

The seal of the State of New York is a large, faint watermark in the background. It features an eagle with wings spread, perched atop a shield. The shield is supported by two figures: one holding a scale of justice and the other holding a sword. The sun is rising behind the shield. The words "SEAL OF THE STATE OF NEW YORK" are written around the perimeter, and "EXCELSIOR" is written on a banner below the shield.

**Transforming Health in
New York:
The New York State
Health Innovation Plan**



New York State
Health ^{Innovation} Plan



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 (SHIN-NY and APD).

New York State Health Innovation Plan



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

<p>Pillars</p>	<p>1</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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>				



WHY? - New York's health care system is underperforming

Quality:

- Less than half of adults receive recommended screening and preventive care

Continuity:

- Patient records are not transferred between doctors and patients have no ability to access their own records

Utilization and Cost::

- New York ranks last nationwide for avoidable hospital use
- Per capita costs are among the highest in the nation and increasing
 - Total health care costs are the 2nd highest in the nation (\$163B);
 - Spending is forecast to rise by more than 50% by 2020.
- Health care premiums are eating up real wages and harm businesses, individuals and families
 - NY's large employers contribute higher share of premium costs than employers in any other state.
 - Employer sponsored family health insurance cost in NYS rose 92% and employee premium contributions as a % of income doubled (over 10 years)

Without intervention spending on benefits for state and local government (employees and retirees) and Medicaid will continue to outpace GDP.



An ambitious SHIP plan can change New York's health outcomes

The SHIP is a 5-year, billion-dollar plan to transform and fundamentally improve the health of New Yorkers, change the face of health care, and create nearly \$5-10 billion in savings.

From ...

36

state rank of New York in avoidable hospital readmissions

<25%

of New Yorkers with explicit care coordination

\$30B

excess health care spending

1000s

of electronic health records used by payers and providers

To ...

15

state rank with a 20% reduction in avoidable readmissions

80%

of New Yorkers receiving integrated, value-based care

\$5-\$10B

savings for New York individuals, families and businesses

1

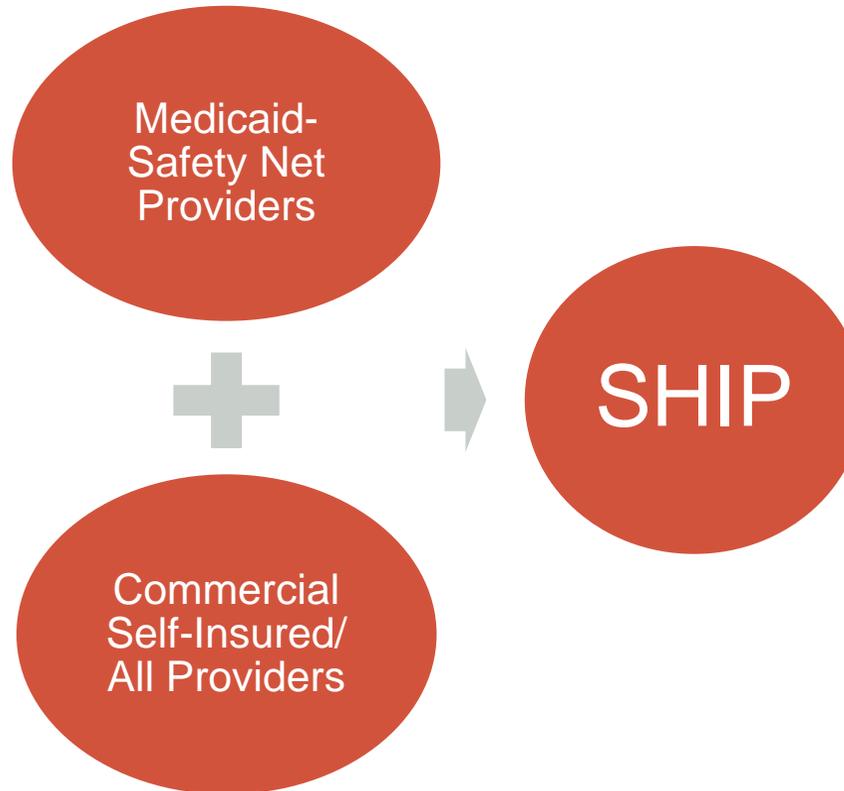
statewide integrated platform, the SHIN-NY



SHIP/Medicaid: Different Constituencies, Different Funding – Same Goals

Medicaid

1. DSRIP
2. IAAF
3. VAP
4. Capital



Commercial/Self Insured

1. DFS rate review
2. CMMI grant
3. NYSHIP

Same Goals:

1. Reduce preventable hospitalizations by 25% in 5 years
2. Transform 80% of provider payment to value based (not fee-for-service)
3. Investment in HIT:
 - All Payer Database - \$10M
 - SHIN-NY - \$55M
4. Population Health Improvement Projects to:
 1. Align with Prevention Agenda
 2. Promote an Advanced Primary Care Model
5. Evolve the health care workforce



Centers for Medicare and Medicaid Services / Center for Medicare and Medicaid Innovation

State Innovation Models: Round Two Funding

<http://innovation.cms.gov/initiatives/state-innovations/>



Key Dates

- Letter of Intent to Apply: June 6 2014
- Application Due Date: July 21, 2014
- In-Person Presentation to CMMI: August 2014
- Grants Announced: Fall 2014
- Performance Period: January 2015 – December 31, 2018 (2015 pre-implementation)



Purpose

- To test the ability of State governments to use regulatory and policy levers to accelerate transformation to:
 - Improve population health
 - Transform healthcare payment & delivery systems
 - Decrease total per capita health care spending
- State government led innovation with broad stakeholder input and engagement, including multi-payer models.



Funding

Up to 12 model test states with \$20 - \$100 Million per state (over 48 months) with funding based on:

- state population size and proposal scope
- model complexity
- size of target population
- spectrum of state policy activity
- level of multi-payer and other stakeholder involvement
- return on investment and
- strength of the evidence base.



Proposal Requirements

- Population Health Improvement
- Health Care Delivery System Transformation
- Payment and/or Service Delivery Models that include, but are not limited to Medicaid, State employees and/or commercial payers



Population Health

- Statewide plan to improve population health including integration of population health strategies with public health officials and health care delivery systems;
- Must address core measures including tobacco use, diabetes and obesity.
- Should integrate strategies to address child wellness and prevention priorities (childhood obesity, dental caries prevention and maternal depression).
- Implementable plans to collaborate with CDC to develop a statewide health plan



Population Health

- All SIM (Design and Test States) as a condition of their funding shall develop and implement a plan to improve the health and wellbeing of the state's population (a Plan for Improving Population Health).
- The Plan for Improving Population Health should assess the overall health of the state and identify measurable goals, objectives and interventions that will enable the state to:
 - improve the health of the entire state population
 - improve the quality of health care across the state and
 - reduce health care costs.



Population Health

- The goals, objectives and strategies outlined in the Plan for Improving Population Health should align with the population health metrics that have been developed by the CMMI/CDC team.
- At a minimum the plan should address the core measures identified in the population health metrics document: tobacco, obesity and diabetes.
- The plan should include the evolving role of new models of health care delivery such as Patient Centered Medical Homes (PCMH), Accountable Care Organizations (ACOs) and Accountable Care Communities (ACCs) to improve population health.
- All interventions identified in the plan should be evidence-based and have a focus on the general population, high risk groups, and/or groups experiencing disparities in health conditions or outcomes.



Plan for Improving Population Health

Must:

- Include goals, objectives and interventions that are specific, measurable, achievable in the specific time period, realistic, and time bound.
- Include a population health needs assessment based upon surveillance and epidemiology reports from the state and local health departments and hospital community health needs assessments.
- Describe the interventions selected, why selected and the evidence or guidance that supports them as *proven, effective, or promising*.
- Ideally, selected interventions will address health concerns with:
 - high population burden or societal costs;
 - have the potential to demonstrate improvement in health, quality of care and decreased costs within the next 3-5 years; and
 - be measurable with data for major segments of the population at the state and/or sub state level.



Plan for Improving Population Health (2)

Be specific to the goals and the conditions in the state.

Include strategies spread across the following areas:

- policy, systems and environmental changes;
- strategies to support and reinforce healthy behaviors (evidence-based practice and environmental approaches);
- health systems interventions; and
- clinic-community linkages.

Have a:

- strong prevention focus;
- population or group focus;
- include intervention to address health disparities and achieve health equity in terms of both risk factors and health outcomes
- foundation in the evidence base and justified by local data; and
- be sustainable over time.



Plan for Improving Population Health (3)

Partners:

- State Health Officials
- Health Care institutions such as hospitals
- Health care providers
- Community Based Organizations
- Legislators, local elected officials
- Local boards of health
- Departments of Transportation/Insurance/Parks, Rec/Education, Agriculture, Energy, Education
- Payers
- Purchasers
- Economic Development/Planning



SHIP – SIM Updates – Questions....

Website:

https://www.health.ny.gov/technology/innovation_plan_initiative/

Or contact:

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