DSRIP DY7 - DY8 Measure Bundle Overview

The DY7 and DY8 draft program structure evolves from project-level reporting towards targeted measure bundles that are reported by DSRIP performing providers as a provider system. Bundling measures for DY7 - DY8 allows for ease in measure selection and approval, increase standardization of measures across the state for providers with similar activities, facilitate the use of regional networks to identify best practices and share innovative ideas, and to continue to build on the foundation set in the initial waiver period while providing additional opportunities for transforming the healthcare system and bending the cost curve.

Measure bundles will be developed for hospital performing providers and physician practices. HHSC anticipates additional flexibility in measure selection for community mental health centers and local health departments. Each measure bundle will connect to at least one DSRIP Category 1 or 2 project area on the Transformational Extension Menu (TEM). Most DSRIP Category 1 and 2 project areas could be connected to one or more measure bundles. The most common Category 1 and 2 project areas could connect to multiple bundles because they are broad activities.

Measure bundles will consist of measures that share a unified theme, apply to a similar population, and are impacted by similar activities. HHSC will work with stakeholders to finalize a menu of measure bundles. The final menu may include measures taken from common existing Category 3 outcome measures, new or updated measures from authoritative sources, and innovative measures developed for DSRIP by participating entities to fill gaps in current standardized measures. Innovative measures will be developed--pending interest--by a Texas entity functioning as a measure steward. Bundles will include a mix of related process measures (currently designated as non-standalone [NSA]) and patient clinical outcomes (currently designated as standalone [SA]).

Bundle Selection Criteria:

- Each measure bundle will be assigned a point value based on one or more of the following factors:
  - The number of measures in the bundle and the difficulty of the measures in the bundle. (Ex: Current Category 3 stand-alone (SA) measures are worth 3 points, and current Category 3 non stand-alone (NSA) measures are worth 1 point).
  - Whether the measure is pay-for-performance (P4P) or pay-for-reporting (P4R).
  - Whether the bundle is considered a state priority. (Ex: If the bundle is considered a state priority, one point could be added to its value).
- Each provider will be assigned a minimum point threshold for measure bundle selection based on DY7 valuation and data related to a providers Medicaid and uncompensated care burden, as described in the proposed draft Program Funding and Mechanics Protocol (PFM). Providers will select one or more bundles to meet or exceed their minimum point threshold.

Timeline:

- The target date for a submitting a final measure bundle menu to CMS for approval is **June 2017**.
- Providers will select measure bundles and will submit a plan for using new activities or ongoing activities from their initial Category 1 or 2 projects to improve the measures in their selected bundles. Bundles will be selected in **October/November 2017** as part of the RHP plan submission.
- Providers will report baselines for P4P measures for calendar year 2017 beginning in **April 2018** as part of the DY7 R1 reporting period. Goals will be set as an improvement over the CY2017 baseline.

EXAMPLE measure bundles (all measures P4P unless otherwise noted):

Improved Chronic Disease Management: Heart Disease (State Priority +1 Point)					**TOTAL: 8 Points**
Measure		**Measure Steward**	**NQF #**	**Type**	
IT-1.28	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (PQRS #317)	CMS	NA	Process	+1
IT-1.7	Controlling high blood pressure	NCQA	0018	Clinical	+3
IT-2.21	Ambulatory Care Sensitive Conditions Admissions Rate	Canadian Institute for Health Information	NA	Clinical	+3

Primary Care Prevention - Healthy Texans					**TOTAL: 4 Points**
Measure		**Measure Steward**	**NQF #**	**Type**	
IT-1.21	Adult Body Mass Index (BMI) Assessment	CMS	0421	Process	+1
IT-1.23	Tobacco Use: Screening & Cessation	AMA	0028	Process	+1
IT-12.4	Pneumonia vaccination status for older adults	CMS	0043	Process	+1
IT-12.6	Influenza Immunization -- Ambulatory	AMA	0041	Process	+1
New	*HIE Review for Opioid Prescribing (Innovative - P4R)*	*Texas HHS Health Informatics*	*NA*	*Process*	*+0*

Cancer Screening					**TOTAL: 9 Points**
Measure		**Measure Steward**	**NQF #**	**Type**	
IT-12.1	Breast Cancer Screening	NCQA	2372	Process	+1
IT-12.13	Mammography follow-up rate	CMS	NA	Clinical	+3
IT-12.15	Abnormal Pap test follow-up rate	American College of Obstetrics and Gynecology	NA	Clinical	+3
IT-12.2	Cervical Cancer Screening	NCQA	0032	Process	+1
IT-12.3	Colorectal Cancer Screening	NCQA	0034	Process	+1

Behavioral Health (BH) and Appropriate Utilization					**TOTAL: 9 Points**
Measure		**Measure Steward**	**NQF #**	**Type**	
IT-11.13	Assignment of Primary Care Physician to Individuals with Schizophrenia	Center for Quality Assessment and Improvement in Mental Health (CQAIMH)	NA	Process	+1
IT-11.28	Housing Assessment for Individuals with Schizophrenia	CQAIMH	NA	Process	+1
IT-11.29	Independent Living Skills Assessment for Individuals with Schizophrenia	CQAIMH	NA	Process	+1
IT-3.15	Risk Adjusted BH /Substance Abuse 30-day Readmission Rate	NA	NA	Clinical	+3
IT-9.4.e	Reduce ED visits for Behavioral Health/Substance Abuse	AHRQ	NA	Clinical	+3