Westchester Medical Center DSRIP Project Advisory Committee

December 18, 2014
Via Webinar: 10:00 am – 11:30 am

Dial-in: 1.855.749.4750   Access code: 578 333 640
Presenters

Tony Mahler
Chair, DSRIP PAC Executive Committee
Senior Vice President, Strategic Planning
Westchester Medical Center

June Keenan
Executive Director
Center for Regional Healthcare Innovation
at Westchester Medical Center

Lammot du Pont
Senior Advisor
Manatt, Phelps and Phillips
## Agenda

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<th>Discussion Topic</th>
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<td>Welcome, Housekeeping and Updates</td>
<td>10:00 – 10:10 am</td>
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<tr>
<td>Capital Restructuring RFA Timeline and Process</td>
<td>10:10 – 10:25 am</td>
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<tr>
<td>DSRIP Application Review</td>
<td>10:25 – 11:00 am</td>
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<tr>
<td>• Governance</td>
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<td>• Initial funds flow methodology</td>
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<td>• Project plan development</td>
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<td>Next Steps</td>
<td>11:00 – 11:05 am</td>
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<tr>
<td>Question and Answer Session</td>
<td>11:10 – 11:25 am</td>
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Welcome & Housekeeping

• Webinar logistics
  – Please mute your phone line
  – Questions/comments may be submitted 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
Welcome & Housekeeping

• **Thank you** for your continued partnership and recent efforts to gather and submit:
  – PPS attestations
  – Financial information forms
  – Grants information forms
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<td>• Funds flow</td>
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<td>• Project Plans</td>
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<tr>
<td>Implementation Planning and Next Steps</td>
<td>11:00 – 11:10 am</td>
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New York State Capital Restructuring Financing Program

• NYS DOH released a Request for Applications (RFA) for the Capital Restructuring Financing Program (CRFP) on November 18, 2014
• $1.2 billion is expected to be available for capital projects that enhance the quality, financial viability, and efficiency of the health care delivery system
• Eligible provider organizations must submit their applications through their PPS Lead

Eligible Applicants

- Existing provider organizations capable of entering into a Master Grant Contract with DOH (i.e., hospitals, diagnostic and treatment centers, primary care providers, home care providers, OMH clinic programs, etc.)
- **Preferred eligibility criteria**
  - Applicants committing matching funds to the proposed project
  - Applicants with projects that demonstrate transformational change to the health care delivery system from a fee-for-service system to a value based system
  - Applicants who demonstrate significant financial need

Eligible Capital Projects

*Capital projects that are likely to be evaluated favorably include those that:*

- Create or expand primary care capacity and benefits attributed members
- Promote care coordination among providers
- Promote patient-centered care (medical and health homes)
- Reduce avoidable admissions and emergency care visits
- Benefit the largest number of Medicaid enrollees and uninsured individuals
- Include funding from other sources
- Result in a reduction of inpatient beds and the continuation or expansion of ambulatory care and emergency services in a community
New York State Capital Restructuring Financing Program

• CRFP project applications will be scored under a competitive process and there is a strong preference that requested capital grant dollars be matched on a one-to-one basis by the applicant
  – One-third of the points awarded for the Financial proposal (15 of 45) are dependent on the amount of matching funds

• CRFP grant funds will be paid to the project “owner” based upon invoices submitted to DOH for reimbursement of actual costs
  – There are no provisions for advance payment

• CRFP is not restricted to providers who are participating in a project, but DSRIP related projects will receive “preference” during the scoring and evaluation process

• CRFP applications will be evaluated based upon 17 criteria
Capital Restructuring Financing Program – Revised Timeline

- On December 2\textsuperscript{nd} DOH extended the CRFP application deadline from December 22, 2014 to February 20, 2015
- CRHI will organize a process for PPS Participants interested in applying for CRFP funding
- All applicants will be asked to complete a short summary form \textit{with their application} that will be shared with the Executive Committee
- \textbf{Interested applicants should refer to the NYS DOH website} for CRFP guidance and updates
- CRHI Contact: Peg Moran, MoranPeg@WCMC.com, 914-326-4210

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<thead>
<tr>
<th>Target Date(s)</th>
<th>Action</th>
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<tr>
<td>November 26\textsuperscript{th}</td>
<td>Outreach to PPS regarding opportunity, process, and timeline</td>
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<tr>
<td>January 12\textsuperscript{th}</td>
<td>Deadline for PPS Participants to notify CRHI of intent to apply CRHI distributes summary form to all applicants</td>
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<tr>
<td>January 12\textsuperscript{th} – 22\textsuperscript{nd}</td>
<td>PPS Participants develop draft applications</td>
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<td>January 23\textsuperscript{rd}</td>
<td>Draft applications \textit{and project summary form} due to CRHI</td>
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<tr>
<td>Jan 23\textsuperscript{rd} – Feb 2\textsuperscript{nd}</td>
<td>CRHI organizes draft applications and sends to the Executive Committee for review</td>
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<tr>
<td>Week of February 2\textsuperscript{nd}</td>
<td>Executive Committee meeting to review and rank applications</td>
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<td>Week of February 9\textsuperscript{th}</td>
<td>PAC webinar will review summary of applications and ranking</td>
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<td>February 13\textsuperscript{th}</td>
<td>Completed applications due to CRHI</td>
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<tr>
<td>February 20\textsuperscript{th}</td>
<td>CRHI submits final applications to DOH</td>
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\textbf{RFA Guidance:} The PPS Lead should rank the projects in order of priority and describe projects’ interdependencies. If projects are highly interdependent, they should be combined and submitted as one project.
Westchester Medical Center is in the process of submitting the DSRIP Application to the State and plans to complete submission in advance of the December 22\textsuperscript{nd} deadline.

What comes next:

<table>
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<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>December 24, 2014</td>
<td>Start of public comment period on DSRIP Project Plan Application</td>
</tr>
<tr>
<td>January 26, 2015</td>
<td>Public comment period closes</td>
</tr>
<tr>
<td>March 1, 2015</td>
<td>Implementation Plans due to state</td>
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The DSRIP Application 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
DSRIP Application – Scoring

**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

Also includes:

- Bonus Points Section – *Project 11, Population Health, Workforce*
- Attestation
DSRIP Application – Driving Themes

Six Primary Goals and Objectives of the PPS articulated in the Executive Summary.

1. Create a patient centered integrated delivery system in the Hudson Valley.

2. Decrease potentially avoidable hospitalizations and unnecessary emergency department (ED) visits.

3. Transform the delivery of behavioral and physical care in the safety net from a siloed system to an integrated model.

4. Develop a region wide technology infrastructure that allows easy data sharing and communication between providers.

5. Improve the overall health of the Medicaid and uninsured populations in the Hudson Valley.

6. Advance the readiness and capacity of PPS partners to enter into value-based purchasing contracts.
Hub Approach

• The PPS will consist of Hubs, each of which will be composed of Participants within a defined geographic area.

• Hubs are not corporate entities; they are regional medical neighborhoods with regional governing boards.

• A Hub may have multiple “hot spots” that require individualized approaches.

• Hubs should cover all geography in the region (no “white spaces”).

**Very rough illustration for discussion purposely only**
Categories of DSRIP Payments

- DSRIP payments from DOH will vary based on DSRIP year, Domain, and type of metric (pay-for-performance “P4P” or pay-for-reporting groupings “P4R”)
- PPS will be paid more for reporting metrics in earlier years and more for performance metrics in later years
- DOH has confirmed that project valuation will be divided evenly over the five years
DSRIP Application – Funds Flow Model

DSRIP Funds Received by PPS Lead/Fiduciary

Domain 1 Application Approval
Domain 1 Process Payment
Domain 2, 3 & 4 Pay for Reporting
Domain 2 & 3 Pay for Performance
High Performance Payment

Central and Partner Service Obligations Funds
Community Good Pool Funds

Cost of Project Implementation* (40 – 45%)
Internal PPS Provider Bonus Payments (41 – 46%)
Revenue Loss (7 - 10%)
Transformation Pool (7 – 10%)

Central Services Organization
Partner Organizations
PPS Lead Partner Partner Partner Partner Partner Partner Partner Partner

*Cost of Project Implementation includes “Contingency Fund” and Administration Fee Application budget categories.
# DSRIP Application – Project Plans

<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Domain 2: Systems Transformation Projects</strong></td>
<td></td>
</tr>
<tr>
<td>2.a.i</td>
<td>Create an Integrated Delivery System Focused on Evidence-Based Medicine and Population Health Management</td>
</tr>
<tr>
<td>2.a.iii</td>
<td>Health Home At-Risk Intervention Program</td>
</tr>
<tr>
<td>2.a.iv</td>
<td>Create a Medical Village Using Existing Hospital Infrastructure</td>
</tr>
<tr>
<td>2.b.iv</td>
<td>Care Transitions Intervention Model to Reduce 30-day Readmissions for Chronic Health Conditions</td>
</tr>
<tr>
<td>2.d.i</td>
<td>Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care (Project 11)</td>
</tr>
<tr>
<td><strong>Domain 3: Clinical Improvement Projects</strong></td>
<td></td>
</tr>
<tr>
<td>3.a.i</td>
<td>Integration of Primary Care and Behavioral Health Services</td>
</tr>
<tr>
<td>3.a.ii</td>
<td>Behavioral Health Community Crisis Stabilization Services</td>
</tr>
<tr>
<td>3.c.i</td>
<td>Implementation of Evidence-Based Strategies in the Community to Address Chronic Disease – Diabetes</td>
</tr>
<tr>
<td>3.d.iii</td>
<td>Implementation of Evidence-Based Guidelines for Asthma Management</td>
</tr>
<tr>
<td><strong>Domain 4: Population-Wide Prevention Projects</strong></td>
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</tr>
<tr>
<td>4.b.i</td>
<td>Promote Tobacco Use Cessation, Especially Among Low SES Populations and Those with Poor Mental Health</td>
</tr>
<tr>
<td>4.b.ii</td>
<td>Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings - Cancer</td>
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DSRIP Application – Project Plans

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8. DSRIP Flow of Funds
9. Financial Sustainability Plan
10. Bonus Points
11. Attestations

Project Description & Justification

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 quarter

Project Resources & Other Initiatives

Capital Budget

80% of project plan score

Confidential – Not for Distribution
Project plans needed to balance “going big and going fast” with achievable goals.

- Projects with larger scales and faster speed would score higher valuations.
- Higher valuation means more funds coming into the Hudson Valley.

- The PPS will be held to these goals for future payments – are these goals achievable?
- We owe it to our partners to set ourselves up for success.
Cross-PPS Coordination in the Hudson Valley

• Montefiore, Refuah, and WMC-led PPS leadership have initiated discussions and planning for cross-PPS coordination
• The PPSs plan to create cross-PPS regional councils to streamline planning and implementation, especially where PPSs are implementing common projects

Regional Clinical Council – Under Development

• Provider-led council will engage a wide range of stakeholders in working toward a regional system of quality care, fostering continuous quality improvement, and advancing patient safety
• The Council will:
  – Make recommendations to align overlapping DSRIP project approaches and minimize provider burden
  – Work to develop standard measures and clinical protocols, with the goal of deploying such measure sets across the region and its payers
  – Serve as a forum for provider partners to share and discuss best practices
Looking Ahead: DSRIP Timeline Moving Forward

- **November 14**
  - Updated Project Plan Application released
  - Project Plan Application Prototype released
  - Capital Restructuring Financing application released (delayed)
  - 3rd round of initial attribution results published

- **November 20**
  - Financial Stability Test results made available

- **December 22**
  - Project Plan Application due

- **February 20**
  - Capital Restructuring Financing Program Application due

- **March 1**
  - Implementation Plan due

- **March 2015**
  - DSRIP Year 1 begins

- **April 1**

- **November 24**
  - Scope and Speed of Application template released
  - Leads to submit final partner lists in Network Tool
Looking Ahead: DSRIP Implementation

Next steps:

• We will continue to convene the Executive Committee and the PAC

• CRHI will coordinate PPS partner applications for capital (notice of intent due January 12, 2015)

• Hubs will begin meeting to inform development of the implementation plans

• CRHI will lead the development of the Implementation Plan pending forthcoming State guidance

• Implementation Plan is due to the State March 1, 2015
Q & A

- Questions/comments may be submitted via the “chat” function on the bottom right of your screen
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Contact Information

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