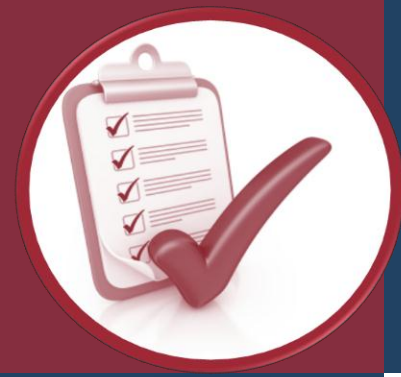
A red-tinted image of the Statue of Liberty's head and crown on the right, and a bridge's steel lattice structure on the left, spanning the top of the slide.

Delivery System Reform Incentive Payment (DSRIP) Plan

February 2014

Office of Health Insurance Programs
NYS Department of Health

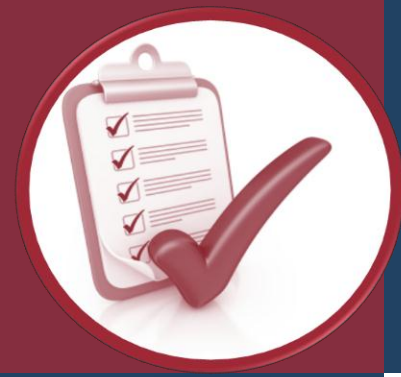




MRT Waiver Amendment Overview & Timeline

MRT Waiver Amendment Overview

- The amendment, which requires federal approval, is a unique opportunity to address the underlying challenges facing NYS health care delivery:
 - ✓ *Lack of primary care;*
 - ✓ *Weak health care safety net;*
 - ✓ *Health disparities; and*
 - ✓ *Transition challenges to managed care.*



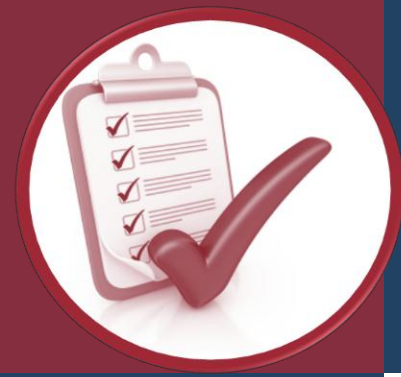
CMS Feedback & Current MRT Waiver Amendment Proposal

CMS Feedback (October 2013)

- MRT Waiver Reinvestment Strategies determined “unfundable”
 - ✓ *Capital;*
 - ✓ *Rental subsidies;*
 - ✓ *Regional Planning;*
 - ✓ *Evaluation; and*
 - ✓ *Health Information Technology (HIT).*

MRT Current Strategy (November 2013)

- New York is moving forward with a three-part approach:
 - ✓ *State Plan Amendment*
 - ✓ *Managed Care Contract Payments*
 - ✓ *Delivery System Reform Incentive Payment (DSRIP) Plan*
- Total Waiver Proposal agreement for \$8 billion over five years
- Our aim is to stay true to the original goals of the MRT Waiver Amendment (August 2012), while making our proposal consistent with CMS feedback (October 2013) on what can be approved.



DSRIP Proposal: Key Elements

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

NYS DSRIP Plan: Key Components

- Key focus on reducing avoidable hospitalizations.
- Statewide initiative open to public hospitals and a wide array of safety-net providers.
- **Payments are performance-based.**
- Providers will choose from a menu of CMS-approved programs.
- ***Key theme is collaboration!*** Communities of eligible providers will be encouraged to work together to develop DSRIP project proposals.

DSRIP Eligible Providers

DSRIP Eligible Providers fall into one of two distinct categories:

- **Major Public General Hospitals**

- ✓ Hospitals owned or operated by the State University of New York; by those owned or operated by New York City Health and Hospitals Corporation; those owned or operated by public benefit corporation in Erie, Nassau and Westchester counties.

- **Safety Net Providers**

- ✓ Includes hospitals, nursing homes, clinics including FQHCs, 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.*

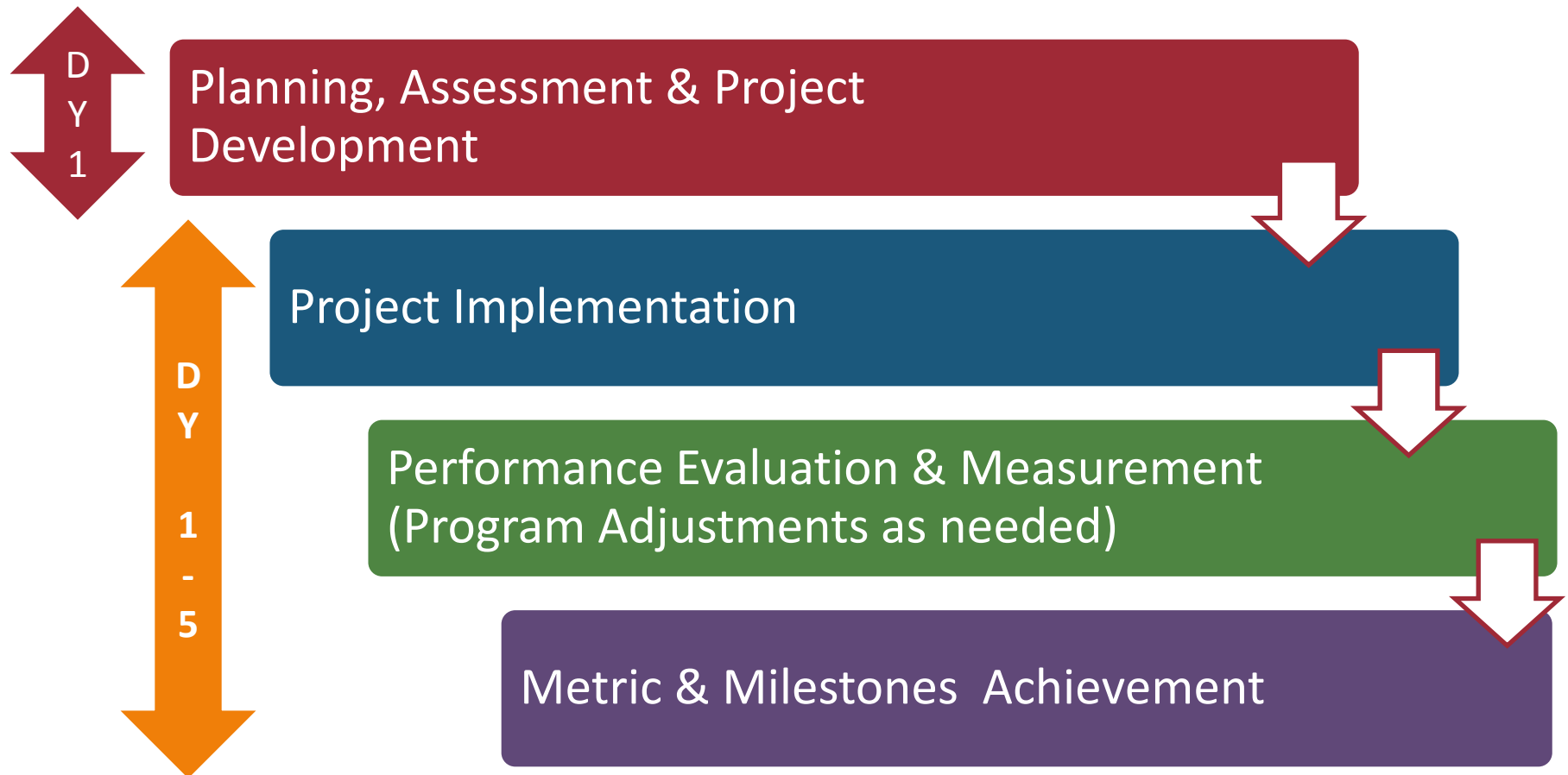
Local Partnerships to Transform the Delivery System

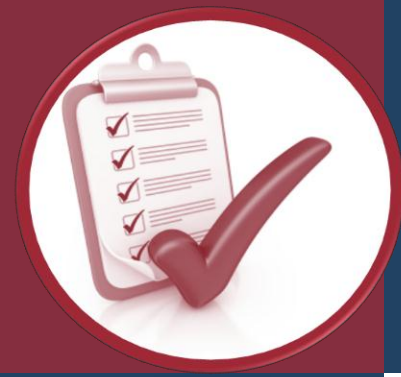
Partners should include:

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



DSRIP Project Lifecycle Overview





DSRIP Focus Areas, Programs & Projects

DSRIP Focus Areas

New York's DSRIP plan currently includes 25 programs which are divided into three focus areas:

- ✓ *Hospital Transition / Public Hospital Innovation / Primary Care Expansion / Vital Access Providers (VAP)*
- ✓ *Long Term Care Transformation*
- ✓ *Public Health Innovation*

Through innovations in these three focus areas, *the statewide DSRIP plan is designed **to reduce avoidable hospitalizations by 25% over five years.***

DSRIP Programs*

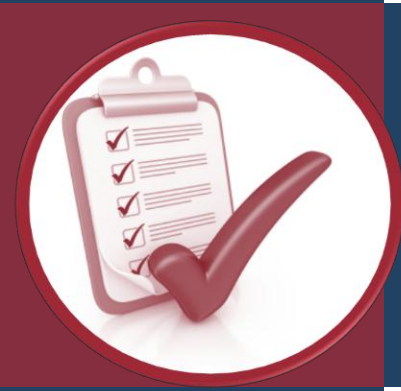
*(*as proposed to CMS – programs are subject to revision)*

The 25 programs contained within each of the three focus areas constitute a “menu” from which eligible public hospitals and safety net providers will be able to choose.

There may be an opportunity for providers to submit applications for “off-menu” projects that are not part of the pre-defined program list; however, providers are expected to demonstrate significant need for the project and should also expect greater scrutiny during the proposal review process.

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; and*
- ✓ *Clearly defined financial sustainability metrics to assess long-term viability.*



DSRIP Project Planning, Application Process & Assessment (DY1)

DSRIP Project Plan Requirements

The project must be:

- 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

(continued)

- 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; and
- 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

- The following four measures will be used to overall evaluate DSRIP's success in reducing avoidable hospital use:
 - ✓ *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: Planning, Assessment & Project Development

Year 1 - Quarters 1 through 3

Organizing and Learning

- Orientation to DSRIP
- Education & Communication
- Engagement with other providers and stakeholders
- Committee Development (if needed)
- Consensus on Principles and shared goals (if any)

Assessment

- Interviews, Focus Groups & Surveys
- Funding Assessment (Finances/available funds)
- IGT Assessment (publics only)
- Community & Regional Needs Assessment
- Workforce Planning

Project Development

- Program Identification based on needs and goals
- Project Valuation
- Internal Evaluations (value, sustainability, etc.)
- Buy-in & Engagement
- Proposal Development & Submission

Deliverable for Planning Dollars during Quarter 1 through 3

DY1: DSRIP Planning Resources

DSRIP Website

The screenshot shows the New York State Department of Health website. The header includes the state logo, "New York State", "State Agencies", and a search bar. The main navigation bar features the "Department of Health" logo and the tagline "Information for a Healthy New York". A secondary navigation bar includes links for "A-Z Index", "A-Z En español", "Contact", "Help", and "Home". The left sidebar contains a "Follow Us" section with Facebook and Twitter icons, a "Search" section with a search bar, and an "MRT Home" section with a link to the "Medicaid Redesign Team (MRT) Home Page". The main content area is titled "Delivery System Reform Incentive Payment (DSRIP) Program" and includes a sub-header "Reducing Avoidable Hospital Use through Delivery System Reform". Below this is an "About this Website" section with a paragraph explaining the program's purpose. A "DSRIP Background" section follows, detailing the program's goals and the role of safety-net institutions. The "MRT Waiver Amendment- DSRIP Documents" section lists a link to the "New York State's MRT Waiver Amendment DSRIP Plan - December 2013". Finally, the "Informational Materials" section lists links to presentation slides, a program list, a project flow chart, and frequently asked questions, along with a contact email for questions.

New York State State Agencies Search all of NY.gov skip to main content

Department of Health Information for a Healthy New York

Follow Us

Search

Search Medicaid Redesign:

MRT Home Medicaid Redesign Team (MRT) Home Page

You are Here: [Home Page](#) > [Redesigning New York's Medicaid Program](#) > Delivery System Reform Incentive Payment (DSRIP) Program

Delivery System Reform Incentive Payment (DSRIP) Program

Reducing Avoidable Hospital Use through Delivery System Reform

About this Website

This website provides access to informational and application materials related to New York's DSRIP program. As well, this website also provides links to other relevant MRT Waiver Amendment resources. Please check back periodically, as this website will be update with the most current New York State DSRIP documents as they become available.

DSRIP Background

The Delivery System Reform Incentive Payment (DSRIP) program is one component of New York's proposed Medicaid Waiver Amendment submitted to the Centers for Medicare & Medicaid Services (CMS) and is currently pending approval. The DSRIP program is designed to stabilize the state's health care safety-net system, re-align the state's delivery system as well as reduce avoidable hospitalizations and emergency department use by 25% over the next 5 years. To accomplish this goal, the state's DSRIP plan will encompass a variety of programs and engage an array of providers.

The programs funded under this effort will assist safety-net institutions in their effort to both right-size inpatient capacities as well as transform their care delivery models to provide a more precise mix of services necessary in the communities in which they serve. Additionally, the DSRIP program will incentivize collaboration across previously siloed providers to reduce system fragmentation. Hence, there is an opportunity for community-based providers will also play a vital role in the success of this program by partnering with safety-net institutions in their effort to offer vital services that are lower cost alternatives to inpatient care. By working together through the DSRIP plan, health care providers can deliver more appropriate, timely and coordinated care to their communities.

MRT Waiver Amendment- DSRIP Documents

- New York State's MRT Waiver Amendment DSRIP Plan - December 2013

Informational Materials

- Presentation Slides from DSRIP Webinar: 12/18/2013
- DSRIP Program List
- DSRIP Program and Project Flow Chart
- DSRIP Frequently Asked Questions (FAQs)
 - Submit questions regarding New York's DSRIP Program to: MRTwaiver@health.state.ny.us

http://www.health.ny.gov/health_care/medicaid/redesign/delivery_system_reform_incentive_payment_program.htm

DY1: DSRIP Planning Resources

Draft DSRIP Metrics Suite*

| | | | | | | Program--> | 1.01 | 1.02 | 1.03 | 1.04 |
|-------------------------------------|-----------------------------|--|--|----------------------------|-----------------------------------|---------------|---------------------|--------------|-----------------|----------------------|
| Most Recent NYS MMC 2012 (or 2011*) | National NCQA Medicaid Mean | National NCQA Medicaid 90th Percentile | National NCQA Medicaid 10th Percentile | Comments | Metric | Metric Source | 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

The 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; and*
- ✓ *Encourage the principles of continuous quality improvement/rapid cycle improvements.*

Draft DSRIP DY1 Application & 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 Project Review and Approval Process (Continued...)

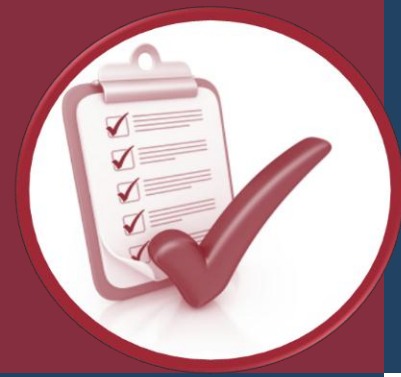
4. Provider submits Final DSRIP Project Plan to DOH (DY1 Q3)

- 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



DSRIP Project Valuation & Performance Assessment

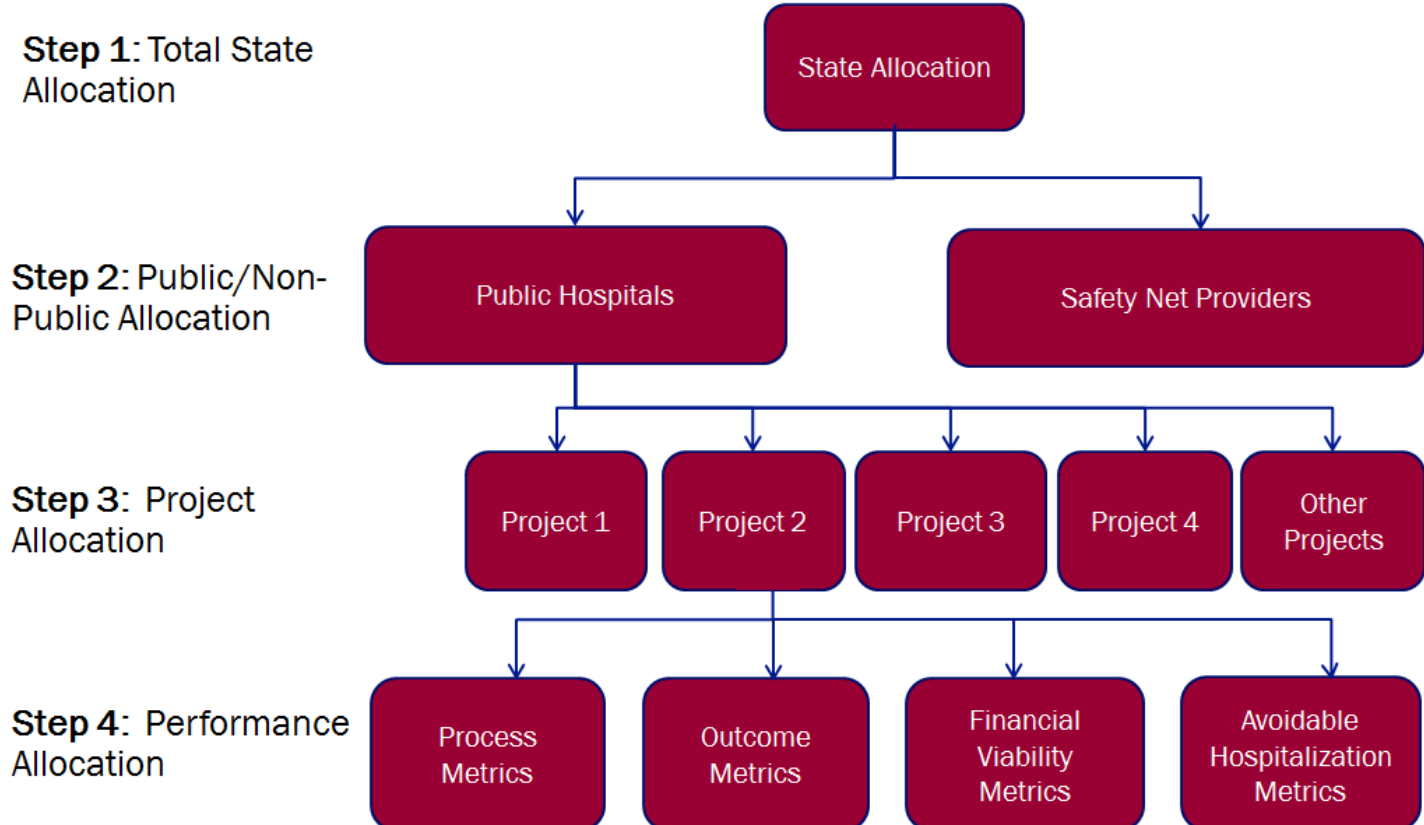
Valuation Goals

Goals used to develop a 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 between regions
- ❑ A method to distribute funds fairly between providers
- ❑ A method to equitably distribute funds between 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 -
subject to
revision*

DSRIP Finance Framework



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

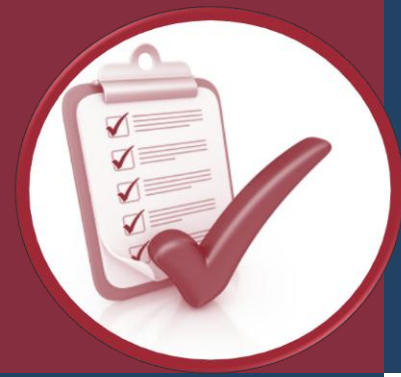
| DSRIP Funding Distribution Stages | Year 2 | Year 3 | Year 4 | Year 5 |
|--|--------|--------|--------|--------|
| 1. Project Process Metrics (Includes Infrastructure and Project Design and Management) | 70% | 60% | 30% | 5% |
| 2. Project Specific Outcomes Metrics (Includes quality improvement, chronic disease mgmt. and population health) | 10% | 15% | 25% | 25% |
| 3. Provider Financial Viability Metrics (If applicable, if not applicable to a given provider, this percentage will get moved equally to the other three categories) | 15% | 15% | 15% | 15% |
| 4. Avoidable Hospitalizations | 5% | 10% | 30% | 55% |
| Total | 100% | 100% | 100% | 100% |

**as proposed to CMS - subject to revision*

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 such as:
 - ❑ Higher performing participating providers whose performance is within 5% of their stated metric shall receive Tier 1 level reward payments.
 - ❑ Higher performing participating providers whose performance is within 10% of their stated metric shall receive Tier 2 level reward payments.
 - ❑ Higher performing participating providers whose performance is above 10% of their stated metric shall receive Tier 3 level reward payments.

**as proposed to CMS - subject to revision*



DSRIP Project Lifecycle Illustrative Example

DSRIP Scenario: Health Partners Initiative (HPI)

- ❑ Public Hospital A has attended an seminar on DSRIP and has decided they wish to participate. Their current issues are:
 - ❑ Overbedding in the hospital
 - ❑ Inefficient hospital systems
 - ❑ Need for better primary care and access to specialty services
 - ❑ Need to reduce avoidable SNF readmissions
 - ❑ Need to reduce avoidable ED use

DSRIP Scenario: Health Partners Initiative (HPI)

- ❑ The public hospital identifies community partners including an outlying small safety net hospital (SNH), FQHC, large mixed physician practice, 2 Health Homes and 2 Skilled Nursing Facilities (SNF).
- ❑ The entities agree to form the Health Partners Initiative (HPI).
- ❑ A community health care assessment is done to better understand the health care needs in their community and to see if any additional provider partners should be made.

DSRIP Scenario: HPI Community Assessment

HPI Conducts a Community Health Needs Assessments and finds (among other issues):

- Small Community Network Hospital struggling financially;
- Lack of primary care physicians – recruitment issues;
- Struggles in implementing PCMH;
- Problems implementing and using new EHR systems;
- Limited care coordination and communication between the hospital and SNFs; and
- Lack of capacity and access to behavioral health services.

DSRIP Scenario: HPI Project Development

HPI 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 EBM/PHM 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
- 1.12 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.

DSRIP Scenario: HPI Issues & Approaches

**Public Hospital
Needs to Reduce
Beds & Help
Displaced Staff**



Hospital will reduce 20 beds; Workforce retraining program will be instated to help affected staff.

**SNH has beds that
are no longer
needed, but SNH
provides key
community
services &
resources**



Safety Net Hospital (SNH) will become an outpatient campus. Will maintain a stand alone ED, with AmSurg capabilities.

**Health Information
Exchange in the
community exists,
but is underutilized**



System will integrate using agreed on protocols and establish connectivity with EHRs using the health information exchange.

**HPI has two
Health Homes
that could work
together more
efficiently**



HHs will provide shared services in the new campus allowing care management services outside of those provided by PCMH

DSRIP Scenario: HPI Issues & Approaches

HPI has an FQHC at Capacity & Mixed Physician Group looking to expand community access



The FQHC will move into the outpatient campus, adding an urgent care service and co-locating with the behavioral health clinic and the dental clinic at that site. The new larger space will allow for more primary care practitioners, rotating specialists and EHR implementation. This will allow the FQHC to advance into a PCMH.

Local Visiting Nurse Service meets with HPI to develop a transition coordination program from the hospital to the community and local SNFs.



HPI sees the need and opportunity to improve the quality and efficiency of their own services; asks the VNS to join HPI. The VNS will develop an office at the public hospital and establish a transitional care program for the community and the SNF in the area.

SNF needs help avoiding transfers to hospital through restructuring of emergency services



The Skilled Nursing Facility (SNF) will work with the now free standing ED to establish protocols and an on call service to address acute needs of SNF patients, avoiding hospitalizations.

DSRIP Scenario:

Program & Approach Cross-Section

| | PROGRAMS | | | | | |
|--|--|--|--------------------------------------|---|--------------------------------|--|
| APPROACH | <u>1.02</u> Care Coordination & Transition | <u>1.03</u> Integrated Delivery System | <u>1.06</u> PCMH Certification | <u>1.07</u> Behavioral Health Integration | <u>1.12</u> Bed Buy-Back | <u>2.01</u> SNF/Inpatient Transfer Program |
| Public Hospital To Reduce 20 Beds | X | X | | | X | |
| Transition of services within SNH | | X | X | X | | |
| Better use of community HIE infrastructure | | X | X | X | | |
| Health Home Collaboration | X | X | | X | | |
| FQHC Expansion | | X | X | X | | |
| Hospital/Nursing Transition services | X | X | | X | | |
| PC/Specialty service co-location | | X | | | | |
| Restructuring Emergency Services | | | | | | X |
| Workforce Retraining | | X | | | X | |

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 |

DSRIP Scenario: HPI Plan Year 1

| | HPI | State | Incentive Payment |
|------------------|---|--|--|
| Quarter 1 | HPI submits preliminary plan to the state. | The state reviews and approves. | Initial Planning payment triggered |
| Quarter 2 | Based on use of data book and other resources, the HPI plan is further developed. Updated report sent to state. | State reviews progress report and approves. | 2 nd planning payment triggered |
| Quarter 3 | HPI develops final plan with milestones, process and outcome metrics and submits to the state. | State reviews final plan and submits questions to HPI to be addressed. | Final Plan payment triggered |
| Quarter 4 | HPI responds to state, addresses network issues raised as well as clarifies metrics. Hits Q4 process milestones. HPI reports back to state. | State provides final approval of project to move forward. | 1 st process payment triggered |

DSRIP Scenario: Implementation Phase

Year 1 Quarter 4 through Year 5

Project Implementation

- Implementation of programs
- Infrastructure development
- Program innovation & redesign
- Workforce redesign
- Data collection
- Performance improvement planning if metrics & milestones are not met
- Plan adjustments (as needed)



Performance Evaluation

- Data analysis
- Clinical improvement
- Population focused improvement
- Share learning and increased coordination across providers through learning collaboratives



Delivery System Transformation

- Meet Metrics & Milestones
- Improve outcomes at the patient, provider and system level
- Increase care coordination through regional strategies
- Increase systems efficiency
- Achieve incentive payment

DSRIP Scenario: HPI Plan Year 2

| | HPI Milestones | Milestone /Metric Achievement | Incentive Payment |
|------------------|---|--|----------------------------------|
| Quarter 1 | Two hospitals submit request to state to decertify beds; change status. | Milestone met. | |
| Quarter 2 | Training program begun for displaced employees; visiting nurse programs begins care transition program. | Milestone met. | Payment Triggered for Q1 and Q2? |
| Quarter 3 | Process improvement program begun; HHs finalize discussion on shared services and potential merger. | Milestone met | |
| Quarter 4 | Services moved to Safety Net Hospital's new medical campus. | Milestone met. Due to care transition program, 25% reduction in readmissions from SNFs. – metric met | Payment triggered |

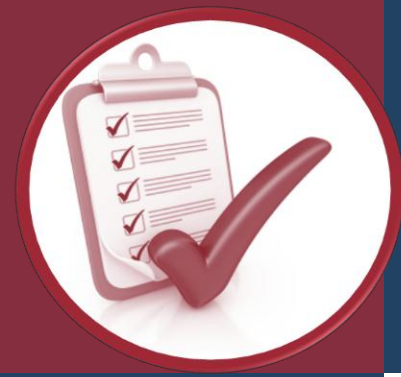
HPI Gantt Chart - Program 1.07

| 1.07 Integration of behavioral health into primary care | Year 1 | | | | Year 2 | | | |
|--|--------|-------|-------|-------|--------|-------|-------|-------|
| Tasks | QTR 1 | QTR 2 | QTR 3 | QTR 4 | QTR 1 | QTR 2 | QTR 3 | QTR 4 |
| Assessment BH services in community and internally | | | | | | | | |
| Assess readiness of FQHC and practice sites for BH integration | | | | | | | | |
| Develop planning partnerships including organizational structure, agreements and contracts | | | | | | | | |
| Assess IT needs for shared electronic health records | | | | | | | | |
| Plan and address conversion of clinic space in SNH - Medical Village | | | | | | | | |
| Address state requirements for clinic conversion | | | | | | | | |
| Convert clinic site | | | | | | | | |
| Implementation of HIT | | | | | | | | |
| Training of former hospital staff to new roles in clinic | | | | | | | | |
| Combined FQHC with BH services open | | | | | | | | |
| Monitor metrics re: use of services and avoidable hospitalizations | | | | | | | | |

Yellow color depicts actions during the planning phase, while the red color depicts actions occurring during the implementation phase.

DSRIP Scenario: Performance Evaluation

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



DSRIP Project Lifecycle Valuation - Illustrative Example

DSRIP Scenario: Creating a Valuation Index*

- ❑ Used to score individual programs within a project based on a number of factors.
- ❑ A composite program score established based on the sum of all the program factor scores.
- ❑ Draft Index Factors scoring 1 (low) – 5 (high):
 - ❑ Alignment with Avoidable Hospitalization and Quality Objectives
 - ❑ Potential Cost Savings
 - ❑ Degree of Community Collaboration and Comprehensive Partnership
 - ❑ Robustness of evidence base
- ❑ Final methodology to include Medicaid population size factor.

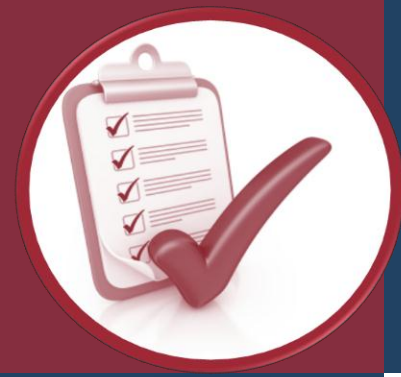
**as proposed to CMS - subject to revision*

DSRIP Scenario:

Project developed with two programs*

| Project A (containing two programs) | Scores |
|--|--|
| Program: 1.02 Implementation of care coordination and transitional care programs for hospitals to reduce avoidable hospitalizations <ul style="list-style-type: none"> Alignment with Avoidable Hospitalization and Quality Objectives Potential Cost Savings Degree of Community Collaboration and Comprehensive Partnership Robustness of evidence base <p style="text-align: right;">Program Score:</p> | <p>5</p> <p>4</p> <p>3</p> <p><u>2</u></p> <p>14</p> |
| Program: 3.02 Implementation of programs to reduce healthcare acquired infections to decrease avoidable hospitalizations <ul style="list-style-type: none"> Alignment with Avoidable Hospitalization and Quality Objectives Potential Cost Savings Degree of Community Collaboration and Comprehensive Partnership Robustness of evidence base <p style="text-align: right;">Program Score:</p> | <p>3</p> <p>4</p> <p>5</p> <p><u>4</u></p> <p>16</p> |
| Total Project A Score: | 30 |

* Illustration Purposes only - subject to change based on CMS final approval.



Questions



Contact Information

We want to hear from you!

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

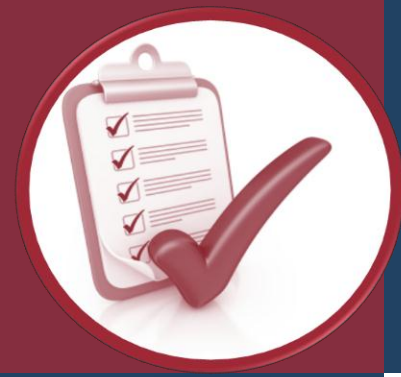
Subscribe to our listserv:

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Appendix

Focus Area #1: Hospital Transition / Public Hospital Innovation / Vital Access Provider (VAP) / Primary Care Expansion

| Program Numbers | Program Descriptions* <i>*as proposed to CMS - subject to revision</i> |
|-----------------|---|
| 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 for hospitals to reduce avoidable hospital admissions |
| 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 |

Focus Area #1: Hospital Transition / Public Hospital Innovation / Vital Access Provider (VAP) / Primary Care Expansion (continued...)

| Program Numbers | Program Descriptions (Continued) * <i>*as proposed to CMS - subject to revision</i> |
|-----------------|---|
| 1.09 | Increase access to specialty care (including mental health) to reduce avoidable hospitalizations |
| 1.10 | Development of co-located 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 program in hospitals to reduce avoidable hospitalizations |
| 1.14 | Expansion of palliative care programs 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

| Program Numbers | Program Descriptions* <i>*as proposed to CMS - subject to revision</i> |
|-----------------|---|
| 2.01 | Development of inpatient transfer avoidance program for skilled nursing facilities 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

| Program Numbers | Program Descriptions* <i>*as proposed to CMS - subject to revision</i> |
|-----------------|--|
| 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 health care 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 |