



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP PPS Organizational Application

Ellis Hospital (PPS ID:3)

SECTION 1 – EXECUTIVE SUMMARY:

Section 1.0 - Executive Summary - Description:

Description:

The DSRIP PPS Organizational Application must include an executive summary clearly articulating how the PPS will evolve into a highly effective integrated delivery system. This section will also include questions about any application(s) for regulatory relief the PPS is pursuing.

Scoring Process:

This section is not factored into the scoring of the PPS application. This response will be reviewed for completeness and a pass/fail determination will be made.

Section 1.1 - Executive Summary:

***Goals:**

Succinctly explain the identified goals and objectives of the PPS. Goals and objectives should match the overall goals of the NY DSRIP waiver and should be measurable.

#	Goal	Reason For Goal
1	Better population health via system transformation, clinical/nonclinical improvement, PH management	<p>Since the 1960s Medicare and Medicaid have financially rewarded providers by volume. However, the reward should be population health; health value not health intervention volume. That transformation has been difficult to fully achieve. DSRIP provides a process with incentives to "move the volume to value dial."</p> <p>The data regarding the use of hospitals and EDs in the Ellis PPS region show that a new approach is needed. Clinical expertise is essential but not in isolation. Non-clinical follow up can help maintain members' wellness. The PPS has designed DSRIP projects to achieve the goal of improving population health through integrated delivery and integration of mental health and substance abuse services. With primary care as the lead, the PPS will provide services that teach good health habits, support peoples' frailties, provide post-discharge support after hospital interventions and leverage patient registries. All projects will be connected through an interoperable IT system.</p>
2	Promote community level collaboration (in three groups: behavioral, medical, CBOs)	<p>The integration of behavioral health within the PPS has not been fully achieved. The emergence of substance abuse as a major health issue has additionally challenged the PPS. A large majority of the PPS' super-utilizers have some combinations of physical, mental health and substance abuse issues.</p> <p>The PPS' objective is to meet various health needs with approaches by building linkages with physical medicine, behavioral health and CBOs based on the individual person's needs, appropriate for that individual. The approach will not be successful without a community-wide approach. Linking PPS hospitals with timely hand-offs to existent and new/expanded BH programs is essential. DSRIP provides and formally incorporates CBOs as part of a person's health plan, as health solutions are often based on CBO services.</p> <p>DSRIP has created a vehicle to address the impact poverty, housing and cultural influences have on health and the relationship of trust each individual has with healthcare.</p>
3	Quality driven, life-enhancing, cost effective care delivery ("right care, right place, right time")	<p>At a listening session with ED professionals, many expressed frustration that while most ED care given is needed, it all too often was not "right" regarding time and place. Further it often was not linked to the right follow up. The PPS has chosen DSRIP projects to address this issue in the ED</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP PPS Organizational Application

Ellis Hospital (PPS ID:3)

#	Goal	Reason For Goal
		<p>and all levels of care provided. Eventually the PPS must be able to show MCOs that its service is both high quality and cost effective. The PPS believes nothing will impact this more than addressing this issue. Linking MH services while the person is in the ER as opposed to providing a contact number; considering palliative care as a routine part of primary care; engaging the unengaged in their health care; connecting a person with post hospital services including a home visit; connecting with CBOs as appropriate, are some of the PPS' plans. The Ellis PPS believes that these approaches are not only thrifty but represent good care practices.</p>
4	<p>Culturally sensitive person centered care-promotes health literacy, self-care, understanding choices</p>	<p>The effectiveness of person-centered care is understood within the PPS. The work of Jeffery Brenner in Camden NJ made it clear that working with people as they want and need is not only appropriate but it is cost effective. DSRIP discussions led the PPS to ask what can be done to respond to the community on their terms. This became an objective that drove project selection and implementation plane. The Ellis PPS envisions training "high contact" staff regarding ethnic, cultural and linguistic sensitivities. Hopefully positions like Patient Engagement Specialists will use these skills to build community trust one person at a time. That trust will be a key to achieving the PPS goals of enrollment of the uninsured, increased participation in routine health care and expanding health literacy. Entering a home to discuss asthma, tobacco or advanced directives requires mutual respect built on trust in the workers of the PPS.</p>

***Formulation:**

Explain how the PPS has been formulated to meet the needs of the community and address identified healthcare disparities.

The potential of DSRIP was obvious to the providers that were already engaged in creating an ACO. With this common interest a delegated governance model was decided upon to lead the DSRIP program. Weighted voting will be based on attribution. In addition to the three hospital systems and their extensive down-stream programs, the two Federally Qualified Health Centers and two major primary/multi-specialty care provider partnerships were invited to join the governing body. The importance of primary care to the success of the DSRIP goals drove this decision. These providers will constitute the ownership of the newly initiated LLC. In addition, three community stakeholders will complete the membership of the governing body.

The Project Advisory Committee will have access to and representation on the governing body.

The governing body will be responsible for hiring, empowering and providing leadership to the DSRIP CEO who will hire and supervise the management staff. The operational staff will work directly for the PPS members. Committees will be created to coordinate policies and procedures and evaluate performance metrics.

***Steps:**

Provide the vision of what the delivery system will look like after 5 years and how the full PPS system will be sustainable into future.

In 5 years, it is expected that the population of the PPS' service area, particularly those served by the Medicaid program, will experience an integrated system of care across the continuum that is significantly different than the current fragmented one. These new partnerships among health care providers and social service agencies will ensure that Medicaid members receive high quality care that is specific to individual needs both medically and socially. A greater involvement of case managers and care navigators will ensure that high-need individuals receive coordinated care at an earlier stage resulting in healthier individuals and lower health care costs.

It is expected that there will be an EMR system that is fully integrated within the members of the Ellis PPS that has "push and pull" capabilities.



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP PPS Organizational Application

Ellis Hospital (PPS ID:3)

PPS primary care practices will be PCMH level 3 participation at 100% using 2014 standards.

Further, the PPS expects that CBOs will be critical partners to the ability of DSRIP to meet its goals.

In conclusion, the Ellis PPS hopes to have a fully integrated, person-centered care system.

***Regulatory Relief:**

Is the PPS applying for regulatory relief as part of this application? Yes

For each regulation for which a waiver is sought, identify in the response below the following information regarding regulatory relief:

- Identify the regulation that the PPS would like waived (please include specific citation);
- Identify the project or projects in the Project Plan for which a regulatory waiver is being requested and outline the components of the various project(s) that are impacted;
- Set forth the reasons for the waiver request, including a description of how the waiver would facilitate implementation of the identified project and why the regulation might otherwise impede the ability of the PPS to implement such project;
- Identify what, if any, alternatives the PPS considered prior to requesting regulatory relief; and
- Provide information to support why the cited regulatory provision does not pertain to patient safety and why a waiver of the regulation(s) would not risk patient safety. Include any conditions that could be imposed to ensure that no such risk exists, which may include submission of policies and procedures designed to mitigate the risk to persons or providers affected by the waiver, training of appropriate staff on the policies and procedures, monitoring of implementation to ensure adherence to the policies and procedures, and evaluation of the effectiveness of the policies and procedures in mitigating risk.

PPS' should be aware that the relevant NYS agencies may, at their discretion, determine to impose conditions upon the granting of waivers. If these conditions are not satisfied, the State may decline to approve the waiver or, if it has already approved the waiver, may withdraw its approval and require the applicant to maintain compliance with the regulations.

#	Regulatory Relief(RR)	RR Response
1	Ancillary withdrawal in 822.4 and 822.5 clinics - project 3.a.iv	<p>- The Ellis PPS requests a waiver regarding the regulations governing the provision of ancillary withdrawal in 822.4 and 822.5 clinics and the ability to offer voluntary ambulatory detoxification services.</p> <p>- This waiver is being requested to facilitate the implementation of Project 3.a.iv, Development of Withdrawal Management Capabilities. The waiver will support the ability of existing withdrawal management providers (Part 816 programs) to operate ambulatory detox programs.</p> <p>- Currently, only Part 822.4 and Part 822.5 outpatient OASAS providers can operate ambulatory detox programs connected to their existing outpatient clinic programs. The waiver, if granted, would allow existing Part 816 inpatient detox units to offer ambulatory detox programs leveraging existing staff and expertise, and creating access for members 24/7. In addition, it would help eliminate the need to transfer patients from a Part 822-4 or 822-5 clinic to a Part 816 program for acute management of withdrawal when the patient presents with severe withdrawal or have used substances within the last 24 hours. If the Part 816 program can provide the ambulatory detox, there is a greater continuity of care.</p> <p>- If the waiver is granted Part 816 providers would offer ancillary withdrawal services as an additional level of care to the medically managed and medical supervised withdrawal services they currently offer. Ancillary withdrawal services would be provided consistent with existing OASAS regulations and guidance documents.</p> <p>- The waiver would allow existing inpatient detox programs the ability to provide ambulatory detox services to members presenting for symptom relief in the emergency departments and newly developed ED Triage services. This "no wrong door" approach would expedite the referral of patients to the most appropriate and least restrictive level of care reducing</p>