

DSRIP Overview for SBH Physicians

**June 10th 2015, 8-9 am
Braker Board Room**

Introductions

SBH Physicians

- Telzak, Edward –Chair of Medicine
- Murphy, Daniel – Chair of Emergency Medicine
- Troneci, Lizica –Chair of Psychiatry
- Kulshreshtha, Manisha –Director of Hospitalist
- Rubin, David –Chair of Pediatrics
- Patti, Ernest- President Medical Staff
- Freije-Ibanez, Pablo- Psychiatry
- Payne, Dylan-Psychiatry

CSO Office

- Irene Kaufmann, Executive Director CSO
- Robin Moon, Senior Director, DSRIP Care Delivery & Practice Innovations
- Albert Alvarez, Director of Collaboration
- Isaiah Sommers, Communication Coordinator
- Jeeny Job, Interim CMO

SBH Physicians and DSRIP

Why are we meeting?

- Provide forum for frontline physicians to develop understanding around the DSRIP program
- Explore ideas on how to best share information about DSRIP and BPHC with physicians

Physicians were selected for their history of leadership and from departments that are directly impacted by DSRIP projects

First session with SBH physicians occurred in May

Guido Macchiavello MD, Primary Care

Bhawesh Patel MD, Primary Care

Dylan Payne MD, Behavioral Health

Jeffrey Lazar MD, ED

Mohammad Azam MD, Inpatient

Commonly Used Acronyms in DSRIP

- DSRIP -Delivery System Reform Incentive Payment Program
- PPS-Performing Provider System
- IDS-Integrated Delivery System
- BPHC-Bronx Partners for Healthy Communities
- CSO-Central Services Organization

DSRIP Overview

- **What is DSRIP (Delivery System Reform Incentive Payment Program)?**
 - Incentive program to transform the healthcare delivery system for Medicaid and uninsured populations
 - Goal of promoting health of populations while reducing high cost care, specifically in ED and Hospital settings (Triple Aim)
 - At the end of 5 years, NYS must demonstrate 25% reduction in **avoidable** ED visits, admissions and readmissions

- **How is the program funded?**
 - CMS has negotiated with individual states to reinvest Medicaid savings into delivery system reform (MRT waiver)
 - New York's application for this reform was approved in April of 2014 with \$8 billion allocated for the program

DSRIP Overview cont.

- **How do Providers participate in the DSRIP program?**

- Providers need to join regional coalitions called a PPS (Performing Provider System)
 - PPS must achieve performance benchmarks to receive incentive payments
 - PPS's are typically led by safety net hospitals
 - PPS members include a variety of organizations that provide health services, including CBO's who address social determinants of health
 - 25 PPS's in NYS with further consolidation possible
- A PPS selects projects from a menu of 44 projects that NYS has defined
 - Each project has metrics/deliverables that trigger payments
 - Project selection guided by a community needs assessment

- **How is SBH participating in DSRIP?**

- SBH is the lead hospital in a PPS called BPHC (Bronx Partners for Healthy Communities)

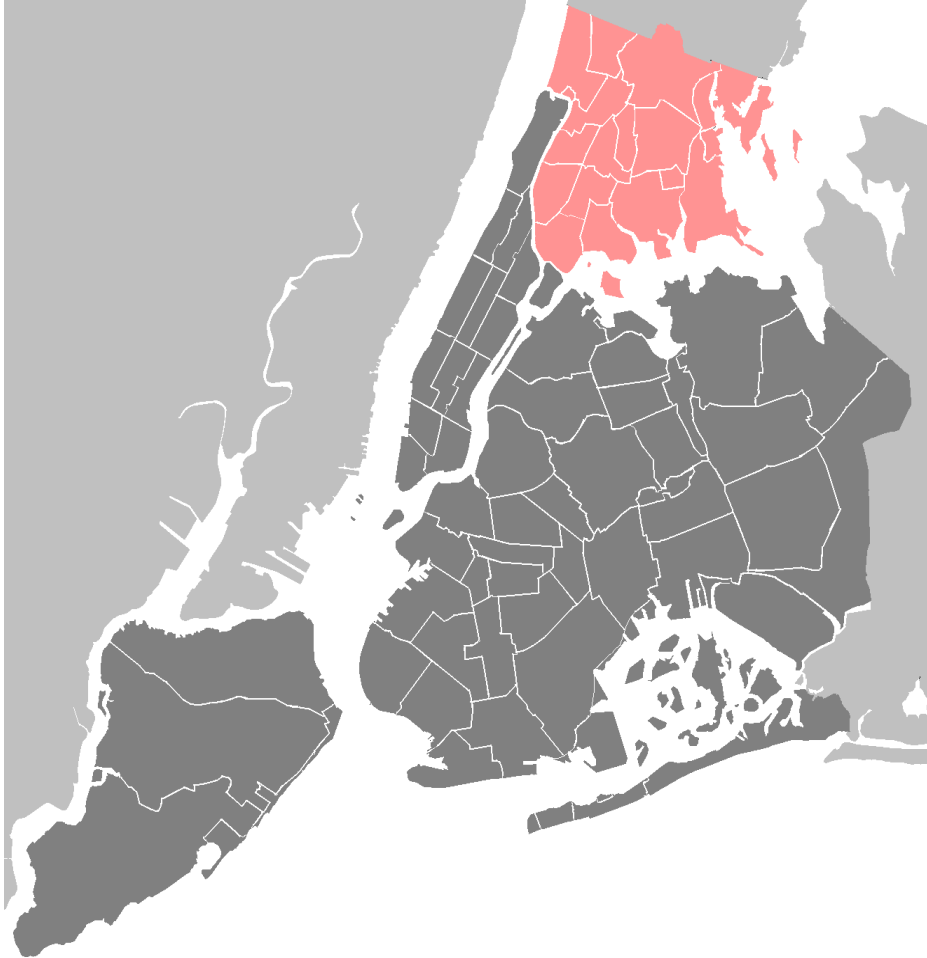
BPHC: Who We Are

- BPHC comprises 211 unique organizations and over 5,500 providers who will manage the care of 270,000 Medicaid beneficiaries living in the Bronx through New York State's Delivery System Reform Incentive Program (DSRIP)
- Founding members
 - Acacia Network
 - Bronx United IPA
 - Institute for Family Health
 - Montefiore Medical Center
 - Morris Heights Health Center
 - Puerto Rican Family Institute
 - SBH Health System
 - Union Community Health Center

BPHC: Who We Are

- BPHC's network includes a wide array of organizations and services:
 - Hospitals
 - Primary and specialty care services
 - Behavioral health and substance abuse services
 - Long term care and assisted living facilities
 - Home care agencies
 - Health homes
 - IPAs
 - Community-based organizations (e.g., services for the developmentally disabled, housing, adult day care centers, advocacy, foster care, meal delivery, food banks, legal aid, counseling, youth development)
 - Educational institutions
 - Pharmacies
 - Unions
 - Health plans
- **Central Services Organization (CSO) supports the work of BPHC**

BPHC Geographic Region



The Entire Bronx Borough

- **Population:** Culturally vibrant community with population of ~1.5 million
- **Medicaid Coverage:** Highest rates of Medicaid coverage in the State (59% of Bronx residents over the course of a year)
- **Population Health:** Though the Bronx represents only 7% of the State's population, it accounts for 22% of asthma hospitalizations and the diabetes mortality rate is 60% higher than the State's rate
- **Social Factors:** Poorest county in New York State with approximately 30% of residents living in poverty, and a 12% unemployment rate. Over a third of the population has unaffordable or inadequate housing.



Community Needs Assessment (CNA) Highlights

NYAM completed the Bronx-wide CNA in early October. Key findings include...

Health in the Bronx

- *The Bronx is the **least healthy county in New York State** with high rates of chronic disease such as:*
 - *Diabetes*
 - *Cardiovascular disease*
 - *Respiratory disease including asthma/COPD*
 - *Cancer and high rates of obesity*
- *Among the Medicaid population, **the Bronx ranks highest among all boroughs in NYC in the rate of potentially preventable inpatient admissions**, including for chronic conditions overall.*
- *The costs incurred—in **both time and money—for medical care remain very problematic and act as a barrier** to effective use of prevention and disease management services from the perspective of community members.*

Socioeconomic Factors

- *The Bronx outpaces NYC overall in **household poverty and low educational attainment**.*
- ***More than half of the Bronx population speaks a language other than English** in the home.*
 - *Many of these people are immigrants, presenting possible additional cultural and legal challenges to health care access.*
- *The **link between depression and poverty** was also particularly obvious, as people worried about jobs, housing, entitlements, and the safety of their streets.*
- *A **dramatic indicator of poverty**, with obvious health implications **is food security**, which was described by multiple respondents.*

Bronx CNA Project-Specific Highlights

Cardiovascular disease: *Heart disease is the top cause of mortality among the white, black, and Hispanic populations of the Bronx. It is also the second leading cause of premature death in the borough.*

Diabetes: *The rate of hospitalizations for short-term diabetes complications among Medicaid beneficiaries is higher in the Bronx (151.22 per 100,000) than in the city overall (105.03 per 100,000), and higher than the state overall (110.31 per 100,000).*

Asthma/COPD: *While the observed rate of PQI respiratory admissions has declined in the Bronx since 2009, it remains at or above the expected rate.*

- *There is a concentration of young adult asthma and respiratory hospitalizations in the southern part of the borough, extending across both sides of the Grand Concourse.*

Mental/behavioral health: *Only 53.3% of respondents reported that the mental health services are “available” or “very available” in their community.*

Substance abuse: *Substance abuse was the second most commonly cited health concern by survey respondents (47.2%)*

- *Many (36.2%) also noted the need for education on the topic.*

HIV/AIDS: *Four neighborhoods in the borough have a higher HIV/AIDS prevalence rate than the city as a whole: High Bridge/ Morrisania, Crotona/ Tremont, Fordham/ Bronx Park, and Hunts Point/ Mott Haven.*



Data from the CNA support our project selections

BPHC's DSRIP Projects

Domain 2 System Transformation	2.a.i	Create Integrated Delivery Systems
	2.a.iii	Health Home At-Risk Intervention Program
	2.b.iii	Emergency Department Care Triage
	2.b.iv	Care Transitions to Reduce 30-Day Readmissions
Domain 3 Clinical Improvement	3.a.i	Integration of Primary Care Services and Behavioral Health
	3.b.i	Evidence-Based Strategies for Managing Adult Population with Cardiovascular Disease
	3.c.i	Evidence-Based Strategies for Managing Adult Population with Diabetes
	3.d.ii	Expansion of Asthma Home-Based Self-Management Program
Domain 4 Population- wide	4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure Across Systems
	4.c.ii	Increase Early Access to, and Retention in, HIV Care

Q+A

Discussion

Feedback on this session

Is this information valuable to you?

Is there more information we need to provide for the session to be valuable?

Future Topics?

Input for future engagement

What is the best forum/format to continue future communication?

If not, what information do you need to become comfortable?

Are there forums that you can update your peers with this information?



What is DSRIP?

DSRIP stands for Delivery System Reform Incentive Payment Program. It is an ambitious statewide initiative to achieve a 25% reduction in avoidable hospitalizations and restructure the health care delivery system. For more detailed information, please [click here](#). To answer frequently asked questions, please [click here](#).

Bronx Partners for Healthy Communities (BPHC) is a coalition of unique organizations committed to creating wellness in the Bronx.

Partners & Stakeholders

Events Calendar

Keep up to date on BPHC events

Document Center

View and download important documents.

Project Advisory Committee

Access communication tools.

For Our Community

What is DSRIP?

A statewide initiative to improve the delivery of care.

Health Resources

Coming Soon

[Sign up for Updates](#)

For Our Physicians

Physician Questions

A selected overview of Q & As.

DSRIP Glossary

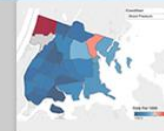
Terms and definitions

Frequently asked questions

Send us your Feedback

NYS DSRIP Site

See the Health Rates In the Bronx



Please visit our website:
www.bronxphc.org