

DRAFT DSRIP Regional Health Partnership Planning Protocol Summary

(based on HHSC's July 2012 draft)

*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

- 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

- 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

Project Area 6: Enhance Urgent Medical Advice

DRAFT DSRIP Regional Health Partnership Planning Protocol Summary

(based on HHSC's July 2012 draft)

*excluding proposed metrics

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	
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	
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***	<i>Expand and enhance the capacity of behavioral health to better meet the needs of the population</i>
B***	<i>Increase training of behavioral health workforce including professionals, paraprofessionals, peer-to-peer, and volunteers</i>
Project Area 12: Increase, Expand, and Enhance Dental Services	
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

DRAFT DSRIP Regional Health Partnership Planning Protocol Summary

(based on HHSC's July 2012 draft)

*excluding proposed metrics

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 | The composition of care teams is tailored to the patient's health care needs, including non-physician health professionals, such as pharmacists doing medication management; case managers providing care outside of the clinic setting via phone, email, and home visits; nutritionists offering culturally and linguistically appropriate education; and health coaches helping patients to navigate the health care system |
| C | Patients can access their care teams in person or by phone or email |
| D | Increase patient engagement, such as through patient education, group visits, self-management support, improved patient-provider communication techniques, and coordination with community resources |
| E | Empower patients to make lifestyle changes to stay healthy and self-manage their chronic conditions |
| F | Apply a care management model to patients identified as having high-risk health care needs |
| G | Redesign rehabilitation delivery models for persons with disabilities |
| H | Develop a continuum of care in the community for persons with serious and persistent mental illness and co-occurring disorders |
| I | Develop care management functions that integrate the primary and behavioral health needs of individuals |

Project Area 3: Redesign Primary Care

- | | |
|----------|--|
| 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

- | | |
|----------|---|
| A | Implement cost-accounting systems to measure intervention impacts |
| B | Establish a method to measure cost containment |

DRAFT DSRIP Regional Health Partnership Planning Protocol Summary

(based on HHSC's July 2012 draft)

*excluding proposed metrics

C	Establish a baseline for cost
D	Measure for cost containment
E	Develop an integrated care model with outcome-based payments
Project Area 6: Integrate Physical and Behavioral Health Care - <i>**May move to Cat 1, Area 11</i>	
A**	<i>Expand and enhance the capacity of behavioral health to better meet the needs of the population</i>
B**	<i>Increase training of behavioral health workforce including professionals, paraprofessionals, peer-to-peer, and volunteers</i>
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	
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
Project Area 10: Use Palliative Care Programs	
A	Develop a hospital-specific business case for palliative care and conduct planning activities

DRAFT DSRIP Regional Health Partnership Planning Protocol Summary

(based on HHSC's July 2012 draft)

*excluding proposed metrics

	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
<i>Project Area 11: Conduct Medication Management</i>	
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
<i>Project Area 12: Implement/Expand Care Transition Programs</i>	
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
<i>Project Area 13: Implement Evidence-Based Health Promotion and Disease Prevention Programs</i>	
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

DRAFT DSRIP Regional Health Partnership Planning Protocol Summary

(based on HHSC's July 2012 draft)

*excluding proposed metrics

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)

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

A Collect measures based on the "Optimal Diabetes Care Composite" (as adopted by the National Quality Forum)

DRAFT DSRIP Regional Health Partnership Planning Protocol Summary

(based on HHSC's July 2012 draft)

*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

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

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

DRAFT DSRIP Regional Health Partnership Planning Protocol Summary

(based on HHSC's July 2012 draft)

*excluding proposed metrics

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	Decubitus 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

DRAFT DSRIP Regional Health Partnership Planning Protocol Summary

(based on HHSC's July 2012 draft)

*excluding proposed metrics