

December 8, 2015



# University of Rochester Medical Center Community Advisory Council



**FLPPS  
and  
DSRIP**

**Carol Tegas  
Executive Director**

# Agenda

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- DSRIP in NYS
- FLPPS Implementation of DSRIP
- Vision: Create a Regional Integrated Delivery System
- Catalysts for System Transformation
- Thank You & Questions



# DSRIP in NYS

# DSRIP

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## Delivery System Reform Incentive Payment Program

- Medicaid Waiver Program to Transform Health Services by Reinvesting Medicaid Dollars to:
  - Stimulate Health System Transformation
  - Create Accountability
  - Incentivize Performance
- Implemented in 6 States: NY, CA, TX, NJ, KS and MA
- Up Next: WA

# DSRIP in NYS - A Unique Opportunity

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- \$8 Billion in Medicaid Funds, Over Five Years, to Implement Projects to Radically Transform NYS Medicaid Delivery System
- Opportunity to Prepare for System-Wide Transformation via Regional Collaboration between Health Systems and Community-Based Providers and Agencies
- Overarching Objectives of DSRIP in NYS:
  - Improve Clinical Outcomes
  - Reduce Avoidable Hospital Use by 25% Over Five Years
  - Achieve Triple Aim: Reduce Costs, Improve Patient Experience and Improve Patient Outcomes

# DSRIP in NYS - Guiding Principles

Patient Centered

- Better patient care & experience through a more efficient, patient-centered and coordinated system.

Transparent

- Decision-making process takes place in the public eye, ensuring processes are clear and aligned across providers.

Collaborative

- Collaborative process reflects the needs of the communities and inputs of stakeholders.

Accountable

- Providers are held to common performance standards, deliverables and timelines.

Value Driven

- Focus on increasing value to patients, community, payers and other stakeholders.

***Better Health. Better Outcomes. Reduced Costs.***

# DSRIP in NYS – How Does it Work?

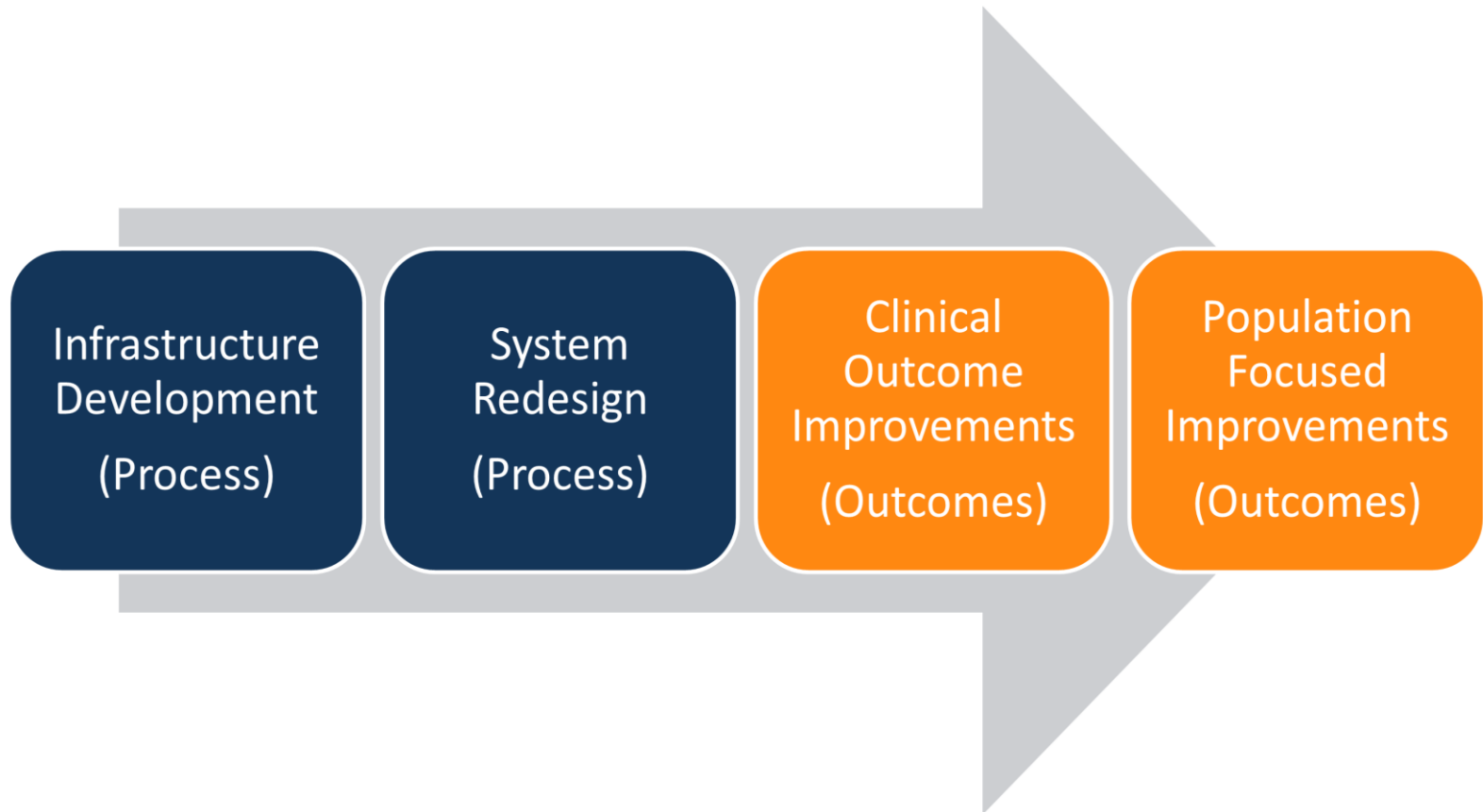
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## Performing Provider Systems (PPS)

- Network of Medical and Behavioral Healthcare Providers, Social Service Providers and Community-Based Organizations (CBOs)
- Work Together to Implement DSRIP-Specific Projects
- Collectively Accountable for Significant, Measurable Improvements in Clinical Outcomes, System Utilization, Population Health & Patient Experience

# DSRIP \$\$\$ → System Transformation

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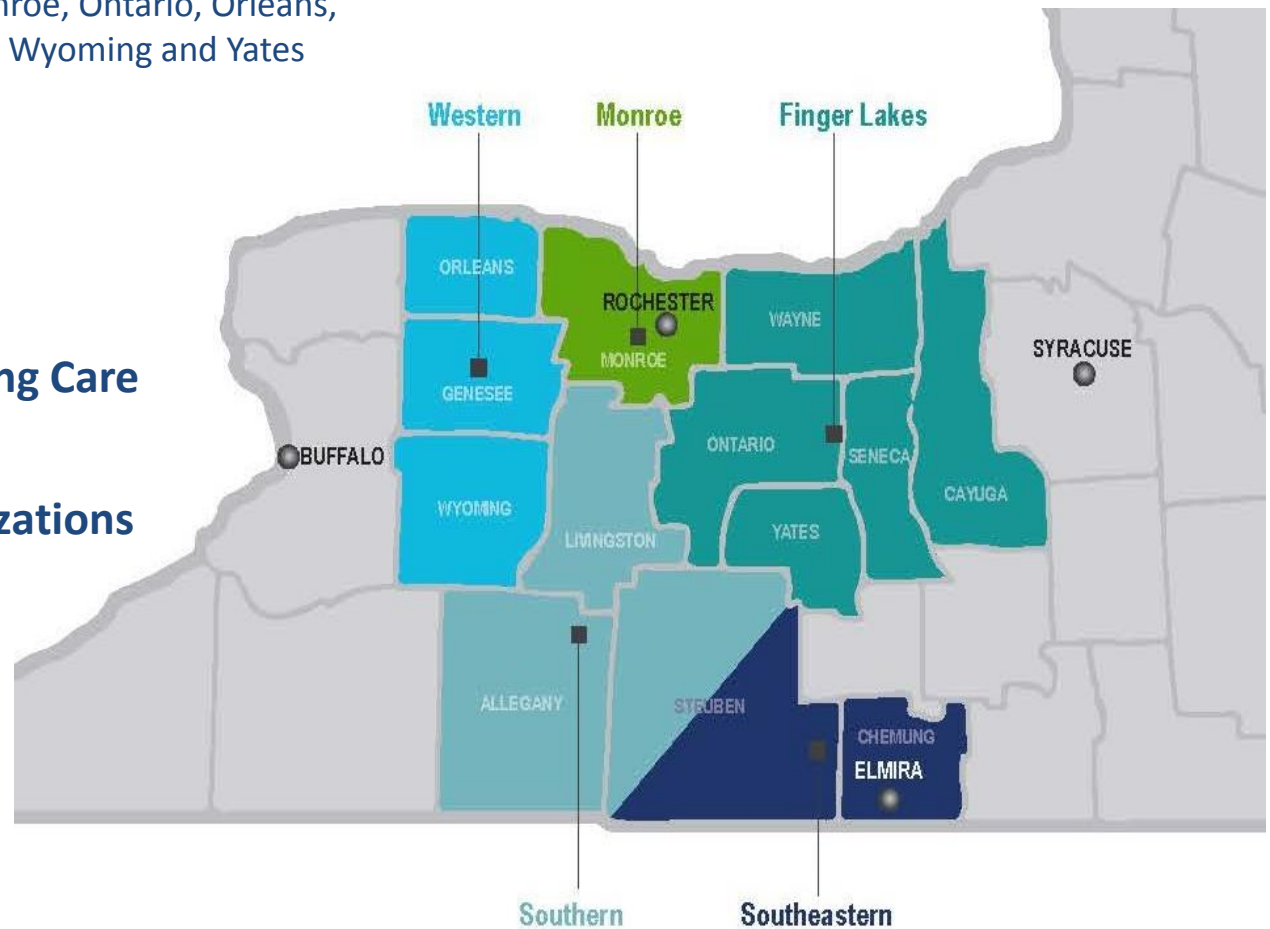




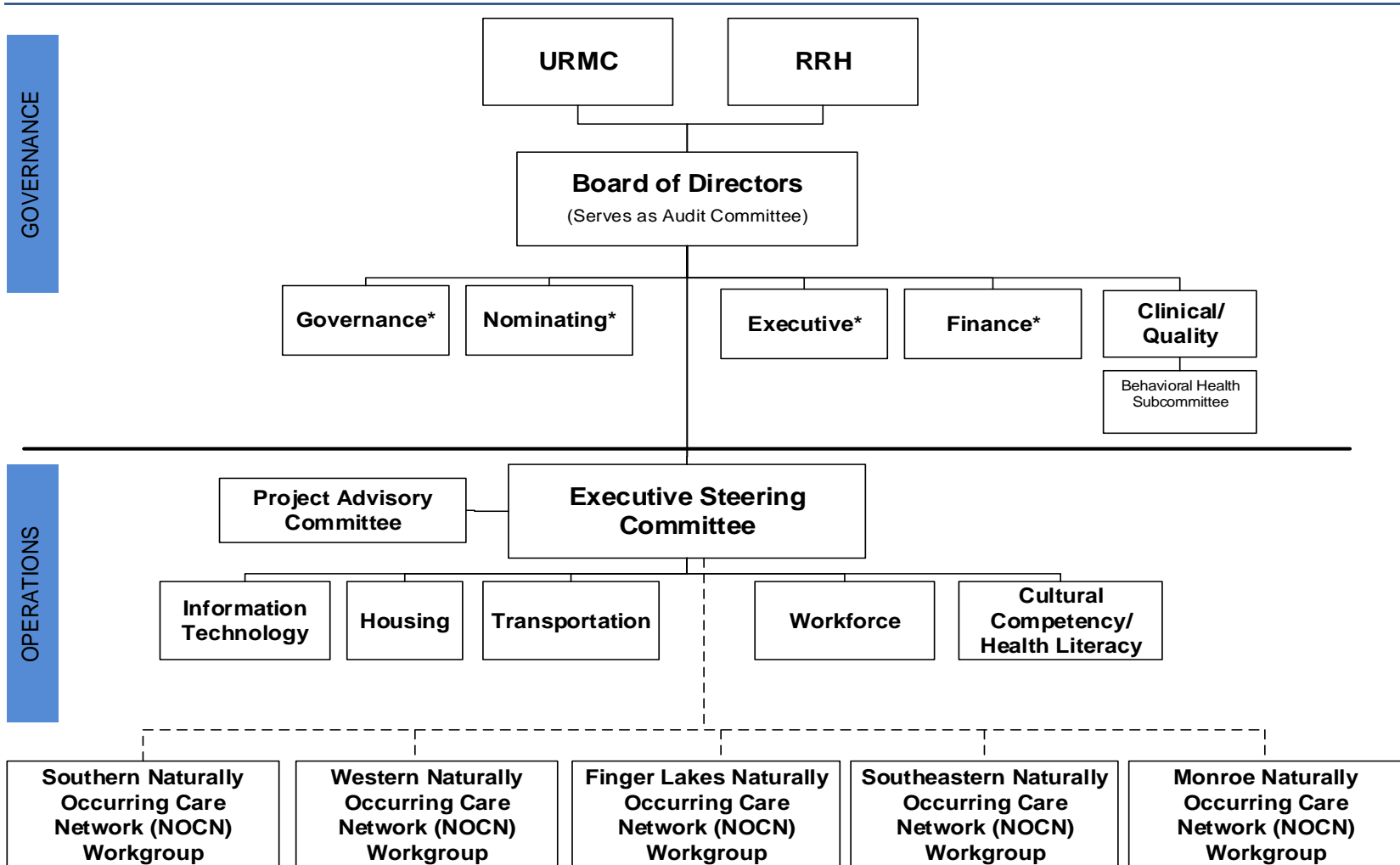
# FLPPS Implementation of DSRIP

# Finger Lakes PPS

- **13 Counties** - Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming and Yates
- **1.5M Population**
- **413,289 Lives**  
(incl 100K uninsured)
- **5 Naturally Occurring Care Networks (NOCNs)**
- **600 Partner Organizations**
- **28 Hospitals**
- **3,000 Providers**  
Primary Care,  
SNF, Hospice,  
Specialists,  
Pharmacies, etc.



# Governance Structure



\* - Indicates Board Committee

# Targeted Transformation: Defining a Focus

## Community Needs Assessment

- **Need for Integrated Delivery System to Address Chronic Conditions**
  - Chronic Conditions - Leading Cause of Years of Potential Life Lost
  - Chronic Disease - 85% of Potentially Preventable Hospitalizations
- **Need for Integration Between Physical and Behavioral Health Care Systems**
  - 24% of Medicaid-only Discharges: Primary BH Diagnosis
- **Need to Address Social Determinants of Health**
  - Transportation & Housing – Large Barriers
- **Need to Support Women & Children**
  - Infant Mortality Rate Higher than State Average

## FLPPS DSRIP Projects

1. Integrated Delivery System
2. ED Care Triage
3. Care Transitions
4. Transitional Housing
5. Patient Activation for Special Populations
6. Behavioral Health Integration
7. Crisis Stabilization
8. Behavioral Interventions in Nursing Homes
9. Maternal/Child Health CHW program
10. Strengthen Mental Health/Substance Abuse infrastructure
11. Increase Access to Chronic Disease Prevention & Care



**Vision: Create a Regional Integrated Delivery System**

# Transition from Planning to Implementation

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## ➤ Fall 2014 – Current

- Develop Implementation Plan
- Develop Organizational Infrastructure
- Project Design
- Relationship Building, Partner Engagement, Collaborations

## ➤ 2016 – 2020

- Full Project Implementation
- System Transformation
- Clinical Performance
- Population Health

# Characteristics of an IDS

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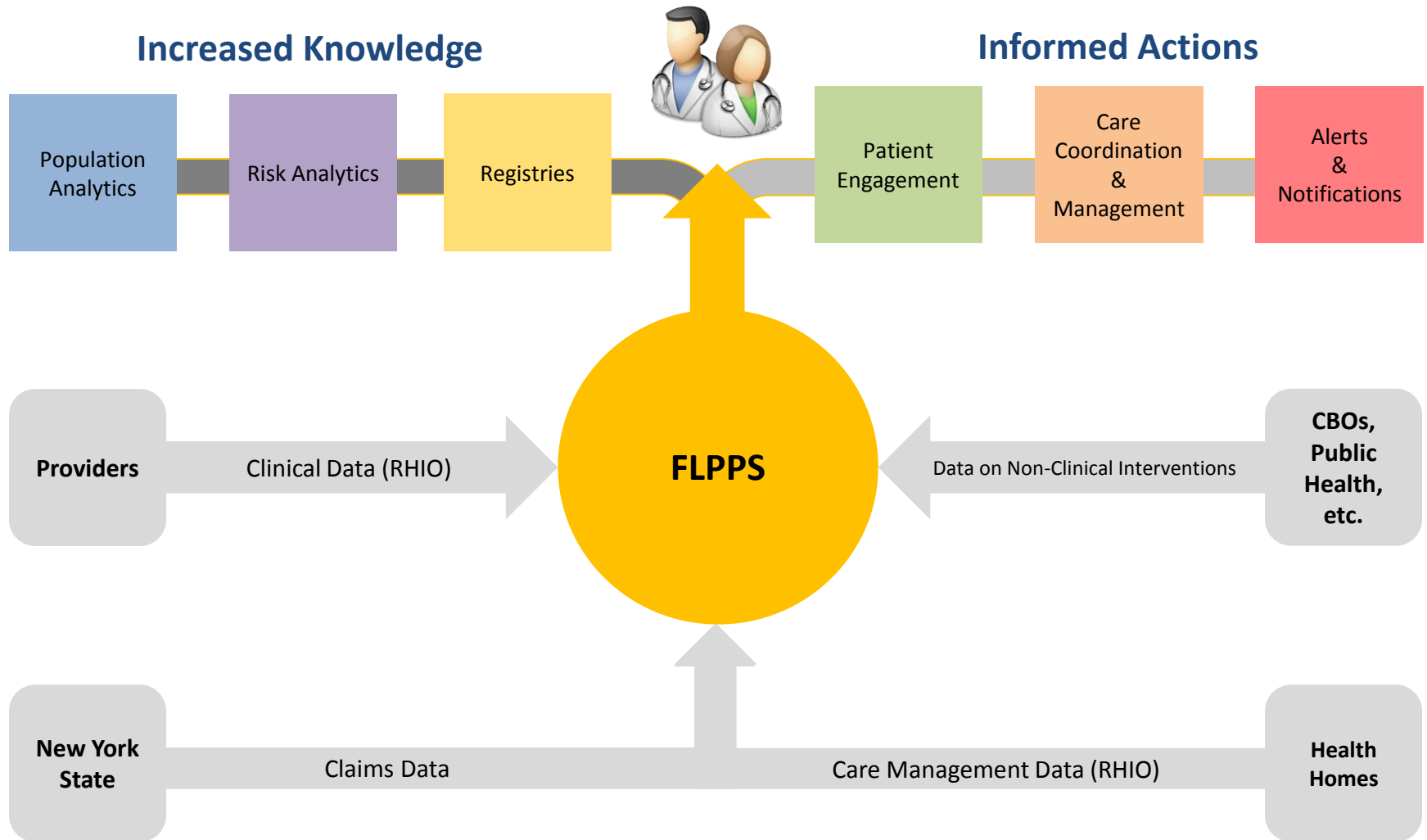
- Network of Providers & Partners
- Comprehensive
- Continuum of Care
- Patient Centered
- Shared Risks and Incentives
- Advanced Information Technology

# FLPPS IDS Development

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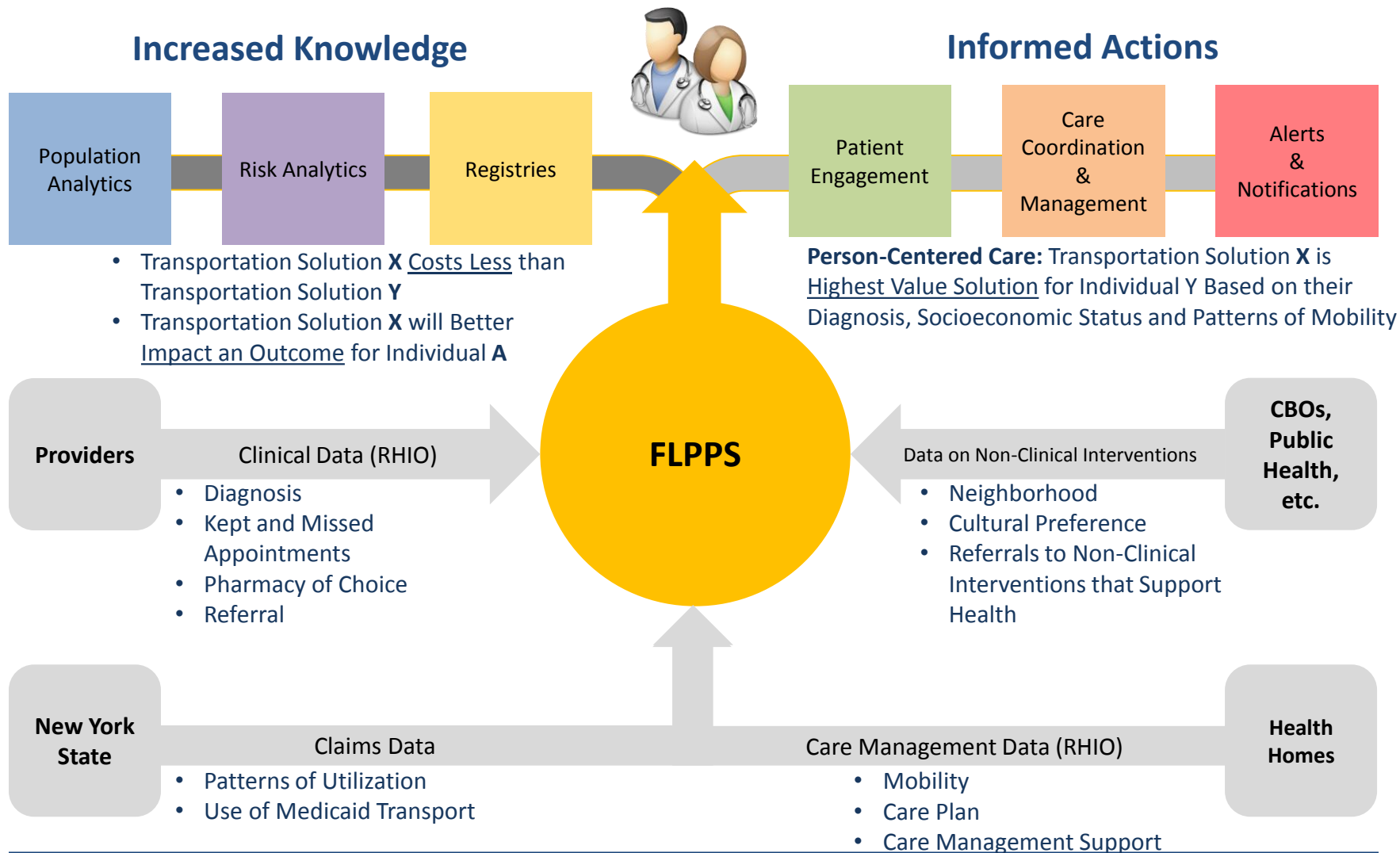
- Project 2.a.i: Creating an Integrated Delivery System Focused on Evidence Based Medicine and Population Health Management
- Cornerstone of FLPPS DSRIP Implementation
- Creates Foundation for
  - Collective Performance
  - Shared Accountability
  - Value-Based Payment

# Future State: Continuity of Information & Care



# Example:

## Measuring the Value of Transportation in an IDS



# DSRIP Implementation in an IDS

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## System Transformation Projects

- ED-Care triage for at-risk populations
- Care transitions intervention model to reduce 30-day readmissions for chronic health conditions
- Transitional supportive housing services
- Implementation of patient activation activities to engage, educate and integrate the uninsured, and low/non-utilizing Medicaid populations in community based-care

# DSRIP Implementation in an IDS

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## Clinical Improvement Projects

- Integration of behavioral health and primary care
- Behavioral health community crisis stabilization services
- Behavioral interventions paradigm (BIP) in nursing homes
- Increase support for maternal and child health (including high risk pregnancies)

# DSRIP Implementation in an IDS

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## Population Health Projects

- Strengthen mental health and substance abuse infrastructure across systems
- Improve access to high quality chronic disease preventative care and management in both clinical and community settings



# Catalysts for System Transformation

# Cultural Competency/Health Literacy

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## Need to Consider Cultural Perspective in Addressing Healthcare Needs and Services

- Greater Sense of Safety – Culture Essential to Healing
- Recognize the Impact of Culture – Historical and Generational Events, Acculturation, Discrimination, Bias
- Recognize the Fundamental Importance of Health Literacy
- Recognize the Right to Language Accessibility
- Honor the Belief that Culture is Embedded in Patient's Language and their Implicit & Explicit Communication Styles

# Cultural Competency/Health Literacy

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- **FLPPS CC/HL Committee** - Regional Key Stakeholders with CC/HL Expertise
- **Community Insight**
  - Community Coalitions & Workgroups, i.e. FLHSA Latino Health Coalition, African-American Health Coalition, and The Partnership on the Uninsured
  - Community Engagement Forums
- **Patient Perspective**
  - Patient Focus Groups and Case Studies
  - Community Outreach Program and Poverty Simulation Workshop for FLPPS Central Team
  - Patient Advisory Council
- **CC/HL Training for FLPPS Central Team – Integration into All Internal and External Processes**

# Workforce Transformation

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## Healthcare System Transformation will Require Workforce Transformation

- Workforce Workgroup with Cross-System Representation
- Current-State Assessment and Strategic Plan
  - Quantitative & Qualitative Assessment of PPS Workforce
- Early Identification of Emerging Job Categories
  - Training & Career Ladder Approach
- Will Collaborate with FLHSA Workforce Consortium

# Social Determinants of Health: Housing

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## ➤ FLPPS Housing Committee

- Working to Develop Solutions to Project-Specific and Systematic Barriers to Safe, Affordable, Permanent and Transitional Housing

## ➤ Strategies

- Develop Transitional Supportive Housing for High-Risk Super Utilizers
- Better Coordinate Transitions of Care Between Hospitals, Care Management and All Supportive Housing Providers
- Track Patient Engagement for 90-day Period, Including Outreach to Address Housing Barriers, Though IDS

# Social Determinants of Health: Transportation

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## ➤ **FLPPS Transportation Committee**

- Support Project-Level Transportation Mitigation Strategies and Individual Partners Struggling with Transportation-Related Issues

## ➤ **Strategies**

- Define Challenges by County and Identify Solutions with Input and Endorsement by Regional NOCN Workgroups
- Share and Initiate Best Practices Regarding Transportation from Other Rural Areas and Linguistic Barriers
- Patient Education Regarding Transportation; Consider Cultural and Linguistic Barriers

# Community Engagement

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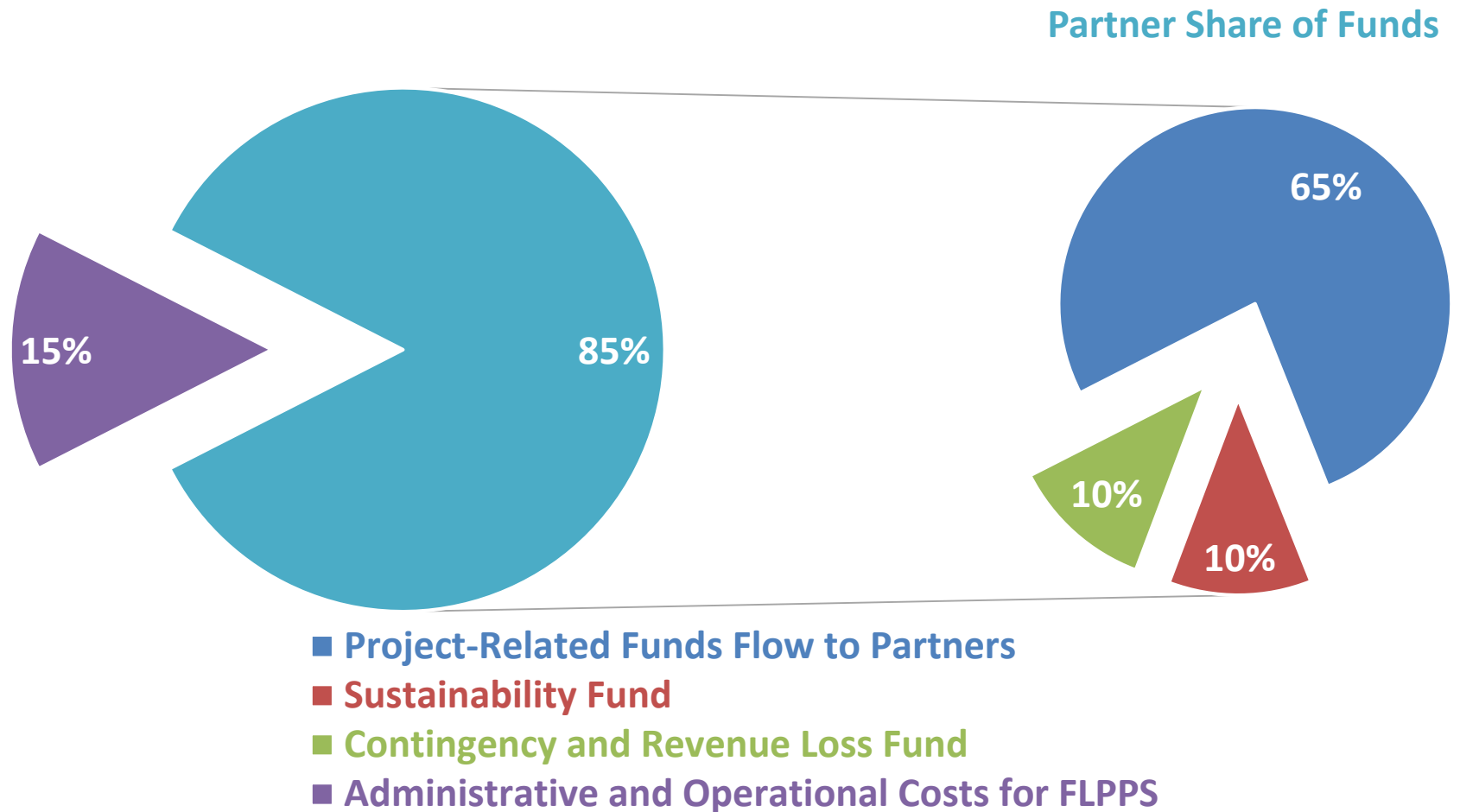
- Convene Community Based Organization (CBO) Workgroup
  - CBO Leaders from Government, Faith-Based and Other Support Service Organizations
- Staff Engaging in Community Outreach Activity
  - Educate Community, and Learn About Services Offered and Populations Served
  - Assist FLPPS with Developing Strategies for Community Involvement and Patient Engagement
  - Enhance Cultural Competency Skills of FLPPS Central Team

# Community Initiatives

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- Finger Lakes Health Systems Agency
- Monroe County Medical Society
- Center for Community Health
- Rochester RHIO
- Rochester-Monroe County Anti-Poverty Initiative
- Rochester Business Alliance
- Healthcare Business Academy
- Other NYS PPS Collaborations
  - Border PPS's - Millennium, Care Compass & CNY

# Budget Distribution

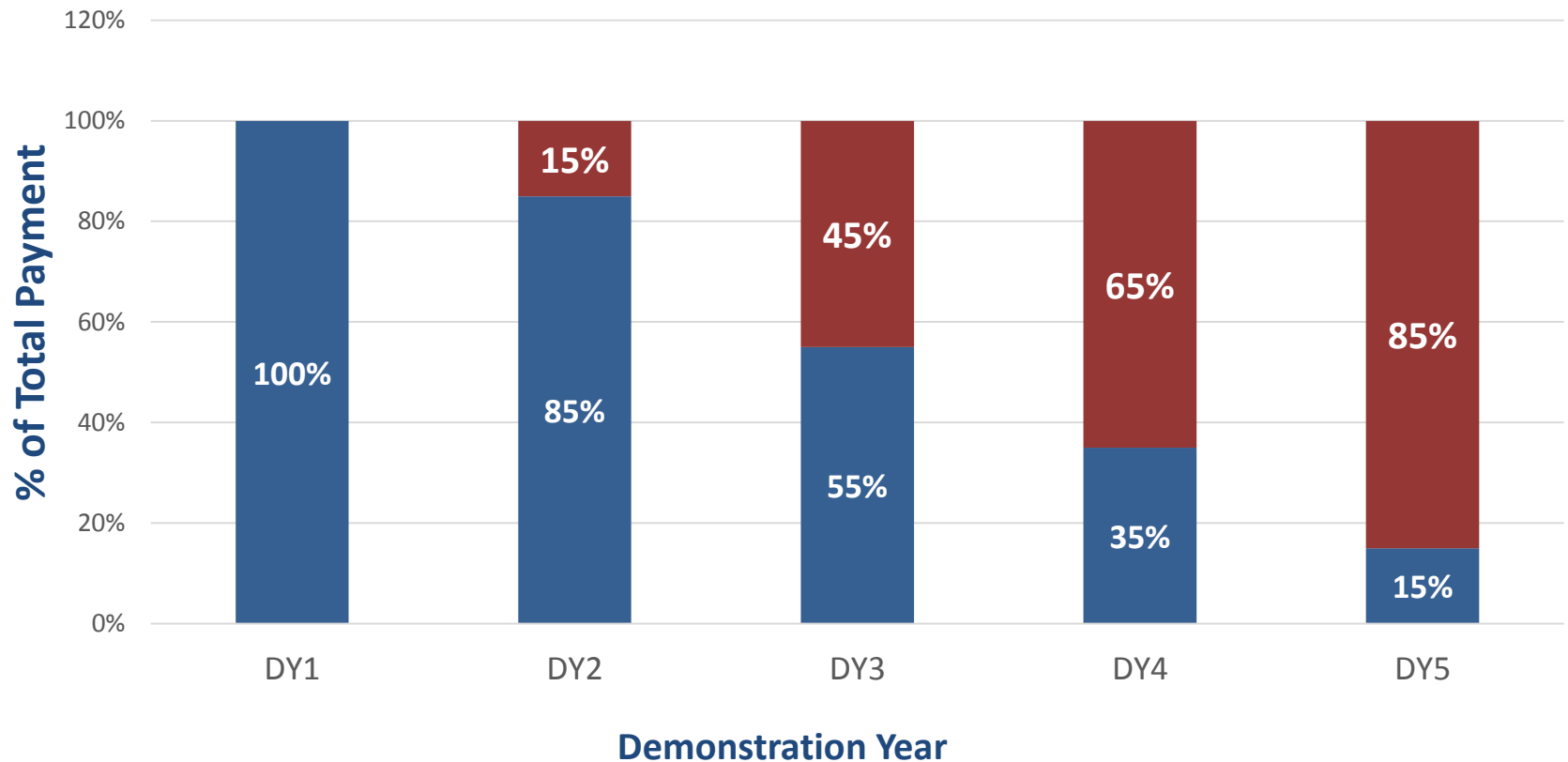


# Pay for Reporting → Pay for Performance

## P4R vs P4P

### Payment % per Demonstration Year

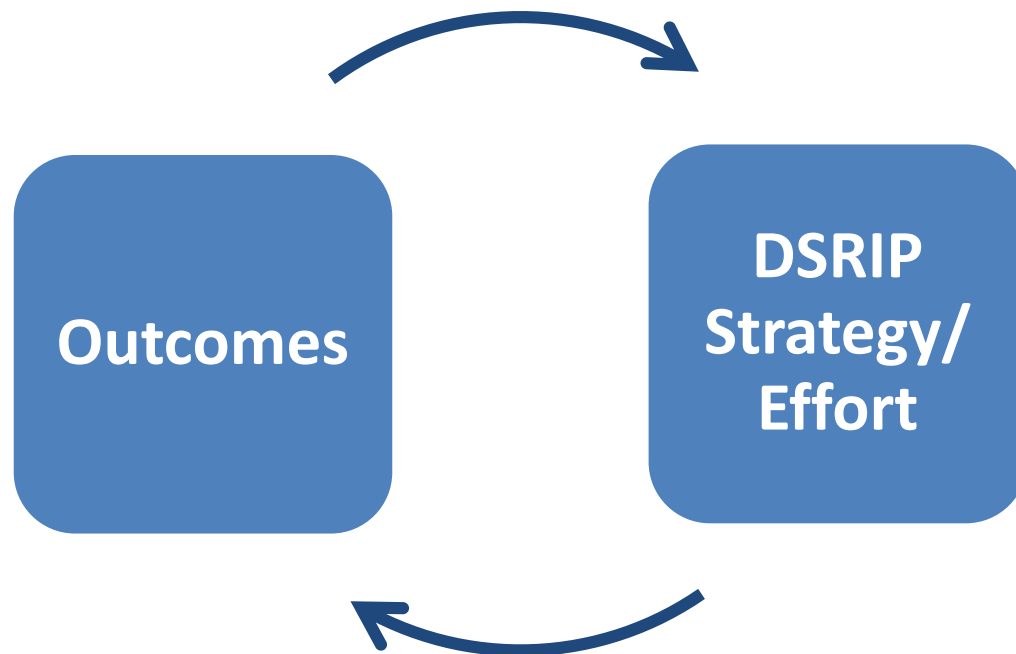
■ Pay for Reporting ■ Pay for Performance



# Accountability & Pay-for-Performance

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## Performance Payment to FLPPS



**Funds Flow to Partners**

# A Transformed Delivery System

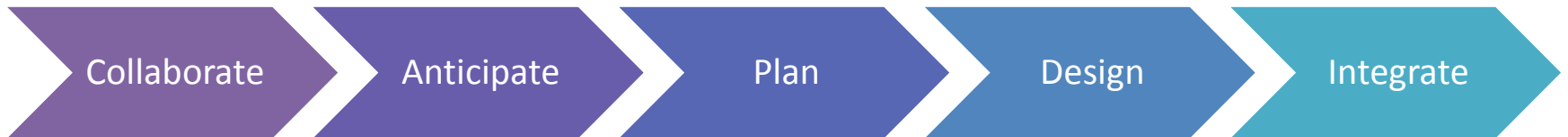
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## It's About the Patients

- The Right Care, at the Right Time, by the Right Provider
- In an Integrated, Coordinated, Culturally Competent Manner
- In Order to:
  - Improve Outcomes
  - Improve Patient Experience
  - Reduce Costs

# From Collaboration to Integration

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***As FLPPS moves from planning to the full realization of an regional Integrated Delivery System, our future success will be defined by our ability to collaborate, anticipate, plan, design and integrate systems, in new and innovative ways.***



**Thank You & Discussion**