DSRIP Population Health Assessment:

Transforming the Health Care System

PART 2

OFFICE OF HEALTH INSURANCE PROGRAMS

AUGUST 2014

We recommend reviewing Part I of this series:

DSRIP Population Health Projects:

Introduction to Population Health and Community Needs Assessment

http://www.health.ny.gov/health_care/medicaid/redesign/docs/dsrip_community_needs_assessment_webinar_slides.pdf

June 2014

Office of Public Health

NYS Department of Health

Why is this community needs assessment different from all other community needs assessments?

- The goal of DSRIP is not to identify issues to be addressed within the context of the current health system.
- The goal of DSRIP is to transform the health care system by developing primary, preventive and other community based care for Medicaid members to the level of efficiency that it results in a 25% reduction in avoidable hospital use (ED and hospital beds).
- This is not business as usual!

This Community Needs Assessment Is Different

- While the recently completed hospital community needs assessments will likely have valuable information, <u>they are not sufficient</u> for this project.
- To achieve the goals of DSRIP, the solutions will be systems-based and not hospital-based.
- Health related resources, like community-based organization, will need to be assessed and included in planning to achieve goals.
- The findings of the DSRIP Community Needs Assessment (CNA) will drive the project selection process:
  - ✓ ***The CNA should <u>not</u> be used to justify preselected projects the PPS wants to do or feels comfortable doing!***

To transform a system, one needs to know the system …

STEP 1a: Understanding the Current System

The first step in the DSRIP Community Needs Assessment (CNA) is to identify the health and community resources that are available within the defined service area of the Performing Provider System (PPS).

- **Health Care:** This includes all of the medical and behavioral health providers within that system, even if not associated with the PPS at that time. Local Departments of Public Health, OASAS and OMH clinics should be included.
- **Community Resources:** This would include but not be limited to housing, food resources, advocates, peer organizations, etc. The CNA should consider unique resources such as community access computers in libraries.

For more information, please see the community needs assessment guide available on the DSRIP website:
http://www.health.ny.gov/health_care/medicaid/redesign/docs/community_needs_assessment_guidance.pdf

To transform a system, one needs to know the system …

STEP 1b: Understanding how the services come together

- How are these services currently connected and how could they be connected for ideal and efficient function? This includes an accounting of current services and actuarial analysis of specific future need. Actual realistic numbers will be expected in the CNA.
  - *What is the flow of services?*
  - *Is there waste that could be removed without affecting quality?*
  - *Would you want to receive services in the manner Medicaid members do?*
  - *Where are services located in relation to critical populations?*
  - *Are there transportation connectors?*
  - *Are GeoAccess® like maps done?*
- What important health sustaining services are missing in the area and how might available resources be reallocated or developed to address these missing resources?
- What are the identified redundancies including excess inpatient beds in the service area and how might these resources be reassigned/redesigned?

To transform a system, one needs to know the system …

STEP 1c: Understanding the financial implications of change and how to rebalance

- How does the change in service structure impact financial stability of involved services? What are the plans for addressing these financial changes?
- How will PPS facilities address the expected reduction in hospital service use (emergency department and inpatient services, including reduction in excess bed capacity) and financially maintain appropriate tertiary care services?
- What is the potential for repurposing redundant facilities? What would be required to repurpose? Are there other community non-health needs that could be addressed such as housing?
- What are the financial implications of staffing changes to ensure appropriate redistribution, recruitment and retention? How will these be addressed?

Once the system is understood…

STEP 2: Understand the issues driving avoidable hospital use

- What health conditions in the Medicaid population are getting insufficient primary, preventive and community based care?
- What chronic diseases are potentially preventable if these services were available?
- What social conditions are affecting the Medicaid population such that it affects compliance with medical and/or behavioral health treatment?
- Where are the disconnects in the health care system that affect continuity of care?
- Where are the resource gaps that are keep Medicaid members from achieving health?

STEP 2: Understanding the issues driving avoidable hospital use…

- What are the language/cultural/ethnic considerations for the at risk populations?
- What is the impact of literacy and health literacy?
- What are the strengths of the at risk population that can be used to build a healthier community?
  - Are these strengths (e.g., religious organization) included in community resources?
  - Are there links that are or can be created to these resources?

Using data to understand the issues driving avoidable hospital use…

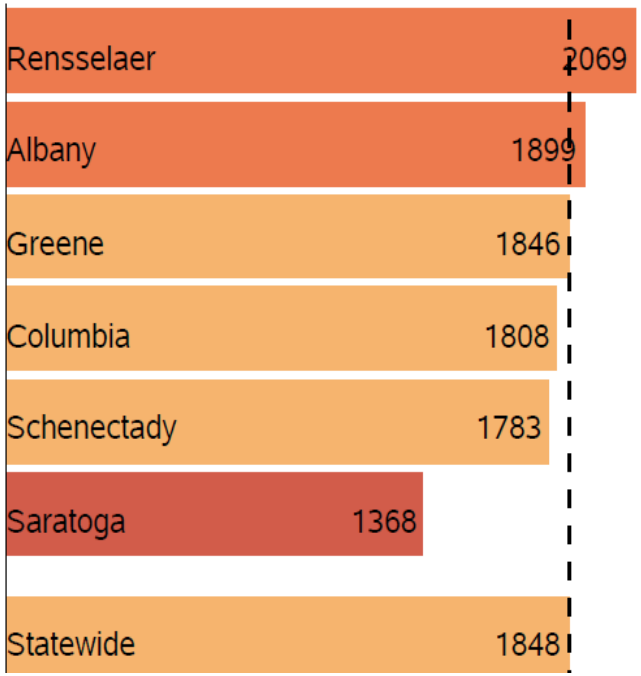
Decisions need to be driven by data….

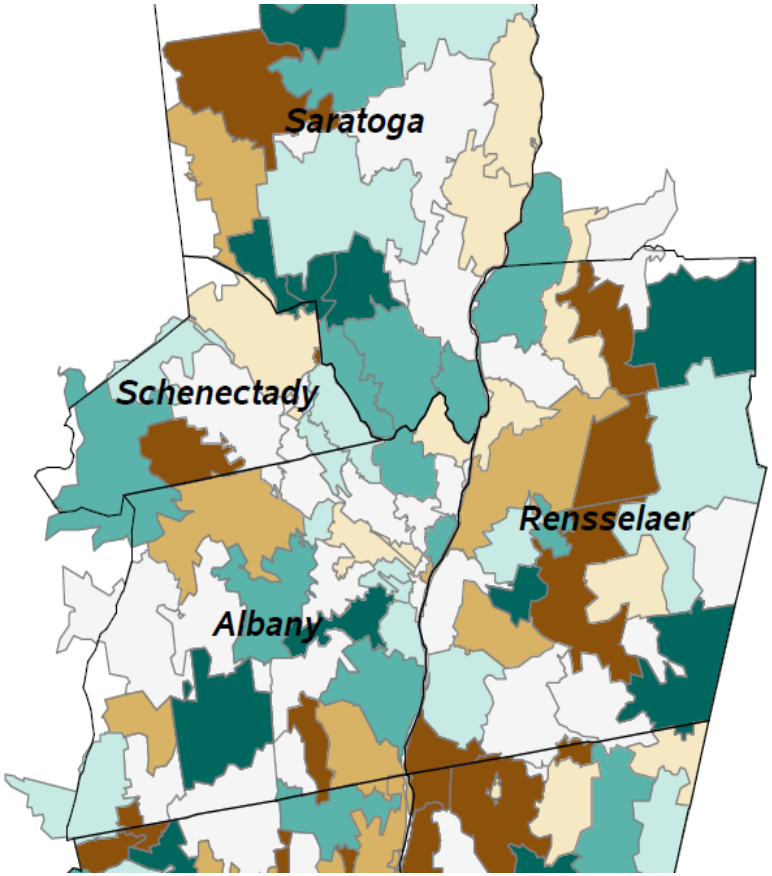
The Department is making data available on the DSRIP website.
We strongly suggest that this be your initial primary source of data.

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip_performance_data/

DSRIP Performance Chartbooks

Capital District
Adult Overall Composite
Prevention Quality Indicators (PQI90)
Medicaid Recipients, 2011-2012





Salient Data Workbooks

SALIENT HHS
Performance Management for Healthcare & Human Services

Central Member Region
Member County: All Counties
07/01/2012 - 06/30/2013

		Inpatient		Clinic		Emergency Room		Practitioner		Combined	
Provider Entity	Provider Name	Discharg	Members	Claims	Members	Visits	Members	Claims	Membe	Utilization	All Membe
E0263721	UNIVERSITY HSP SUNY HLTH SC	6,823	4,849	297,399	30,875	25,588	14,608			329,810	35,933
E0238207	UNITED HEALTH SERV HOSP INC	4,452	3,569	276,309	21,466	18,838	9,780			299,599	23,664
E0169412	ST.JOSEPH'S HSP HLTH CTR	5,049	4,051	211,973	17,989	24,468	12,040			241,490	22,691
E0252100	SYRACUSE COMM HEALTH CTR INC			107,433	21,860			4,980	1,295	112,413	21,988
E0265381	OUR LADY OF LOURDES MEM	2,551	2,150	203,145	20,339	12,610	7,263			218,306	21,700
E0271135	CROUSE HOSPITAL	5,837	4,968	194,606	15,817	10,154	5,957			210,597	20,115
E0262911	ARNOT OGDEN MEDICAL CENTER	3,144	2,677	110,022	9,067	13,948	6,809			127,114	12,783
E0265869	CAYUGA MEDICAL CTR/ITHACA	1,283	1,117	93,085	9,653	5,246	2,965			99,614	10,449
E0264411	AUBURN MEMORIAL HOSPITAL	1,518	1,255	73,024	6,852	8,752	4,329			83,294	8,357
E0271157	CORTLAND REG MED CTR	1,577	1,258	83,432	6,627	6,899	3,448			91,908	7,662
E0262918	ST JOSEPHS HOSPITAL ELMIRA	1,614	1,150	30,682	3,738	5,239	2,995			37,535	5,611
E0262914	ST JAMES MERCY HOSPITAL	1,059	873	38,345	3,705	5,459	2,718			44,863	4,810
E0263054	CORNING HOSP	973	825	29,857	3,132	4,995	2,886			35,825	4,767
E0005028	TINIO JAMES DEL ROSARIO MD							9,874	3,688	9,874	3,688
E0262967	ROBERT PACKER HOSP PA	1,173	937	15,616	2,237	2,985	1,622			19,774	3,458
E0262944	PLANNED PARENTHOOD SO FINGER LAKES			5,769	3,369					5,769	3,369
E0216562	SMITH ROY ANTHONY MD							12,378	3,210	12,378	3,210
E0086000	FAMILY SER OF CHEMUNG CNTY MH			35,253	3,075					35,253	3,075
E0261363	GENEVA GENERAL HOSPITAL	447	375	33,714	2,651	700	487			34,861	3,050
E0024990	JURIGA JOHN DAVID MD							13,290	3,031	13,290	3,031
E0262916	SCHUYLER HOSPITAL	172	124	18,626	2,208	2,932	1,639			21,730	2,714
E0271171	STRONG MEMORIAL HOSPITAL	757	633	17,515	2,231	315	229			18,587	2,658
E0265860	IRA DAVENPORT MEM HSP IN	138	114	16,063	1,894	2,919	1,640			19,120	2,589
E0090927	LEONARD LAURA JEAN MD							10,490	2,398	10,490	2,398
E0144492	DRACKER ROBERT A MD							20,715	2,291	20,715	2,291
E0124722	HAYES MICHAEL FRANK DO							6,448	2,266	6,448	2,266
E0042006	SAMODAL RODRIGO T JR MD							8,384	2,179	8,384	2,179

DSRIP Performance Dashboards

New York State
Department of Health
Information for a Healthy New York

Medicaid Members by Provider (CY 2013)

Geographic Filters

Member DSRIP Region - PHIP
All Members

County
All Members

Zip Code
All Members

Provider Filters

Provider County
All Members

Managed Care Plan Name
All Members

Note:
The region, county, and zip code filters represent the Medicaid member's home area - typically their area of residency. The provider county is where the service was rendered.

Unique Medicaid Members by Provider

Provider Entity	Claim Count	Unique Members w Services
QUEST DIAGNOSTICS INC	6,078,454	619,206
BIO-REFERENCE LABORATORIES INC	4,968,723	419,098
VNS CHOICE	4,660,871	23,691
MONTEFIORE MEDICAL CTR AI	3,054,647	222,519
HEALTH FIRST PHSP INC	2,862,436	266,143
LABCORP OF AMERICA HOLDINGS	2,851,300	336,178
MEDS OOS PHYSICIAN & OTHE	2,777,677	176,868
SENIOR HEALTH PARTNERS INC	2,749,472	11,981
ELDERPLAN INC	2,058,110	12,071
VNSNY COMMUNITY HEALTH SERVICES	1,907,072	36,844
NY HOSPITAL	1,838,179	155,940
NYS CATHOLIC HEALTH PLAN INC	1,744,018	182,099
PARTNERS IN COMMUNITY CARE	1,637,800	7,883
BETH ISRAEL MEDICAL CTR ACT	1,596,572	104,328
INDEPENDENCE CARE SYSTEM INC	1,585,001	5,534
UNITED HEALTHCARE OF NY INC	1,566,794	176,732
BRONX LEBANON HOSPITAL CENTER	1,295,394	87,398
WELLCARE OF NY MLTC	1,291,254	6,312
GUILDNET INC	1,288,942	15,516
CCM SELECT MLTC	1,255,499	9,634
ELDERSERVE HEALTH INC	1,230,266	11,489
SUNRISE MEDICAL LABORATORIES	1,228,454	149,462
AMERIGROUP NEW YORK LLC	1,139,364	127,044
MOUNT SINAI HOSPITAL	1,008,276	90,426
STRONG MEMORIAL HOSPITAL	981,117	73,171
NARCO FREEDOM INC	904,858	10,674
MILLENNIUM LABORATORIES OF CA INC	882,908	17,888
LUTHERAN MEDICAL CENTER	862,435	77,119
ST LUKES ROOSEVELT HSP CTR	831,777	80,691
PREMIER NURSING SERVICES	812,992	4,782
ROCHESTER GENERAL HOSPITAL	799,964	62,999
ELMHURST HOSPITAL CENTER	778,363	70,927
KINGS COUNTY HOSPITAL CENTER	766,372	65,179
Total (104,788)	275,249,094	5,148,756

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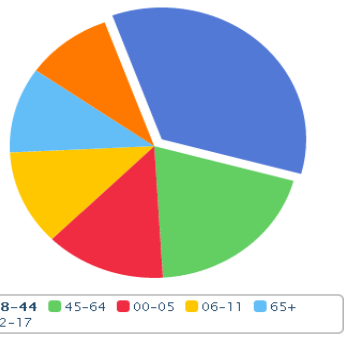
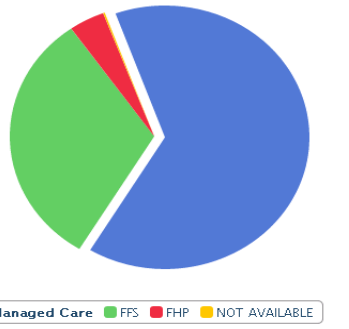
Unique Medicaid Members by Age Group with Drill to Provider



Unique Medicaid Members by Current FFS/MC Coverage with Drill to Provider



Web Based Performance Dashboards with drillable data on member counts by region and baseline performance data (PQIs, PPRs, etc.) are under development by Salient.

STEP 2: Understanding the issues driving avoidable hospital use…

- In addition to the data sources on the DSRIP website, there are numerous other sources of data including those collected by the PPS that can be used. Many of these are listed in the Part I of this webinar series.
- If using sources other than that provided by the Department, ensure the data is valid, reliable and reproducible.

The DSRIP Community Needs Assessment

STEP 3: Putting it all together

- The data collected during this comprehensive assessment should allow the PPS to define their community system and how it functions, the key populations affecting avoidable hospital use and the reasons why, and the appropriate data that will support its decision making.
- From the data, the PPS should be able to chose the appropriate projects to address the findings of the CNA.
- At the end of the CNA, the PPS will need to provide a completed spreadsheet in Excel that identifies the projects chosen for their DSRIP project, baseline data and justification for that selection.

DSRIP Project Plan Application

Tentative List of Community Needs Assessment Sub-Sections

- Summary of Health Care & Community Resources
- Current vs. Future State of Health Delivery System
- Methodology of Community Assessment Process
- Community Demographics
- Population Health Statistics
- Provider Demographics
- List of Community Needs
- Community Resources PPS Can Mobilize
- Stakeholder & Community Engagement

Questions?

We want to hear from you!

DSRIP website:

www.health.ny.gov/dsrip

DSRIP e-mail:

dsrip@health.state.ny.us

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