

SIM Round 2: New York's Model Testing Application Summary

Project Abstract

New York is poised to advance a statewide innovation to strengthen population health, transform the health delivery system and decrease per capita health care costs. As home to numerous multi-payer initiatives in regions from the Greater New York City area to the Adirondacks, NY has a solid foundation on which to build the work described in our State Innovation Model (SIM) application.

The goals and objectives of New York's State Health Innovation Plan (SHIP) are well aligned with and will be coordinated with the Delivery System Reform Incentive Payment Program, or "DSRIP" as well as New York's Health Exchange, Prevention Agenda and New York State Health Insurance Program (NYSHIP).

A robust health information infrastructure, including a first in the nation health information exchange (Statewide Health Information Network of New York, or SHIN-NY), and an All Payer Database (APD) assure an effective platform for sharing critical clinical information among consumers, providers, and other health care stakeholders and detailed claims information that will be used to promote quality and assure value.

Over the past decade, NY has implemented a series of initiatives focused on the state's primary care system by supporting the spread of the medical home model. Medicaid has and continues to lead these efforts by promoting primary care through DSRIP and whose payment incentives include support of the medical home model for the State's Medicaid enrollees. Private payers in NY have also been engaged in primary care transformation through a series of demonstration projects, including regional multi-payer demonstrations. Today, 25% of NY's primary care physicians provide care in practices that have achieved recognition by NCQA as Patient Centered Medical Homes.

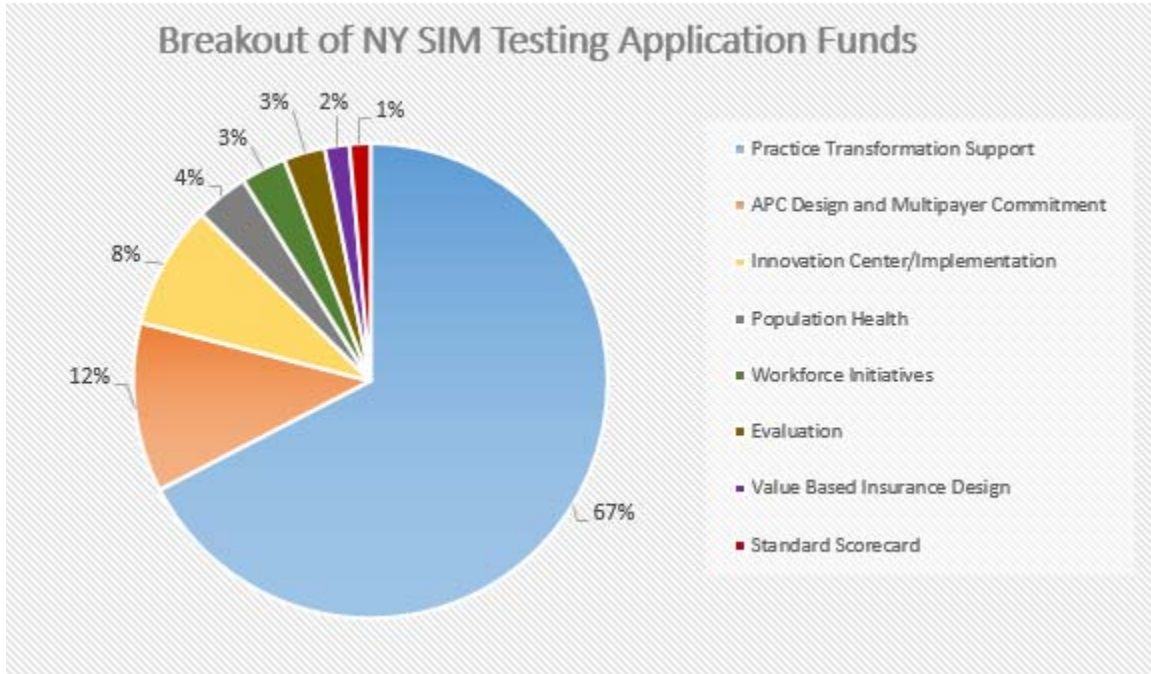
The focus of the NYS SIM application is to enhance and bring the medical home model to scale, supported by a value-based payment system, skilled workforce and common set of quality metrics. New York State has requested \$100M under SIM to implement the following key initiatives:

1. Implement a statewide program of regionally-based primary care practice transformation, to help practices across NYS adopt and use the Advanced Primary Care (APC) model.
2. Change the way primary care providers are paid greatly expanding the use of value-based payments so that 80% of New Yorkers are receiving value-based care by 2020;
3. Support performance improvement and capacity expansion in primary care by:
 - Expanding NY's primary care workforce through innovations in professional education and training;
 - Integrating APC with population health through Public Health Consultants funded to work with regional Population Health Improvement Program contractors;
 - Developing a common scorecard, shared quality metrics and enhanced data/analytics to assure that delivery system and payment models support Triple Aim objectives;
 - Providing (state-funded) leading-edge health information technology, including greatly-enhanced capacities to exchange clinical data and an all payer database; and
 - Supporting an independent evaluator, data collection and performance monitoring.

Over the grant period of 2015-2018, SHIP implementation will generate gross savings of \$4.4 billion, of which half will be reinvested in the system, and half will accrue as net savings.

Project Budget Summary

New York applied for \$100M in SIM funding, to support the following initiatives, which are depicted in the below diagram by percentage:



Practice Transformation Support

- **Goal:** Advanced Primary Care (APC) is the heart of the SHIP. The majority of SIM funds will be invested to assist practices with transformation to achieve APC status.
- **Use of Funds:** Support offered as part of practice transformation includes infrastructure, goal-setting, leadership, practice facilitation, workflow changes, measuring outcomes, and adapting organizational tools and processes to support new team-based models of care delivery. Funds will be distributed regionally, will be informed by recommendations of the Integrated Care and Pay for Value Workgroup and will be predicated on an initial evaluation of practice readiness. Regional practice transformation entities would be funded through a competitive procurement.

APC Design

- **Goal:** Develop and define the APC model, including definition of tiers, mechanisms to certify practices and evolution of payment models to support integrated care delivery. Develop a standard practice transformation curriculum and practice evaluation tool.
- **Use of Funds:** The State will convene workgroups and hire contractors to support APC design.

Innovation Center & SIM Implementation

- **Goal:** Establish an Innovation Center Office within the Department of Health to manage all aspects of SIM and SHIP implementation, including oversight of governance structure, competitive procurements, management and evaluation.

- **Use of Funds:** Hire staff and temporary contractors to support the work needed to successfully implement the SHIP and the APC model and ensure its sustainability. Requested funds include fringe, travel, and indirect expenses.

Population Health

- **Goal:** Assure achievement of Prevention Agenda goals and objectives through improved linkages between clinical providers, local public health and community based organizations and by supporting and promoting the delivery of clinical preventive services that have a demonstrated impact on Prevention Agenda goals.
- **Use of Funds:** SIM-funded Public Health Consultants (PHCs) will work with practice transformation teams to improve the delivery of clinical preventive services that have a demonstrated impact on selected Prevention Agenda priority areas.

Workforce Initiatives

- **Goal:** Assure all New Yorkers have access to a primary care provider who is part of an integrated care delivery system.
- **Use of Funds:** Identify gaps, needs and mechanisms to increase the number of primary care providers in the state including tools to promote primary care education and physician retention.

Evaluation

- **Goal:** Measure and evaluate New York's progress toward achieving the Triple Aim across all levels – payer, community, provider, and consumer.
- **Use of Funds:** Hire external evaluator(s) to develop and implement an evaluation plan that will be conducive to meaningful monitoring and evaluation the SIM and implementation of the SHIP across New York.

Value Based Insurance Design for NYS

- **Goal:** Develop, test and support value based payment and insurance design
- **Use of Funds:** Partner with the VBID Center at the University of Michigan to support the development and implementation of VBID benefit for a select group of state employees. Hire additional staff and clinical advisors to support DFS and DCS in developing, evaluating, and promoting VBID programs their impacts.

Standard Scorecard

- **Goal:** Create a common scorecard that aligns measures across payers and providers and promotes quality care for all.
- **Use of Funds:** Partner with external stakeholders to identify and implement a commonly accepted set of quality metrics for implementation throughout the State.

Letters of Support

New York received the below letters of support which were included in its application:

External:	Governmental:
<ol style="list-style-type: none"> 1. Health Care for All NY/Community Service Society (HCFANY/CSS) 2. Medicaid Matters 3. Center for Medical Consumers 4. Health Plan Association (NYHPA) 5. United Healthcare 6. Empire BCBS 7. Healthcare Association of NYS (HANYC) 8. Greater NY Hospital Association (GNYHA) 9. NYS Health Foundation (NYSHF) 10. VBID Center at University of Michigan 11. Northeast Business Group on Health (NEBGH) 12. Chamber Alliance of NYS (CANYS) 13. Chautauqua County Chamber of Commerce 14. Manufacturers Association of the Southern Tier 15. United Hospital Fund (UHF) 16. Primary Care Development Corporation (PCDC) 17. THINC 18. Finger Lakes HSA (FLHSA) 19. P2 Collaborative of Western NY 20. Hudson Headwaters Health Network (HHHN) 21. Adirondack Health Institute (AHI) 22. New York Academy of Medicine (NYAM) 23. NY Chapter, American College of Physicians (NYACP) 24. NYS Academy of Family Physicians (NYAFP) 25. National Committee for Quality Assurance (NCQA) 26. Council for Community Behavioral Health Care 27. Coalition of Behavioral Health Agencies 28. Center for Health Workforce Studies (SUNY) 29. New York State Area Health Education Center (AHEC) System 30. New York eHealth Collaborative (NYeC) 31. HealtheLink 	<ol style="list-style-type: none"> 32. Governor Andrew M. Cuomo 33. Health Research, Inc. (HRI) 34. NYS Department of Health (NYSDOH) 35. NYS Office of Mental Health (OMH) 36. NYS Department of Civil Service (DCS) 37. NYS Department of Financial Services (DFS) 38. NYC Department of Health and Mental Hygiene (DOHMH) 39. NYS Senator Kemp Hannon 40. NYS Assemblyman Richard Gottfried 41. US Senator Charles Schumer 42. US Senator Kirsten Gillibrand 43. Congresswoman Yvette Clarke 44. Congressman Joseph Crowley 45. Congressman Brian Higgins 46. Congresswoman Nita Lowey 47. Congresswoman Carolyn McCarthy 48. Congressman Dan Maffei 49. Congressman Gregory Meeks 50. Congresswoman Grace Meng 51. Congressman Bill Owens 52. Congressman Charles Rangel 53. Congresswoman Louise Slaughter 54. Congressman Paul Tonko