

New York Delivery System Reform Incentive Payment (DSRIP) Program:

Preparing FQHCs for DSRIP Opportunities

- CHCANYS Webinar
- February 18, 2014

Presentation Overview

1. DSRIP Overview and Key Components
2. DSRIP Process
3. Sample DSRIP Scenario
4. Draft DSRIP Timeline
5. Questions and Answers

Waiver Overview and Status

- In August 2012, the State submitted the MRT Waiver Amendment Proposal to CMS to allow New York to reinvest \$10 billion in MRT-generated federal savings back into the state's health care system over 5 years.
- The State was then engaged in ongoing negotiations with CMS.
- On February 13, 2014, Governor Cuomo announced that Waiver has been approved in principle by CMS and will allow New York to reinvest \$8 billion in savings.
- Key Waiver Strategy is the Delivery System Reform Incentive Payment (DSRIP) Program.

DSRIP Program Principles

Patient Centered

- Improving patient care & experience through a more efficient, patient-centered and coordinated system.

Transparent

- Decision making process takes place in the public eye and that processes are clear and aligned across providers.

Collaborative

- Collaborative process reflects the needs of the communities and inputs of stakeholders.

Accountable

- Providers are held to common performance standards, deliverables and timelines.

Value Driven

- Focus on increasing value to patients, community, payers and other stakeholders.

Better care, less costs

DSRIP Plan: Key Components

- Proposed DSRIP investment (subject to change): \$7.375 billion over 5 years.

Key focus is reducing avoidable hospitalizations by 25%

Statewide initiative open to public hospitals and a wide array of safety-net providers, including FQHCs

HEALTH MANAGEMENT ASSOCIATES

Payments are performance based.

A menu of CMS-approved programs that will be part of an overall project

Eligible Providers

- Major Public General Hospitals
 - SUNY
 - New York City Health and Hospitals Corporation
 - Public hospitals in Erie, Nassau, and Westchester counties
- Safety Net Providers*
 - **FQHCs** and other clinics
 - Hospitals other than major public general hospitals
 - Nursing homes
 - Behavioral health providers
 - Home care agencies

** Eligible providers will be defined by specific criteria that are currently under development and may vary across different regions of the state.*

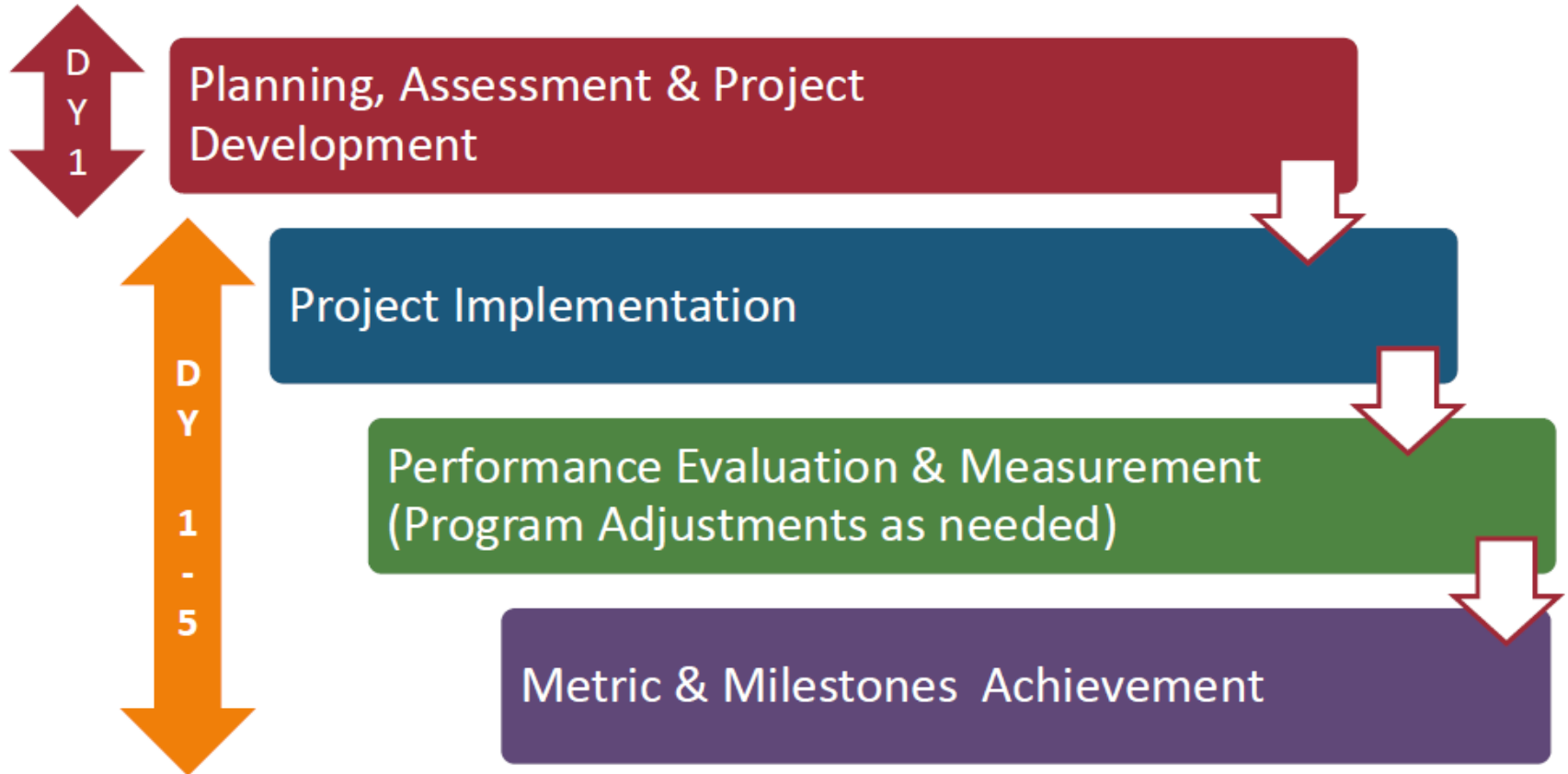
Local Partnerships to Transform the Delivery System

Partners should include:

- ❑ *Hospitals*
- ❑ *Nursing Homes*
- ❑ *Clinics & FQHCs*
- ❑ *Behavioral Health Providers*
- ❑ *Home Care Agencies*
- ❑ *Other key stakeholders*



DSRIP Project Lifecycle Overview



DSRIP Plan CMS-Approved Programs

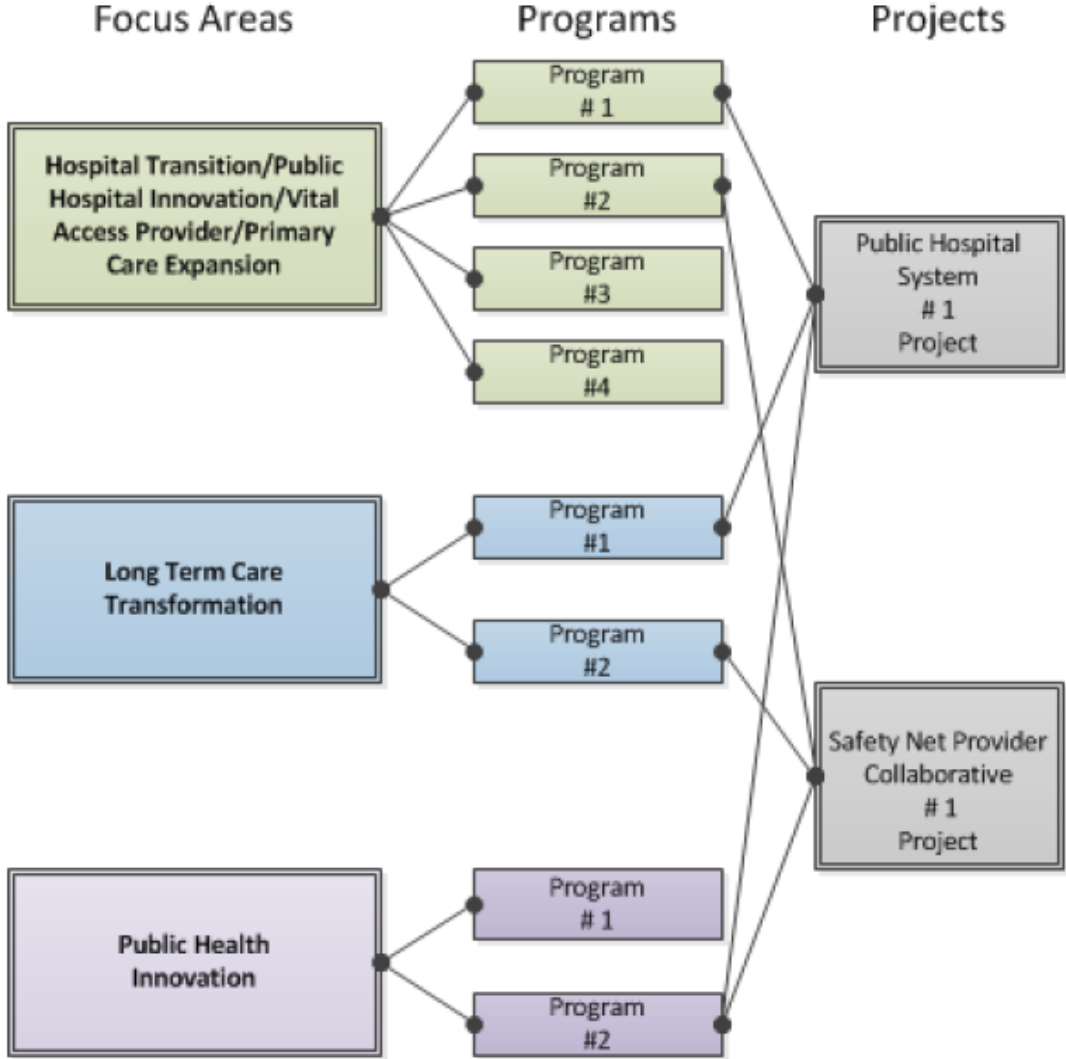
- Currently a “menu” 25 programs in 3 focus areas:
 - Hospital Transition/Public Hospital Innovation/Primary Care Expansion/Vital Access Providers
 - Long Term Care Transformation
 - Public Health Innovation
- May be an opportunity for providers to submit applications for “off-menu” programs that demonstrate significant need, but those should also expect greater scrutiny during the proposal review process.

DSRIP Programs*

- Each program has the following components specifically tied to the goal of reducing avoidable hospitalizations:
 - Clearly defined process measures
 - Clearly defined outcome measures
 - Clearly defined measures of success relevant to provider type and population impacted
 - Clearly defined financial sustainability metrics to assess long-term viability

** Programs subject to revision*

DSRIP Program and Project Flow



DSRIP Project Plan Requirements

- A new initiative for the provider
- Substantially different from other initiatives funded by CMS, although it may build on or augment such an initiative
- Documented to address one or more significant issues within the provider's service area and be based on a detailed analysis using objective data sources

DSRIP Project Plan Requirements - 2

- A substantial, transformative change for the provider
- Demonstrative of a commitment to life-cycle change and a willingness to commit sufficient organizational resources to ensuring project success
- Developed in concert, whenever possible, with other providers in the service area with special attention paid to coordination with Health Homes actively working within their area

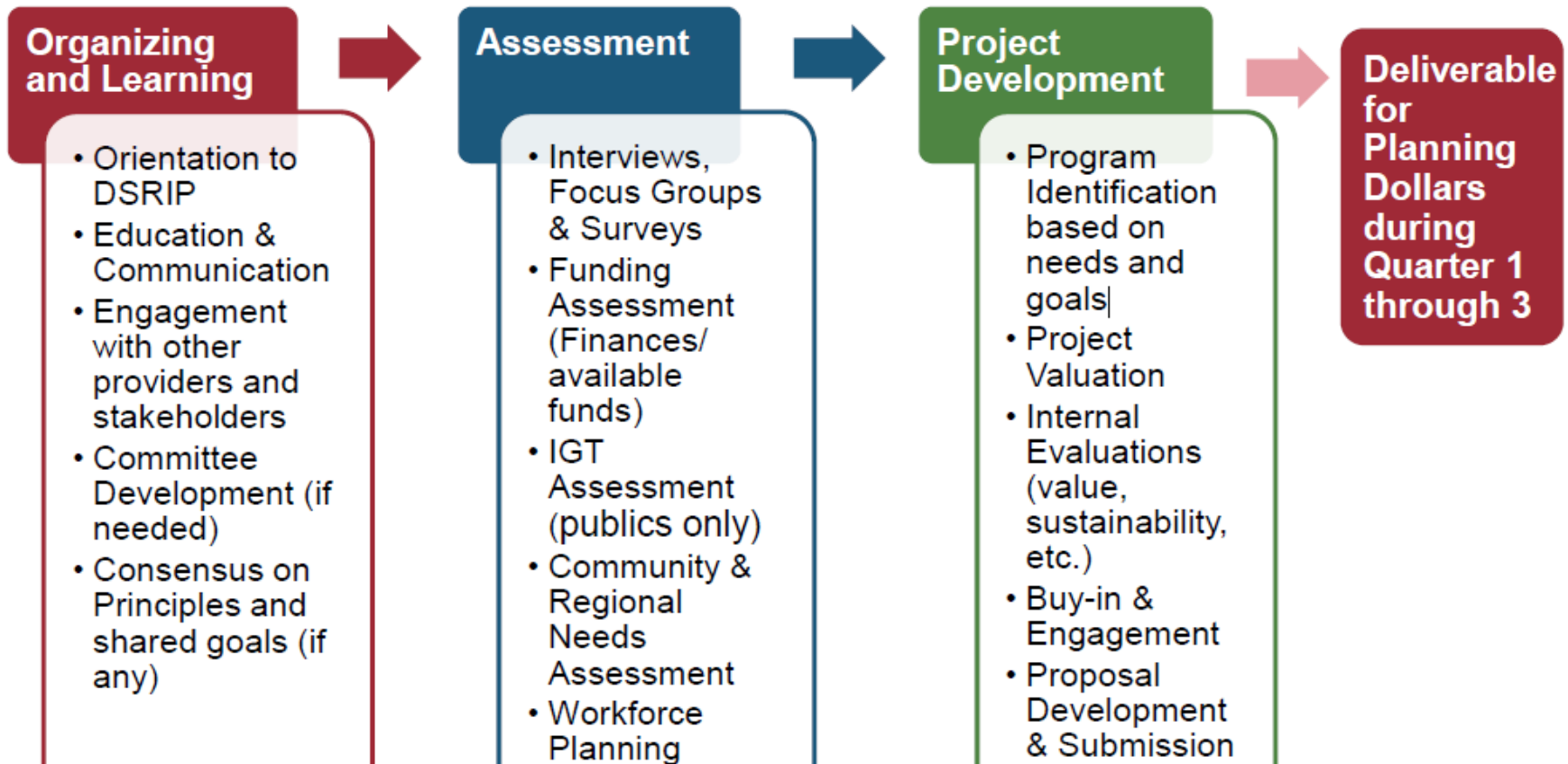
DSRIP Performance Measures: Avoidable Hospitalizations

- Potentially Preventable Emergency Room Visits (PPVs)
- Potentially Preventable Readmissions (PPRs)
- Prevention Quality Indicators - Adult (PQIs)
- Prevention Quality Indicators - Pediatric (PDIs)

DSRIP Performance Measures: Program/Project Specific Outcome Measures

- Will be selected from measures currently collected by the Department including:
 - QARR (HEDIS/CAHPS)
 - Public Health Data/Vital Statistics/NYS Community Health Indicator Reports (CHIRS)
 - BRFSS Data
 - Statewide Planning and Research Cooperative System (SPARCS)

DY1 - Quarters 1-3: Planning, Assessment, and Project Development



DY1: DSRIP Planning Resources Draft

DSRIP Metrics Suite*

Most Recent NYS MMC 2012 (or 2011*)	National NCOA Medicaid Mean	National NCOA Medicaid 90th Percentile	National NCOA Medicaid 10th Percentile	Comments	Metric	Program--> Metric Source	1.01	1.02	1.03	1.04
							EBM Chronic Disease	CC & Tx Care	IDS/Pop. Health	Expand access to PCP
Metric -- Avoidable Events										
6.79*				Per 100 At Risk Admissions	PPR Per 100	3M	x	x	x	x
59.57*				Per 100 Eligible ER Visits	PPV (ED)	3M	x	x	x	x
11.23*				Per 100,000 Member Months	PQI# 1 (DM Short-term comp.)	AHRQ	x	x	x	x
NA				Per 100,000 Member Months	PQI# 2 (Perforated Appendix)	AHRQ				
16.42*				Per 100,000 Member Months	PQI# 3 (DM long term comp.)	AHRQ	x		x	x
81.24*				Per 100,000 Member Months	PQI# 5 (COPD)	AHRQ	x	x	x	x
11.04*				Per 100,000 Member Months	PQI# 7 (HTN)	AHRQ	x	x	x	x
30.72*				Per 100,000 Member Months	PQI#8 (Cong. Heart Failure)	AHRQ	x	x	x	x
NA				Per 100,000 Member Months	PQI#9 (Low birth weight)	AHRQ				
11.02*				Per 100,000 Member Months	PQI#10 (Dehydration)	AHRQ	x	x	x	x
27.65*				Per 100,000 Member Months	PQI#11 (Bacterial Pneumonia)	AHRQ		x	x	
19.84*				Per 100,000 Member Months	PQI#12 (UTI)	AHRQ		x	x	
2.91*				Per 100,000 Member Months	PQI#13 (Angina Without Procedure)	AHRQ	x		x	x
4.93*				Per 100,000 Member Months	PQI#14 (Uncontrolled DM)	AHRQ	x	x	x	x
14.47*				Per 100,000 Member Months	PQI#15 (Adult Asthma)	AHRQ	x	x	x	x
NA				Per 100,000 Member Months	PQI#16 (Lower ext. amp. DM)	AHRQ	x		x	x
29.78*				Per 100,000 Member Months	PDI#14 (Ped. Asthma)	AHRQ	x	x	x	x

* As proposed to CMS – metrics are subject to revision

DSRIP Learning Collaborative

- Learning Collaborative will be developed to assist participants to:
 - Share development data, challenges, solutions, strategies
 - Collaborate on shared abilities and identify best practices
 - Provide updates on DSRIP projects
 - Share FAQs
 - Encourage the principles of continuous quality improvement/rapid cycle improvements

Draft DSRIP DY1 Application and Approval Process

1. Provider Submits Planning Application

- Eligible provider collaborations wishing to participate in DSRIP will submit a completed planning application to the state by the specified deadline.

2. State Reviews Planning Application

- State will initiate a preliminary review of all planning applications using a developed checklist to ensure that applications meet baseline planning requirements.

3. Provider submits DY1 Q2 Planning Progress Report to DOH

- All approved planning applicants will have to submit an updated report to DOH on planning progress.

Draft DSRIP DY1 Application and Approval Process - 2

4. Provider submits Final DSRIP Project Plan to DOH (DY1 Q3)

- Providers will submit final DSRIP Project plan to DOH which undergo a final review by a panel from NYS & outside non-conflicted independent health care entities and consumer advocates. The review tool used by the panel will be published prior to the project plan submission date to assist providers in developing their final submission. A feedback loop will be built in to allow plan and/or network improvement.

5. Final Notification

- Providers will be notified of the review outcome. Providers who have projects approve can begin the implementation. Providers whose projects or planning progress reports do not meet standards will be required to return planning funds to DOH.

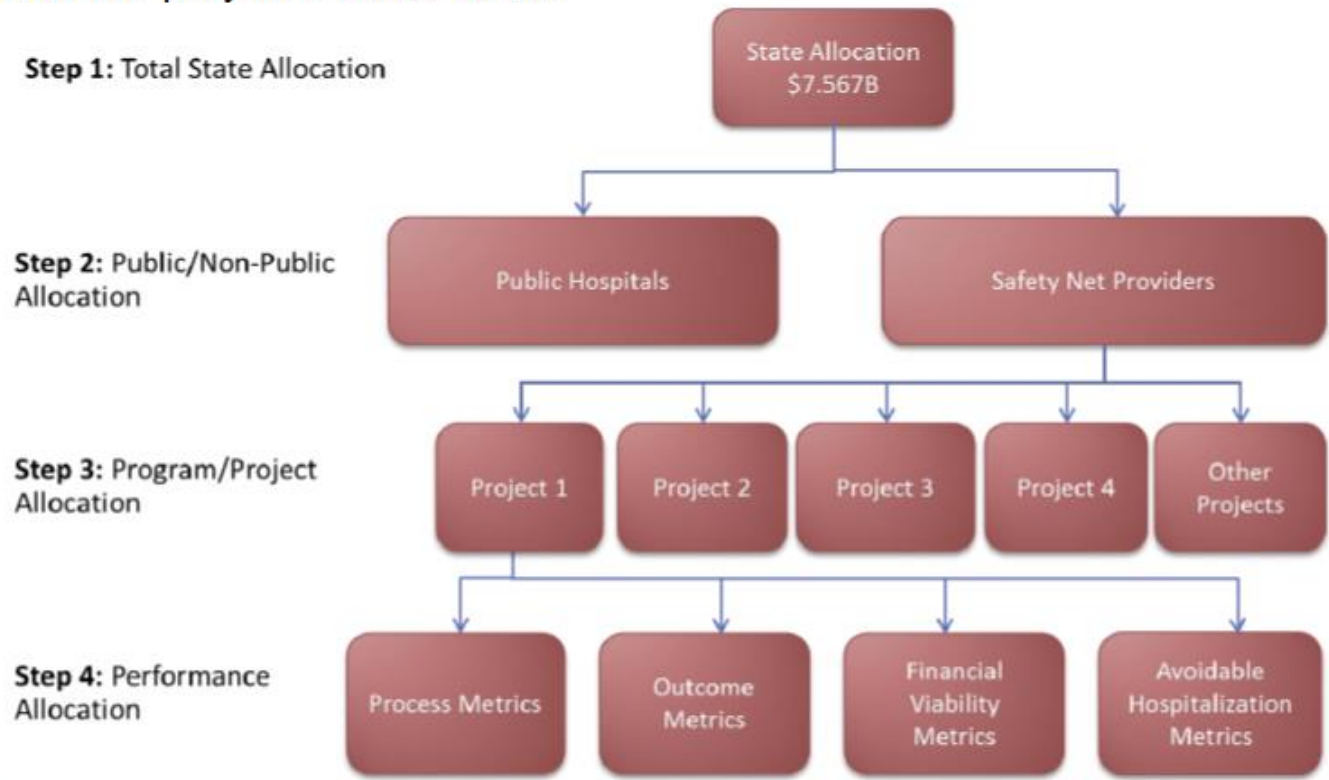
6. Possible 2nd Round of DSRIP Applications

Framework for Fairly Valuing Projects

- Ensuring Public Hospitals get appropriate valuation based on the IGT funding and risk/reward.
- Provider visibility (as they develop applications) into what will likely drive higher value scores for the state
- A method to distribute funds fairly among regions and among providers
- A method to equitably distribute funds among programs
- A method to assign value to milestones achieved

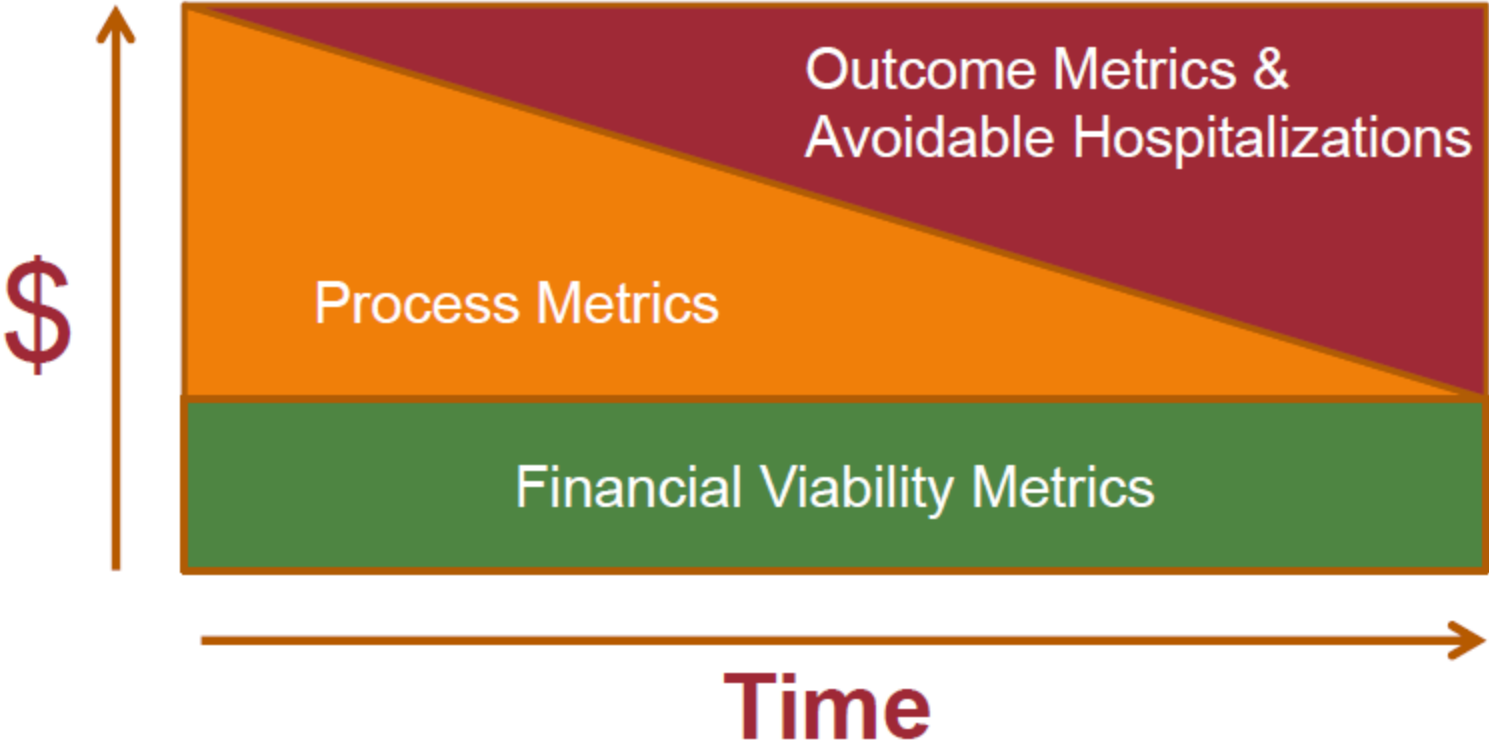
DSRIP Program Valuation & Funding Allocation Method*

Funding will be allocated to each program/project based on the projects relative weight that has been derived from the project's index value.



* As proposed to CMS – metrics are subject to revision

DSRIP Finance Framework



Proposed DSRIP Funding Distribution Stages*

- DSRIP payments for each provider are contingent on them meeting program and project metrics and milestones defined in the DSRIP Plan and consistent with the valuation process
- Staged payments based on these components:
 - Project Process Metrics
 - Project Specific Outcomes Metrics - includes quality improvement, chronic disease mgmt. and population health
 - Provider Financial Viability Metrics - if applicable; if not applicable, this percentage will get moved equally to the other three categories
 - Avoidable Hospitalizations

** As proposed to CMS – metrics are subject to revision*

Proposed DSRIP Performance Pool

- Funds that are not claimed due to unmet/partially met milestones will be distributed through a DSRIP Performance Pool (DPP).
- Funds shall be redirected into the DPP to participating providers who have achieved performance improvement beyond the stated metric(s) in their DSRIP project plan.
- A process will be established to distribute DPP funds with a tiered methodology that rewards higher performing providers.

DSRIP Scenario: Current State of the Community

- “Community A” is facing these issues:
 - Over bedding in the local hospital
 - Inefficiencies in hospital system
 - Need to address access to high quality primary care and certain specialty services
 - Need to address preventable admissions and readmissions from nursing homes
 - Need to reduce avoidable ED admissions

DSRIP Scenario:

Community Organizing and Learning

- DSRIP lead (hospital in this example) convenes community partners to discuss DSRIP and potential for collaboration.
- Partners include:
 - An outlying community hospital (safety net provider)
 - An FQHC
 - A large primary care/ specialty mixed practice
 - Two local Health Homes
 - Two local SNFs

DSRIP Scenario: Community Assessment

- Conduct Community Health Needs Assessments and identify other issues:
 - Small Community Network Hospital struggling financially
 - Lack of primary care physicians and recruitment issues
 - Struggles in implementing PCMH
 - Problems implementing and using new EHR systems
 - Limited care coordination and communication between the hospital and SNFs
 - Lack of capacity and access to mental health services

DSRIP Scenario:

DSRIP Project Development

- Community network decides to implement the following programs in its DSRIP project*:
 - 1.02: Implementation of care coordination and transitional care programs for hospitals to reduce avoidable hospitalizations.
 - 1.03: Create Integrated Delivery Systems that are focused on EBD/PHM to reduce avoidable hospitalizations.
 - 1.06: Increase certification of primary care practitioners with PCMH certification to reduce avoidable hospitalizations setting to reduce avoidable hospitalizations
 - 1.12: Create a bed buy-back program for hospitals to reduce avoidable hospitalizations.
 - 2.01: Development of inpatient transfer avoidance program for SNF to reduce avoidable hospitalizations.

** Programs subject to revision*

DSRIP Scenario: Interim Planning Dollars in DY1, Q1-3

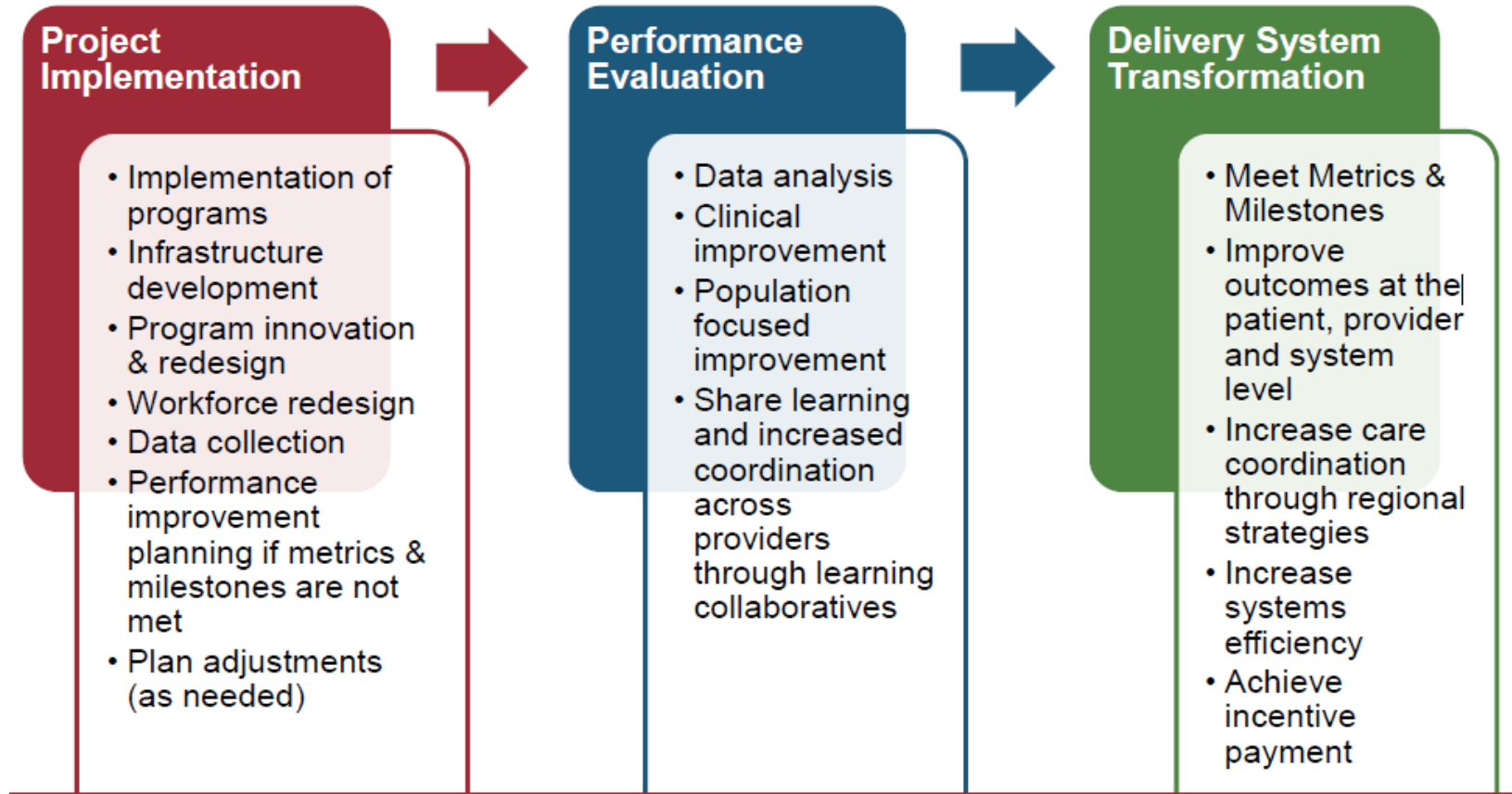
Purpose: Fund project planning and development of final project plan

Period	Deliverable
DY1, Q1	DSRIP Planning Application
DY1, Q2	DSRIP Planning Progress Report
DY1, Q3	Final DSRIP Project Plan

NOTE: State will assess the planning process as well as the planning outcome.

** Subject to revision*

DSRIP Scenario: Implementation Phase Year 1, Quarter 4 through Year 5



* Subject to revision

DSRIP Scenario: Project Implementation

- Community partners begin implementing projects in DY1, Q4
- Early years focused on achieving process milestones:
 - Implementing infrastructure changes
 - Working with partners to develop and deploy innovative programs and process changes
 - Workforce redesign, including concerted effort to retrain existing staff
 - Data collection
 - Performance improvement planning if metrics & milestones are not met
 - Plan adjustments (as needed)

DSRIP Scenario: Project Implementation - 2

- Later years focused on achieving outcome milestones
 - Improving existing processes and procedures to get desired outcomes
 - Instituting CQI processes to improve outcomes

DSRIP Scenario: Performance Evaluation

- DSRIP community partners share data and learning as part of performance evaluation process
 - Transparency is key!
- Data analysis and evaluation looking at:
 - Clinical improvement
 - Population focused improvement
- Engage in regional and/or statewide learning collaborative
 - Identify and deploy best practices
 - Use evidence-based approaches to adjust existing DSRIP plan as needed

DSRIP Scenario: Delivery System Transformation

- Community partners achieving systems transformation together:
 - Unnecessary bed space reduced and redirected to provide other needed health services such as expanded access to urgent care, dental clinic, ambulatory surgery, and behavioral health.
 - Expanded use of EHR and health information exchange to coordinate care across providers across ambulatory and primary care settings.
 - Expanded use of PCMH, including integrated care for patients with chronic diseases and behavioral health needs.

DSRIP Scenario:

Delivery System Transformation - 2

- The hospitals, SNFs, and home care agencies develop a transition coordination program.
- The FQHC and other primary care sites begin co-locating with behavioral health providers to improve access to integrated care.
- The mixed model physicians group implements different models of practice to improve community access to their services, including co-locating in primary care clinics for certain commonly sought specialties.

DSRIP Scenario:

Delivery System Transformation - 3

- Home care workers integrated into PCMH, improving care coordination.
- Workforce retrained and deployed to meet needs of the newly designed safety net system.
- Providers working more efficiently together to provide patients with the right care at the right time.
- Patient and population health improve.
- Avoidable hospitalizations, including admissions and readmissions, decline.

DSRIP Scenario: Implementation Dollars Based on Achievement in DY1 Q4 – DY5

Purpose: Incentive payments for meeting metrics and milestones:

Period	Deliverable
DY1, Q4	Achieve process measures established in approved DSRIP project plan
DY2 - DY5	Achieve all measures established in approved DSRIP project plan

DSRIP Scenario: Fund Distribution*

Determined by:

- Valuation index score, which will be used to score individual programs within a project based on a number of factors such as:
 - Alignment with Avoidable Hospitalization and Quality Objectives
 - Potential Cost Savings
 - Degree of Community Collaboration and Comprehensive Partnership
 - Robustness of evidence base
- Type of metrics:
 - Project Process Metrics
 - Project Specific Outcomes Metrics
 - Provider Financial Viability Metrics
 - Avoidable Hospitalizations
- Milestones
 - Milestone payments can be pass fail (0%/100%) or may be based on % achievement

* As proposed to CMS – metrics are subject to revision

Questions/Considerations When Developing Projects and Programs

- **Vision and Goals:** What does the delivery system look like at the end of this process? What is your organization's role in that delivery system?
- **Leadership:** Who are your key leaders internally and externally who will need to be involved in planning, execution, and assessment?
- **Impact:** What are the expected impacts on patients, staff, costs, and outcomes?
- **Synergy:** How do the programs in your project work together to achieve your vision and goals? How does it intersect with other initiatives and projects outside of DSRIP?

Questions/Considerations When Developing Projects and Programs

- **Factors for Success:** What are the key factors needed to achieve the outcomes and goals of the project?
- **Resources:** What resources must be dedicated to each program to ensure successful achievement of metrics and milestones?
- **Workforce and Roles:** What is the staffing model? Is new staff needed or can existing staff be retrained? What are the training needs?
- **Data and Evaluation:** What is needed to measure and report metrics and milestones? How will the data be collected and reported and by whom? What software will the data be collected from?

DSRIP Timeline (Subject to Change)

DSRIP Project Timetable	Timeline
Provider DSRIP project application review and approval steps	
Target approval date by CMS of the NYS DSRIP Program submitted to CMS	January 1, 2014
Target approval date by CMS of the NYS DSRIP Funding and Mechanics Protocol submitted to CMS	February 15, 2014
Provider DSRIP project application must be submitted to New York State Department of Health (NYSDOH) if project is a unique focus area or “off-menu” from pre-defined list	April 4, 2014
Provider DSRIP Project application submitted to NYSDOH	April 25, 2014
NYSDOH completes review and approves Provider DSRIP Plans	May 15, 2014
Funds Allocated to Approved Projects	June 1, 2014
Standardized reporting form and databook	
Toolkit is updated with the standardized reporting form and databook	June 13, 2014
Claims-based (i.e. MMIS) metric baseline results calculated and provided to Providers	July 11, 2014
Provider submits attestation of verification for claims-based measure results used in calculating the New York Low Income baseline dataset	August 8, 2014
New York Low Income Improvement Target Goals and Baseline Performance Thresholds established	August 29, 2014

How to Key Informed

- **CHCANYS:** Will send out regular updates and host additional webinars and meetings to help you fully participate
- **MRT website:**
http://www.health.ny.gov/health_care/medicaid/redesign/
- **DSRIP website:**
http://www.health.ny.gov/health_care/medicaid/redesign/delivery_system_reform_incentive_payment_program.htm
- **Subscribe to our listserv:**
http://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm
- **Follow the MRT on Twitter:** @NewYorkMRT
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Questions?

Appendix: Current DSRIP Program Options*

** Subject to revision*

Focus Area #1: Hospital Transition / Public Hospital Innovation / Vital Access Provider (VAP) / Primary Care Expansion	
1.01	Implementation of evidence based best practices for disease management in medical practice (Cardiovascular Disease/Diabetes/Renal to reduce avoidable hospitalizations)
1.02	Implementation of care coordination and transitional care programs for hospitals to reduce avoidable hospitalizations
1.03	Create Integrated Delivery Systems that are focused on Evidence Based Medicine / Population Health Management to reduce avoidable hospitalizations
1.04	Expand access to primary care and support services (based on assessment) to reduce avoidable hospitalizations
1.05	Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services as a means to reduce avoidable hospitalizations
1.06	Increase certification of primary care practitioners with PCMH certification to reduce avoidable hospitalizations
1.07	Integration of behavioral health into primary care setting to reduce avoidable hospitalizations
1.08	Development of community-based health navigation services to reduce avoidable hospitalizations
1.09	Increase access to specialty care (including mental health) to reduce avoidable hospitalizations
1.10	Development of co-located of primary care services in ED to reduce avoidable hospitalizations
1.11	Comprehensive strategy to decrease HIV/AIDS transmission to reduce avoidable hospitalizations
1.12	Create a bed buy-back program for hospitals to reduce avoidable hospitalizations
1.13	Implementation of observational programs in hospitals to reduce avoidable hospitalizations
1.14	Expansion of palliative care program to reduce avoidable hospitalizations
1.15	Development of evidence-based medication adherence programs in hospitals to reduce avoidable hospitalizations
1.16	Development of ambulatory detox capabilities within communities to reduce avoidable hospitalizations
Focus Area #2: Long Term Care Transformation	
2.01	Development of inpatient transfer avoidance program for SNF to reduce avoidable hospitalizations
2.02	Expand pressure ulcer prevention program to reduce avoidable hospitalizations
2.03	Implement medication error prevention program to reduce avoidable hospitalizations
2.04	Create a bed buy-back program for nursing homes to reduce avoidable hospitalizations
Focus Area #3: Public Health Innovation	
3.01	Increase support programs for maternal & child health (including high risk pregnancies) to reduce avoidable hospital use (Example: Nurse-Family Partnership)
3.02	Implementation of programs to reduce healthcare acquired infections to decrease avoidable hospitalizations
3.03	Development of community-based strategies to improve cancer screening to reduce avoidable hospitalizations
3.04	Expansion of asthma home-based self-management program/evidence based medicine guidelines for asthma management to reduce avoidable hospitalizations
3.05	Expansion of home visits to prevent childhood lead poisoning to reduce avoidable hospitalizations