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CENTERS OF CARE

Nassau University Medical Center
A. Holly Patterson Extended Care Facility
Family Health Centers
Elmont • Freeport• Hempstead • Roosevelt • Westbury

Delivery System Reform Incentive Payment (DSRIP)

June 23, 2014

What is DSRIP?

- The DSRIP program will promote community-level collaborations and focus on system reform
  - Goal: Achieve a 25 percent reduction in avoidable hospital use, including emergency department, readmissions and admissions for avoidable conditions, over five years.
- Large public hospital systems and safety net providers will be required to collaborate with community providers, organizations and physicians to implement innovative projects
  - Focus on system transformation, clinical improvement, and population health improvement.
- **All DSRIP funds are based on the Performing Provider System's performance on process and outcome milestones.**

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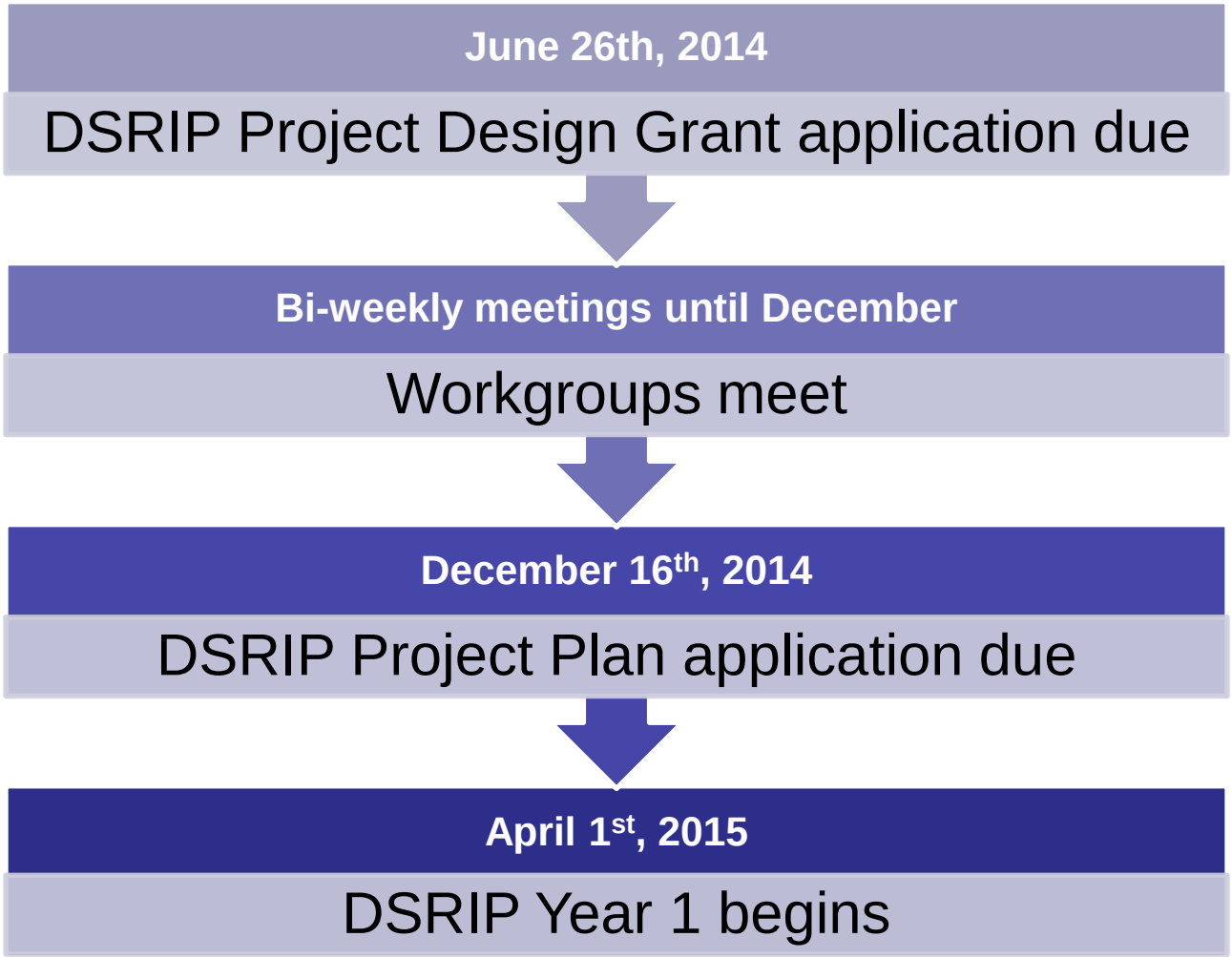
DSRIP Timeline



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Workgroups

- Finance Workgroup
- IT Workgroup
- Legal Workgroup
- Community Needs Assessment Workgroup
- Quality Analytics Workgroup
- Project-Specific Workgroups
- Project Advisory Committee (PAC)

Community Needs Assessment & SPARCS Data

- Necessary for DSRIP Project Design Grant application
  - Next step: Community Needs Assessment needed to inform DSRIP planning
  - Requires significant community involvement/input
- NUMC Readmissions (rank based on volume)

(SPARCS data from April 2012-March 2013):

1. Alcohol abuse & dependence
2. Septicemia & disseminated infections
3. Opioid abuse & dependence
4. Seizure
5. Chest Pain
6. Heart Failure
7. Diabetes
8. Bipolar Disorders
9. Renal Failure
10. Chronic Obstructive Pulmonary Disease

Community Needs Assessment & SPARCS Data

- 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

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Proposed NuHealth System Transformation Projects

2.a.i	Create Integrated Delivery Systems that are focused on Evidence Based Medicine and Population Health Management
2.b.ii	Development of co-located primary care services in the emergency department (ED)
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)

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Proposed NuHealth Clinical Improvement Projects

3.a.i	Integration of primary care and behavioral health services
3.a.iv	Development of Withdrawal Management (ambulatory detoxification) capabilities within communities
3.c.i	Evidence based strategies for disease management in high risk/affected populations. (adult only)
3.h.i	Specialized Medical Home for Chronic Renal Failure

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Proposed NuHealth Population-Wide Project

4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings NuHealth Focus: Obesity

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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.

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DRSIP Payments to Providers

- DSRIP payments for each provider are **contingent** on them **meeting program and project metrics and milestones** defined in the DSRIP Plan and consistent with the valuation process.
- Based upon a project's valuation, incentive payments will be calculated for each metric/milestone domain in the DSRIP project plan.
- Initially payment will be for reporting; by year 5 it will be driven by performance.

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Potential Project Metrics : Example 1

Project Code	Domain	Description	Index score
2.a.i	2	Create integrate delivery systems that are focused on evidenced based medicine/population health management	56
Potentially Avoidable services			
Metric	Source	Baseline Time Period	NASSAU COUNTY
Avoidable ED Visit (PPV)	3M	2012	29.07%
Avoidable Readmissions (PPR)	3M	2012	8.44%
Percentage of Medicaid Beneficiaries with ED visit compared to all ED visits in Nassau County	NYS	2012	39.40%
Percentage of Medicaid Beneficiaries with IP Admissions compared to all IP admissions in Nassau County	NYS	2012	48.31%
PQI Suite : Composites of All Measures	AHRQ	2012	1448 per 100000 people
PDI Suite : Composites of All Measures	AHRQ	2012	252 per 100000 people

Potential Project Metrics : Example 2

Project Code	Domain	Description	Index score
4.b.ii	4	Increase access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (cancer, obesity)	17
Metric	**Source**	**Baseline Time Period**	**Nassau County**
Percentage of adults who are obese	BRFSS	2012	17.40%
Percentages of children and adolescents who are obese	BRFSS	2012	16.00%
Percentage of cigarette smoking among adults	BRFSS	2012	10%
Percentage of Premature deaths (before age 65 years)	BRFSS	2012	18.90%
Age adjusted heart attack hospitalization rate per 10000 (aged 18+ years)	BRFSS	2012	114
Rate of hospitalizations due to falls per 10,000 (aged 65+ years)	BRFSS	2012	224.1
Percentage of adolescent females with 3 or more doses of HPV immunization - Aged 13-17 years	NYSIIS	2012	17.60%

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Next Steps

- Apurvi will send out a follow-up survey to all partners regarding partnership and projects.
- We will be setting up bi-weekly meetings with each project-specific workgroup to review further collaboration.
- Community Needs Assessment to validate that DSRIP project selection meets the greatest need in the community.

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Resources

- **NYSDOH DSRIP Website:**

https://www.health.ny.gov/health_care/medicaid/redesign/delivery_system_reform_incentive_payment_program.htm

- **DSRIP Project Toolkit with Descriptions:**

https://www.health.ny.gov/health_care/medicaid/redesign/docs/dsrip_project_toolkit.pdf

- **Guidance for Conducting Community Needs Assessment:**

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

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