Enhance improvement capacity through technology*									
***Category 2/ PA 8.A -- Apply Process Improvement Methodology to Improve Quality/Efficiency - Implement a quality/process improvement methodology*									
***Category 2/ PA 8.B -- Apply Process Improvement Methodology to Improve Quality/Efficiency - Measure continuous improvement*									
Category 2 - Program Innovation and Redesign									
1.A (Reduce PPA/PPR/Evidence-Base Care Coord Model) - Smoking Cessation/COPD	X	X	X	X	X	X	X	X	X
13.B (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Implement evidence-based strategies to reduce tobacco use)									
1.A (Reduce PPA/PPR/Evidence-Base Care Coord Model) - Heart Failure	X	X	X	X	X	X	X	X	X
13.G (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Establish self-management programs and wellness using evidence-based designs)									
3.A-C (Innovations in Health Promotion & Disease Prevention) - Practice Coaches to Navigate HC, manage chronic care, outcomes	X	X	X	X	X	X	X	X	X
7.A (Establish/Expand a Patient Care Navigation Program/Establish Expand Health Care Navigation Services									
**Category 1/PA 10.A -- Enhance Performance Improvement and Reporting Capacity/ Enhance improvement capacity within people									
**Category 1/ PA 10.B -- Enhance Performance Improvement and Reporting Capacity/ Enhance improvement capacity through technology									
**Category 2/ PA 8.A -- Apply Process Improvement Methodology to Improve Quality/Efficiency - Implement a quality/process improvement methodology									
**Category 2/ PA 8.B -- Apply Process Improvement Methodology to Improve Quality/Efficiency - Measure continuous improvement									
3.B (Innovations in Health Promo/Utilize CHWs) - Diabetes Mgmt & Prevention	X	X	X	X	X	X	X	X	
13.G (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Establish self-management programs and wellness using evidence-based designs)									
3.B (Innovations in Health Promo/Utilize CHWs) - CHW integration & training	X	X	X	X	X				X
13.H (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Engage community health workers in an evidence-based program to increase health literacy of a targeted population									

Regional Healthcare Partnership 17
Updated DSRIP Project Proposal Matrix
(Based on 6.29.12 HHSC RHP Planning Protocol)

Performing Provider	Brazos	Burleson	Grimes	Leon	Madison	Montgomery	Robertson	Walker	Washington
Texas A&M Health Science Center (continued)									
Category 2 - Program Innovation and Redesign									
3.C/D (Innovations in Health Promo/Self Mgmt Ed & New Media) - Diabetes Kiosks	X	X	X	X	X	X	X	X	X
13.F (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Engage in population-based campaigns or programs to promote healthy lifestyles using evidence based methodologies including social media and text messaging in an identified population									
13.H (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Engage community health workers in an evidence-based program to increase health literacy of a targeted population									
3.I (Innovation Health Promo/Dis. Prev. - Screenings) - Dx GI Endo & Screening	X	X	X	X	X	X	X	X	X
13.A (Implement Evidence-Based Health Promotion and Disease Prevention Programs/ Implement evidence-based strategies to increase screenings and referral for targeted populations (e.g., mammography screens, colonoscopies, prenatal alcohol use, etc.)									
4.A/B (Innovate Pvdr Trg & Capacity) - Multidisciplinary Care	X	X	X	X	X	X	X	X	X
1.C (Enhance/Expand Medical Homes / Restructure staffing into multidisciplinary care teams that manage a panel of patients where providers and staff operate at the top of their license)									
2.B (Expand Chronic Care Mgmt Models/ Redesign the outpatient delivery system to coordinate care for patients with chronic diseases)									
7.A/C (Innovate in Supportive Care/Sustainable Pgm & Partners) - BVH Home Support Care	X	X	X	X	X	X	X	X	X
2.A (Expand Chronic Care Mgmt Models/Redesign the outpatient delivery system to coordinate care for patients with chronic diseases)									
2.D (Expand Chronic Care Mgmt Models/Apply a care management model to patients identified as having high-risk health care needs)									
7.A (Establish/Expand a Patient Care Navigation Program/Establish Expand Health Care Navigation Services)									
9.A/B (Improve Patient Experience of Care) - CAHPS Med Home/Cult. Comp	X	X	X	X	X	X	X	X	X
4.A (Redesign to Improve Patient Experience/ Organizational integration and prioritization of patient experience)									
4.B (Redesign to Improve Patient Experience/ Data and performance measurement (to include HCAHPS/CAHPS and/or other systems and methodologies to measure patient experience)									
4.C (Redesign to Improve Patient Experience/ Implementing improvements)									
Tri-County Services MHMR									
Category 1 - Infrastructure									
1.B (Expand Behavioral Health/Early Intervention Targeted Pop.) - MH First Aide Trng Pgm	X	X	X	X	X	X	X	X	X
Cat. 1/ PA 11.B (or Category 2) -- Expand Behavioral Health Capacity/ Increase training of behavioral health workforce including professionals, paraprofessionals, peer-to-peer, and volunteers									
Category 2/ 6E -- Integrate Physical and Behavioral Health Care/ Train primary care providers in behavioral health care									

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Performing Provider	Brazos	Burleson	Grimes	Leon	Madison	Montgomery	Robertson	Walker	Washington
Tri-County Services MHMR (continued)									
Category 1 - Infrastructure									
1.B (Expand Behavioral Health/Early Intervention Targeted Pop.) - NonMed Res. Detox Pgm						X		X	
Cat. 1/ PA 11.A (or Category 2) -- Expand Behavioral Health Capacity/ Expand and enhance the capacity of behavioral health to better meet the needs of the population									
1.B (Expand Behavioral Health/Early Intervention Targeted Pop.) - Integrated HC Pgm						X		X	
Category 2/ 6D -- Integrate Physical and Behavioral Health Care/ Implement physical-behavioral health integration pilots									
1.B (Expand Behavioral Health/Early Intervention Targeted Pop.) - Obs, Eval & Diversion						X		X	
Cat. 1/ PA 11.A (or Category 2) -- Expand Behavioral Health Capacity/ Expand and enhance the capacity of behavioral health to better meet the needs of the population									
Category 2/ 6I -- Integrate Physical and Behavioral Health Care/ Implement and enhance discharge and post-discharge support interventions for behavioral health, including substance abuse disorder interventions									
Category 2/ 6J -- Integrate Physical and Behavioral Health Care/ Provide early intervention or intensive wraparound services and supports for a targeted behavioral health population, including some people with co-occurring disorders, to reduce unnecessary use of more expensive services in a specified setting									
1.C (Expand Behavioral Health/Enhance Service Availability) - IDD Tx Pgm						X		X	
Cat. 1/ PA 11.A (or Category 2) -- Expand Behavioral Health Capacity/ Expand and enhance the capacity of behavioral health to better meet the needs of the population									
Category 2/ 6J -- Integrate Physical and Behavioral Health Care/ Provide early intervention or intensive wraparound services and supports for a targeted behavioral health population, including some people with co-occurring disorders, to reduce unnecessary use of more expensive services in a specified setting									
1.C (Expand Behavioral Health/Enhance Service Availability) - Svc Criteria & Delivery						X		X	
Cat. 1/ PA 11.A (or Category 2) -- Expand Behavioral Health Capacity/ Expand and enhance the capacity of behavioral health to better meet the needs of the population									