

### Overview of Changes to Category 3 of the RHP Planning Protocol

The Health and Human Services Commission submitted to CMS a draft revised version of the Category 3 menu from the RHP Planning protocol – *Category 3, 2<sup>nd</sup> edition (July 2013)*. In this updated Category 3 menu, HHSC proposes to include new outcome domains to improve the navigation of the Category 3 menu, add 159 new measures, and clarify certain outcomes that represented a challenge to the providers in interpreting the intent of the measures.

Please note: This submission by HHSC to CMS is under review at this time. **NO action is required by providers at this time.**

#### Background on need for revisions

- The results from CMS review of the RHP plans included at least 177 Category 3 measures that did not receive initial approval. These measures included “Other” measures, IT – 11.1 Improvement in Clinical Indicator in identified disparity group and IT – 12.5 Other USPSTF-endorsed screening outcome measures.
- In addition, certain tools for measuring patient satisfaction and quality of life that were not specifically included in the Category 3 menu did not receive approval even though the measures themselves could be approvable.
- CMS tasked HHSC to work with the proposed measures and determine which outcomes could be added to Category 3. As a result of this analysis, HHSC, in collaboration with the Texas Medical Foundation (TMF), has proposed the following:
  - Add two new outcome domains - OD 11 (Behavioral Health/Substance Abuse) and OD 15 (Infectious Disease) and 159 new measures across all domains.
  - Include additional clarifications for outcomes included in OD-5 to specify what cost analysis can be used in this domain, for IT-9.2 to clarify which measure can be selected by the providers as a single stand-alone measure, and reworking IT-11.1 and IT-12.5 by including a number of measures in the menu.
  - Delete OD-11 Addressing Health Disparities in Minority Populations as a separate domain since providers can reflect these outcomes by using the measures from various domains specific to their population.

Overall, this revised iteration of the Category 3 menu represents 263 outcomes across 15 domains: 152 standalone, 103 non-standalone and 8 mixed use (from OD-5 Cost of Care where standalone status is dependent on selection of project 2.5).

The following table summarizes how many new measures were added by Outcome domain.

Outcome Measures	OD 1	OD 2	OD 3	OD 4	OD 5	OD 6	OD 7	OD 8	OD 9	OD 10	OD 11	OD 12	OD 13	OD 14	OD 15
Total number	30	19	16	25	8	6	10	24	15	29	30	19	6	9	17
New measures	11	5	5	16	1	4	1	16	10	26	30	15	1	1	17

Based on the TMF analysis, 283 projects with outcomes that were disapproved or required significant modification would be accommodated by either new or revised measures. There will still be some projects (at least 23 projects) that would not be accommodated by the revised menu and providers would have to consider other options to meet Category 3 requirements.

**Substantive changes by domain:**

- OD1: New measures added related to:
  - Comprehensive Diabetes Care
  - Asthma Care
  - Tobacco use
  - BMI screening and teaching
  - Blood pressure screening and care planning
- OD2: New measures added related to:
  - PPA Pediatric Asthma
  - PPA Cancer
  - PPA cellulitis
  - PPA Pain
  - PPA TB
- OD3: New measures added related to:
  - PPR Cancer
  - PPR Medication Complications
  - PPR Specialty Care
- OD4: New measures added related to:
  - Comprehensive VTE prevention
  - Risk adjusted Length of Stay
  - Stroke Care
  - Falls
  - Unplanned Re-operations
  - Adverse drug events

- OD5: New measures added related to:
  - Total Cost of Care
- OD6: New measures added related to:
  - Specification of allowable patient satisfaction tools (all validated and evidence based)
- OD7: New measures added related to:
  - Adult Cavities
- OD8: New measures added related to:
  - Pregnancy rates (youth and all population)
  - Preterm and Healthy term birth rates
  - Breastfeeding
  - Postpartum follow-up
  - Fetal Anomaly screening
  - Readmissions for hyperbilirubinemia
- OD9: New measures added related to:
  - ED- LWBS rates
  - ED- Low acuity utilization
  - ED and inpatient Care Transitions
  - ED throughput measures
- OD10: New measures added related to:
  - Specification of allowable quality of life and functional status tools (all validated and evidence based)
- OD11: New measures added related to:
  - Behavioral Health Admission & Readmission Rates
  - Behavioral Health Treatment or Therapy Outcomes
  - Co-morbid Chronic Condition Screening and Monitoring
  - Behavioral Health and Primary Care
  - Assessment of Behavioral Health Conditions and/or Symptoms
  - Behavioral Health Patient Satisfaction Surveys/Instruments
  - Behavioral Health Quality of Life, Activity of Daily Living, and Functional Status Assessments
  - Behavioral Health Community and Social-Integration
- OD12: New measures added related to:
  - Immunizations for adults/youth/high risk populations
  - Mammography follow-up
  - Osteoporosis screening and follow-up
  - Dietary Counseling
  - Colorectal Cancer screening follow-up
  - Bone scans for low risk prostate cancer patients
- OD13: New measures added related to:
  - Interdisciplinary Family Counseling
- OD14: New measures added related to:

- Specialty Care physician practicing in HPSAs
- OD15: New measures added related to:
  - HIV Care
  - TB Care
  - STD screening, treatment and follow-up

### **Texas 1115 Waiver Category 3 Focus**

Category 3 outcomes are focused on the intervention population. However, CMS has proposed that providers be given the option of using a population-based measure. The discussion that follows outlines HHSC's proposal to CMS on this option.

The way that most of the measures are structured, modifications are needed to focus the denominator on the project population. If measures are not modified, it would mean that most measures would not be able to be focused on the intervention served in the Category 1 & 2 projects. For example, for the Potentially Preventable Admissions (PPA) CHF rate, the denominator is "Population in metro area or county." The change made is for the "patients age 18 years or older within a hospital, medical center, and/or health care system."

The designations below under "Measure Source" outline the changes made for the denominator to focus on the intervention population. If a provider chooses, they may also select the population-based denominator. However, a provider will not be required to use a population-based denominator. A population-based measure could result in a lower expectation of achievement with the achievement level methodology that is under development.

The tracked changes are in the document to view both the original population-based denominator, and the "modified" denominator that would be selected to focus on intervention population. Measure Source:

- Outcome measure specifications adhere to the measure as approved evidence base source identified. E.g., IT-8.3 Early Elective Deliveries - Measure source: Joint Commission NQF #469 – The measure described in Category 3 is identical to the measure as developed by Joint Commission and endorsed by NQF. 178 of the Category 3 outcomes are true measures.
- Modified measure - Outcome measure specifications are modified minimally. E.g., IT-1.6 Cholesterol management for patients with cardiovascular conditions - Measure source: NCQA/HEDIS 2013. As the measure is described by NCQA, it is intended for use by Managed Care Organizations. In order to make this measure appropriate for DSRIP performing providers, the measure described in Category 3 replaces the word 'member' with 'patient'. All other components of the measure specifications are identical to the measure as it was developed by NCQA. 26 of the Category 3 outcomes are modified measures.

- Custom measure - Outcome measures are essentially 'homegrown', adapted to the project needs of DSRIP performing providers. The measure specifications developed for custom measures adhere to clinical guidelines for care and/or accepted clinical definitions of a condition or clinical event. E.g., IT-4.9 Average Length of Stay-Sepsis. The numerator was developed in accordance with other length of stay metrics and customized to include a modifier of sepsis diagnosis. 59 of the Category 3 outcomes are custom measures.