Nassau DSRIP Stakeholder Meeting

October 15, 2014
Today’s Agenda

1:00-1:30  
**Introductions and Overview of DSRIP**  
Robert Ginsberg - System Director, Strategy and Business Development, Catholic Health Services of Long Island  
Jerry Hirsch, Ph.D. – Vice President, Strategic Planning, North Shore-LIJ; Assistant Professor, Hofstra North Shore-LIJ School of Medicine  
David Nemiroff, LCSW - Executive Director, Long Island Federally Qualified Health Centers, Inc., Vice President, NuHealth, Nassau University Medical Center

1:30-2:45  
**Community Health Needs Assessment Presentations and Q&A**  
Christopher Chewens - Senior Planning Analyst, Strategic Planning, North Shore-LIJ  
Nancy Copperman, MS, RD, CDN - Corporate Director of Public Health Initiatives Office of Community & Public Health, North Shore-LIJ; Assistant Professor of Population Health, Hofstra North Shore-LIJ School of Medicine  
Denise Soffel, Ph.D. - Principal, Health Management Associates

2:45-3:30  
**Project Prioritization Exercise and Results**  
Nancy Copperman, MS, RD, CDN - Corporate Director of Public Health Initiatives Office of Community & Public Health, North Shore-LIJ; Assistant Professor of Population Health, Hofstra North Shore-LIJ School of Medicine

3:30-4:00  
**Next Steps**  
David Nemiroff, LCSW - Executive Director, Long Island Federally Qualified Health Centers, Inc., Vice President, NuHealth, Nassau University Medical Center
DSRIP Overview

David Nemiroff, LCSW
Executive Director, LIFQHC
Vice President, NuHealth/NUMC
What is DSRIP?

• The DSRIP program will promote community-level collaborations and focus on system reform.

• Large public hospital systems and safety net providers will collaborate with community providers, organizations and physicians to implement innovative projects.

• DSRIP creates a new provider entity, a Performing Provider System (PPS).
What is DSRIP?

• Menu of pre-approved project options (to be described later).
• Applications to be reviewed by panel of experts.
• Deadline is December 16.
• Performing Provider Systems will choose at least five and not more than 11 projects from the following domains...
Goals of DSRIP

• Achieve statewide a 25 percent reduction in avoidable hospital use, including emergency department, readmissions and admissions for avoidable conditions, over five years.

• Focus on system transformation, clinical improvement, and population health improvement.
Goals of DSRIP

• 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.

Source: DoH Webinar: DSRIP Population Health Assessment: Transforming the Health Care System, August 2014
DSRIP Funding

• Funding allocated based on project valuation and outcomes.
• Pay-for-performance: Incentive payments based on achieving improvements in care; must meet milestones and metrics first to get paid in the 5-year project period.
• Improvements based on metrics and goals for Medicaid population in County.
• Achievement of metrics is based on performance of whole PPS, not individual providers.
DSRIP Payments to Providers

• DSRIP payments for each provider are contingent on them meeting program and project metrics and milestones defined in the DSRIP Plan.

• Incentive payment values will be calculated for each metric/milestone domain in the DSRIP project plan.
DSRIP Incentive Payments Distribution

• PPSs can choose how they will distribute DSRIP incentive payments. Possible factors include:
  – Attributed lives associated with PPS partners
  – Pay-for-Performance for higher achievers within the PPS
  – Project Costs
  – Revenue Loss
  – Contribution to PPS achievement of metrics and milestones
DSRIP Projects – Domain 2

• System Transformation:
  – Create integrated delivery system (required)
  – Implementation of care coordination and transitional care programs
  – Connecting systems
DSRIP Projects – Domain 3

• Clinical Improvement:
  – Behavioral Health (required)
  – Cardiovascular Health
  – Diabetes Care
  – Asthma
  – HIV
  – Perinatal
  – Palliative Care
  – Renal Care
DSRIP Projects – Domain 4

• Population-Wide Strategy Implementation (based on the NYS Prevention Agenda):
  – Promote Mental Health and Prevent Substance Abuse
  – Prevent Chronic Diseases
  – Prevent HIV and STDs
  – Promote Healthy Women, Infants and Children
DSRIP Project 11

• Patient and Community Activation for Uninsured, Non-utilizing, and Low-utilizing Populations:
  – Develop practices/programming that promote activation and engagement – Patient Activation Measure (PAM).
  – Increase the volume of non-emergency (primary, behavioral & dental) care provided to the UI, NU & LU population.
Community Needs Assessment

• CNA will help determine the unique community characteristics and challenges within Nassau County and Queens:
  — PPS will identify health and community resources available within the county.
  — The results of the CNA will guide the PPS in project selection, accounting for health needs, existing resources, and gaps in care.
  — The CNA has to be broad based in its approach.
DSRIP Community Health Needs Data

Christopher Chewens, MBA
Senior Analyst, NS-LIJ Strategic Planning
UNIQUE MEDICAID ENROLLEES - 2013 - NASSAU

Source: Salient NYS Medicaid Claims Data, accessed 9/08/2014
Based on patient current ZIP code, which is subject to change*
UNIQUE MEDICAID ENROLLEES - 2013 - NASSAU

(N) Unique Medicaid Enrollees = 223,518*
(N) Full Year Enrollee Equivalents = 192,553.9*

Source: Salient NYS Medicaid Claims Data, accessed 9/26/2014
Based on patient current ZIP code, which is subject to change*
2012 Nassau Beneficiaries with Condition (All Medicaid)

Total ER Visits for Beneficiaries with Chronic Condition vs. Total Inpatient Admissions for Beneficiaries with Chronic Condition.

Source: www.health.data.ny.gov

Bubble size = Medicaid Beneficiaries
Medicaid PQI Hospitalizations
Nassau in 2012

- COPD or Asthma in Older Adults: 526
- Heart Failure: 311
- Urinary Tract Infection: 283
- Bacterial Pneumonia: 266
- Diabetes Long-term Complications: 230
- Dehydration: 189
- Hypertension: 184
- Diabetes Short-term Complications: 111
- Uncontrolled Diabetes: 74
- Asthma in Younger Adults: 72
- Lower-Extremity Amputation (Diabetes): 20
- Angina Without Procedure: 18

Source: [www.health.data.ny.gov](http://www.health.data.ny.gov)
30-DAY READMISSIONS BY PQI/PDI STATUS
NASSAU COUNTY - 2013

INDEX ADMISSIONS - NO RESTRICTIONS

- NOT PQI/PDI: 4,414
- ALSO PQI/PDI: 598

INDEX ADMISSIONS - SAME PRIMARY DX MDC

- NOT PQI/PDI: 1,726
- ALSO PQI/PDI: 238

Source: [www.health.data.ny.gov](http://www.health.data.ny.gov); SPARCS 9.1.2014; NSLIJ Planning Readmission Algorithm
### 30-DAY READMISSIONS - NO RESTRICTIONS - 2013 - NASSAU
### TOP 10 DIAGNOSIS CLASSES FOR READMISSION (INDEX ADMIT)

<table>
<thead>
<tr>
<th>Diagnosis Class</th>
<th>Dual</th>
<th>Non-Dual Medicaid</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse &amp; Psychiatric Disorders</td>
<td>186</td>
<td>692</td>
<td>878</td>
</tr>
<tr>
<td>Circulatory Disorders</td>
<td>318</td>
<td>314</td>
<td>632</td>
</tr>
<tr>
<td>Digestive Disorders</td>
<td>180</td>
<td>315</td>
<td>495</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>181</td>
<td>215</td>
<td>396</td>
</tr>
<tr>
<td>Injuries and Poisonings</td>
<td>170</td>
<td>210</td>
<td>380</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>213</td>
<td>126</td>
<td>339</td>
</tr>
<tr>
<td>Endocrinial Disorders</td>
<td>123</td>
<td>160</td>
<td>283</td>
</tr>
<tr>
<td>Ill Defined Diagnoses</td>
<td>98</td>
<td>164</td>
<td>262</td>
</tr>
<tr>
<td>Complications of Pregnancy, Childbirth, Puerperium</td>
<td>1</td>
<td>238</td>
<td>249</td>
</tr>
<tr>
<td>Genitourinary Disorders</td>
<td>131</td>
<td>101</td>
<td>232</td>
</tr>
</tbody>
</table>

Source: [www.health.data.ny.gov](http://www.health.data.ny.gov); SPARCS 9.1.2014; NSLIJ Planning Readmission Algorithm
30-DAY READMISSIONS - NO RESTRICTIONS - 2013 - NASSAU
TOP 15 DIAGNOSIS CLASSES FOR READMISSION (INDEX ADMIT)

- OTHER PSYCHOSES
  - Dual: 142
  - Non-Dual Medicaid: 268
  - Total: 410

- OTHER BACTERIAL DISEASES
  - Dual: 187
  - Non-Dual Medicaid: 89
  - Total: 276

- OTHER FORMS OF HEART DISEASE
  - Dual: 141
  - Non-Dual Medicaid: 131
  - Total: 272

- SYMPTOMS
  - Dual: 96
  - Non-Dual Medicaid: 158
  - Total: 254

- SUBSTANCE ABUSE - ALCOHOL
  - Dual: 10
  - Non-Dual Medicaid: 233
  - Total: 243

- OTHER DISEASES OF THE DIGESTIVE SYSTEM
  - Dual: 64
  - Non-Dual Medicaid: 143
  - Total: 207

- COMPLICATIONS MAINLY RELATED TO PREGNANCY
  - Dual: 10
  - Non-Dual Medicaid: 174
  - Total: 184

- COMPLICATIONS OF SURGICAL & MEDICAL CARE NOT...
  - Dual: 93
  - Non-Dual Medicaid: 82
  - Total: 175

- CHRONIC OBSTRUCTIVE PULMONARY DISEASE
  - Dual: 74
  - Non-Dual Medicaid: 97
  - Total: 171

- SUBSTANCE ABUSE - DRUG
  - Dual: 12
  - Non-Dual Medicaid: 155
  - Total: 167

- OTHER ENDOCRINE GLANDS
  - Dual: 66
  - Non-Dual Medicaid: 100
  - Total: 166

- PERSON ENCOUNTERING SERVICE FOR SPECIFIC...
  - Dual: 45
  - Non-Dual Medicaid: 108
  - Total: 153

- OTHER DISEASES OF URINARY SYSTEM
  - Dual: 85
  - Non-Dual Medicaid: 53
  - Total: 138

- DISEASE OF THE BLOOD AND BLOOD FORMING
  - Dual: 58
  - Non-Dual Medicaid: 74
  - Total: 132

- ISCHEMIC HEART DISEASE
  - Dual: 57
  - Non-Dual Medicaid: 62
  - Total: 119

Source: [www.health.data.ny.gov](http://www.health.data.ny.gov); SPARCS 9.1.2014; NSLIJ Planning Readmission Algorithm
MEDICAID AVOIDABLE ED IN NASSAU 2013 (NYU ALGORITHM)

AVOIDABLE ED T&Rs
62,174
71%

UNAVOIDABLE ED T&Rs
25,266
29%

Source: SPARCS 9.1.2014; NYU Algorithm
MEDICAID AVOIDABLE ED VISITS - NASSAU - 2013 (NYU ALGORITHM)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Avoidable ED T&amp;Rs</th>
<th>Unavoidable ED T&amp;Rs</th>
</tr>
</thead>
<tbody>
<tr>
<td>85+</td>
<td>728</td>
<td>654</td>
</tr>
<tr>
<td>80-84</td>
<td>482 323</td>
<td>805</td>
</tr>
<tr>
<td>75-79</td>
<td>650 341</td>
<td>991</td>
</tr>
<tr>
<td>70-74</td>
<td>651 326</td>
<td>977</td>
</tr>
<tr>
<td>65-69</td>
<td>892 411</td>
<td>1,303</td>
</tr>
<tr>
<td>60-64</td>
<td>1,749 744</td>
<td>2,493</td>
</tr>
<tr>
<td>55-59</td>
<td>2,585 1,090</td>
<td>3,675</td>
</tr>
<tr>
<td>45-54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05-09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>00-01</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: SPARCS 9.1.2014; NYU Algorithm
### MEDICAID AVOIDABLE ED VISITS - NASSAU - 2013 (NYU ALGORITHM)

- **ACUTE PERINATAL/PEDIATRIC (0-17)**
- **ACUTE ILLNESS (18-44)**
- **CHRONICALLY ILL (45+)**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ACUTE PERINATAL/PEDIATRIC (0-17)</th>
<th>ACUTE ILLNESS (18-44)</th>
<th>CHRONICALLY ILL (45+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILL DEFINED DIAGNOSES</td>
<td>3,917</td>
<td>4,556</td>
<td>3,483</td>
</tr>
<tr>
<td>RESPIRATORY SYSTEM</td>
<td>4,954</td>
<td>2,699</td>
<td>1,505</td>
</tr>
<tr>
<td>DIGESTIVE DISORDERS</td>
<td>1,943</td>
<td>2,232</td>
<td>1,204</td>
</tr>
<tr>
<td>MUSCULOSKELETAL &amp; ORTHOPEDIC</td>
<td>620</td>
<td>2,310</td>
<td>2,154</td>
</tr>
<tr>
<td>NERVOUS SYSTEM DISORDERS</td>
<td>2,684</td>
<td>1,374</td>
<td>832</td>
</tr>
<tr>
<td>INFECTIOUS DISEASES</td>
<td>3,091</td>
<td>961</td>
<td>312</td>
</tr>
<tr>
<td>GENITOURINARY DISORDERS</td>
<td>625</td>
<td>2,455</td>
<td>1,018</td>
</tr>
<tr>
<td>COMPLICATIONS OF PREGNANCY, CHILDBIRTH, Puerperium</td>
<td>97</td>
<td>3,772</td>
<td>10,387</td>
</tr>
<tr>
<td>PSYCHIATRIC DISORDERS</td>
<td>778</td>
<td>1,637</td>
<td>938</td>
</tr>
<tr>
<td>SKIN &amp; SUBCUTANEOUS DISORDERS</td>
<td>977</td>
<td>1,324</td>
<td>705</td>
</tr>
<tr>
<td>SUBSTANCE ABUSE</td>
<td>68</td>
<td>1,250</td>
<td>2,212</td>
</tr>
</tbody>
</table>

Source: SPARCS 9.1.2014; NYU Algorithm
<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>ACUTE PERINATAL/PEDIATRIC (0-17)</th>
<th>ACUTE ILLNESS (18-44)</th>
<th>CHRONICALLY ILL (45+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACRTE RESPIRATORY INFECTIONS</td>
<td>2,966</td>
<td>1,400</td>
<td>436</td>
</tr>
<tr>
<td>COMPLICATIONS MAINLY RELATED TO PREGNANCY</td>
<td>3,441</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</td>
<td>1,179</td>
<td>872</td>
<td>768</td>
</tr>
<tr>
<td>OTHER DISEASES DUE TO VIRUS AND CHLAMYDIAE</td>
<td>2,169</td>
<td>480</td>
<td>102</td>
</tr>
<tr>
<td>DISORDERS OF EAR AND MASTOID PROCESS</td>
<td>1,989</td>
<td>446</td>
<td>238</td>
</tr>
<tr>
<td>OTHER DISEASES OF URINARY SYSTEM</td>
<td>376</td>
<td>1,051</td>
<td>661</td>
</tr>
<tr>
<td>NEUROTIC, PERSONLTY, OTH NONPSYCHO DISORDE</td>
<td>566</td>
<td>986</td>
<td>520</td>
</tr>
<tr>
<td>DORSOPATHIES</td>
<td>143</td>
<td>1,025</td>
<td>832</td>
</tr>
<tr>
<td>DISEASES ORAL CAVITY, SAL GLANDS, JAW</td>
<td>311</td>
<td>1,030</td>
<td>368</td>
</tr>
<tr>
<td>NON-INFECTIOUS ENTERITIS, COLITITS</td>
<td>961</td>
<td>502</td>
<td>134</td>
</tr>
<tr>
<td>INFECTION OF SKIN AND SUBCUTANEOUS TISSUE</td>
<td>328</td>
<td>863</td>
<td>420</td>
</tr>
<tr>
<td>ATHROPATHIES &amp; RELATED DISORDERS</td>
<td>220</td>
<td>572</td>
<td>691</td>
</tr>
<tr>
<td>RHEUMATISM EXLCUDE BACK</td>
<td>190</td>
<td>625</td>
<td>601</td>
</tr>
<tr>
<td>SUBSTANCE ABUSE - ALCOHOL</td>
<td>40</td>
<td>644</td>
<td>709</td>
</tr>
</tbody>
</table>

Source: SPARCS 9.1.2014; NYU Algorithm
DSRIP Community Member
Health Needs Assessment Survey

Nancy Copperman, MS, RD, CDN
Corporate Director, Public Health, NS-LIJ
Assistant Professor, Hofstra NS-LIJ School of Medicine
Overall (N=2,546)

Hispanic (N=811)

No Insurance (N=319)

Note: No Response indicates incorrect data entry. Totals may not match due to missing data.
Overall (N=2,546)

Hispanic (N=811)

No Insurance (N=319)
Overall (N=2,546)

Hispanic (N=811)

No Insurance (N=319)
Overall (N=2,546)
18. Distribution of Place of Treatment

No Insurance (N=319)
18. Distribution of Place of Treatment

Hispanic (N=811)
18. Distribution of Place of Treatment

Note: Totals may not add up due to checking multiple responses.
### Overall (N=2,546)

<table>
<thead>
<tr>
<th>Reason for Preventing Care</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No health insurance</td>
<td>294</td>
</tr>
<tr>
<td>Could not afford to pay</td>
<td>224</td>
</tr>
<tr>
<td>Insurance would not pay</td>
<td>178</td>
</tr>
<tr>
<td>Could not find a provider that took my insurance</td>
<td>120</td>
</tr>
<tr>
<td>Did not know how to find a healthcare provider</td>
<td>43</td>
</tr>
<tr>
<td>Did not know how to make an appointment</td>
<td>30</td>
</tr>
<tr>
<td>They were hard to reach by phone</td>
<td>109</td>
</tr>
<tr>
<td>Had to wait too long to get an appointment</td>
<td>157</td>
</tr>
<tr>
<td>Office hours are a problem</td>
<td>69</td>
</tr>
<tr>
<td>Could not find a health care provider who spoke my language</td>
<td>32</td>
</tr>
<tr>
<td>Transportation</td>
<td>132</td>
</tr>
<tr>
<td>Office was not physically accessible</td>
<td>18</td>
</tr>
<tr>
<td>Did not have any problems getting care from a healthcare provider</td>
<td>757</td>
</tr>
<tr>
<td>No time to go to appointment</td>
<td>41</td>
</tr>
<tr>
<td>Other</td>
<td>80</td>
</tr>
</tbody>
</table>

### Hispanic (N=811)

<table>
<thead>
<tr>
<th>Reason for Preventing Care</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No health insurance</td>
<td>162</td>
</tr>
<tr>
<td>Could not afford to pay</td>
<td>107</td>
</tr>
<tr>
<td>Insurance would not pay</td>
<td>40</td>
</tr>
<tr>
<td>Could not find a provider that took my insurance</td>
<td>18</td>
</tr>
<tr>
<td>Did not know how to find a healthcare provider</td>
<td>13</td>
</tr>
<tr>
<td>Did not know how to make an appointment</td>
<td>13</td>
</tr>
<tr>
<td>They were hard to reach by phone</td>
<td>32</td>
</tr>
<tr>
<td>Had to wait too long to get an appointment</td>
<td>69</td>
</tr>
<tr>
<td>Office hours are a problem</td>
<td>28</td>
</tr>
<tr>
<td>Could not find a health care provider who spoke my language</td>
<td>21</td>
</tr>
<tr>
<td>Transportation</td>
<td>32</td>
</tr>
<tr>
<td>Office was not physically accessible</td>
<td>2</td>
</tr>
<tr>
<td>Did not have any problems getting care from a healthcare provider</td>
<td>197</td>
</tr>
<tr>
<td>No time to go to appointment</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
</tr>
</tbody>
</table>

### No Insurance (N=319)

<table>
<thead>
<tr>
<th>Reason for Preventing Care</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No health insurance</td>
<td>124</td>
</tr>
<tr>
<td>Could not afford to pay</td>
<td>70</td>
</tr>
<tr>
<td>Insurance would not pay</td>
<td>10</td>
</tr>
<tr>
<td>Could not find a provider that took my insurance</td>
<td>4</td>
</tr>
<tr>
<td>Did not know how to find a healthcare provider</td>
<td>4</td>
</tr>
<tr>
<td>Did not know how to make an appointment</td>
<td>5</td>
</tr>
<tr>
<td>They were hard to reach by phone</td>
<td>9</td>
</tr>
<tr>
<td>Had to wait too long to get an appointment</td>
<td>23</td>
</tr>
<tr>
<td>Office hours are a problem</td>
<td>10</td>
</tr>
<tr>
<td>Could not find a health care provider who spoke my language</td>
<td>8</td>
</tr>
<tr>
<td>Transportation</td>
<td>10</td>
</tr>
<tr>
<td>Office was not physically accessible</td>
<td>1</td>
</tr>
<tr>
<td>Did not have any problems getting care from a healthcare provider</td>
<td>55</td>
</tr>
<tr>
<td>No time to go to appointment</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
</tbody>
</table>
Overall  \( (N=2,546) \)

14. Visit to the ED

Overall  \( (N=2,546) \)

14. Visit to the ED

Note: there are 116 missing responses

Hispanic  \( (N=811) \)

14. Visit to the ED

Hispanic  \( (N=811) \)

14. Visit to the ED

Note: there are 41 missing responses

No Insurance  \( (N=319) \)

14. Visit to the ED

No Insurance  \( (N=319) \)

14. Visit to the ED

Note: there are 12 missing responses
<table>
<thead>
<tr>
<th>Overall (N=2,546)</th>
<th>Hispanic (N=811)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15. Reason for ED Visit</strong></td>
<td><strong>15. Reason for ED Visit</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>Emergency room is closest provider</td>
<td>248</td>
</tr>
<tr>
<td>No other place to go</td>
<td>106</td>
</tr>
<tr>
<td>Arrived by ambulance</td>
<td>229</td>
</tr>
<tr>
<td>Only hospital could help</td>
<td>313</td>
</tr>
<tr>
<td>Could not get an appointment with health care provider</td>
<td>84</td>
</tr>
<tr>
<td>Health care provider said to go</td>
<td>205</td>
</tr>
<tr>
<td>Doctor's office not open</td>
<td>202</td>
</tr>
<tr>
<td>Problem too serious for doctor's office</td>
<td>368</td>
</tr>
<tr>
<td>Most care is at emergency room</td>
<td>130</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No Insurance (N=319)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15. Reason for ED Visit</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>Emergency room is closest provider</td>
</tr>
<tr>
<td>No other place to go</td>
</tr>
<tr>
<td>Arrived by ambulance</td>
</tr>
<tr>
<td>Only hospital could help</td>
</tr>
<tr>
<td>Could not get an appointment with health care provider</td>
</tr>
<tr>
<td>Health care provider said to go</td>
</tr>
<tr>
<td>Doctor's office not open</td>
</tr>
<tr>
<td>Problem too serious for doctor's office</td>
</tr>
<tr>
<td>Most care is at emergency room</td>
</tr>
</tbody>
</table>
Overall (N=2,546)

25. Prescriptions Filled

- Yes: 67.91%
- No: 12.84%
- Did not need medication: 5.81%
- No Response: 13.43%

Hispanic (N=811)

25. Prescriptions Filled

- Yes: 59.80%
- No: 16.40%
- Did not need medication: 10.97%
- No Response: 12.82%

No Insurance (N=319)

25. Prescriptions Filled

- Yes: 49.53%
- No: 23.82%
- Did not need medication: 15.36%
- No Response: 11.29%
<table>
<thead>
<tr>
<th>Overall (N=2,546)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs too much</td>
<td>161</td>
</tr>
<tr>
<td>No health insurance</td>
<td>119</td>
</tr>
<tr>
<td>Health insurance plan problem</td>
<td>89</td>
</tr>
<tr>
<td>Cannot find a pharmacy who accepts my health insurance</td>
<td>16</td>
</tr>
<tr>
<td>No time to fill prescription</td>
<td>12</td>
</tr>
<tr>
<td>Pharmacy hours are a problem</td>
<td>4</td>
</tr>
<tr>
<td>No pharmacy in the area</td>
<td>10</td>
</tr>
<tr>
<td>Transportation problems</td>
<td>32</td>
</tr>
<tr>
<td>Did not know where to go to get the prescription filled</td>
<td>28</td>
</tr>
<tr>
<td>Other</td>
<td>52</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hispanic (N=811)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs too much</td>
<td>71</td>
</tr>
<tr>
<td>No health insurance</td>
<td>75</td>
</tr>
<tr>
<td>Health insurance plan problem</td>
<td>20</td>
</tr>
<tr>
<td>Cannot find a pharmacy who accepts my health insurance</td>
<td>7</td>
</tr>
<tr>
<td>No time to fill prescription</td>
<td>9</td>
</tr>
<tr>
<td>Pharmacy hours are a problem</td>
<td>3</td>
</tr>
<tr>
<td>No pharmacy in the area</td>
<td>12</td>
</tr>
<tr>
<td>Transportation problems</td>
<td></td>
</tr>
<tr>
<td>Did not know where to go to get the prescription filled</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No Insurance (N=319)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs too much</td>
<td>47</td>
</tr>
<tr>
<td>No health insurance</td>
<td>60</td>
</tr>
<tr>
<td>Health insurance plan problem</td>
<td>9</td>
</tr>
<tr>
<td>Cannot find a pharmacy who accepts my health insurance</td>
<td>1</td>
</tr>
<tr>
<td>No time to fill prescription</td>
<td>2</td>
</tr>
<tr>
<td>Pharmacy hours are a problem</td>
<td>2</td>
</tr>
<tr>
<td>No pharmacy in the area</td>
<td>5</td>
</tr>
<tr>
<td>Transportation problems</td>
<td></td>
</tr>
<tr>
<td>Did not know where to go to get the prescription filled</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>
Nassau County Stakeholder Forums
Key Themes and Take-Aways
Denise Soffel, Ph.D.
Principal, Health Management Associates
Sessions and Participants

• Immigrants and the Uninsured
• Dual Eligibles – SNF
• Dual Eligibles: Community-Based Long-Term Care
• Chemical Dependency Services
• Mental Health Services
• Persons with Intellectual/Developmental Disabilities
• Persons with Chronic Conditions
• Services for People with HIV
• Basic Needs
Communication

• Silos
• Confidentiality
• Electronic Linkages
• Physical health-behavioral health disconnect
Clinical Assessment and Triage

• Home care
• Residential settings for individuals with I/DD
• SNFs
• Mental health
• Technology: telehealth
Care Coordination

- Telephonic vs. face-to-face
- Physical health – behavioral health linkages
- Health homes
- Formal vs. informal linkages
- EMR interfaces and alerts, especially when hospitalizations occur
Patient Education and Self-Management

- Language and health literacy
- Culturally appropriate interventions
- Role of family and other caregivers
- SNFs and managing expectations
Medication Adherence

• Cost
• Formularies and physician prescribing
• Literacy and health literacy
• Treatment adherence programs
Housing

- Safe, secure, habitable, affordable housing
- Homeless individuals
- Impermanent addresses, telephone numbers
- Hierarchy of needs
Transportation

• Public transportation
• Transportation programs
• Non-medical programs
Language/Culture

• Availability of services
• Literacy and health literacy
• Behavioral health
Pick the Projects!

Nancy Copperman, MS, RD, CDN
Corporate Director, Public Health, NS-LIJ
Assistant Professor, Hofstra NS-LIJ School of Medicine
Directions

**Domain 2: System Transformation Projects**

*Domain 2 Sub List A (Create Integrated Delivery Systems)*

Please place 1 green dot by the project that is a PRIORITY project.

Please place 1 red dot by the project that has the LEAST priority.

*Domain 2 Sub List B and C*

Please place 1 green dot by the project that is a PRIORITY project.

Please place 1 red dot by the project that has the LEAST priority.

**Domain 3: Clinical Improvement Projects**

*Domain 3 Sub List A (Behavioral Health)*

Please place 1 green dot by the project that is a PRIORITY project.

Please place 1 red dot by the project that has the LEAST priority.

*Domain 3 Sub List B, C, D, E, F, G and H*

Please place 1 green dot by the project that is a PRIORITY project.

Please place 1 red dot by the project that has the LEAST priority.

**Domain 4: Population-wide Projects**

Please place 1 green dot by the project that is a PRIORITY project.

Please place 1 red dot by the project that has the LEAST priority.
DSRIP Overview, cont.

David Nemiroff, LCSW
Executive Director, LIFQHC
Vice President, NuHealth/NUMC
Five Key Themes of DSRIP

1. Collaboration, Collaboration, Collaboration!!!
2. Project drives $$
   a) Transformation # and types of projects
   b) # of Medicaid members served (attribution)
   c) Application Quality
3. Performance Based Payments
4. Statewide Performance Matters
5. Lasting Change
   a) Long-Term Transformation
   b) Health System Sustainability

Retrieved from NYSDOH “DSRIP: What You Need To Know!” webinar
Nassau County & Eastern Queens PPS Organizational Structure

- Developmental Disability Providers
- Community Agencies
- Insurers
- Professional Groups
- Hospitals/Health Systems
- CHHA/LHAA/LT HHC
- Skilled Nursing Facility
- Behavioral Health/Substance Abuse
- Community Health Centers
- Other Healthcare Providers
- Hospices
- Health Homes
- Other Healthcare Providers
- Behavioral Health/Substance Abuse
- Community Health Centers
- Community Agencies
- Insurers
- Professional Groups
- Hospitals/Health Systems
- CHHA/LHAA/LT HHC
- Skilled Nursing Facility
- Nassau/Eastern Queens PPS
Next Steps

• Establish planning and operational governance structure.
• Measure baselines for each metric in each project (Fall 2014).
• Submit DSRIP applications (December 16, 2014).
• Submit first report (March 2015).
Appendix
Medicaid Redesign Team Waiver Amendment

• In April 2014, Governor Andrew M. Cuomo announced that New York State and CMS finalized agreement on the MRT Waiver Amendment.

• Allows the state to reinvest $8 billion of the $17.1 billion in federal savings generated by MRT reforms.

• The MRT Waiver Amendment will:
  ✓ Transform the state’s Health Care System
  ✓ Bend the Medicaid Cost Curve
  ✓ Assure Access to Quality Care for all Medicaid members through the creation of a Delivery System Reform Incentive Payment (DSRIP) Program
Community Needs Assessment

• Demographics and Health Status

• Health Care Delivery System
  – Hospitals, ambulatory surgery, urgent care centers, health homes, FQHCs, behavioral health, rehab, LTC, managed care plans

• Community Based Resources
  – Housing, food, health and welfare, education, services for I/DD

• Unique Community Characteristics and Challenges
Community Needs Assessment: Understanding the Current System

Identify health and community resources that are available within the county

• Health Care: all medical and behavioral health providers, including county department of health, OASAS and OMH clinics.

• Community resources: housing, food resources, advocates, peer organizations, etc.

• How are these resources currently connected? How could they be connected for ideal and efficient function?
Community Needs Assessment

PPSs will be required to:

• Identify the strengths and weaknesses of the current health care delivery system and how those factors contribute to avoidable hospital use.

• Articulate a future state for the delivery system that uses resources more effectively to respond to community need, and that supports reductions in avoidable hospital use.
Community Needs Assessment

• Health-related resources, including CBOs, will need to be assessed
• Gaps in health sustaining services must be identified, with a plan for how available resources might be reallocated or developed to address missing resources
• Redundancies must be identified, with a plan for how these resources might be reassigned/redesigned
Community Needs Assessment: What Drives Avoidable Hospital Use?

- What health conditions, particularly chronic health conditions, are getting insufficient primary, preventive and community-based care?
- What social conditions affect Medicaid beneficiaries’ compliance with physical and/or behavioral health treatment?
- Where are the disconnects and resource gaps that affect continuity of care and better population health?
Community Needs Assessment: Putting it All Together

• The CNA should define:
  – The community health care system and how it functions;
  – Key populations driving avoidable hospital use;
  – Factors driving avoidable hospital use.

• PPS projects should be chosen based on their ability to influence these community-specific factors.
Project and Application Valuation

• The **maximum project value** is calculated by multiplying:
  – the project Per Member Per Month (PMPM),
  – the project plan application score,
  – the number of Medicaid beneficiaries attributed to the project,
  – and the duration of the DSRIP project in months.

• The **maximum application value** for a Performing Provider System is calculated by adding each project’s maximum project value.
  – Represents the highest possible financial allocation a Performing Provider System can receive for their project plan over the duration of their participation in the DSRIP program.
  – Performing Provider Systems may receive less than their maximum allocation if they do not meet metrics and/or if DSRIP funding is reduced because of the statewide penalty.
# DSRIP Funding Distribution

<table>
<thead>
<tr>
<th>Metric/ Milestone Domains</th>
<th>Performance Payment</th>
<th>Year 1 (CY 15)</th>
<th>Year 2 (CY 16)</th>
<th>Year 3 (CY 17)</th>
<th>Year 4 (CY 18)</th>
<th>Year 5 (CY 19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project progress milestones (Domain 1)</td>
<td>Pay for Reporting/ Pay for Performance</td>
<td>80%</td>
<td>60%</td>
<td>40%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td>System Transformation and Financial Stability milestones (Domain 2)</td>
<td>Pay for Performance</td>
<td>0%</td>
<td>0%</td>
<td>20%</td>
<td>35%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Pay for Reporting</td>
<td>10%</td>
<td>10%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Clinical Improvement milestones (Domain 3)</td>
<td>Pay for Performance</td>
<td>0%</td>
<td>15%</td>
<td>25%</td>
<td>30%</td>
<td>35%</td>
</tr>
<tr>
<td></td>
<td>Pay for Reporting</td>
<td>5%</td>
<td>10%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Population Health Outcome milestones (Domain 4)</td>
<td>Pay for Reporting</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>
DSRIP Attribution

• Medicaid members will be attributed to a PPS, based on geography, patient visit information and health plan primary care provider assignment
• Patient visit information is used to determine a loyalty pattern based on where most of a beneficiary’s care is provided
• All Medicaid beneficiaries will be attributed to a PPS, including individuals receiving behavioral health services through OMH and/or OASAS, and individuals receiving services through OPWDD
• Must have at least 5,000 beneficiaries to be a PPS