



NYS DSRIP/SHIP and Population Health

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NYS DSRIP PROGRAM: KEY GOALS

- Transformation of the health care safety net at both the system and state level.
- Reducing avoidable hospital use and improve other health and public health measures at both the system and state level.
- Ensure delivery system transformation continues beyond the waiver period through leveraging managed care payment reform.
- Near term financial support for vital safety net providers at immediate risk of closure.



NYS DSRIP PLAN: KEY COMPONENTS (SPECIFICS)

- Key focus on reducing avoidable hospitalizations by 25% over five years.
- Statewide initiative open to large public hospital systems and a wide array of safety-net providers.
- Payments are based on performance on process and outcome milestones.
- Providers must develop projects based upon a selection of CMS approved projects from each of three domains.
- Key theme is collaboration! Communities of eligible providers are required to work together to develop DSRIP Project Plans.



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 cost




PERFORMING PROVIDER SYSTEMS (PPS): LOCAL PARTNERSHIPS TO TRANSFORM THE DELIVERY SYSTEM

Partners should include:

- *Hospitals*
- *Health Homes*
- *Skilled Nursing Facilities*
- *Clinics & FQHCs*
- *Behavioral Health Providers*
- *Home Care Agencies*
- *Community Based Organizations*
- *Practitioners and*
- *Other Key Stakeholders*

Responsibilities must include:



Community health care needs assessment based on multi-stakeholder input and objective data.

Building and implementing a DSRIP Project Plan based upon the needs assessment in alignment with DSRIP strategies.

Meeting and reporting on DSRIP Project Plan process and outcome milestones.



DSRIP IS PROJECTS – SAMPLE FROM PROJECT TOOLKIT

Project Numbers	DESCRIPTION
Domain 2: System Transformation Projects	
A.	Create Integrated Delivery Systems
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management
2.a.ii	Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))
2.a.iii	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services
2.a.iv	Create a medical village using existing hospital infrastructure
2.a.v	Create a medical village/alternative housing using existing nursing home infrastructure

DSRIP IS PROJECTS – SAMPLE FROM PROJECT TOOLKIT

Domain 3: Clinical Improvement Projects	
A.	Behavioral Health
3.a.i	Integration of primary care and behavioral health services
3.a.ii	Behavioral health community crisis stabilization services
C	Diabetes Care
3.c.i	Evidence-based strategies for disease management in high risk/affected populations (adults only)
3.c.ii	Implementation of evidence-based strategies to address chronic disease – primary and secondary prevention projects (adults only)
D.	Asthma
3.d.i	Development of evidence-based medication adherence programs (MAP) in community settings– asthma medication
3.d.ii	Expansion of asthma home-based self-management program
3.d.iii	Implementation of evidence-based medicine guidelines for asthma management

DSRIP IS PROJECTS – SAMPLE FROM PROJECT TOOLKIT

Domain 4: Population-wide Projects: New York's Prevention Agenda	
A.	Promote Mental Health and Prevent Substance Abuse (MHSA)
4.a.i	Promote mental, emotional and behavioral (MEB) well-being in communities
4.a.ii	Prevent Substance Abuse and other Mental Emotional Behavioral Disorders
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure across Systems
B.	Prevent Chronic Diseases
4.b.i.	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)

DSRIP DOMAIN 4 – POPULATION WIDE STRATEGIES

From these priority areas, CMS and NYS DOH chose focus on four priority areas and chose 10 significant projects that Performing Provider Systems (PPS) could choose from for their project. PPSs must do one project and can do up to two projects. They must utilize the evidence based strategies recommended by the NYS Office of Public Health which is providing direct assistance in implementation of Domain 4 project.

Projects include:

- Behavioral health disease prevention and infrastructure improvement
- Promotion of tobacco use cessation
- Increasing access to high quality chronic disease preventive care and management
- Prevention of HIV and STDs
- Reducing premature births.

DSRIP DOMAIN 4 – POPULATION WIDE STRATEGIES


- **NYSDOH Office of Public Health is providing direct assistance in implementation of Domain 4 projects.**
- **Although DSRIP is primarily focused on the Medicaid population, it is expected that the innovations developed from Domain 2 and Domain 3 projects will spread through the full New York State population and will drive improvements in the outcome metrics for the full state.**
- **For DSRIP outcome metrics, we have agreed with CMS to provide incentive payments for reporting. We do not have the information on impact to assign a specific goal outcome metric for these projects.**



BROADER IMPLICATIONS OF THE NYS DSRIP PROGRAM



FIVE KEY THEMES OF DSRIP

1. Collaboration, Collaboration, Collaboration!!!
2. Project Value drives 
 - a) *Transformation → # and types of projects*
 - b) *# of Medicaid members served (attribution)*
 - c) *Application Quality*
3. Performance Based Payments
4. Statewide Performance Matters
5. Lasting Change
 - a) *Long-Term Transformation*
 - b) *Health System Sustainability*

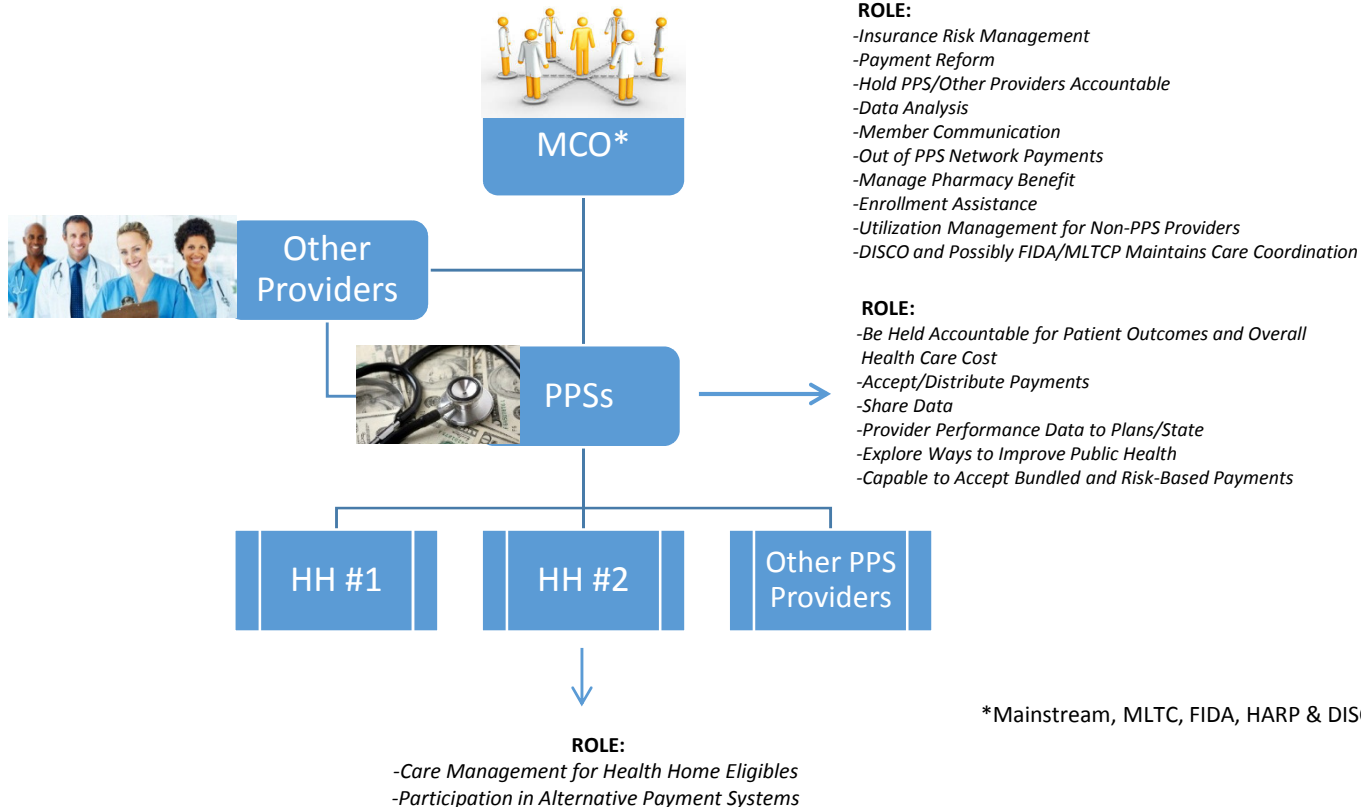


DSRIP FINANCE FRAMEWORK



The DSRIP Vision: Five Years in the Future

How The Pieces Fit Together: MCO, PPS & HH



Implementation of the state's managed care contracting plan and movement toward a goal of 90 percent of managed care payments to providers using value-based payment methodologies.



STATEWIDE PERFORMANCE AND ACCOUNTABILITY

- Beginning in Year 3, limits on funding available and provider incentive payments may be subject to reductions based on statewide performance.
- Statewide performance will be assessed on a pass or fail basis for a set of four milestones.
- The state must pass all four milestones to avoid DSRIP reductions.
- If penalties are applied, CMS requires the state to reduce funds in an equal distribution, across all DSRIP projects.





STATEWIDE HEALTH IMPROVEMENT PROGRAM (SHIP)



What is the SHIP?



A roadmap to coordinate and integrate all payers and all providers, to better align incentives and resources to promote systemic reform.

1. **Access to Care** – Continue work to assure all New Yorkers are insured and to reduce disparities in access and quality.
2. **Delivery System Reform / Integrated Care and Pay for Value** – Improve integration of primary care and behavioral health with commensurate reimbursement reform to promote quality not quantity.
3. **Population Health** – Continued work on the Prevention Agenda to align with reimbursement and delivery system reform including DSRIP.
4. **Workforce** – reforms to incent and support primary care and assure effective geographic distribution of care
5. **Transparency and HIT**: enhanced information to understand and inform policies that impact price and quality (Statewide Health Information Network-NY and All Payer Database).

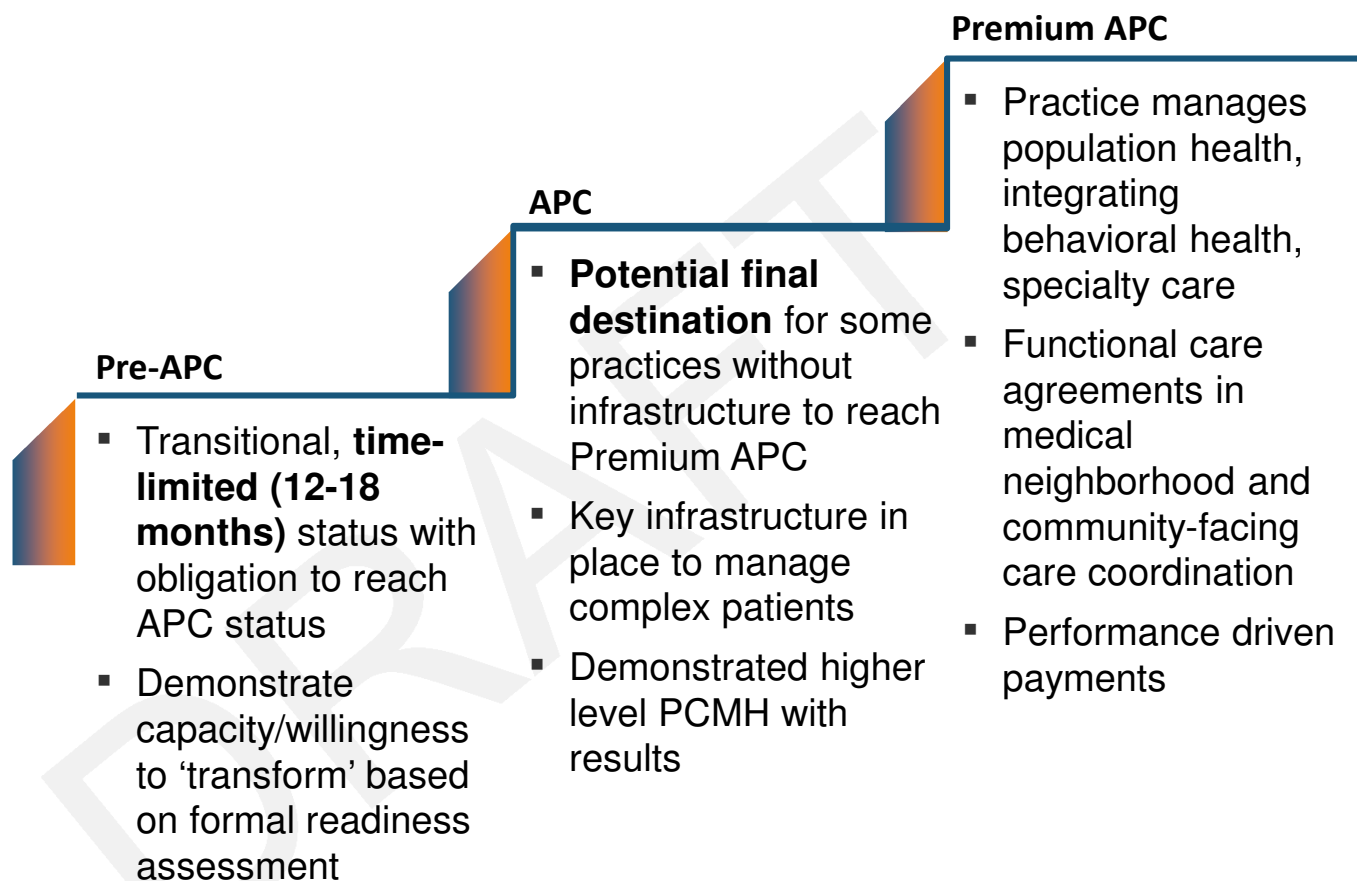
New York State Health Innovation Plan



Goal Delivering the Triple Aim – Better health, better care, lower costs

<p>Pillars</p>	<p>1 Improve access to care for all New Yorkers, without disparity</p> <p>Elimination of financial, geographic, cultural, and operational barriers to access appropriate care in a timely way</p>	<p>2 Integrate care to address patient needs seamlessly</p> <p>Integration of primary care, behavioral health, acute and postacute care; and supportive care for those that require it</p>	<p>3 Make the cost and quality of care transparent to empower decision making</p> <p>Information to enable consumers and providers to make better decisions at enrollment and at the point of care</p>	<p>4 Pay for healthcare value, not volume</p> <p>Rewards for providers who achieve high standards for quality and consumer experience while controlling costs</p>	<p>5 Promote population health</p> <p>Improved screening and prevention through closer linkages between primary care, public health, and community-based supports</p>
<p>Enablers</p>	<p>Workforce strategy A Matching the capacity and skills of our healthcare workforce to the evolving needs of our communities</p> <hr/> <p>Health information technology B Health data, connectivity, analytics, and reporting capabilities to support clinical integration, transparency, new payment models, and continuous innovation</p> <hr/> <p>Performance measurement & evaluation C Standard approach to measuring the Plan's impact on health system transformation and Triple Aim targets, including self-evaluation and independent evaluation</p>				

THE ADVANCED PRIMARY CARE (APC) MODEL



A critical goal of design and implementation is for multi-payer alignment on this multi-tiered model coupled with payment support for transformation, care management, and value based payment



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