

BRONX HEALTH ACCESS

(BRONX LEBANON HOSPITAL CENTER PPS)

DSRIP 101

FOR BRONX HEALTH ACCESS PPS
PROVIDERS

May 13, 2015

Your presenter:

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 - Supporting the Bronx Health Access PPS

- Input from the Bronx Health Access Stakeholder Engagement Workgroup
 - Providers supporting outreach and education throughout the PPS

Logistics:

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- Slides and recording will be available at www.blhcspps.org/resources
- Respond to the polls within this presentation
- Ask a question by “raising your hand” or typing in the question box
- Watch for post-webinar survey
- Sign up at www.blhcpps.org for future webinars and events

Topics:

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1. What is DSRIP?
2. What is Bronx Health Access?
3. What does all this mean to **you** as **providers?**

Poll #1: Are you in?

Poll #2 and #3: Provider type

Poll #4: DSRIP knowledge

What is DSRIP?

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- A way to transform the healthcare delivery system, focused on improving the health and well-being of Medicaid beneficiaries in New York State and controlling costs

What is DSRIP? (con't.)

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- **Delivery System Reform Incentive Payment program**
- Run by NY State Department of Health with federal funds from CMS (Centers for Medicare and Medicaid Services)
- Other states have implemented DSRIP including Texas and California
- 25 Performing Provider Systems (PPSs) across New York State are participating (*Bronx Health Access is a PPS*)
- \$6.42 billion program impacting 5.8 million Medicaid beneficiaries

Main DSRIP goal

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- Reduce avoidable hospital use by 25% by the end of the five-year program (2020)
 - **Avoidable** inpatient admissions and **avoidable** emergency room visits
 - What does this mean for patients and providers?

Delivery System Reform Incentive Payment program



**Read it backwards:
an incentive payment for reforming
the delivery system**

Unpacking DSRIP

Delivery System Reform Incentive Payment program

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□ Delivery System

- The way Medicaid beneficiaries get (are delivered) their healthcare
- Through hospitals, clinics, private practice physicians, behavioral health providers, long-term care providers and more
 - Includes managed care and fee-for-service
 - Includes social services

Unpacking DSRIP

Delivery System Reform Incentive Payment program

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□ Reform

- In order to meet the DSRIP goal we must **change** (reform) the way Medicaid beneficiaries get healthcare
- Providers will **change** the way they deliver care
 - How will care have to **change** in order to meet the DSRIP goal of 25% reduction in avoidable hospital use?

Unpacking DSRIP

Delivery System Reform Incentive Payment program

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□ Incentive Payment

- The state has funds to **incentivize** (motivate, encourage) providers to participate in these changes
- The state will give funds to the PPS if the PPS shows that it is making **progress**
- The PPS will give funds to providers if the providers show they are making **progress***

*A future webinar will cover incentive payments and how providers can earn them. The funds flow has not yet been developed.

What is Bronx Health Access PPS?

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- A coalition of more than 200 organizations serving Medicaid beneficiaries in the Bronx
 - More than 2,000 individual healthcare providers, either employed or private practice
- Also known as the Bronx Lebanon Hospital Center Performing Provider System (BLHC PPS)
- Bronx Lebanon is the lead entity
- One of 25 PPSs in the state

Poll #5: Your PPS involvement

Am I part of Bronx Health Access (BHA)?

(am I in the PPS?)

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Organizations and individual providers are considered participating in the BHA network if they:

- ❑ Signed an exclusive or non-exclusive MOU OR
- ❑ Signed an attestation

AND

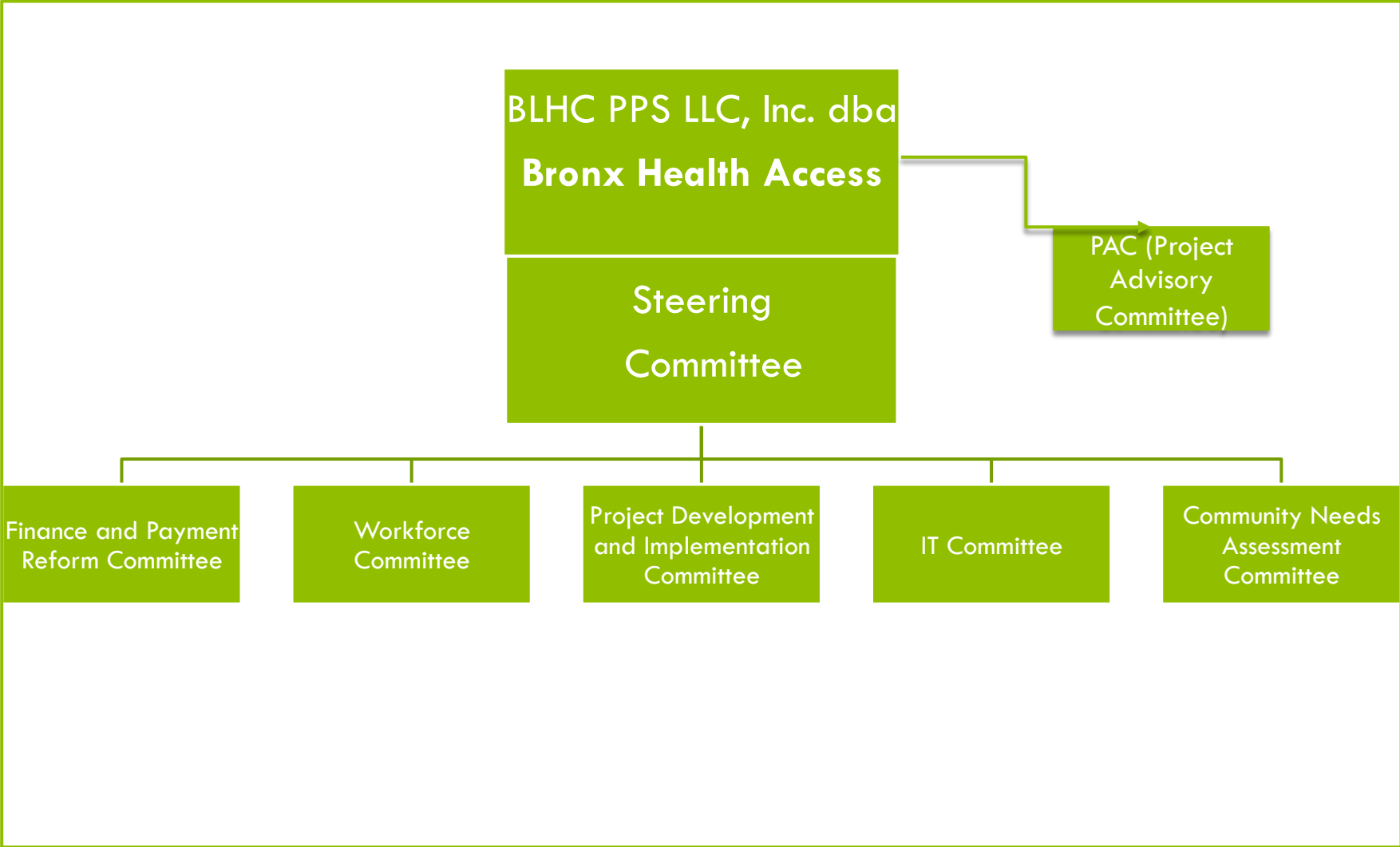
- ❑ NPI was uploaded by BHA to the state's portal by March 9, 2015

AND

- ❑ Signed a PPS Provider Agreement (sent to all providers April 14, 2015) and completed the IT, compliance and financial status surveys

NOTE: If a provider wants to know their participation status, please email info@blhcpps.org with the subject "participation status."

Bronx Health Access Organizational Structure



Attribution: we must coordinate care for all attributed patients/clients

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- The state “attributed” Medicaid beneficiaries to the PPS based on how much healthcare they got in the past from providers in the PPS (you)
- Our job is to improve “population health”
- Whether or not you can identify these “attributed” patients, you must change the way you deliver care to all Medicaid beneficiaries in order to improve “population health”

What is population health?

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- The health outcomes of a **group** of individuals
 - Such as a geographic groups, ethnicities, employees, incarcerated persons...any defined group
- DSRIP must improve the health of a **population**
- The PPS will be measured on the quality of care our population receives, for example:
 - Number of preventable ER visits
 - Number of people with diabetes who received all the required tests

Ten projects to meet the DSRIP goal

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- **2.a.i** Create an **integrated delivery system** focused on evidence-based medicine and population-health management
- **2.a.iii** **Health Home At-Risk** intervention Program: proactive management of higher-risk patients not currently eligible for Health Homes
- **2.bi** Create **Ambulatory ICUs** to support high-risk patients
- **2.b.iv** **Care Transitions** intervention model to reduce 30-day readmissions
- **3.a.i** **Integration of primary care** and **behavioral health** services
- **3.c.i** Evidence-based strategies for **diabetes disease management** in high risk/affected populations
- **3.d.ii** Expansion of **asthma home-based self-management** program
- **3.f.i** Increase support programs for **maternal and child health**
- **4.a.iii** Strengthen **mental health and substance abuse infrastructure** across systems
- **4.c.ii** Increase **early access** to, and retention in, **HIV care**

PPS providers will participate in a variety of projects. For example:

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- 2.a.i – **all providers** participate
 - Be part of an integrated delivery system
 - Share information electronically
- 3.a.i – **all primary care providers** participate
 - Screen patients for behavioral health needs (mental health and substance use)
 - Co-locate behavioral health services
- 3.f.i. – **select providers** participate
 - Three highly specialized sites target women with high-risk pregnancies
 - But **ALL** providers can refer to this project

Poll #6: Project participation

What does all this mean for providers?

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- The Medicaid landscape is constantly changing
 - Managed care, HARP, FIDA, DSRIP, Value-based Payment...
- How do providers keep up with changes?
- What kind of support will the PPS offer providers?

What does DSRIP mean for different provider types? (select examples)

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Physicians

- share information electronically
- work with care coordinators

Community-based organizations

- share information electronically
- connect patients with services

Behavioral health providers

- share information electronically
- work with primary care

Home care agencies

- share information electronically
- work with care coordinators

Poll #7: Transformation

Stay connected:

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1. Sign up for the PPS newsletter and alerts
2. Attend Town Halls
3. Participate in upcoming webinars
4. ASK QUESTIONS through info@blhcpps.org
5. Talk to providers like you who are involved in DSRIP – we can connect you
6. Visit the state DSRIP website
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/
7. Join “The MIX” (DOH-run online DSRIP forum)
<https://www.ny-mix.org/login>
8. Sign up for the DOH DSRIP listserve
https://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm
9. Invite us to do a presentation for your organization

For more information:

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- This is the first of a series of webinars to come
- Make sure you're signed up at www.blhcpps.org to get alerts
- Let us know what topics are of interest to YOU: submit them to info@blhcpps.org
- The next Town Hall will be in late May/early June – see you there!
- Call the Bronx Health Access PPS anytime: 347-735-8489

Poll #8: Best way to communicate

QUESTIONS?