Bronx Partners for Healthy Communities (BPHC)

A Community Collaboration

June 30, 2014

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DSRIP Overview

Overview

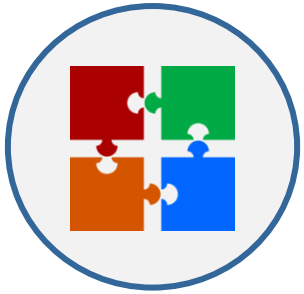
New York State (NYS) received federal approval to implement a Delivery System Reform Incentive Payment (DSRIP) program that will provide funding for public and safety net providers to transform the NYS health care delivery system.

Goals:

(1) Transform the safety net system

(2) Reduce avoidable hospital use by 25% and improve other health measures

(3) Ensure delivery system transformation continues beyond the waiver period through managed care payment reform



Key Program Components:

- Statewide funding initiative for public hospitals and safety net providers
- Only coalitions of community/regional health providers are eligible
- DSRIP projects based on a menu of interventions approved by CMS and NYS
- Payments to providers based on their performance in meeting outcome milestones and state achieving statewide metrics

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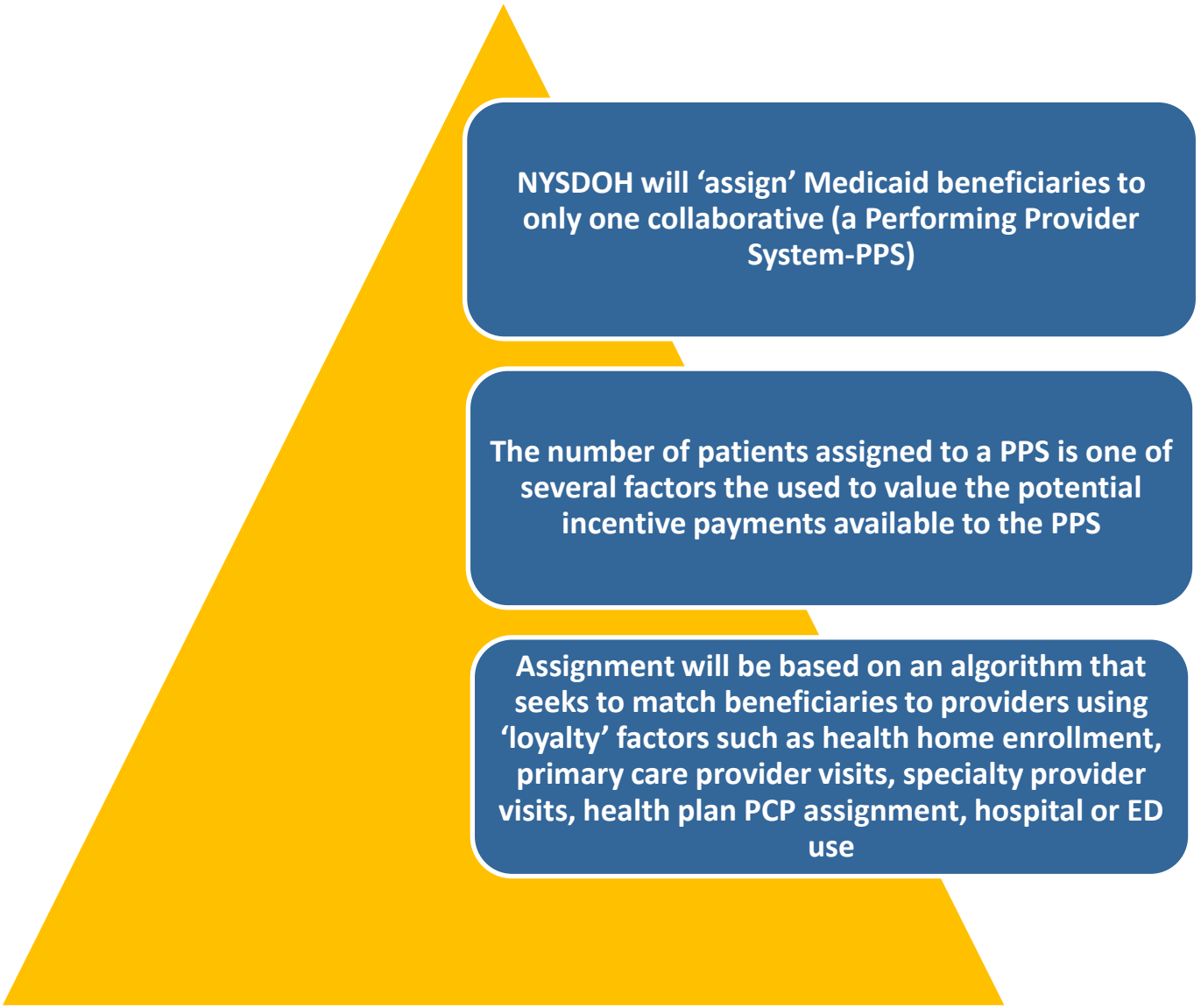
Patient Attribution



NYSDOH will 'assign' Medicaid beneficiaries to only one collaborative (a Performing Provider System-PPS)

The number of patients assigned to a PPS is one of several factors the used to value the potential incentive payments available to the PPS

Assignment will be based on an algorithm that seeks to match beneficiaries to providers using 'loyalty' factors such as health home enrollment, primary care provider visits, specialty provider visits, health plan PCP assignment, hospital or ED use

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Project Selection: Menu & Domains

Each DSRIP "Performing Provider System" selects at least 5 projects (and no more than 10 projects) from the following menu:

Domain 1: Overall Project Progress

Domain 2: System Transformation Projects (must include at least two projects)

- Create integrated delivery systems (required)
- Implementation of care coordination and transitional care programs
- Connecting Settings

Domain 3: Clinical Improvement Projects (must include at least two projects)

- Behavioral health (required)
- Cardiovascular health
- Diabetes Care
- Asthma
- HIV
- Perinatal
- Palliative Care
- Renal Care

Domain 4: Population-Wide Prevention Projects (must include at least one project)

- Promote mental health and prevent substance abuse
- Prevent chronic diseases
- Prevent HIV and STDs
- Promote Healthy Women, Infants and Children

Performance Metrics

Each project is tied to nationally recognized metrics defined by CMS and NY and outlined below. Additional metrics for Domains 2, 3, and 4 are intended to help achieve these key overarching metrics.

Metric	Description
Potentially Preventable Emergency Room Visits (PPVs)	Measures for emergency room visits that could have been avoided with adequate ambulatory care
Potentially Preventable Re-admissions (PPRs)	Measures for readmissions to a hospital that follows a prior hospital discharge and is clinically related to the prior discharge
Prevention Quality Indicators—Adults (PQIs)	Measures focused on quality of care for certain conditions, including prevented hospitalizations, complications, or more serious disease.
Prevention Quality Indicators—Pediatric (PDIs)	Measures that can be used with hospital inpatient discharge data to provide a perspective on the quality of pediatric healthcare.

Project Valuation

DSRIP applications will be evaluated by NYS based on a “Project Valuation” methodology.

Valuation takes into account the following factors to calculate a maximum DSRIP financial allocation for the Performing Provider System:

- Ability of selected projects to transform the health care system
- Project plan application quality
- Number of Medicaid beneficiaries impacted

Performing Provider System (PPS)

- A PPS is a coalition of providers who may submit an application for DSRIP funding; single providers will not be considered
- Each PPS must designate a lead safety net (>35% Medicaid patients) coalition provider and establish clear relationships with provider partners (lead will report to State and CMS)
- Each PPS will identify a proposed population whose care they will be responsible for managing
- PPS must establish joint budget, funding distribution plan and data sharing agreement
- The non-safety net providers in a PPS as a group may not receive more than 5% of a project's total valuation

PPS Objectives

1. Create infrastructure and care processes based on community need
2. Coordinate care for patients across settings, including inpatient and outpatient settings and institutional and community-based providers
3. Manage the health of a defined Medicaid target population in a geographical area

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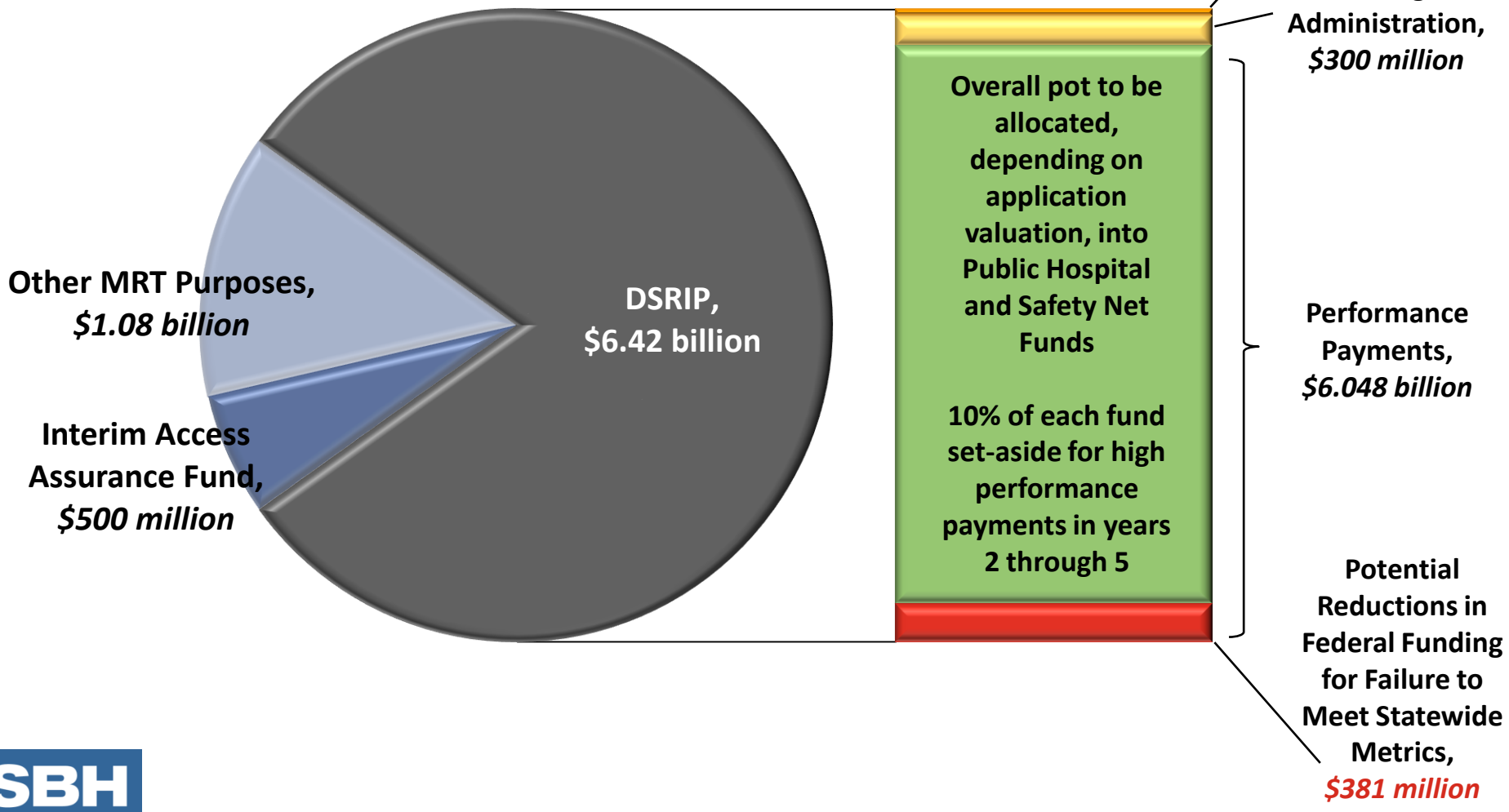
$8 Billion in New Federal Funding



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The Bronx Opportunity

The Bronx is Ready for DSRIP

The Bronx is home to:

A large Medicaid population: 59% of residents are covered through Medicaid over the course of the year

A large base of providers spanning the continuum of care

Support from diverse organizations with deep roots in the community

DSRIP provides an opportunity for the Bronx to transition to a truly integrated delivery system.

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Bronx Delivery System

While the Bronx delivery system is currently siloed, it is moving towards integration

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BPHC Planning Process

Background

In March 2014, SBH Health System invited eight community provider organizations to discuss a collaborative effort to undertake the DSRIP initiative. These eight organizations founded BPHC.

- Acacia Network
- Bronx Community Health Network
- Institute for Family Health
- Morris Heights Health Center
- Montefiore Medical Center
- Puerto Rican Family Institute
- SBH Health System
- Union Community Health Center

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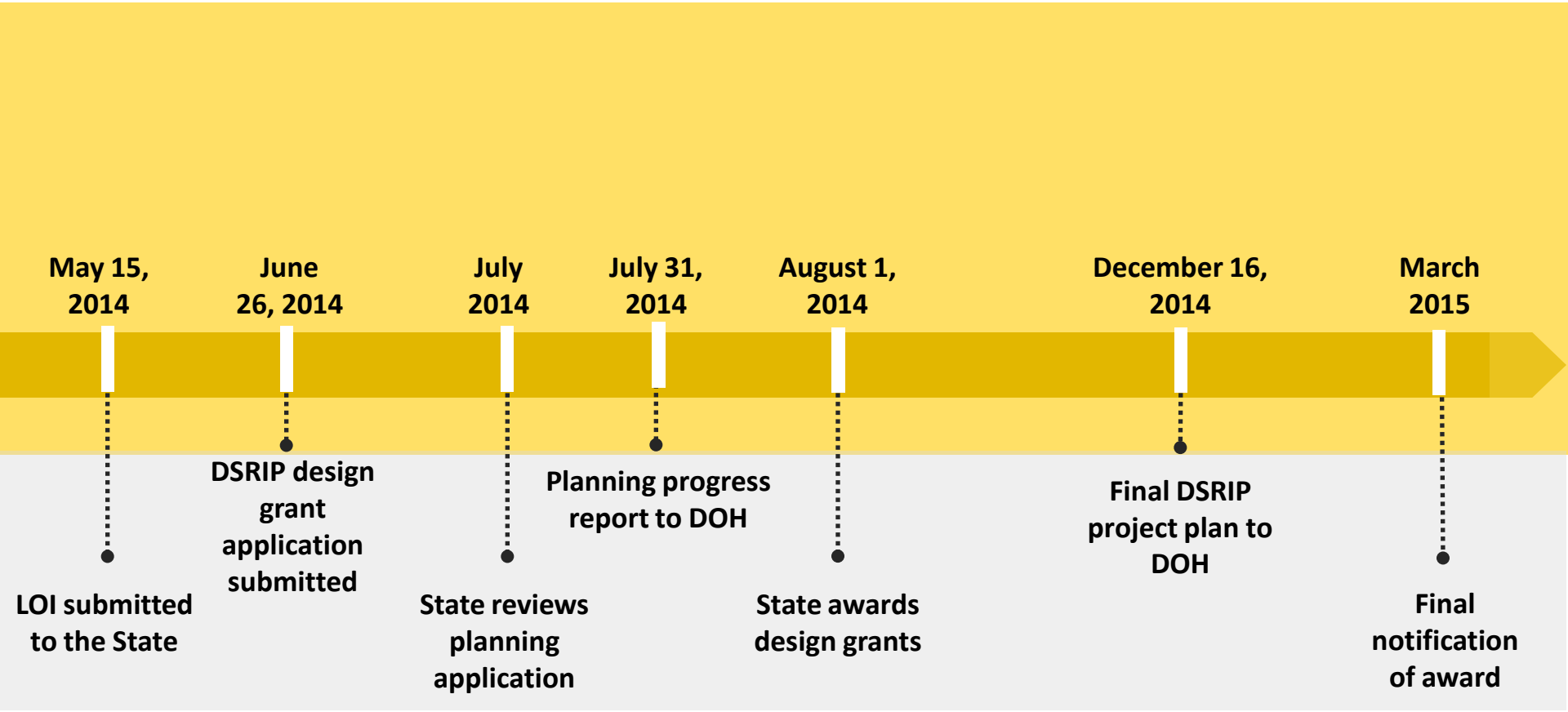
Planning Timeline



*Note: State timeline may change

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Project Plan Application

Project Plan:

- During the 2014 planning period, Performing Provider Systems must create a DSRIP Project Plan outlining the projects, metrics, and milestones they will implement in their community and the populations it will target
- The state will allocate up to $500,000 per PPS for planning purposes
- Due by December 16, 2014

Community Engagement:

- Project planning process must engage the community, conduct a community needs assessment, and ensure the project plan directly addresses community needs.

BPHC Vision, Goals, and Plans for Sustainability

BPHC views DSRIP as an opportunity to accelerate the improvement in measurable health outcomes and substantially reduce health care costs by significantly reducing the number of avoidable admissions. BPHC's vision is built on the four transformation pillars.

Care Model

BPHC is advancing a care model that will integrate medical care with the social determinants of health.

Governance

BPHC is putting in place a cross-institutional structure that is designed to ensure consensus-based decision making on the key features of the infrastructure necessary to support its care model.

Communications and IT Infrastructure

BPHC views effective communication at the individual provider and patient levels as critical to advancing its quality and cost goals.

Value-Based Purchasing

Ultimately, the key to BPHC sustainability is serving a healthy population under a value-based system composed of financially stable providers.

BPHC Preliminary Project Selection

Over the past four months, the founding members and others reviewed…

Public health data on prevalence, morbidity & mortality in the Bronx for diseases targeted by DSRIP

Bronx hospital and ED utilization and cost data with particular focus on the number and rate of preventable admissions, readmissions and ED visits

Based on the data and member knowledge of the community, BPHC selected 10 programs from Domains 2, 3, and 4 to include in the planning design grant application.

Domain 2: System Transformation Projects

Integrated delivery system (IDS) focused on evidence-based medicine and population health management (2.a.i)

The IDS will form the basis and provide the infrastructure for joining the members together in designing, disseminating, and operating programs aimed at the same goal of high-quality outcomes.

Health home at-risk intervention program (2.a.iii)

We believe that there are as many non-HH eligible individuals who have a compelling need for at a minimum, short-term HH services as there are currently eligible individuals. Coupled with the highest rates of preventable admissions in NYC, this makes a compelling case for this intervention.

ED care triage for at-risk populations (2.bi.iii)

The ED is currently the entry point for many Bronx patients to the health care system. BPHC hospital members estimate that approximately 30% of their ED visits are non-emergent. This project will address root causes of avoidable emergency room use.

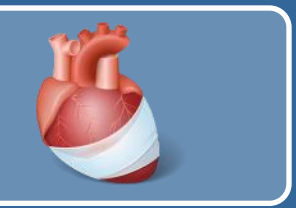
Care transitions intervention model to reduce 30 day readmissions for chronic health conditions (2.b.iv)

BPHC hospital, FQHC, and home care members identified care transitions as crucial to ensuring care continuity with patients' primary care providers and the proper post-acute home-based support needed to reduce readmissions.

Domain 3: Clinical Improvement Projects

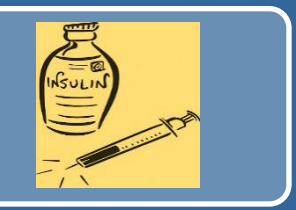
Integration of primary care and behavioral health services (3.a.i)

Mental illness and substance abuse issues are more prevalent among Medicaid beneficiaries in the Bronx than in NYC overall. This project will improve the ability for primary care and behavioral health providers to communicate and co-manage complex cases.



Evidence-based strategies for disease management for cardiovascular health (3.b.i)

Addressing cardiovascular disease management offers a significant opportunity to improve care management and reduce hospital utilization. Composite cardiovascular prevention quality indicator (PQI) Medicaid rates are 34% higher than expected in the Bronx.



Evidence-based strategies for disease management for diabetes (3.c.i)

Diabetes is identified by Bronx residents as a top health issue and is comorbid with health conditions that are highly prevalent in the Bronx, including depression and obesity. The Bronx has extensive diabetes resources to leverage.

Expansion of asthma home-based self-management program (3.d.ii)

The Bronx has the second highest rate of Medicaid beneficiaries with asthma of all counties in NYS. There are substantial opportunities in the Bronx to address health education needs and environmental factors in the home that lead to asthma-related hospitalizations and ED visits.

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Domain 4: Population-Wide Prevention Projects

Promote mental, emotional and behavioral (MEB) well-being in communities (4.a.i)

Risk factors for mental health issues include poverty, chronic health conditions, and other life stressors, all of which are highly prevalent in the Bronx. This project will focus on promoting overall well-being.

Promote tobacco use cessation, especially among low SES populations and those with poor mental health (4.b.i)

To enhance the success of its projects addressing behavioral health (3.a.i), cardiovascular disease (3.b.i), diabetes (3.c.i), and asthma (3.d.ii), BPHC is planning to address tobacco cessation on a population level. Lowering smoking will assist BPHC in meeting its Domain 3 DSRIP metrics.

Community Needs Assessment

- BPHC plans to partner with two other Bronx PPSs, HHC and AW Medical Office, in planning for and conducting its community needs assessment (CNA).
- New York Academy of Medicine will be the vendor that conducts the CNA, with Bronx Health Link as a sub-contractor.
- The CNA will inform the final program selections and the specific tactics employed by the PPS to impact the target population

Program Valuation Assumptions and Estimates

We estimate:

- 200,000 Medicaid lives will be attributed to BPHC
- BPHC's 10 projects have an estimated funding amount between $316-$380 million over five years for achieving DSRIP milestones depending on BPHCs project plan application scores
  - $316 million assumes that BPHC receives a score of 75/100 on each project plan
  - $380 million assumes that BPHC receives a score of 90/100 on each project plan

The quality score given by independent assessors to the Final Program Plan materially affects the incentive funding available to the PPS

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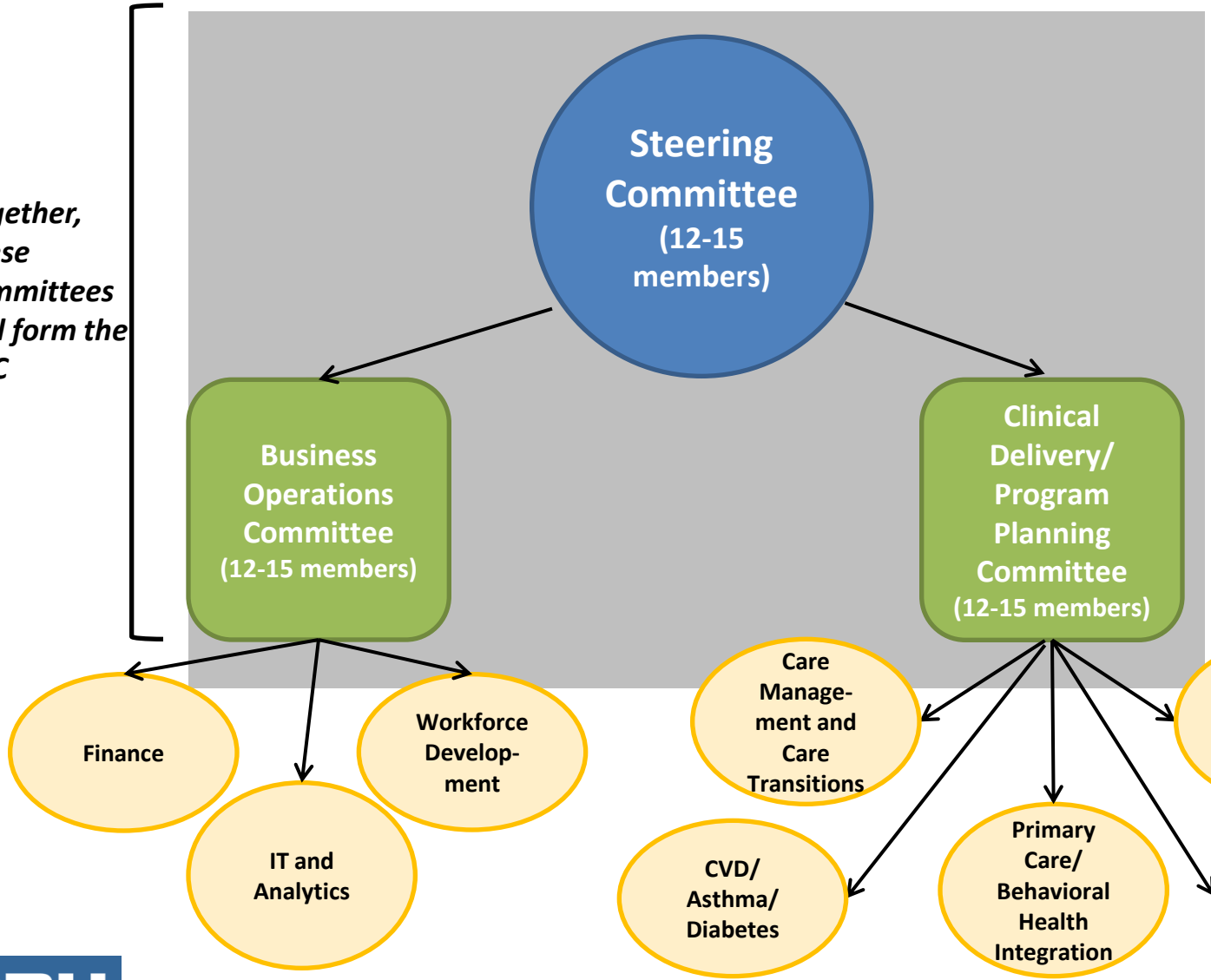
Project Advisory Committee

Together, these committees will form the PAC



The committees will be composed of BPHC members, including:

- **Member organization managerial representatives**
- **Union representatives**
- **Worker representatives**

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Member Participation in Planning Process

Members may participate in the planning process at one of three levels:

Steering Committee

- Provides strategic direction, project management, and quality oversight to ensure that the final Project Plan is compliant and submitted on time
- Plans for operational governance, and oversee legal/regulatory matters and stakeholder engagement
- One 2-hour meeting per month for 9 months

Business Operations Committee

- Oversees the design and implementation of the central business operations infrastructure (IT, finance, data analytics) required to effectively implement the BPHC project plan
- One 2-hour meeting per month for 7 months

Clinical Delivery/Program Planning Committee

- Develops a detailed program plan for each selected DSRIP project
- One 1.5-hour meeting per month for 7 months

Work Groups

- Subject matter experts that will inform the work of the Business Operations Committee and Clinical Delivery/Program Planning Committee
- IT Work Group: Two 1.5-hour meetings per month for 7 months
- Finance Work group: Two 1.5-hour meetings per month for 7 months
- Clinical Delivery Work Groups: Eight 1.5-hour meetings across 3 months and four 1.5-hour meetings across 6 months
- Workforce Planning Work Group: One 1-hour meeting per month for 7 months

Current Project Advisory Committee (PAC) Members

Steering Committee (12-15 members)

- Acacia Network
- Bronx United IPA
- CenterLight, Inc.
- Institute for Family Health
- Montefiore Medical Center
- Morris Heights Health Center
- Puerto Rican Family Institute, Inc.
- SBH Health System
- Union Community Health Center
- Visiting Nurse Service of New York (VNSNY)
- 1199SEIU Healthcare Workers East

Business Operations Committee (12-15 members)

- Acacia Network
- Alpine Home Health Care
- Institute for Family Health
- Jewish Home Life Care
- Montefiore Medical Center
- Morris Heights Health Center
- Puerto Rican Family Institute
- SBH Health System
- Union Community Health Center
- VNSNY

Clinical Delivery/Program Planning Committee (12-15 members)

- Acacia Network
- ArchCare
- BronxWorks
- Bronx United IPA
- Institute for Family Health
- Montefiore Medical Center
- Morris Heights Health Center
- Puerto Rican Family Institute
- SBH Health System
- Sophie Davis School of Biomedical Education
- Union Community Health Center, Inc.
- VNSNY
- 1199SEIU Healthcare Workers East
- Committee of Interns and Residents (CIR)
- New York State Nurses Association (NYSNA)

NYS Department of Health will comment on our proposed PAC structure. We will be adding members as planning progresses.

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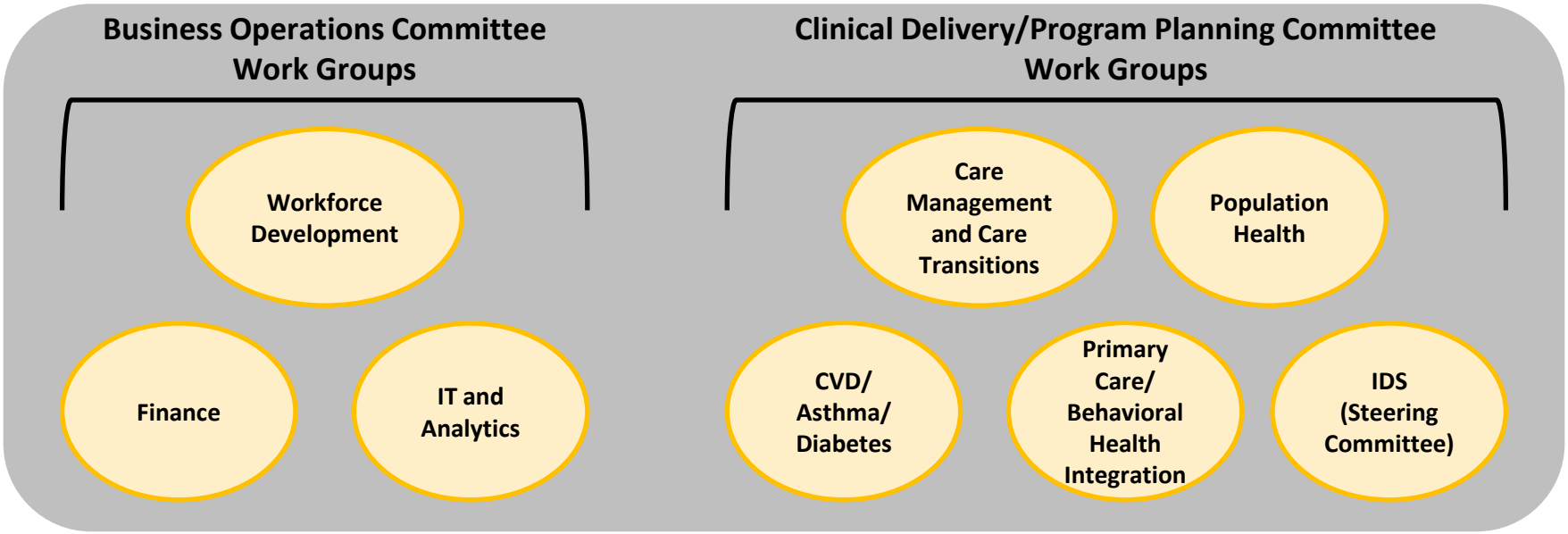

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Member Participation in Planning Process

We need your help!

- Committee members will be drawn from the founding members and representatives from each service sector
- Members may nominate individuals for committees and work groups
- Nominees should

  >Have expertise in the focus area

  >Be able to attend all meetings and contribute time on specific committee reports and research

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Next Steps

July	• Establish Project Management Office • Form Committees and Workgroups and Draft Charters • Begin Community Health Needs Assessment • Convene Project Advisory Committees to Begin Planning Process
August	• Expand Stakeholder Engagement Activities • Present Community Health Needs Assessment Preliminary Findings and Continue Analysis • Develop Draft Work Plans for Each DSRIP Project
September	• Conduct all-member meeting • Complete Community Health Needs Assessment • Finalize DSRIP Project Selection • Develop Vendor & Data Sharing Agreements
October	• Finalize Implementation Staffing Plan • Draft Initial Project Budgets for each DSRIP Project • Draft Financial Model and Budget
November	• Conduct all-member meeting • Finalize Project Plan and Budget for each DSRIP Project • Finalize Governance Plan • Finalize Financial Sustainability Plan • Collect Member Attestations • Draft Project Plan Application
December	• Submit Final Project Plan Application to NY DOH • Begin Implementation Planning

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January – March 2015: Plan for Implementation

Thank you!

Resources

NYS Delivery System Reform Incentive Payment (DSRIP) Program Web Site:
http://www.health.ny.gov/health_care/medicaid/redesign/delivery_system_reform_incentive_payment_program.htm

Special Terms and Conditions:
http://www.health.ny.gov/health_care/medicaid/redesign/docs/special_terms_and_conditions.pdf

Program Funding and Mechanics Protocol-Attachment I:
http://www.health.ny.gov/health_care/medicaid/redesign/docs/program_funding_and_mechanics.pdf

Strategies and Metrics Menu-Attachment J:
http://www.health.ny.gov/health_care/medicaid/redesign/docs/strategies_and_metrics_menu.pdf

Timeline and Deliverables Schedule:
http://www.health.ny.gov/health_care/medicaid/redesign/docs/timeline_deliverables_schedule.pdf

NYS Waiver Amendment Presentation:
http://www.health.ny.gov/health_care/medicaid/redesign/docs/waiver_amendment_update_present.pdf

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