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Nassau - Queens PPS (NQP) DSRIP PAC Meeting Presentation

March 19, 2015

Agenda

- Current PPS Initiatives
- DOH Implementation Plan
- Capital Grants
- DSRIP Funding
- Review of NQP DSRIP Projects
  - Project Reviews
  - Speed and Scale Commitment by NQP
- Next Steps
  - Workgroups and Your Participation
  - Project Management Office Staffing
  - Assessments of Current Capabilities (PCMH, Information Technology, Hubs)
- Questions

Current PPS Initiatives

Going Forward

April 2014
DSRIP Program Begins

November 2014
MOU Signed Consolidating 3 PPSs into 1

April 2015
Submission of NQP Implementation

March – June 2015

Develop detailed Implementation Plans by Project and Work Stream groups with PAC input

Throughout DSRIP

Manage PPS-wide implementation and responsibilities (e.g. reporting, high level design and development where sharing creates economies of scale intellectually and operationally)

August 2014
NUMC, LIJ and CHS Prepare Joint CNA

December 2014
Joint NQP DSRIP Application Submitted

March – June 2015

Design and staff Project Management Office at the PPS and Hub levels

Develop contracts for participating providers

July 2015
Reporting Due to DOH

Throughout DSRIP

Execute detailed implementation plans by Project and by Work Stream at the PPS and at the Hub Levels with *PAC input at the individual, Workgroup and at the PAC level*

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PAC Contribution and Opportunity to Participate

- Range of PAC participants and CBOs needed for Project and Work Stream groups
  - Integrated Delivery System
  - Behavioral Health Infrastructure
  - Population Health
  - Care Transitions (Inpatient and SNF)
  - Co-located Primary Care
  - Patient Activation (Uninsured and No and Low Utilizers)
- Options:
  - Join a workgroup
    - Meetings at least twice each month at first, then likely monthly
    - Requests to gather stakeholder or other information
    - Actively participate in the design process
    - Champion the design in the PPS network
  - Contribute individually as needed
  - Participate at PAC meetings

DOH Implementation Plan

DOH Implementation Plan

- Implementation Plan Submission required for April 1, 2015
  - Plans organized by “Work Stream”
    - Governance
    - Performance Reporting
    - Outcomes and Population Health
    - Cultural Competence and Health Literacy
    - Provider Engagement
    - Financial Sustainability
    - Information Technology
    - Workforce Strategy
  - Projects
    - 2.a.i
    - All other projects
  - Successful quarterly submission of deliverables as the basis on which the PPS is paid by DOH.

DOH Implementation Plan

- Implementation Plan is:
  - A set of deliverables and metrics that determines how much the PPS will get paid with *commitments on Implementation Timelines*
  - “Achievement Values” of “0” or “1” to drive the % of payment relative to the Maximum Project Value for each Milestone
- The Implementation Plan is Not:
  - A detailed work plan
  - A complete plan for the PPS to move forward with implementation
- Process
  - Created PPS-level workgroups with individuals from each hub
  - Met at least twice (sometimes more) to discuss approach
  - Created responses with additional review:
    - By the Leadership Group
    - By the Executive Committee

Examples of Major Risks to Implementation

Patient-related Risks

- Patients may not wish to change utilization patterns or follow recommendations
- Risk of securing staff who can offer culturally or linguistically appropriate care
- Difficulty identifying and engaging patients through appropriate means

Provider-related Risks

- Provider reluctance to make changes to workflow and reporting requirements
- Provider lack of willingness to transition to value-based models of care
- Provider challenges associated with managing DSRIP changes required while managing patients with other insurance

System Risks

- Inability to access key data to manage DSRIP projects and goals
- Inability to obtain core supports from RHIO and SHIN-NY
- Potential for DSRIP fatigue due to complexity and demands of the program over time

Financial Risks

- Shortage of capital and operational funds to meet speed and scale commitments
- Lack of financial controls to manage DSRIP finances, incentives, etc.
- Challenges associated with decreasing avoidable hospital use by 25%

Capital Grants

Capital Restructuring Finance Program

- Capital Restructuring applications were released by DOH in November 2014
- Deadline to submit capital applications to DOH was February 20, 2015
- Individual CRFP applications from organizations participating in the DSRIP program, intending to enter directly into the Master Grant Contract ("MGC") with DOH and be the legal or beneficial owner of a capital project, had to be submitted by the lead of the entity's PPS
  - For NQP, the lead entity is NUMC

NQP Capital Application Project Rankings

- 45 project proposals were prioritized and submitted by NQP partners to DOH for a total budget of $297 million
- Matching funds comprised 37% of the total budget ($110 million)
- Prioritized by leadership and staff across the PPS from each hub
- Executive Committee approved the final rankings
- Decisions due in June 2015

Nassau Queens PPS Project	CRFP Project Priority Bundle
2.a.i Create an Integrated Delivery System focused on Evidence-Based Medicine and Population Health Management	Projects # 1 through #5
2.b.ii Development of Co-Located Primary Care Services in the Emergency Department (ED)	Projects #6 through #10
3.a.ii Behavioral Health Community Crisis Stabilization Services	Projects #11 through #16
3.a.i Integration of Primary Care and Behavioral Health Services	Project #17 through #26
3.b.i & 3.c.i: Evidence-Based Strategies for Disease Management in High Risk/Affected Populations (Adults Only) – Cardiovascular & Diabetes	Project #27 through #30

All of the remaining capital projects (Priority #31 through #45) were not bundled and are considered separately.

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NQP Capital Application Project Rankings

2.a.i: Integrated Delivery System

1. **Long Island Jewish Medical Center - HIT Expansion to Support Care Coordination**

2. **Long Island Jewish Medical Center - Milestone and Metric and State Data Warehouse and Communication System**

3. **Catholic Health Services of Long Island, as co-operator of Mercy Medical Center - CHS Hub Information Technology**

4. **Nassau University Medical Center, division of Nassau Health Care Corporation (NUMC) - Information Technology**

5. **South Nassau Communities Hospital - Investment in Information Technology to Support Delivery System Reform**

NQP Capital Application Project Rankings

2.b.ii: Co-locate Primary Care and ED

6. **Franklin Hospital - Co-Location of Primary Care Services Adjacent to the ED**
7. **Long Island Jewish Medical Center - Co-Location of Primary Care Services Adjacent to the ED**
8. **Catholic Health Services of Long Island, as co-operator of Mercy Medical Center - Mercy Integrated Outpatient Center**
9. **Nassau University Medical Center, division of Nassau Health Care Corporation (NUMC) - Primary Care**
10. **Episcopal Health Services/St. John's Episcopal Hospital - Emergency Room Renovation/Urgent Care Center Application**

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NQP Capital Application Project Rankings

3.a.ii – Crisis Stabilization Services

11. **Long Island Jewish Medical Center - Psychiatric Crisis Stabilization Unit**
12. **Long Island Jewish Medical Center - Psychiatric Interim Crisis Center**
13. **Long Island Jewish Medical Center - Mobile Pre-Hospital Behavioral Health Crisis Stabilization and Primary Care Telepsychiatry**
14. **Nassau University Medical Center, division of Nassau Health Care Corporation (NUMC) - Behavioral Health Community Crisis Stabilization Services**
15. **North Shore Child & Family Guidance Association, Inc. - Crisis Intervention and Stabilization Expansion**
16. **Transitional Services for New York, Inc. - Miele's Respite Renovation**

NQP Capital Application Project Rankings

Integration of Primary Care and Behavioral Health Services

17. **Nassau University Medical Center, division of Nassau Health Care Corporation (NUMC)** - **Integration of Primary Care and Behavioral Health**
18. **Delmont Medical Care** - **Expansion of Primary Care and Behavioral Health Services and Development of Care Coordination Center**
19. **Long Island FQHC, Inc.** - **Health Center Renovation**
20. **NYSARC, Inc. – Nassau County Chapter (d/b/a AHRC Nassau) - Improving Health Outcomes for People with Intellectual and Other Developmental Disabilities**
21. **New Horizon Counseling Center** - **3.a.i; Integration of Primary Care and Behavioral Health Services**
22. **OHEL Children's Home and Family Services - OHEL Integrated BH/Primary Care**
23. **Phoenix Houses of Long Island, Inc.** - **Integrated Outpatient Expansion Project**
24. **South Nassau Communities Hospital** - **Co-Location of Primary Care Services in Behavioral Health Setting**
25. **South Nassau Communities Hospital** - **Expanding Access to Primary Care Services and Co-Location of Behavioral Healthcare**
26. **Southeast Nassau Guidance Center, Inc.** - **Consolidation and Integration of Primary Care and Behavioral Health Services**

NQP Capital Application Project Rankings

Expansion of Primary Care Services

27. **Family Residences and Essential Enterprises, Inc. - FREE's Integrated Care Application**

28. **Hospice of New York, LLC - Nassau County Hospice In-Patient Unit**

29. **Episcopal Health Services/St. John's Episcopal Hospital - Creation of a Primary Care Center**

30. **Winthrop University-Hospital Association - The DSRIP Satellite Site at Winthrop**

NQP Capital Application Project Rankings

31. Long Island Jewish Medical Center - Expansion of the Center for Learning & Innovation Employee Training Site
32. Long Island FQHC, Inc. - Health Center Renovation and Site Purchase
33. North Shore-Long Island Jewish Health System - Clinical Integration Network IPA Electronic Provider Portal
34. North Shore University Hospital - Homecare Telehealth
35. North Shore University Hospital - eICU Technology in Skilled Nursing Facilities
36. Nassau University Medical Center, division of Nassau Health Care Corporation (NUMC) - Strengthen Mental Health and Substance Abuse Infrastructure across System
37. COPAY Inc. - Site Enhancement Project, "Out Patient Bilingual (English/Spanish) Patients in Crises"
38. Park Nursing Home - Project 2.a.i – Integrated Delivery System Focused on Evidence Based Medicine and Population Health Management
39. Parker Jewish Institute for Health Care and Rehabilitation - Parker Vascular Access Center
40. South Nassau Communities Hospital - Community-Based Healthcare Services
41. Bishop Maclean Nursing Home/Beach Garden Rehab & Nursing - 2.a.i – Integrated Delivery
42. Sunshine Care Corp - Project 2.b.v – Care transitions intervention for skilled nursing facility (SNF) residents
43. Rockaway Care Center - Project 2.a.i – Integrated Delivery
44. Community Integrated Primary Care Center
45. Episcopal Health Services/St. John's Episcopal Hospital - Tele-Health

DSRIP Funding

DSRIP Funding (Example Only)

Earning DSRIP Payments

Projects	Index Score	Maximum Index Score	Project Index Score	Valuation Benchmark	Project PMPM	PPS Attribution Total	DSRIP Project Plan Application Score	# of DSRIP Months	Maximum Project Value
2.a.i	56	60	0.93	$2.00	$1.87	250,000	0.95	60	$26,600,000
2.a.iii	46	60	0.77	$2.00	$1.53	250,000	0.88	60	$20,240,000
2.b.iii	43	60	0.72	$2.00	$1.43	250,000	0.92	60	$19,780,000
2.b.iv	43	60	0.72	$2.00	$1.43	250,000	0.81	60	$17,415,000
3.a.i	39	60	0.65	$2.00	$1.30	250,000	0.94	60	$18,330,000
3.a.ii	37	60	0.62	$2.00	$1.23	250,000	0.82	60	$15,170,000
3.b.i	30	60	0.50	$2.00	$1.00	250,000	0.98	60	$14,700,000
3.c.i	30	60	0.50	$2.00	$1.00	250,000	0.81	60	$12,150,000
4.a.iii	20	60	0.33	$2.00	$0.67	250,000	0.83	60	$ 8,300,000
4.b.ii	17	60	0.28	$2.00	$0.57	250,000	0.80	60	$ 6,800,000
2.d.i	56	60	0.93	$2.00	$1.87	125,000	0.87	60	$12,180,000
								Total DSRIP Project Valuation	**$171,665,000**

This PPS can earn $171,665,000 in DSRIP Funding across the five year demonstration period.

DSRIP Funding

- Total potential Funding is based on project valuation and application score
- Pay for Reporting (P4R): Initially, payment will be based on process metrics submitted to the State on a quarterly basis
- Pay-for-performance (P4P): Payments will be based on outcome metrics submitted to the State on a quarterly basis
- Achievement of metrics is based on performance of entire PPS, not individual hubs or providers
- PPSs may receive less than their maximum valuation if they do not meet metrics, including Speed and scale
- *The success of the hubs will drive the success of the PPS; the success of the PPS will drive the success of the hubs*

DSRIP Funding

Budget and Funds Plan – Funding Considerations and Drivers

- **The PPS Operating Agreement with the providers should clearly define the Provider responsibilities**
  - ✓ Project Implementation and Performance
  - ✓ Timely and accurate reporting including financial sustainability assessment and project reporting across all Domains where data is required from the PPS
  - ✓ Funds Flow Plan Term Sheet is used to define Provider Responsibilities and specific performance requirements.

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DSRIP Funding

- Unknowns
  - Final scores and attribution from DOH
  - Expenditures needed to achieve goals
- Challenges
  - Complex reporting requirements that rely on IT systems with more manual processes at the outset
  - Obtaining comparable reporting at the hub level to aggregate at PPS level
  - Engagement of the Uninsured, Non Utilizers and Low Utilizers
  - Ability to contract with MCOs to access shared savings
  - And many more...
- Next Steps
  - Refine estimated DSRIP dollars
  - Understand project requirements relative to available funding
  - Determine how to treat key issues (e.g. how the uninsured are managed)
  - Performance Reporting Strategy will be completed by 7/1 including a monitoring strategy

Review of DSRIP Projects

Common DSRIP Project Elements

Integrated Care and PCMH Level 3 Recognition

Continuum of Care Including CBOs

Population Health Protocols and Care Management

Community-based Service Delivery

EHR System with Real Time Notification System

Behavioral Health including crisis services

Attention to cultural, ethnic and linguistic barriers and needs

Managed Care Organization Collaboration

Projects Jointly Selected by NQP

Integrated Delivery System	
2.a.i	Create an Integrated Delivery System focused on Evidence-Based Medicine and Population Health Management
Integrated Behavioral Health Care Delivery	
3.a.i	Integration of Primary Care and Behavioral Health Services
3.a.ii	Behavioral Health Community Crisis Stabilization Services
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure across Systems
Treatment of Ambulatory Conditions	
3.b.i	Evidence-Based Strategies for Disease Management in High Risk/Affected Populations (Adults w/ Cardiovascular)
3.c.i	Evidence-Based Strategies for Disease Management in High Risk/Affected Populations (Adults w/ Diabetes)
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health
Care Transitions	
2.b.iv	Care Transitions Intervention Model to Reduce 30-day Readmissions for Chronic Health Conditions
2.b.vii	Implementing the INTERACT Project (Inpatient Transfer Avoidance Program for SNF)
Co-location of Primary Care in the Emergency Department	
2.b.ii	Development of Co-Located Primary Care Services in the Emergency Department
Patient Activation of Non/Low Utilizers and the Uninsured	
2.d.i	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid and uninsured populations into Community Based Care

Create an Integrated Delivery System

Integrated Delivery System	
2.a.i	Create an Integrated Delivery System focused on Evidence-Based Medicine and Population Health Management

- All PPS providers across the full continuum must be included in the Integrated Delivery System
- Ensure that all PPS safety net providers are actively sharing information among PPS network providers, including direct exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3
- 2014 Level 3 PCMH primary care certification for all participating PCPs resulting in the ability to create expanded access to primary care providers and, meet EHR Meaningful Use standards by the end of Demonstration Year (DY) 3
- Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements

Behavioral Health Projects

Behavioral Health	
3.a.i	Integration of Primary Care and Behavioral Health Services
3.a.ii	Behavioral Health Community Crisis Stabilization Services
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure across Systems

- Integrate mental health and substance abuse with primary care services to:
  - Ensure coordination of care for both services
  - Identify behavioral health diagnoses early, allowing rapid treatment
  - Ensure treatments for medical and behavioral health conditions are compatible and do not cause adverse effects
  - De-stigmatize treatment for behavioral health diagnoses
- Provide readily accessible behavioral health crisis services that will allow access to appropriate level of service and providers, using a 6-pronged approach:
  - Crisis stabilization unit
  - Mobile crisis
  - Crisis hotline
  - Respite housing
  - Expanding observation units to handle Behavioral Health patients
  - Walk-in crisis behavioral health clinics

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Ambulatory Conditions

Ambulatory Conditions	
3.b.i	Evidence-Based Strategies for Disease Management in High Risk/Affected Populations (Adults)
3.c.i	Evidence based strategies for disease management in high risk/affected populations. (Adults)
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health

- Ensure clinical practices in the community and ambulatory care settings use evidence-based strategies to improve disease management for adults with Cardiovascular disease and Diabetes
- Strategies from the Million Hearts Campaign are strongly recommended for 3.b.i.

Care Transitions

Care Transitions	
2.b.iv	Care Transitions Intervention Model to Reduce 30-day Readmissions for Chronic Health Conditions
2.b.vii	Implementing the INTERACT Project (Inpatient Transfer Avoidance Program for SNF)

- Pre-discharge patient education
- Discharge plan shared with PCP / Receiving Physician
- Community-based support for the patient for a 30-day transition period post-hospitalization (can be a transitional care manager or other qualified team member)
- Educate patient care staff in clinical and educational protocols for INTERACT.

Emergency Department

Emergency Department	
2.b.ii	Development of Co-Located Primary Care Services in the Emergency Department

- Improve access to primary care services with a PCMH model co-located/adjacent to community emergency services
- This will allow patients presenting to the ED who, after triage, are found not to need emergency services be redirected to the PCMH, beginning the process of engaging patients in comprehensive primary care
- NQP is the only PPS in the state doing this project
- Commitment from 7 hospitals to participate in PPS including all 5 Safety Nets

The Uninsured

Uninsured	
2.d.i	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid and uninsured populations into Community Based Care

- The objective of this 11th project is to address Patient Activation Measures® (PAM®) so that UI, NU, and LU populations are impacted by DSRIP PPS' projects
- NUMC is spearheading this project
- Must have 250 people trained in PAM and reach full enrollment capacity by end of 2017
- Goal is to link individuals to a regular source of primary care

Speed and Scale

Project	Project Description	Provider Commitment	Actively Engaged Definition	Patient Engagement	% of Network	By Year
2.a.i	IDS	~6,200 (All)	# of pts with consent for RHIO	N/A	N/A	3
3.a.i	PC & BH Integration	> 700	# of pts in two models	115,576	33%	3
3.a.ii	Crisis Stabilization	6 Programs	# of pts treated for crisis	31,294	9%	3
3.b.i	Cardio	> 1,600	# of pts with self-management plans	53,992	15%	3
3.c.i	Diabetes	> 1,700	# of pts who get HbA1c	104,295	29%	3
2.b.iv	30 Day Care Transitions	> 1,700	# pts not readmitted in 30 days	47,929	14%	3
2.b.vii	INTERACT	> 60 SNFs	# pts avoided transfer	18,071	5%	3
2.b.ii	Co-located ED	7 EDs	# pts routed to PCMH	26,213	7%	3
2.d.i	PAM/ Uninsured	250 trained in PAM	# pts in PAM	74,569	N/A	3

Next Steps

What This Means for You

- Participation in Project Workgroups
  - Integrated Delivery System
  - Integrated Behavioral Health Care Delivery
  - Treatment of Ambulatory Conditions
  - Care Transitions
  - Co-location of Primary Care in the ED
  - Patient Activation of No/Low Utilizers and the Uninsured
- Participation in Work Stream Workgroups
  - Workforce Strategy
  - Provider Engagement
  - Cultural Competence and Health Literacy
  - Performance Reporting
- Plans to leverage centralized planning and development efforts with local implementation at the hubs with representation from all three hubs
- *Please fill out your interest - PPS and hub leadership will be in touch soon*

Future PAC Meetings

JUNE 16, 2015

SEPTEMBER 17, 2015

DECEMBER 17, 2015

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For More Information

PLEASE VISIT OUR WEBSITE FOR NQP DSRIP INFORMATION:

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Questions?