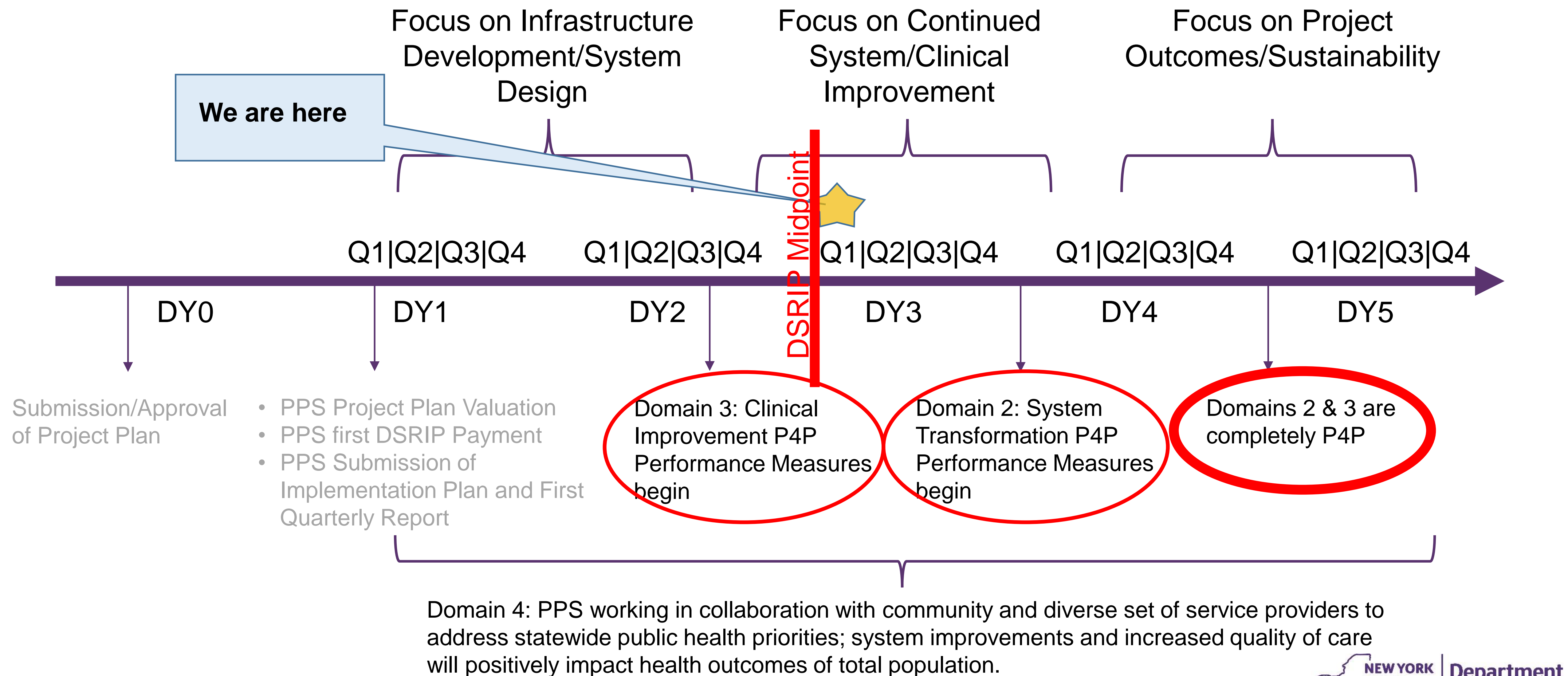
NYAPRS 2017 Conference DSRIP Program: Opportunities for CBOs in Advancing DSRIP

Peggy Chan, MPH
Delivery System Reform Incentive Payment (DSRIP) Program Director
Office of Health Insurance Programs
New York State Department of Health

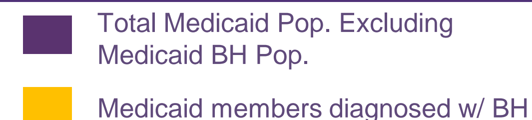
NEW YORK STATE OF OPPORTUNITY. | Department of Health

DSRIP Implementation Timeline and Key Benchmarks



The Imperative to Facilitate the Integration of Care

- Individuals often have co-occurring physical and behavioral health needs
- New York's structure for providing health and behavioral health care services historically has been fragmented, impeding providers that desire to serve patients with multiple needs and resulting in higher costs
- Accordingly, New York State has recognized the critical need to pursue the integration of substance use disorder and mental health services as well as the integration of these services with physical health care services and to improve the overall coordination and accessibility of care



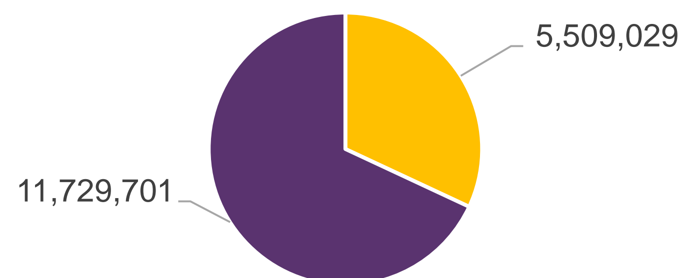
NYS Behavioral Health Profile

- A disproportionate amount of total cost of care and hospital visits in NYS can be attributed to the BH population

Overview:

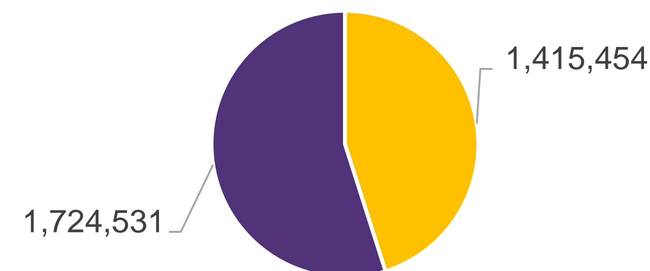
- Medicaid members diagnosed with BH account for **<u>20.9%</u>** of the overall Medicaid population in NYS
- The average length of stay (LOS) per admission for BH Medicaid users is **30%** longer than the overall Medicaid population's LOS
- Per member per month (PMPM) costs for Medicaid Members with BH diagnosis is **2.6** times higher than the overall Medicaid population

Medicaid members diagnosed with BH account for 32% of Medicaid PCP visits



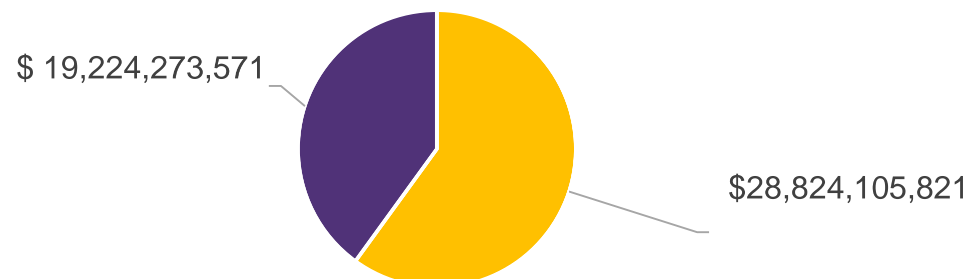
Total PCP Visits from Medicaid Members: 17,238,730

Medicaid members diagnosed with BH account for 45.1% of all ED Visits



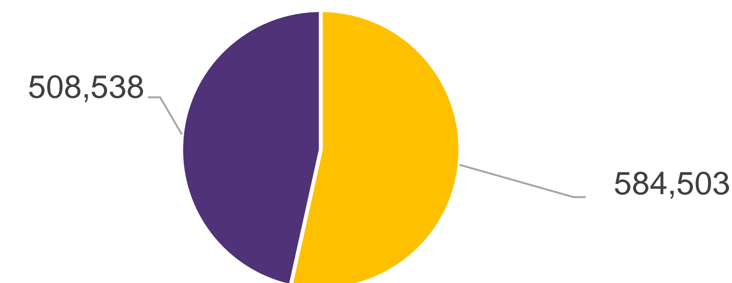
Total ED visits from Medicaid Members: 3,139,985

Medicaid members diagnosed with BH account for 60% of the total cost of care in NYS



Total Medicaid Cost of Care in NYS: $48,048,379,392

Medicaid members diagnosed with BH account for 53.5% of admissions



Total Medicaid Admissions: 1,093,041

** This data includes Medicaid Members with 1+ Claims with primary or secondary diagnosis of behavioral health issues*

*Source: SIM Database. 2014 Claims Data – analysis based on data from January – December 2014. New York State.**

NEW YORK STATE OF OPPORTUNITY. Department of Health

Behavioral Health Projects in DSRIP

- BH is critical to success in DSRIP projects and achieving performance metrics

Project	Description	PPS Involved (of 25)
3.a.i	Integration of PC and BH services	25
3.a.ii	BH community crisis stabilization services	11
3.a.iii	Implementation of Evidence-Based Medication Adherence Program in Community Based Sites for Behavioral Health Medication Compliance	2
3.a.iv	Development of Withdrawal Management (e.g. ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs	4
3.a.v	Behavioral Interventions Paradigm in Nursing Homes	1
4.a.i	Promote mental, emotional and behavioral well-being in communities	2
4.a.ii	Prevent Substance Abuse and other Mental Emotional Behavioral Disorders	1
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure across Systems	13

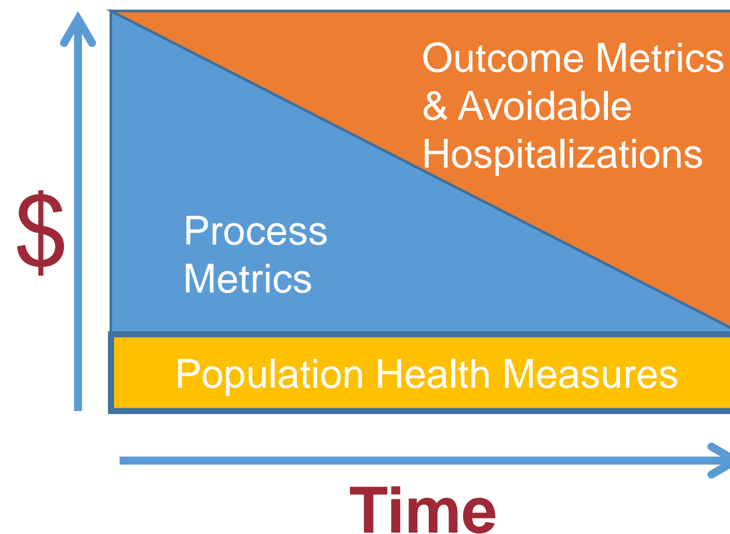
DSRIP Mid-Point Assessment

- New York State has already seen a decrease in avoidable admissions
- All 25 PPS found to be on track for success
- Recommendations from the IA ranged from zero (0) to twenty-three (23)
  - Three PPS had zero and three had one
- Most common recommendation among the PPS was not having met original partner engagement targets as stated on project application
  - Particular focus on primary care, MH and SUD, and CBOs
- Many factors on PPS reporting, nonetheless, there are needs and opportunities for further community partner engagement and collaboration to impact the next phase of DSRIP

PAY FOR PERFORMANCE
P4P

Outcomes/Performance Measurement Approach

- Annual improvement targets a methodology of reducing the gap to the goal by 10%.
- Each subsequent year would continue to be set with a target using the most recent year's data. This will account for smaller gains in subsequent years as performance improves toward the goal or measurement ceiling.
- 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).



Project Valuation from DSRIP Program

Fee for Service and "Pay for Reporting" (P4R) → Pay for Performance (P4P)

	Performance Payment*	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Project progress milestones (Domain 1)	P4R	80%	60%	40%	20%	0%
System Transformation and Financial Stability Milestones (Domain 2)	P4P	0%	0%	20%	35%	50%
	P4R	10%	10%	5%	5%	5%
Clinical Improvement Milestones (Domain 3)	P4P	0%	15%	25%	30%	35%
	P4R	5%	10%	5%	5%	5%
Population Health Outcome Milestones (Domain 4)	P4R	5%	5%	5%	5%	5%
PPS Infrastructure Development	P4R	100%	85%	55%	35%	15%
Clinical Improvement and Health Outcomes	P4P	0%	15%	45%	65%	85%

Statewide Accountability

- PPS funds received may be reduced for missed milestones statewide
  - The reduction is applied proportionately to all PPS

DSRIP Performance Measures

- **75 Pay for Performance (P4P) Measures in DSRIP starting in DY2Q4**
  - **Based on Measurement Years (MY) - approximate 9 month lag**

- **Annual Improvement Target (AIT)**
  - Gap to Goal – 10% improvement over previous measurement year

- **High Performance Fund (HPF) – original Waiver Funds**
  - Eligible HPF measures
  - Tier 1 - Based on 20% gap to goal achievement
  - Tier 2 – Meets or exceeds state-wide performance target

- **Additional High Performance Fund – State Equity Funds**
  - 9 of the 12 HPF Funds

Traditional High Performance Fund Measures

Projects	Measure Name	P4P Timing	AV
2.a.i-2.a.v	Potentially Preventable Emergency Department Visits (All Population)	DY3	1
2.a.i-2.a.v	Potentially Preventable Readmissions (All Population)	DY3	1
3.a.i-3.a.iv	Antidepressant Medication Management - **Effective Acute Phase Treatment**	DY2	0.5
3.a.i-3.a.iv	Antidepressant Medication Management - **Effective Continuation Phase Treatment**	DY2	0.5
3.a.i-3.a.iv	Cardiovascular Monitoring for People with CVD and Schizophrenia	DY2	1
3.a.i-3.a.iv	Diabetes Monitoring for People with Diabetes and Schizophrenia	DY2	1
3.a.i-3.a.iv	Follow-up after hospitalization for Mental Illness - **within 30 days**	DY2	0.5
3.a.i-3.a.iv	Follow-up after hospitalization for Mental Illness - **within 7 days**	DY2	0.5
3.a.i-3.a.iv	Potentially Preventable Emergency Department Visits (BH Population)	DY2	1
3.a.v	Antipsychotic Use in Persons with Dementia (SNF Long Stay Residents)	DY2	1
3.b.i-3.b.ii	Tobacco Cessation - Discussion of Cessation Strategies	DY4	1
3.b.i-3.b.ii	Controlling Hypertension	DY4	1

Indicates measures are combined in the traditional DSRIP High Performance Fund, meaning the measures is worth 0.5 AV.

NEW YORK STATE OF OPPORTUNITY. Department of Health

AHPP Measures

- AHPP is designed to further incentivize performance target achievement for 9 of the measures in the High Performance Fund (HPF)

	Projects	Measure Name	Pay For Performance (P4P) Timing
AHPP and HPF Measures	2.a.i-2.a.v	Potentially Preventable Emergency Department Visits (PPV) (All Population)	DY3
	2.a.i-2.a.v	Potentially Preventable Readmissions (PPR) (All Population)	DY3
	3.a.i-3.a.iv	Antidepressant Medication Management - Effective Acute Phase Treatment	DY2
	3.a.i-3.a.iv	Antidepressant Medication Management - Effective Continuation Phase Treatment	DY2
	3.a.i-3.a.iv	Cardiovascular Monitoring for People with Cardiovascular Disease (CVD) and Schizophrenia	DY2
	3.a.i-3.a.iv	Diabetes Monitoring for People with Diabetes and Schizophrenia	DY2
	3.a.i-3.a.iv	Follow-up after hospitalization for Mental Illness - within 30 days	DY2
	3.a.i-3.a.iv	Follow-up after hospitalization for Mental Illness - within 7 days	DY2
	3.a.i-3.a.iv	Potentially Preventable Emergency Department Visits (Behavioral Health (BH) Population)	DY2
HPF Measures Only	3.a.v	Antipsychotic Use in Persons with Dementia (SNF Long Stay Residents) **	DY2
	3.b.i-3.b.ii	Controlling Hypertension **	DY4
	3.b.i-3.b.ii	Tobacco Cessation – Discussion of Cessation Strategies **	DY4

*In AHPP, **all measures are valued equally**. This differs from the HPF program which assigns separate Achievement Values for each measure.*

*** 3 of the HPF measures are not applicable to all PPS based on their DSRIP project selections, and are therefore **not** part of the AHPP.*

Other DSRIP Performance Measures with Most Opportunity based on MY2 Results

Measure Name	# PPS that met AIT	% PPS that met AIT	Turns P4P In:
Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	1 / 25	4%	MY2
Engagement of Alcohol and Other Drug Dependence Treatment (Initiation and 2 visits within 44 days)	3 / 25	12%	MY2
HP Antidepressant Medication Management - Effective Acute Phase Treatment	2 / 25	8%	MY2
HP Antidepressant Medication Management - Effective Continuation Phase Treatment	2 / 25	8%	MY2
PQI 1 Diabetes Mellitus Short Term Complications	2 / 10	20%	MY2

HP: High Performance measure

PPS and CBO Collaborations

Recovery Services in DSRIP Crisis Stabilization Projects

- **Staten Island PPS**
  - Community Health Action of Staten Island (CHASI)
- **Hudson Valley PPS collaborative (Westchester, Montefiore and Refuah)**
  - Dutchess County Stabilization Center
  - Rockland County Behavioral Health Crisis Response Team
- **Adirondack Health Institute**
  - Citizen Advocates Crisis Stabilization Center

Recovery Services in DSRIP Crisis Stabilization Projects

- **Nassau Queens PPS**
  - Creedmoor Crisis De-escalation Team (TSI)
  - Possible expansion of MHANC respite housing
- **Central NY PPS**
  - Expansion of CPEP programs in 6 counties and peer respite
- **Mount Sinai PPS**
  - Incorporation of peer services into revamped Harlem MCT

Challenges

- DSRIP funds pay for innovation and transition, not for services traditionally paid for by Medicaid
- Regulations
  - Both state and federal regulations require PPS and partners to approach implementation with creativity and persistence
- Project reporting
  - Requirements can be burdensome and onerous, especially for smaller partners
  - Technical platforms may not exist that would assist reporting
  - Contracting challenges
- VBP readiness a general challenge for many BH partners
- MCO engagement

Success Factors

- Collaboration
  - PPS and partners that formed partnerships earlier are having more success
  - Personal approaches to collaboration more effective than virtual engagement
  - Collaboration with state agencies has yielded creative approaches to project implementation
    - All state agencies want to engage DSRIP networks and support projects
    - Regulatory waivers
- Community partners that present specific project ideas to PPS are more likely to receive funds– ASK your PPS for $$$
- Utilization of DSRIP dollars as accelerant for early stage projects
- Get involved in DSRIP and other available transformation efforts
- Make friends. Make more friends. You can never have enough DSRIP friends.

“Progress moves at the speed of Trust”

- *PAOP Co-Chair Ann Monroe, Former President, Health Foundation for Western and Central New York*

QUESTIONS??