Hudson Valley DSRIP
Project Advisory Committee Webinar

October 2, 2014
10:00 am – 11:30 am

Dial-in: 1.855.749.4750     Access code: 575 193 800
Housekeeping

- Please mute your phone line
- Submit questions via the “chat” function on the bottom right of your screen
- Slides will be posted to http://www.crhi-ny.org/ after today’s meeting
# Agenda

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Meeting Objectives

• Provide an overview of the recently released draft DSRIP PPS Plan Application

• Provide an update on the DSRIP planning process to the full Project Advisory Committee (PAC) since our August PAC webinar

• Discuss ongoing opportunities for PAC members to engage in the DSRIP planning process

• Provide a forum for questions and discussion
## Agenda

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| I       | Welcome & Meeting Objectives | June Keenan, Executive Director  
*Center for Regional Healthcare Innovation (CRHI)* at *Westchester Medical Center* |
| II      | Draft DSRIP PPS Plan Application | Lammot du Pont, Senior Advisor &  
Brenda Pawlak, Director  
*Manatt Health Solutions* |
| III     | Planning Process Updates | June Keenan &  
Deborah Viola, Director, Health Services Research and Data Analytics  
*CRHI* |
| IV      | Next Steps | June Keenan |
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The draft DSRIP Project Plan Application was released by the NYSDOH on September 29th and contains the following sections:

Table of Contents

I. Executive Summary
II. Governance
III. Community Needs Assessment
IV. DSRIP Projects
V. PPS Workforce Strategy
VI. Data-Sharing, Confidentiality & Rapid Cycle Evaluation
VII. PPS Cultural Competency/Health Literacy
VIII. DSRIP Budget & Flow of Funds
IX. Financial Sustainability Plan
X. Bonus Points
XI. Attestation

NYSDOH will accept comments on the draft through October 29th via dsripapp@health.ny.gov and is planning opportunities for review and discussion of the application (i.e., webinar, conference call, and public forum meeting with PPS leads)
Application Score Overview - DRAFT

Application Score

- Organizational Score: 30%
- Project Score: 70%

Organizational Scoring
- Executive Summary
- Governance
- Community Needs Assessment
- Workforce Strategy
- Data-Sharing, Confidentiality, and Rapid-Cycle Evaluation
- Cultural Competency/Health Literacy
- DSRIP Budget and Flow of Funds
- Financial Sustainability

Project Scoring
- Project Description and Justification
- Scale of Implementation
- Speed of Implementation/Patient Engagement
- Other Resource Needs and Other Initiatives
DSRIP Organizational Application
Sections and Key Elements

1: Executive Summary
2: Governance 25%
3: CNA
4: DSRIP Projects
5: PPS Workforce Strategy
6: Data-Sharing, Confidentiality & Rapid Cycle Evaluation
7: PPS Cultural Competency/Health Literacy
8: DSRIP Budget & Flow of Funds
9: Financial Sustainability Plan
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Governance Organizational Structure
- Structure and processes to ensure adequate governance and management that includes establishing quality standards and measurements, clinical care management processes, and the ability to be held accountable for realizing clinical outcomes

Governance Members and Governing Processes
- Sufficient representation
- Decision making/voting process
- Conflict resolution process
- Ensure transparency and engage stakeholders

Project Advisory Committee

Compliance
- Processes for compliance monitoring, notification, and training

Financial Organization Structure
- Key finance functions and compliance programs

Oversight and Member Removal
- Performance monitoring process
- Process for sanction and/or removal of “poor performing” members who fail to remedy their performance
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The CNA must include the appropriate data that will support the CNA conclusions that drive the overall PPS strategy

Overview on the Completion of the CNA
- CNA process and methodology

Healthcare Provider Infrastructure
- Aggregate level the existing healthcare infrastructure and outline of composition modifications required to meet community needs

Community Resources Supporting PPS Approach
- Aggregate level the existing community resources and outline of composition modifications required to meet community needs

Community Demographics

Community Population Health & Identified Health Challenges

Healthcare Provider & Community Resources Identified Gaps
- Identification of the health and behavioral health service gaps and/or excess capacity
- Strategy and plan to address the identified gaps in order to meet the needs of the community

Stakeholder & Community Engagement

Summary of CNA Findings
DSRIP Organizational Application
Sections and Key Elements

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- Detailed Strategy Identifying All Workplace Implications
  - Analysis of Workforce Impact
  - Workforce Strategy Budget
  - State Program Collaboration Efforts
  - Stakeholder & Worker Engagement
1: Executive Summary
2. Governance
3: CNA
4: DSRIP Projects
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PPS must include provisions for appropriate data sharing arrangements and a process for rapid cycle evaluation (RCE) supports requirements for reporting to the DOH and CMS

**Data-Sharing & Confidentiality**
- Plan for appropriate data sharing among partners
- Ability to share relevant patient information in real-time to ensure that patient needs are met and care is provided efficiently and effectively while maintaining patient privacy

**Rapid-Cycle Evaluation**
- Create an organizational unit within the PPS that is accountable for reporting results and making recommendations on actions requiring further investigation into PPS performance
- Plan for the use of collected patient data to:
  - evaluate performance of PPS partners and providers
  - conduct quality assessment and improvement activities
  - conduct population-based activities to improve the health of the targeted population.
- Mechanism to oversee the interpretation and application of results
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Approach to Achieving Cultural Competence
- The identified and/or known cultural competency challenges
- The strategic plan and ongoing processes to develop a culturally competent organization and a culturally responsive system of care, particularly the engagement and training of frontline healthcare workers to improve patient outcomes due to cultural competency challenges

Approach to Improving Health Literacy
- Plan to improve and reinforce health literacy of patients served
- Specific initiatives that will be pursued by the PPS to promote health literacy
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The PPS must establish a budget and funds flow methodology for entirety of DSRIP program

**Description**
- Plan for distributing DSRIP funds
- Balance of cost to run PPS and associated programs (efficient and effective stewardship of resources) and investment in incentives to foster care transformation in DSRIP region.
DSRIP Organizational Application

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PPS must illustrate its plan for implementing an operating model that will support the financial sustainability of the PPS throughout the 5 year demonstration period and beyond

Assessment of PPS Financial Landscape

Path to PPS Financial Sustainability

Strategy to Pursue Financial Sustainability (including Exploring Payment Transformation Opportunities)
### DSRIP Project Plan Application

#### Overarching Structure for Each Project

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<td>• Transformation Goal</td>
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<tr>
<td><strong>Project Description</strong></td>
<td>• Overview of project</td>
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<tr>
<td><strong>Detailed Project Requirements</strong></td>
<td>• Specific tactics and requirements the PPS must demonstrate to implement project</td>
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<tr>
<td><strong>Specific Application Fields</strong></td>
<td>• PPS-specific project description and justification</td>
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<td>• Scale of implementation</td>
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<td>• Speed of implementation &amp; Patient Engagement</td>
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<td>• Project resource needs and other initiatives</td>
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<td>• Required metrics and milestones</td>
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DSRIP Project Plan Application
Outline of PPS-Required Inputs

**Project Description & Justification**
- Description of service gaps addressed by project, target patient population served, project assets and gaps, process for dealing with obstacles, and coordination with other PPSs pursuing same project in overlapping service area

**Scale of Implementation**
- Number of providers/sites participating in project, or other measure of project scale
- Percentage of attributed population targeted by the project

**Speed of Implementation/Patient Engagement**
- Timeline for meeting all project requirements by program year and quarter
- Timeline for actively engaging targeted patients by program year and quarter

**Project Resources & Other Initiatives**
- Need for capital funding
- Identification of whether any similar projects are being pursued within PPS and, if so, how this DSRIP project differs

**Project Milestones & Metrics**
- Progress toward achieving project goals and requirements as assessed by specific project milestones and metrics
- Detailed Implementation Plan due April 1, 2015 and Quarterly Reports will demonstrate PPS progress

Note: The Integrated Delivery System (IDS) project (2.a.i) application must also address “System Transformation Vision and Governance”
Examples of Sub-Questions

Project Description & Justification

- Description of service gaps addressed by project, target patient population served, project assets and gaps, process for dealing with obstacles, and coordination with other PPSs pursuing same project in overlapping service area

- Utilizing data from the CNA, address the identified gaps the project will fill to meet the community’s needs

- Define the target patient population that will be impacted by the project

- Summarize the current assets and resources that can be mobilized and employed to help achieve the project

- Identify any needed community resources to be developed or repurposed

- Describe anticipated challenges or issues the PPS will encounter while implementing the project and describe how these will be addressed

- Outline how the PPS plans to coordinate with other PPSs that serve overlapping services areas
Examples of Sub-Questions

Scale of Implementation
- Number of providers/sites participating in project, or other measure of project scale
- Percentage of attributed population targeted by the project

- **Total number of sites the PPS intends to include** in the project by the end of Demonstration Year 4, or sooner
  - Number of committed sites
  - Number of safety net providers
  - Percent of safety net providers by county

- **Total expected volume of patients the PPS** intends to target through the project by the end of Demonstration Year 4
  - Targeted population to benefit from project
  - Total attributed population
  - % of total attributed population to benefit from project
Examples of Sub-Questions

- **Implementation** of project requirements by Demonstration Year and Quarter
  *(Implementation work plan)*
- **Expected timeline for patient engagement** (e.g., 25% of targeted patients will be *actively engaged* by the end of Demonstration Year 1)
  - Expected number of *actively engaged* patients
  - % of patients that are *actively engaged*

*Note: It is expected that the baseline number of patients engaged in this project may be 0.*
Examples of Sub-Questions

Project Resources & Other Initiatives
- Need for capital funding
- Identification of whether any similar projects are being pursued within PPS and, if so, how this DSRIP project differs

- Capital **Budget funding** necessary for the Project to be successful (if any)
- Identification of PPS providers currently involved in any Medicaid or other relevant delivery system reform initiative related to the project’s objective
  - Identify initiatives funded by the U.S. Department of Health and Human Services and other relevant delivery system reform initiatives
- Describe how the proposed project differs from, or significantly expands upon, identified Medicaid initiative(s)

In some cases, a PPS may pursue a DSRIP project that exists as part of another effort if the PPS can demonstrate a significant enhancement to the existing project.
PPS Partner Attestation

- The State will require the PPS to obtain signed attestations from all PPS partners

- **The PPS will develop and distribute a partner attestation letter as soon as possible**

- The attestation will:
  - State the partner’s intent to join the PPS
  - Allow the PPS to list the partner on DSRIP related documents

- Attestation letters must be notarized and signed by an executive level member of the PPS partner

- Attestation letters will be subject to audit and must be made available to NYSDOH or CMS upon request
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   • Lammot du Pont, Senior Advisor &
   • Brenda Pawlak, Director
      Manatt Health Solutions

III Planning Process Updates
   • June Keenan &
   • Deborah Viola, Director, Health Services Research and Data Analytics
      CRHI

IV Next Steps
   • June Keenan

V Question and Answer Session
Positions in bold have been filled for the planning process; others are projected across next 12 months. Subject to adjustment as project plans evolve.
Setting Up for Success
DSRIP Planning Committees and Workgroups

- Project Advisory Committee (PAC)
- PAC Executive Committee

Business, Operations and Finance Sub-Committee
- Workforce Workgroup
- Sustainability Taskforce

Clinical & Program Planning Sub-Committee
- Behavioral Health Workgroup (Child, Integrated Care, Crisis Stabilization)
- Care Management/Care Model (including Health Homes)
- Perinatal and Early Childhood Workgroup
- Transitional Housing
- Patient and Provider Engagement and Support

Supported by staff-led Project Management Office (PMO) work streams including:

- Project Management
- Community Needs Assessment (CNA)
- Centralized Services Planning
- Metrics & Analytics
- Financial Model Development
- Detailed Budgeting
- Outreach & Communications
Setting Up for Success
Clinical Process Updates

Meetings

- **Clinical & Program Planning Sub-Committee** held a meeting held on August 13\textsuperscript{th} with 4 breakout sessions: cardiovascular health; cancer prevention; specialty and hospital care transitions.
- **Additional Workgroup meetings across the past several weeks include:** Behavioral Health; Perinatal and Care Management.
- The PMO has also been conducting stakeholder interviews and site visits.

Representation

- **Clinical & Program Planning Sub-Committee** meeting attended by 130+ partners and stakeholders.
- **Workgroup** meetings attended by 80+ partners.
- All meetings are open to all interested partners.

Project Plan Development

- Project plans under development for all 11 projects.
- Draft project frameworks and implementation considerations will be discussed at the Clinical and Program Planning Sub-Committee full day summit on October 9\textsuperscript{th}.
- Key findings from the Community Needs Assessment process will also be presented at the October 9\textsuperscript{th} summit and October 20\textsuperscript{th} webinar.
Setting Up for Success
Community Needs Assessment

CNA Elements

A Description of Health Care Resources & Community Resources

B Description of Community to be Served

C Description of Major Health & Health Service Challenges

D Description & Location of Provider Network

- Components of the CNA will be posted on CRHI DSRIP website for public comment soon.
- CNA initial findings webinar open to all PAC members on Oct. 20
Opportunity for PAC Engagement: Hudson Valley Resident Survey

- Available in five languages
  - English
  - Spanish
  - Portuguese
  - French Creole
  - Yiddish
- Written at 6th grade reading level
- Reviewed and approved by health literacy experts
- Coordinated across four PPSs with accompanying communications campaign

To access the survey, please visit: https://www.surveymonkey.com/s/HVDSRIP
Opportunity for PAC Engagement: Hudson Valley IT and Data Analytics Information Request

- Distributed in fillable PDF and electronic survey formats
- Coordinated and collected across four PPSs
- Assessment of current systems and resources that may be used to coordinate patient care
- Intended to take no more than 15 minutes to complete
- Conducting follow up interviews as needed
- Types of information collected:
  - Meaningful Use status
  - PCMH recognition
  - Participation in health information exchange (HIE)
  - Participation in Regional Health Information Organizations (RHIOs)
  - Ability to compute quality or performance metrics
  - Major IT systems (vendors and versions)

To access the information request, please visit:
https://www.surveymonkey.com/s/HVDSRIPPPS
Opportunity for PAC Engagement:
DSRIP Website Now Live

http://www.crhi-ny.org/

Rotator highlights latest developments

Contact information for PPS Committees and Workgroups

Partner portal & meeting schedule and materials

Contact info for project management office
Opportunity for PAC Engagement: PPS Newsletter

Regular newsletters keep PPS partners apprised of upcoming meetings, recent accomplishments, and new developments.

To subscribe, please email: SmithM3@WCMC.com

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**Center for Regional Healthcare Innovation at Westchester Medical Center**

**DSRIP PPS Update**

**Summer 2014**

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**CRHI Collaborates in Seven-County Community Needs Assessment**

The CRHI at Westchester Medical Center will collaborate with the four Performing Provider Systems (PPS) in the seven-county Hudson Valley region to complete a Community Needs Assessment. This assessment will take a detailed look at demographics, healthcare gaps, historical trends and other data to inform the selection of DSRIP projects. A critical element of the DSRIP project, the assessment will provide each PPS with data-driven insights to help identify opportunities for healthcare improvement and infrastructure needs to accomplish project goals and creation of an integrated healthcare system. To date, the Hudson Valley Regional Health Officers Network, comprised of the health commissioners from the seven counties in the Hudson Valley, has convened two meetings to review preliminary assessment findings and discuss coordination among the counties. Dr. Deborah Viola presented the latest update to the health commissioners at the August 15 meeting. The PPSs have established weekly conference calls to discuss status and next steps related to the assessment.

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**Spotlight on Behavioral Health**

Kudos to the Behavioral Health Workgroup for paving the way for our DSRIP planning efforts! Chaired by Amy Kohn, CEO, The Mental Health Association of Westchester, the workgroup has held four meetings covering integrated care, crisis children and family needs in the process. If these issues sound familiar, we hope you’ll get involved. The mid-summer meeting is coming up. An interested list of people is welcome to join us at this and listen in on the topic of integrated care and crisis development.

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**Upcoming Meeting Dates**

- September 15
  9 a.m. to noon
  Perinatal and Early Childhood Workgroup

- September 16
  3 p.m. to 5 p.m.
  Care Management Workgroup

- September 19
  9 a.m. to 11 a.m.
  Behavioral Health: Integrated Care

- September 19
  11:30 a.m. to 1:30 p.m.
  Behavioral Health: Crisis Stabilization

- September 24
  10 a.m. to 11:30 a.m.
  Project Advisory Committee Webinar

Register here.

- September 30
  1:30 p.m. to 3:30 p.m.
  Behavioral Health Workgroup

- October 9
  Summit: CNA Report Out
  Clinical & Program Planning Sub-Committee
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    CRHI

IV Next Steps

- June Keenan

V Question and Answer Session
DSRIP Planning Overview
July to December 2014

- Plan/conduct community needs assessment
- Assess gaps
- Analyze patient service areas / determine Hubs
- Develop project plans

- Finalize content for and write DOH Project Plan Application

July | August | September | October | November | December

- Finalize any project revisions based on needs assessments and gap analysis
- Develop implementation priorities/strategies for hubs based on local strengths and needs
Due to limited space, attendance is capped at **no more than two senior representatives** per PAC member

**Who should attend?** Organizational leaders and/or clinical professionals who are working to optimize care with maximizing health care resources including those working in primary care, community care, home care or specialty settings and health system clinical leaders

Summit materials will be **made publicly available** for review and comment on the CRHI website after October 9th

Initial CNA results will be re-presented during a webinar on **Monday, October 20th** and is open to all interested PAC representatives
Project Advisory Committee (PAC) Meeting Schedule

**Project Advisory Committee Role and Scope**

- Overall DSRIP planning advisory body
- Composed of one member per PPS partner – inclusive of all PPS partners
- Input across workstreams, Committees, and Workgroups
- Monthly meetings will provide planning updates and seek partner feedback
- Opportunity to participate in planning process in addition to Committees and Workgroups

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Q&A

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Contact Information

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