



Advocate Community Providers: Projects and Funds Flow Overview

Terrace on the Park, Queens NY

June 24, 2015

DSRIP: Delivery System Reform Incentive Payment

Value Based Payments

DSRIP

Integrated

Co-location

IMPACT

Quality

Delivery System Change

Care IT

Care Coordination

Models

Health Home

IDS

Patient-centered

Protocols

Care Managers

Care Gaps

Population Health

Funds

Flow

TRANSFORMATION

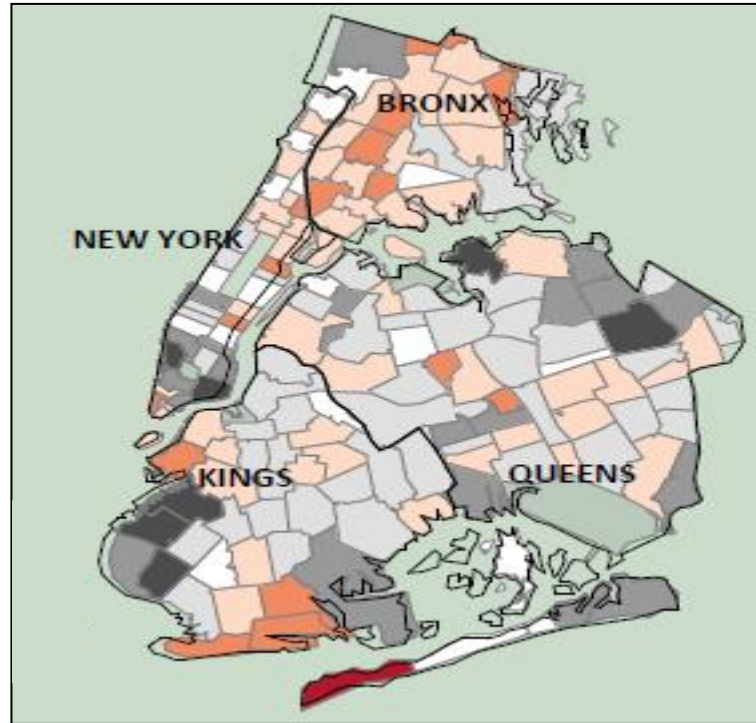
Why DSRIP?

- Patient with 94 visits to ER in last 12 months
- Young children with persistent asthma attacks
- Care Gaps that are not timely resolved
- Confusion regarding delivery system

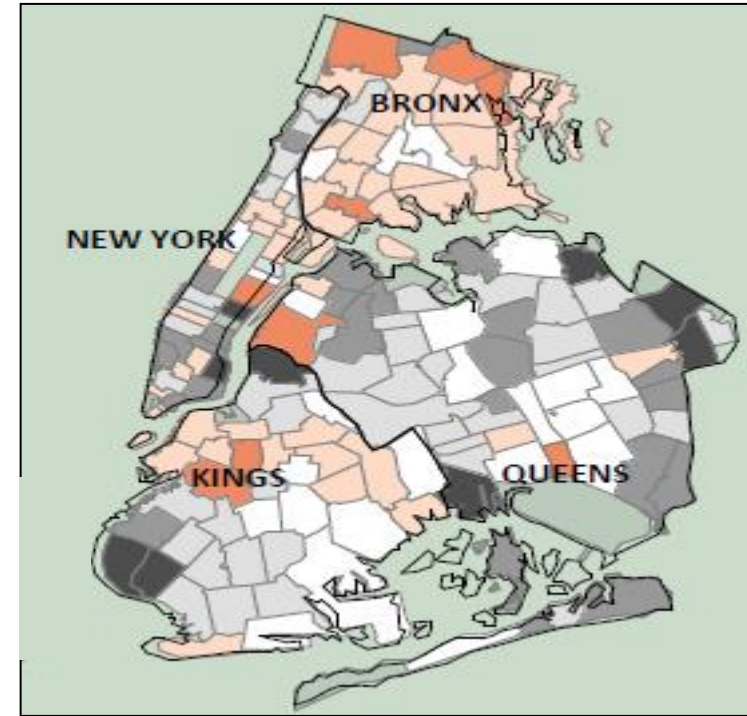
ACP's Projects

- ACP selected 10 projects focusing on preventive care
- Projects chosen for emphasis on primary care
- Gaps discovered during borough-specific Community Needs Assessment
- Aligned with current initiatives with insurance plans (A1C, preventive, Behavioral Health & Mental Health)

NYC Hotspots



Avoidable hospitalizations for
patients with
Hypertension



Avoidable hospitalizations for
patients with
Diabetes

ACP's Projects

2.a.i Integrated Delivery System

**2.a.iii Health Home At-Risk
Intervention Program**

**2.b.iii ED care triage for at-risk
populations**

2.b.iv Care Transition

**3.a.1 Integration of Primary Care &
Behavioral Health**

**3.b.1 Cardiovascular Disease
Management**

3.c.1 Diabetes Disease Management

3.d.iii Asthma Management

4.b.i Tobacco Use Cessation

**4.b.ii Increase Access to High
Quality Chronic Disease
Preventive Care and Management in
both Clinical and Community
Settings**

Patient Engagement

Integrated Delivery Systems

Target: All patients and providers
Engagement: Every patient has a signed ACP HIE consent form
Action: Use billing code HIE01

Health Home At-Risk Intervention Program

Target: Patients with one progressive chronic disease, serious mental illness or traumatic brain injury
Engagement: Every patient has a documented comprehensive care plan
Action: Use billing code CP001

Care transitions to reduce 30 day readmissions

Target: Every patient with a hospital admission
Engagement: Every patient has a pre-discharge planning and transitional care visit 7 - 10 days in office or at home
Action: Use billing code PD001

Integration of Primary Care and Behavioral Health

Target: Every patient seen by the PCP
Engagement: Every patient must have a PHQ2 screening. If positive, then must have a PHQ9.
Action:

- Implement IMPACT Model Depression care manager
- Use G8431 when screening patient

Evidence Based Strategies for Cardiovascular Disease

Target: Patients with Cardiovascular disease or Hyperlipidemia
Engagement: Every patient must have life style modification documented
Action:

- Implement Million Hearts Campaign
- Enter billing code LSM01

Evidence Based Strategies for Diabetes

Target: Patients with Diabetes
Engagement: Every patient must have a documented HgbA1C
Action:

- Monitor HgbA1C
- Life Style Modification/Nutrition

Evidence based medicine strategies for Asthma

Target: Every patient with Asthma
Engagement: Every patient must have a Asthma action plan in place
Action:

- School/Work and Home Asthma action plan in place
- Enter billing code AST01

Tobacco Use Cessation

Target: All smokers
Engagement: Every patient must be screened for tobacco use
Action:

- Cessation counseling
- Referral to NY QUITs documented
- Provide educational material

Chronic Disease Prevention

Target: All patients
Engagement: Document and Prescribe Colorectal cancer screening, Mammogram, Pap Smear, Prostate exam, HPV Vaccination, Safe Sex Education
Action:

- Provide educational material

IT Strategy

- Key word: **Integration**
- Important component of DSRIP is **system connectivity**
- Provide **patient history** – insight into care provided in different settings
- **Alerts** upon registration within ER/IP settings
- For some systems – full integration within electronic health record (EHR)
- **Real-time** test results (laboratory, radiology)
- Stratified risk-based data and preventive analytics

IT Strategy

SHIN-NY/RHIO



ACP HIE

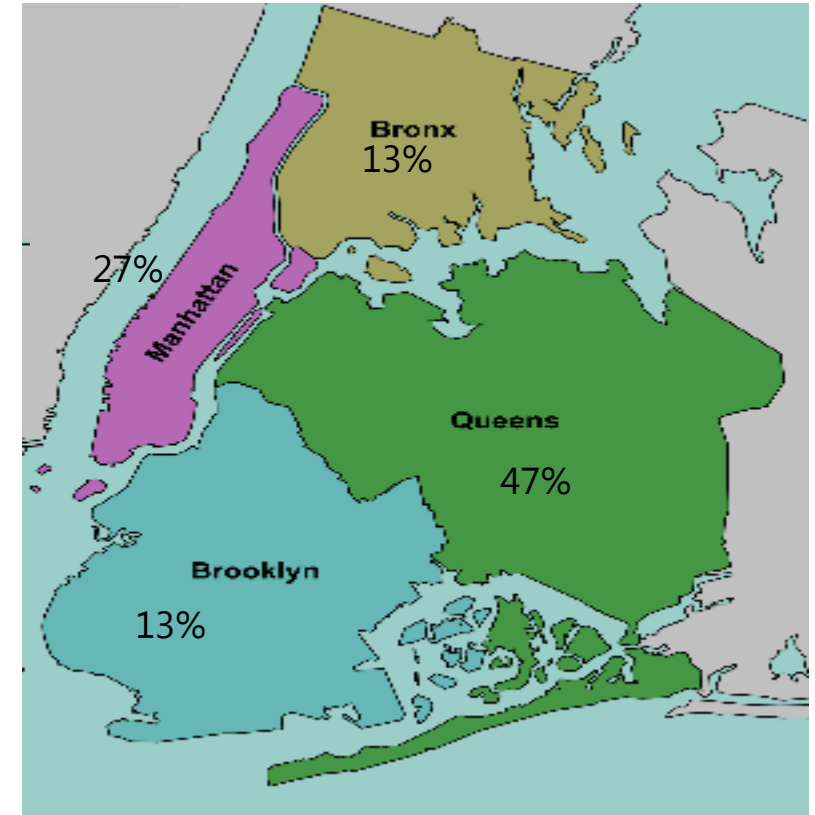


4,000+ Network Partners

Attribution

County	Performance	Percent
Bronx	80,695	13%
Brooklyn	83,847	13%
Manhattan	176,267	27%
Queens	304,107	47%
Grand Total	644,916	100%

- Attribution for Performance is almost 25% of NYC Medicaid patients
- Key neighborhoods: South Bronx, Washington Heights, Flushing, Sunset Park, Flatbush, Lower Manhattan/Chinatown

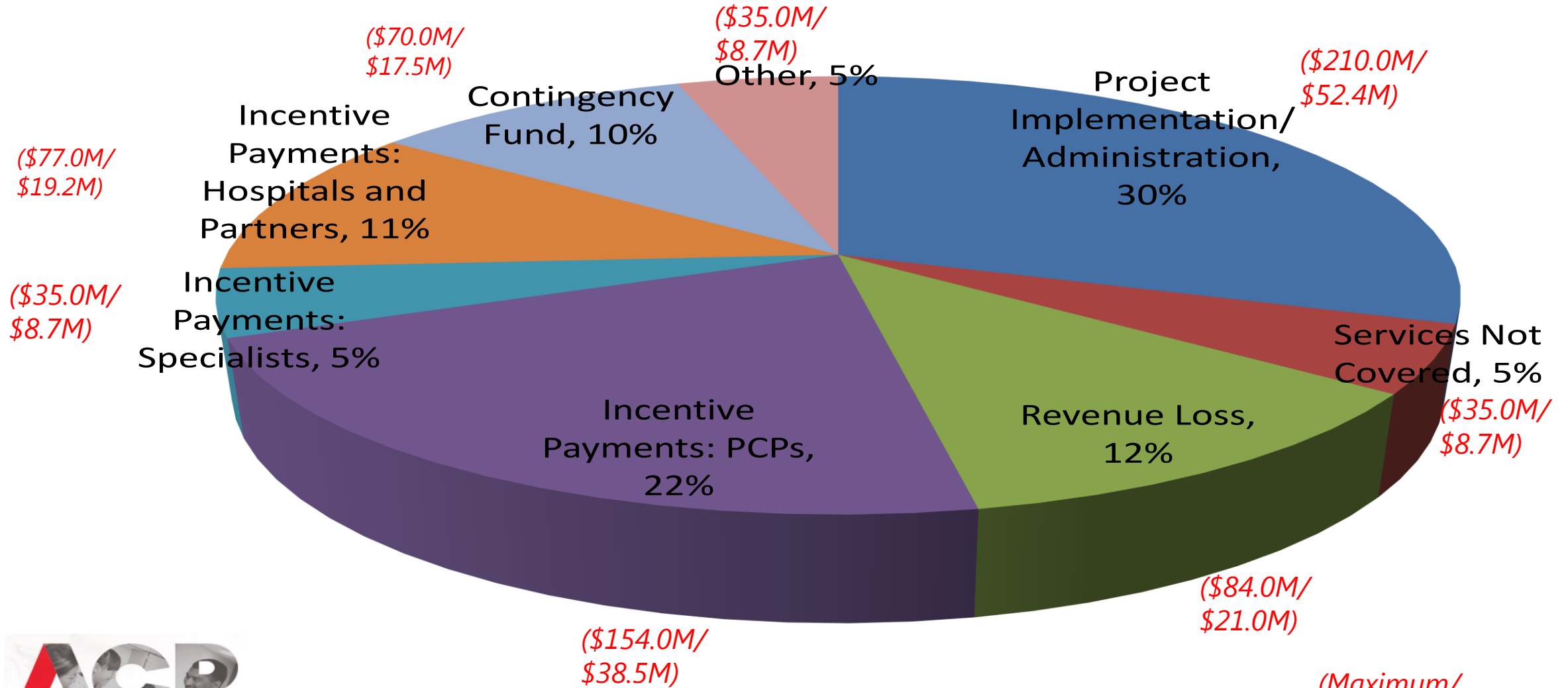


DSRIP Project Plan Award (5 years)

Funding Source	Funding
Safety Net Equity Guarantee	\$ 174,804,392
Net Project Valuation	\$ 339,893,561
Safety Net Equity Performance	\$ 116,536,261
Net High Performance Fund	\$ 38,287,186
Additional High Performance Fund	\$ 30,517,445
Total Valuation	\$ 700,038,845

- Guaranteed for participating: \$174.8m
- Performance-based: \$456.4m
- Achieve High Performance: \$68.8m

Funds Flow Distribution



Funds Flow

- **Over a third** (38%) of funding is allocated for distributions to primary care, specialists and partners
- Covers DSRIP implementation, revenue loss, services not covered, contingency and other accounts
- Network physicians and partners need to sign **participation agreements** to qualify for payments
- Dependent on **statewide performance**
- **Performance** and **Quality** will help drive funds flow

Performance Expectations

- DSRIP program is **performance based at the global level**: patient engagement and closing quality care gaps are key components to measure performance
 - Patients must be engaged for each qualified project
(Diabetic patients must be engaged in the diabetes project)
 - Care gaps must be closed
- Provide access to EHR data and patient records
- Collaborate with partners, other providers and the PPS on initiatives and cost-saving strategies

Top 10 Reasons for DSRIP

10. Sole purpose is to confuse everyone
9. Because the Jets and Giants aren't exciting enough
8. Love thy neighbor
7. Because the 10th lab test still says your cholesterol hasn't gone down
6. To replace date night
5. Healthcare needed another acronym
4. DSRIP meetings are scientifically proven to produce more meetings
3. Because relaxing weekends are overrated
2. Need a distraction from the 95-degree weather
1. What else would we be doing?!?