

Summary of Stakeholder Feedback on Draft DSRIP Transition Plan

Texas Health and Human Services (HHS) released the draft DSRIP Transition Plan for stakeholder comment on August 1, 2019. Over 80 stakeholders provided comments through an online survey from August 1-15, 2019. Many comments were supportive of various aspects of the plan, and many focused on next steps related to the proposed milestones rather than suggesting changes to the plan itself. Using this feedback, HHSC plans to continue working closely with stakeholders as it develops and implements work plans for each of the milestones.

The following were common themes from stakeholder comments on the initial version of this plan HHSC released for comment in early August.

- Texas needs a proposal for how care for the low-income, uninsured population will continue to be supported after DSRIP ends (particularly access to primary care, behavioral health, including for severe mental illness (SMI), and chronic care management).
- Add additional key focus areas for post-DSRIP planning, including public health, access to care, integrated care, and hospital safety.
- Add language in the plan regarding the importance of public health integration with health care and include this as a key focus areas. Coordination between public health and health care providers was strengthened by local health department participation in DSRIP as a performing provider.
- Allow regional approaches to VBP as well as new programs.
- Consider rural and small hospital challenges in VBP and new programs.
- Sharing of timely data (including claims data, clinical data through HIE, and social determinants data if available) is necessary for providers and health plans to successfully engage in VBP.
- Include social determinants of health in VBP and new programs.
- Alignment of HHSC programs, administrative simplification and standardization (including with Medicare) will help with implementing VBP
- HHSC needs to require/provide direction for MCOs to engage with providers.
- Build on evidence-based best practices, including from DSRIP experience.
- Keep in mind IGT sources for funding new programs and the recipients.
- Request to maintain funding for current DSRIP providers as DSRIP phases down so they can sustain the work they have initiated through DSRIP. Incentives need to be meaningful to enable program improvements.
- Collaborate with stakeholders throughout the process including pediatric hospitals, BH/IDD, local health departments, MCOs, and IGT entities.

In addition, the below list reflects examples of the types of activities stakeholders highlighted under each of the key focus areas for Texas post-DSRIP.

- Sustain access to care to critical health care services (including workforce, oral health, reproductive health);
- Behavioral health (e.g. care for SMI adults, coordination with the justice system, integrated care);

- Primary care;
- Patient navigation, care coordination, and care transitions, including for patients with complex conditions that have high costs and high utilization;
- Chronic care management;
- Health promotion and disease prevention (Public health entities have been a key provider group for these initiatives);
- Maternal health and birth outcomes, including in rural areas of the state (and intersection with mental health and substance use);
- Pediatric care (e.g., primary care, specialty care, complex care, and early intervention);
- Rural health care;
- Integration of public health with Medicaid;
- Telemedicine and telehealth; and
- Social drivers of health.

In response to stakeholder comments, HHSC made changes to this plan, including related to key focus areas, rural context, increased coordination across physical health, behavioral health and public health, and the importance of data sharing. HHSC added “Sustain access to critical health care services” and “Integration of public health with Medicaid” as two key areas identified by many stakeholders as Texas plans for post-DSRIP.