

DSRIP Support Team (DST) CHCANYS Annual Conference



October 20, 2014



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Topic

DSRIP Support (DST) Introduction

DSRIP Support (DST) Team Overview

New York State Regions

DSRIP Update: Attribution and Valuation

Stakeholder Engagement & Partner Formation

Resources

DST Introduction

Overview of DSRIP

Role of DSRIP Support Team

DSRIP Timeline



Just A Short Recap on the Delivery System Reform Incentive Payment Program (DSRIP)



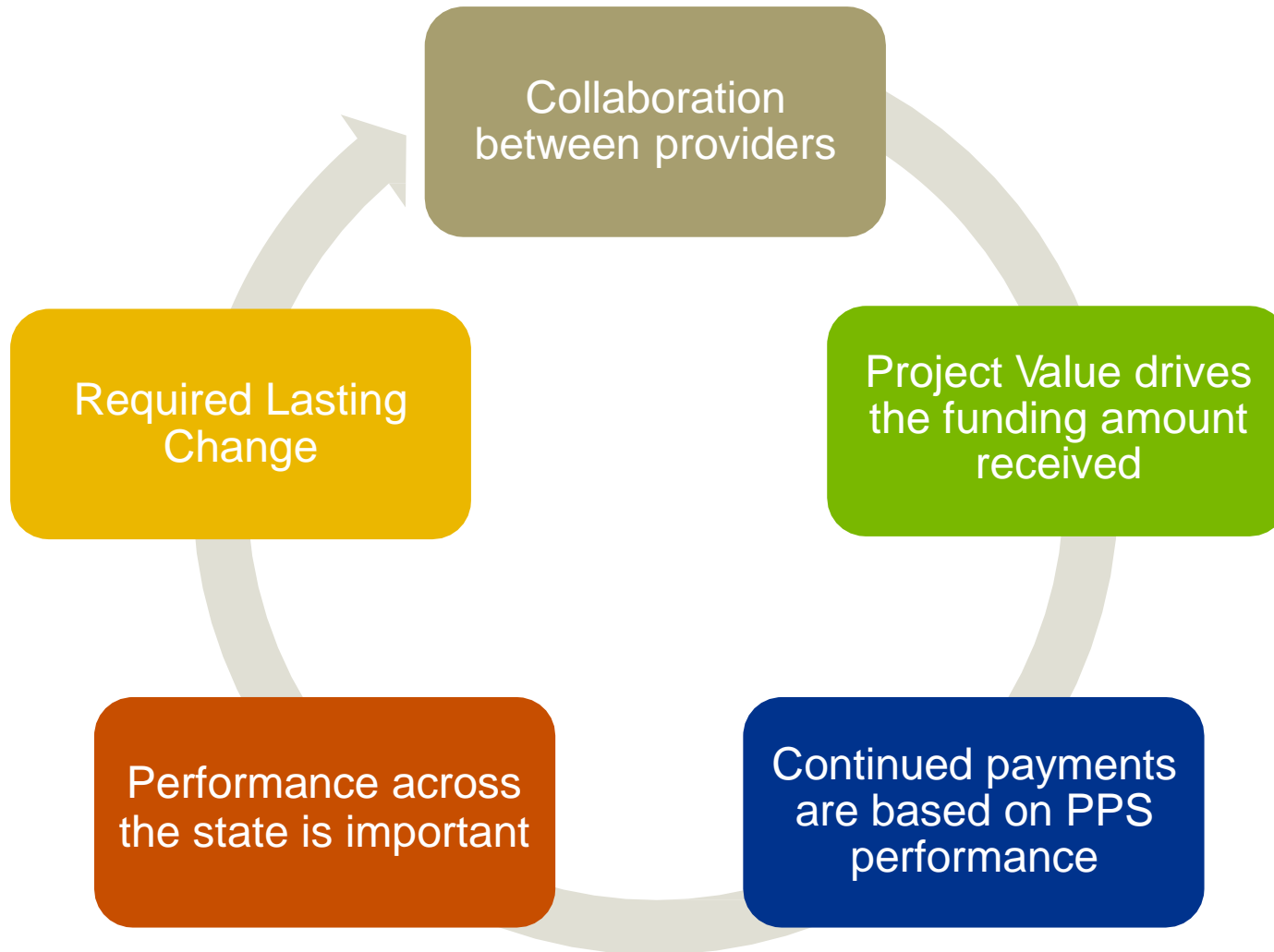
- In April 2014, New York State (NYS) announced approval of the 1115 waiver to allow NYS to reinvest **\$8 Billion** in federal savings generated by Medicaid Redesign Team (MRT) reforms.
 - **\$6.42 Billion** for Delivery System Reform Incentive Payments (DSRIP)
 - **\$500 Million** for the Interim Access Assurance Fund (IAAF)
 - **\$1.08 Billion** for other Medicaid Redesign purposes
- The DSRIP program promotes community-level collaborations and focuses on system reform.

Goals of DSRIP

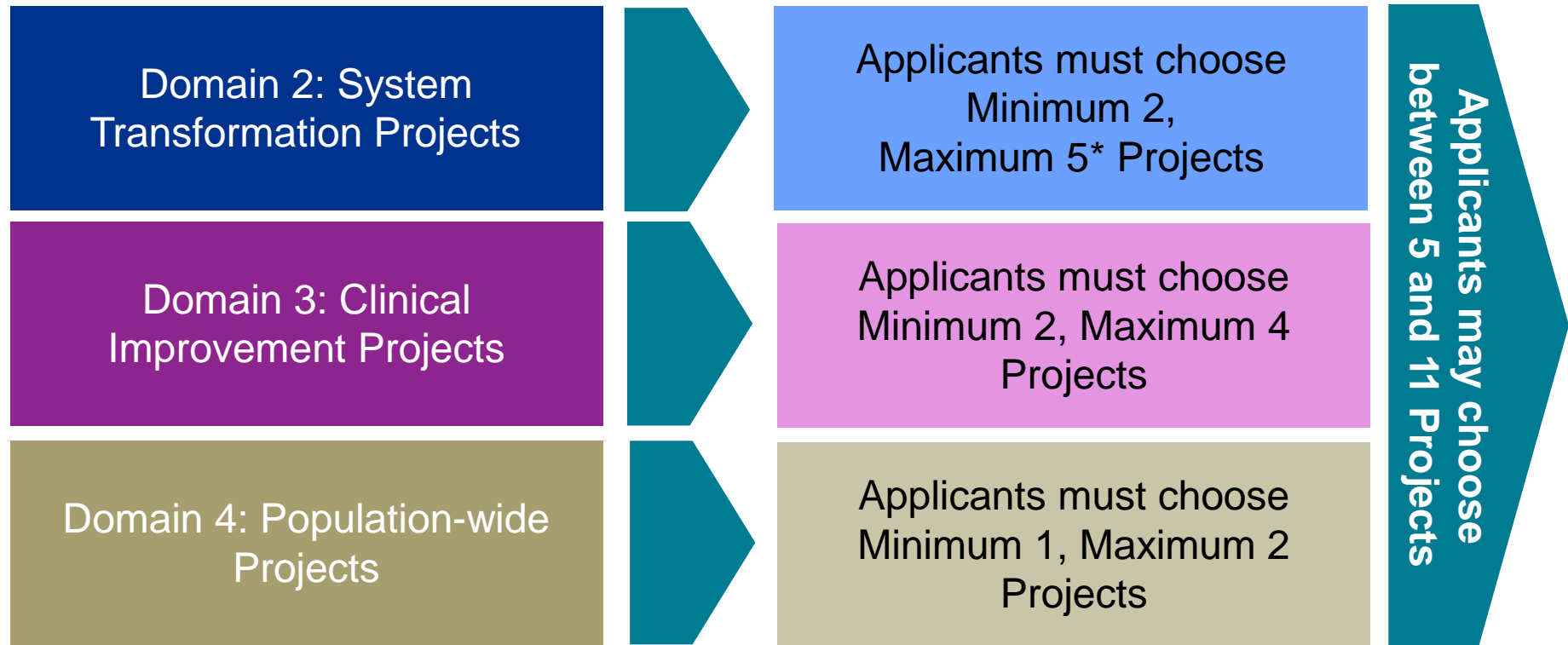
Reduce avoidable hospital admissions and emergency department use by 25 % over the next 5 years

Preserve and transform the State's fragile healthcare safety net system

Key DSRIP Themes



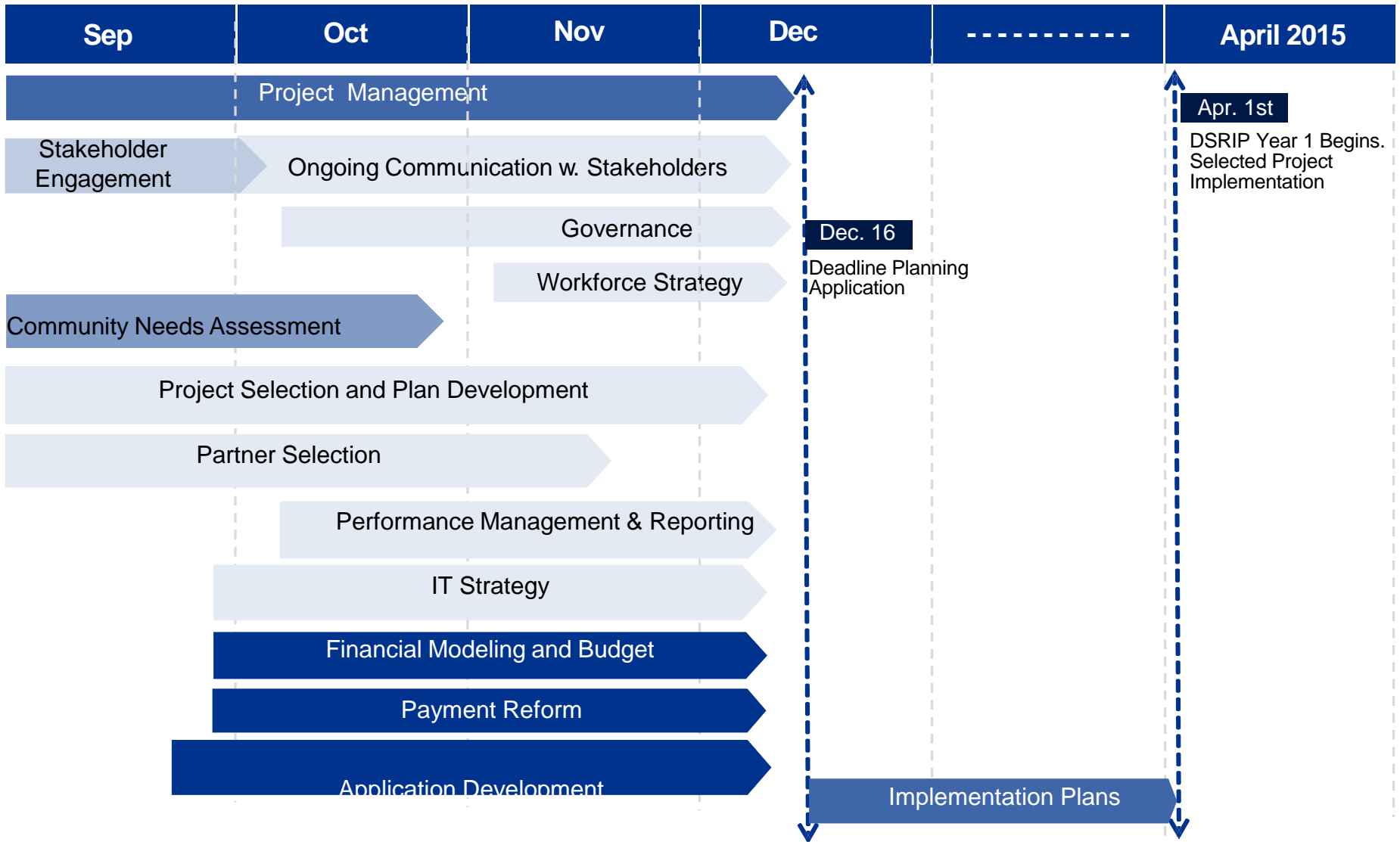
Every Performing Provider System (PPS) will select between 5 and 11* projects



Each PPS will employ multiple projects to transform health care delivery and address the broad needs of the population that the system serves. These projects are grouped into four domains; each domain includes specific strategies and projects with Domain 1 serving as: Overall Project Progress and the remaining listed above.

* The 11th project targeting the uninsured population

Timelines are tight with major milestones on December 16th and April 1st



The DSRIP Support Team (DST) has been tasked by the DOH to perform 4 key tasks



1. Serve as **designated contact** for any Department of Health-related DSRIP Communications (e.g. answer any questions or concerns the PPS may have regarding DSRIP and the Planning Application Process.)
2. Perform periodic reviews of PPS Planning Grant Application as it develops to help the PPS assemble an application that is of **high quality and in accordance with DSRIP guidelines** and the guidance put forth by the Independent Assessor. The aim is to prevent surprises once the application is submitted on December 16th and enters the scoring process.
3. Provide **how-to guides and support materials** for all PPSs to use to assist them in the Planning Grant Application process.
4. If needed and as indicated by the PPS, the DST may also provide **on-the-ground support**, which may range from basic to intense, in order to assist the PPS in its Planning Grant Application efforts.

Given our role and position, there are a couple of clear actions that the DST cannot do



As an independent participant in the DSRIP Application Process, the DST is unable to complete the application itself and clear boundaries have been created.

The DST will not:

Write applications, or any content therein, on behalf of the PPS.

Perform administrative duties, such as scheduling and mass correspondence on behalf of the PPS

Hold any form of budgetary or managerial responsibility

Negotiate or engage stakeholders on behalf of the PPS

Assume responsibility for the success or failure of the DSRIP Application

Project Management Assistance where necessary

Ongoing throughout the entire project

DST Centralized support

- Digital Media Strategy
 - Survey Tool
 - Webcasts
 - Website
 - Mobile Application
 - Progress Reporting Platform
 - Health Information Technology (HIT)
- “How To” Guide Creation
 - Project Plan Overview
 - Governance
 - Ad Hoc / As needed
- Toolkit Development
- Prototype Development
- FAQ Tracking

DST Regional support

- Regional Team Deployment & Coalition Orientation
- Project Plan Support Levels
 - 1. Review
 - 2. Strategic (Basic)
 - 3. Tactical (Intermediate)
 - 4. Operational (Intense)

New York State Regions: Where are we working?



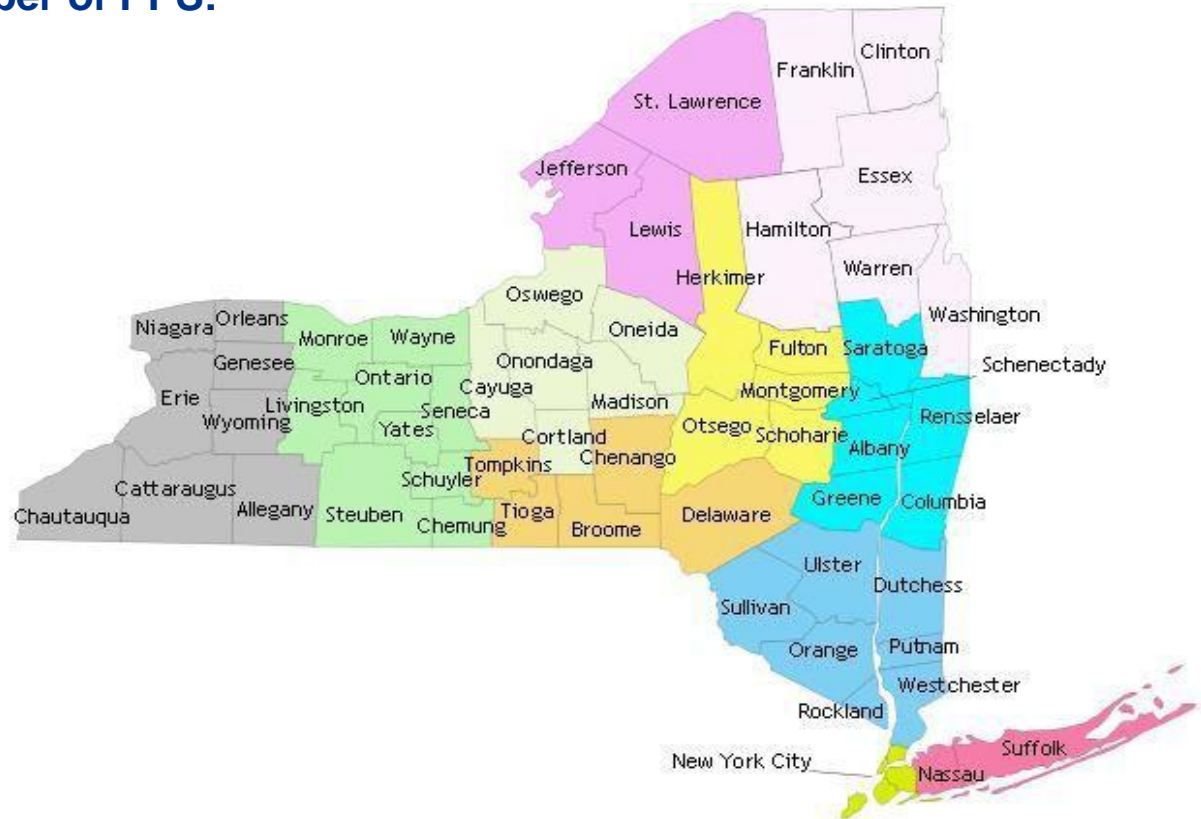
We are currently working with all PPS across the state in addition to working with the DOH in Albany



The current number of PPSs stands at 31, pending further consolidation

Regions Supported and number of PPS:

1. Capital Region – 2
2. Central NY – 4
3. Finger Lakes – 1
4. Long Island – 2
5. Mid-Hudson – 4
6. Mohawk Valley – 1
7. North Country – 1
8. New York City – 12
9. Southern Tier – 1
10. Tug Hill Seaway – 1
11. Western New York – 2



DSRIP Update: Attribution & Valuation

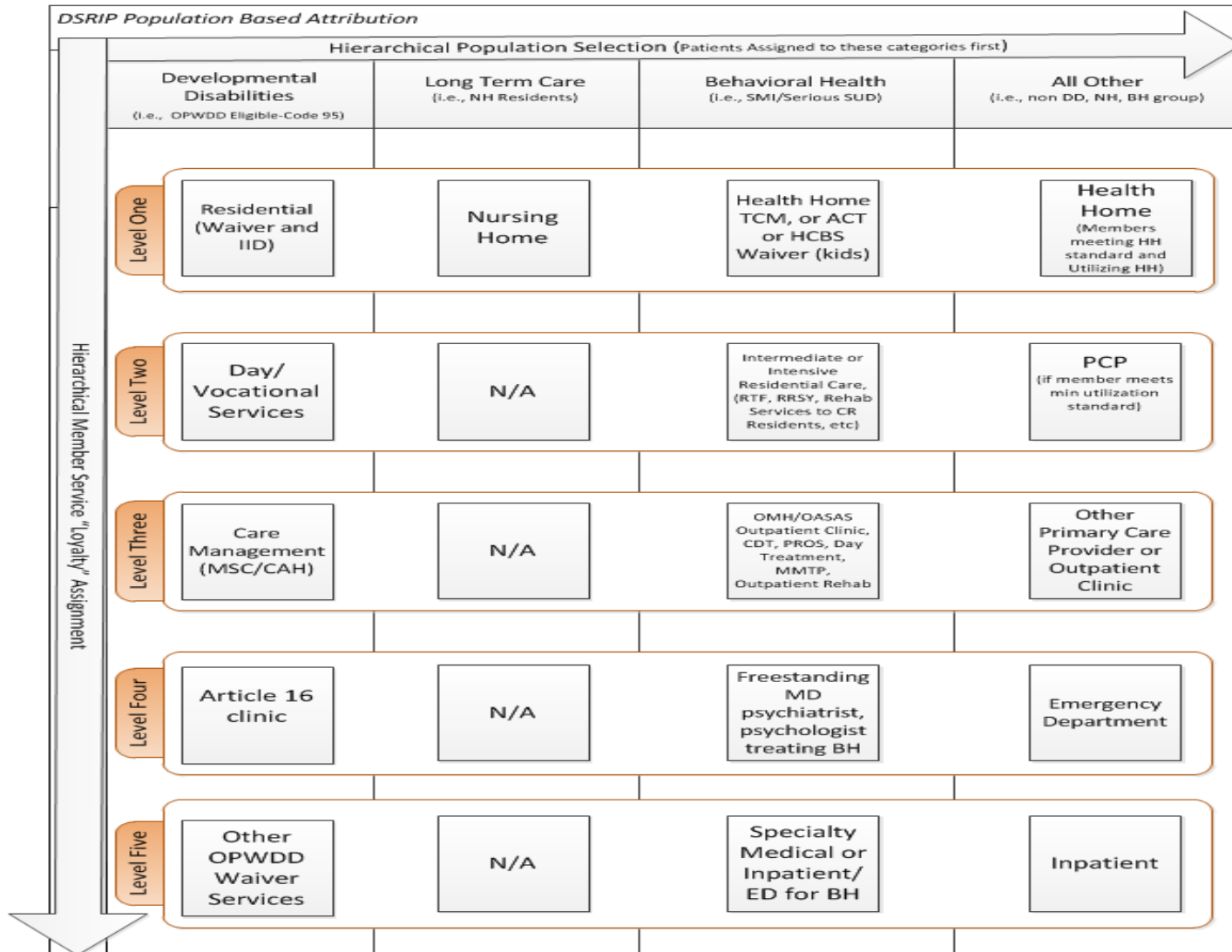


The strength of a PPS is determined by the sum of its parts

- A PPS is an entity composed of local collaborating providers who will implement DSRIP projects over 5-year period and beyond.
 - Each PPS must include providers to form an entire continuum of care
- PPS partners should include the following:
 - Hospitals
 - Health Homes
 - Skilled Nursing facilities (SNF)
 - Clinics & FQHCs
 - Behavioral Health Providers
 - Home Care Agencies
 - Other Key Stakeholders

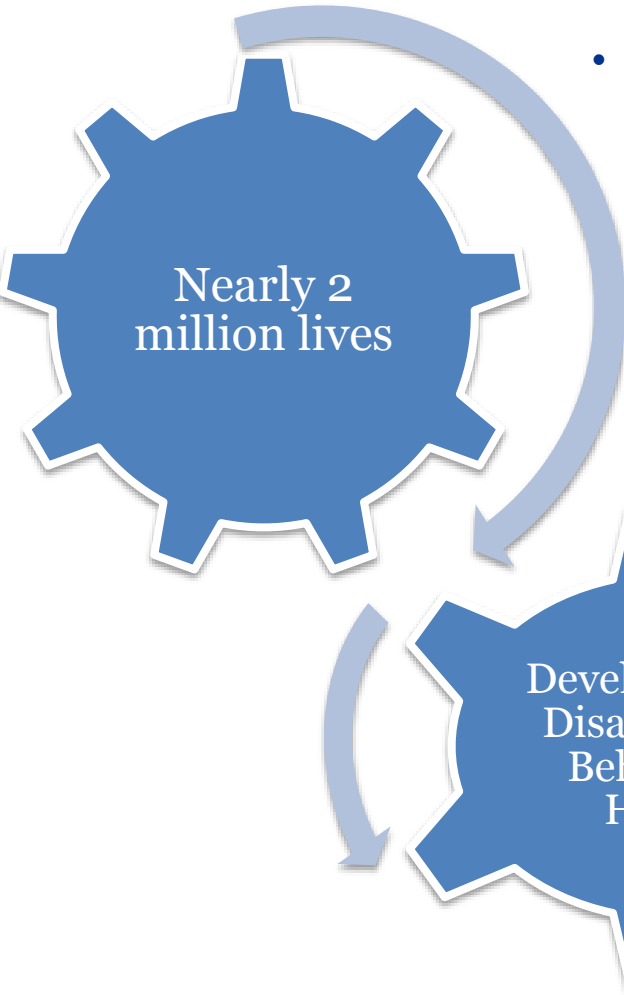


PPS Partners are important to network formation and drive attribution, and therefore DSRIP dollars



First attribution results based on early October network submissions show large gaps

Attribution:



- Were **unattributed** during the initial attribution run; results vary by county but this is generally due to low primary care coverage

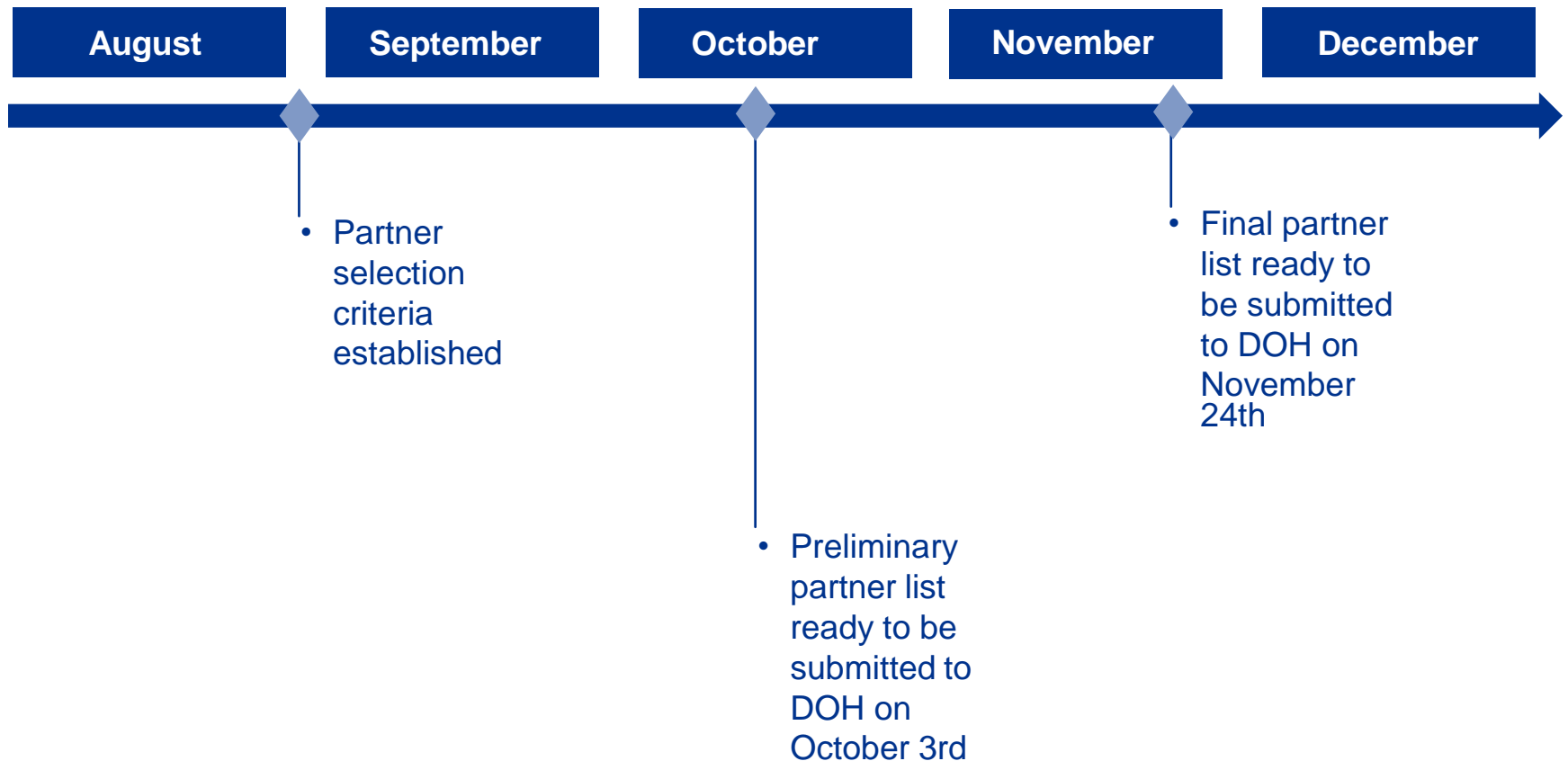
Network coverage and robustness:

- Categories for “**Developmental Disabilities**” and “**Behavioral Health**” have reasonably high percentage of unattributed lives and the “**All others**” category for PCPs has a high percentage of unattributed lives

Stakeholder Engagement and Partner Formation: observed practices



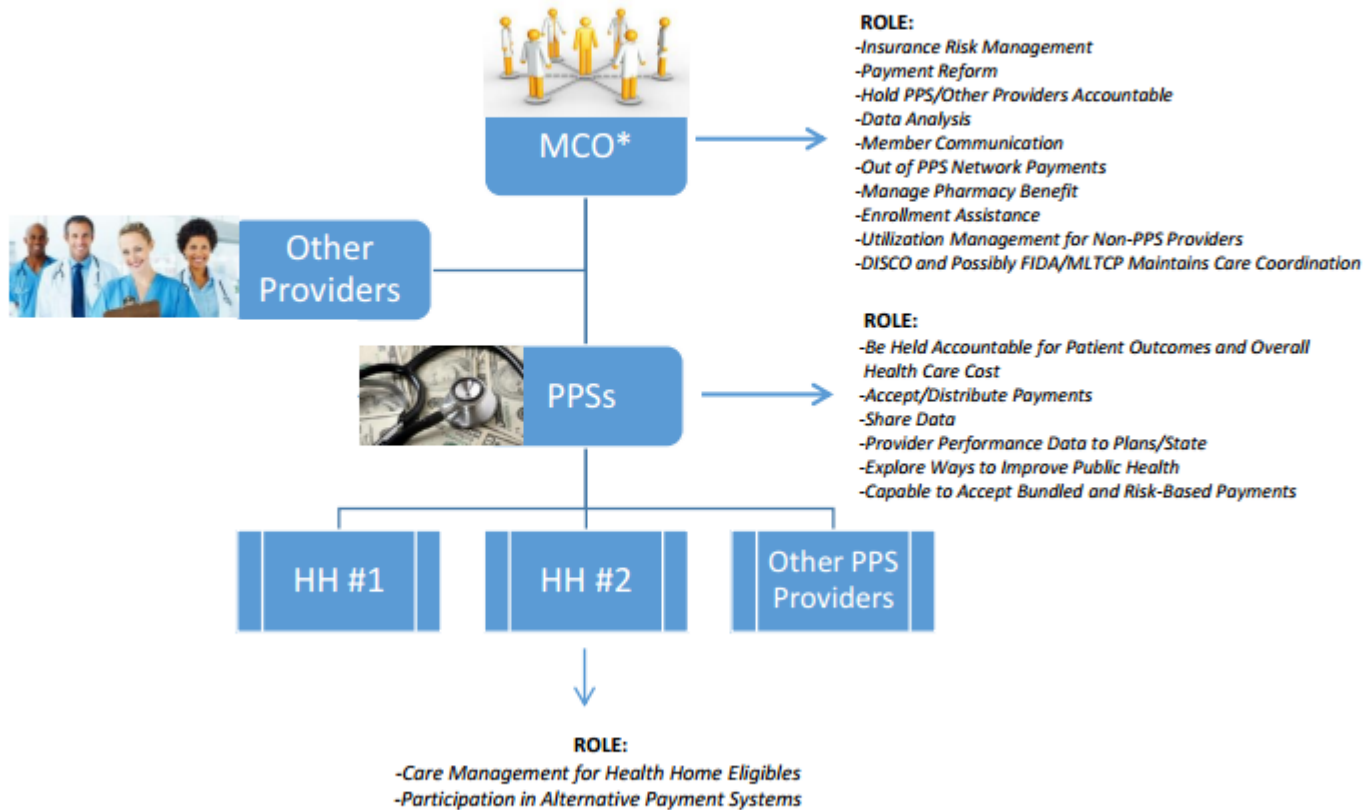
Partner selection is locked down before November 24th



Given that PPSs will be rewarded for the milestones they reach collectively, stakeholder engagement and inclusion is crucial

Five Years in the Future

How The Pieces Fit Together: MCO, PPS & HH



*Mainstream, MLTC, FIDA, HARP & DISCO

Providers may assume various partner roles in the PPS Network



- When a new legal entity is created, there may need to be **capital contributing partner(s)**, who would also by definition be **Executive Partners Lead Partners**
- When there is no new legal entity, a PPS requires a **Lead Partner** who is responsible for fiduciary and project management control
- **Governance Partners** who are a member of the Executive Governance Committee/Board of Governance and/or sub-committees including members of the Finance, Clinical, or IT/Data committees
- **Participating Partners** who are Partners by nature of the beneficiary attribution but are not a part of the Governance process or ownership. These Partners may be represented on the PAC or other advisory bodies.
- **Affiliates** who might be providers or community based organizations that do not, by themselves, attribute lives, but are otherwise important for the success of the PPS. Affiliates may be represented on the PAC or other advisory bodies.

Observed Practices used for Stakeholder Engagement



Medium	Audience	Purpose	Value Add
Website	Public	Public website includes information on: <ul style="list-style-type: none"> ✓ PPS Overview ✓ DSRIP information + DOH links ✓ Committees - charters ✓ Meeting Schedule and Locations ✓ Meeting Materials 	Transparency in PPS planning processes, roles and responsibilities, and accomplishments
Provider Advisory Committee (PAC) Meetings	Member Partners All PPS Partners Public	Bi-weekly to monthly basis. Partners co-chair committees with PPS Lead representative. Partners leading PAC Clinical project planning subcommittees	Partners engaged in project planning and application activities
Newsletter/Listserv	PPS Partners Public	Weekly DSRIP digest sent to PPS partners and public who sign up for listserv. Includes: <ul style="list-style-type: none"> ✓ DOH updates and deadlines ✓ PPS updates, deadlines, and upcoming events ✓ Information blasts sent out as-needed for critical updates 	Listserv allows for uniform and frequent dissemination of critical PPS and DSRIP information

Observed Practices used for Stakeholder Engagement (cont'd)



Medium	Audience	Purpose	Value Add
Surveys	PPS Partners	Surveys (to be) sent out to collect information: <ul style="list-style-type: none"> ✓ Community Health Needs ✓ IT readiness ✓ Provider and CBO capabilities ✓ Population health management / workforce experience (bonus points section) ✓ Partner financial position 	Surveys allow for / will allow for stakeholder engagement in areas noted. Survey responses / details allow the PPS to gauge "interest" of partners in DSRIP activities and level of commitment to planning and projects
Town Hall Meeting	PPS Partners Public	Webinars and in-person open meetings for DSRIP and PPS updates	Dissemination of information and committee activities to broader audience

Q & A Discussion





DSRIP website:

<http://www.health.ny.gov/dsrip>

DSRIP e-mail:

dsrip@health.state.ny.us

Subscribe to DSRIP Listserv:

http://www.health.ny.gov/health_care/Medicaid/redesign/listserv.htm



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