



COMMUNITY CARE
OF
B R O O K L Y N

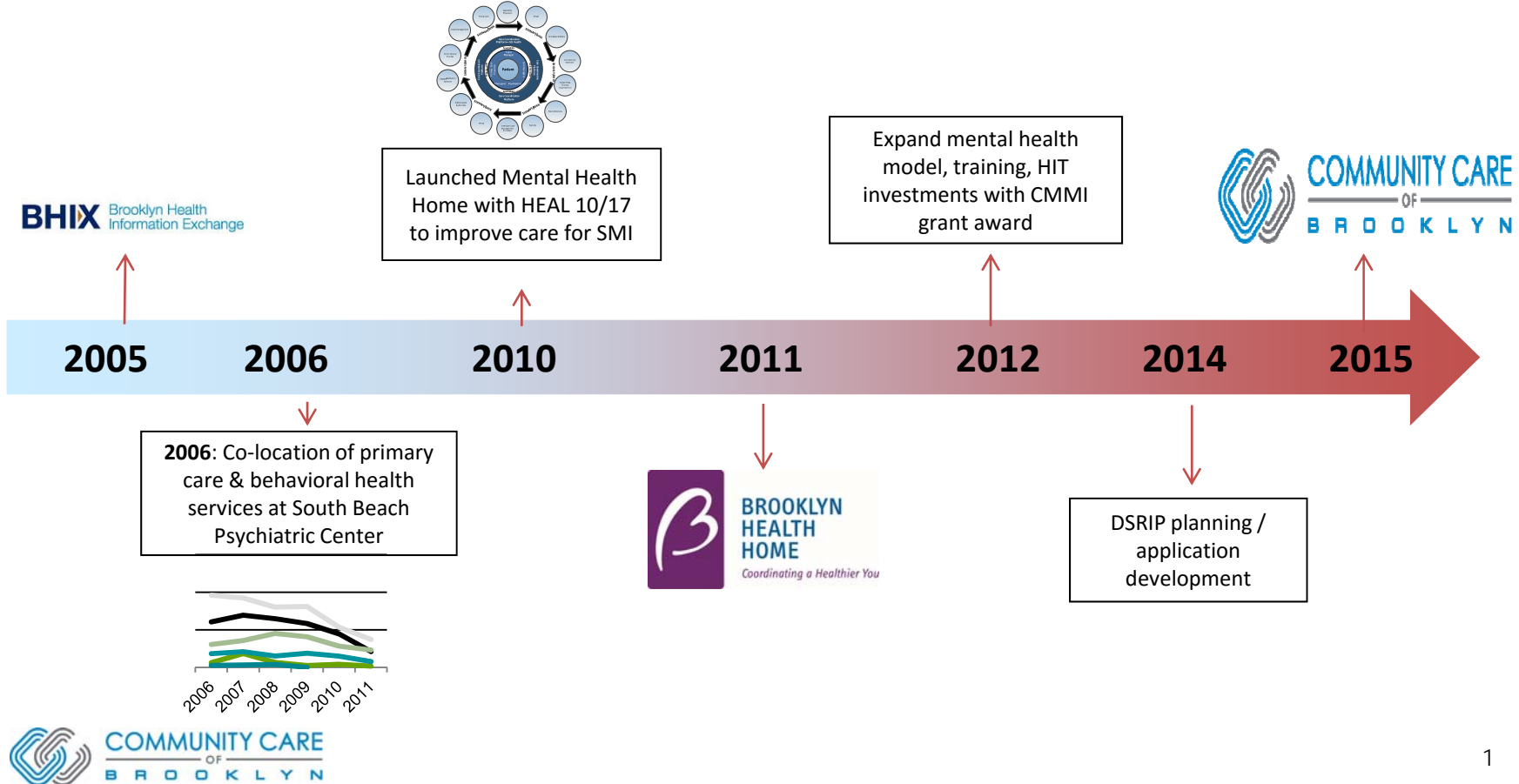
Maimonides PPS –
*DSRIP Program
Implementation and
the Path to Value*

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July 14, 2016



Foundation for Current Efforts

- Long-standing multi-organizational collaboration
- Health Home/Care Management expertise
- Information Technology investments
- Workforce training partnerships



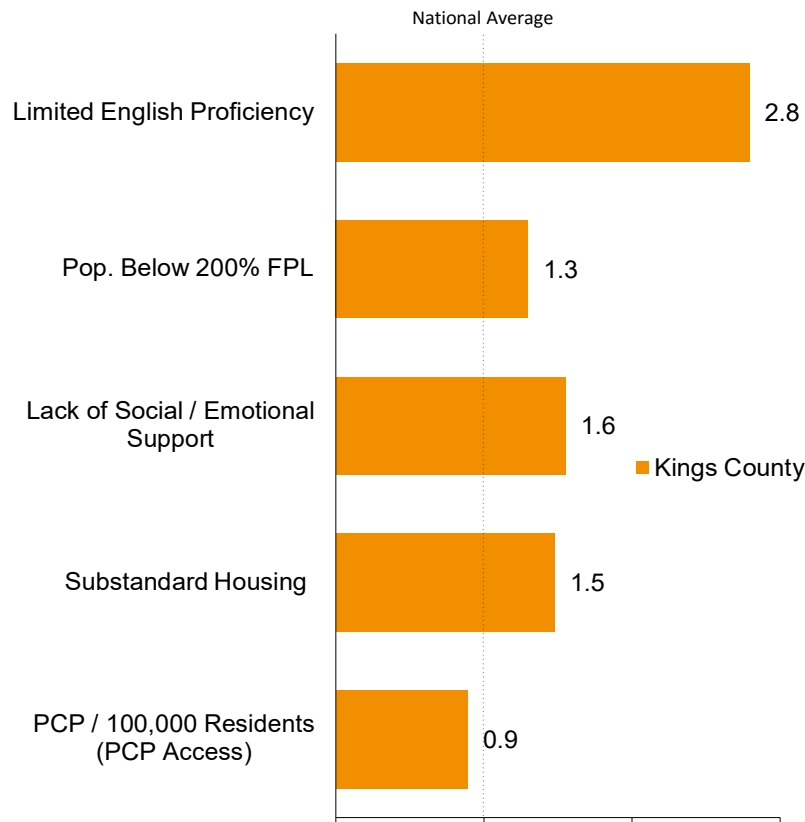
Community Care of Brooklyn Network

- ❖ 450,000 attributed Medicaid beneficiaries
- ❖ 3,700+ practitioners, including 1,600+ PCPs
- ❖ 850 partner entities, including:
 - 6 Hospitals
 - 8 FQHCs
 - Behavioral health providers
 - Social service providers
 - Community-based organizations
 - Health Homes
 - Substance Abuse Providers
 - Advocacy Organizations
 - Home Care
 - Skilled Nursing Facilities and other Long-Term Care Providers
 - Correctional Health Experts
 - Housing Providers and Advocates
 - Managed Care Plans
 - RHIO
 - Unions
 - Job Training Providers
- ❖ MMC Central Services Organization (CSO) provides infrastructure

Brooklyn Landscape.....

Brooklyn's Demographics and Primary Care Supply Are Unfavorable to Healthy Outcomes

Demographic and Access Measures Influencing Health Status



Poor Health of the Community Also Challenges Financial Performance at the Organizational Level

- 50% to 80% of all emergency visits considered potentially preventable
- Approximately 344,000 people are uninsured, accounting for approximately 16% of all the uninsured individuals in New York State
- The number of potentially preventable hospitalizations among Medicaid beneficiaries for circulatory conditions in Brooklyn accounts for one in five of all such admissions in the State
- 54% of mental health patients served have at least one chronic medical condition
- Premature deaths in Brooklyn due to AIDS account for approximately one-third of all such deaths in NYC

CCB Projects and Initiatives

Ten DSRIP Projects

2.a.i	Create Integrated Delivery Systems
2.a.iii	Health Home At-Risk Intervention Program
2.b.iii	Emergency Department Care Triage
2.b.iv	Care Transitions to Reduce 30-Day Readmissions
3.a.i	Integration of Primary Care Services and Behavioral Health
3.b.i	Evidence-Based Strategies for Managing Cardiovascular Disease
3.d.ii	Asthma Medication: Expansion of Home-Based Self-Management Program
3.g.i	Integration of Palliative Care into the PCMH Model
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure
4.c.ii	Increase Early Access to, and Retention in, HIV Care



Four CCB Initiatives

Creating an Integrated Delivery System: Overarching, cross-cutting work

Care Transitions: Projects focused on reducing 30-day readmissions and reducing unnecessary ED visits

PCMH+: Ensuring that practices meet Patient Centered Medical Home (PCMH) Level 3 standards, with focus on care management and integration of behavioral health

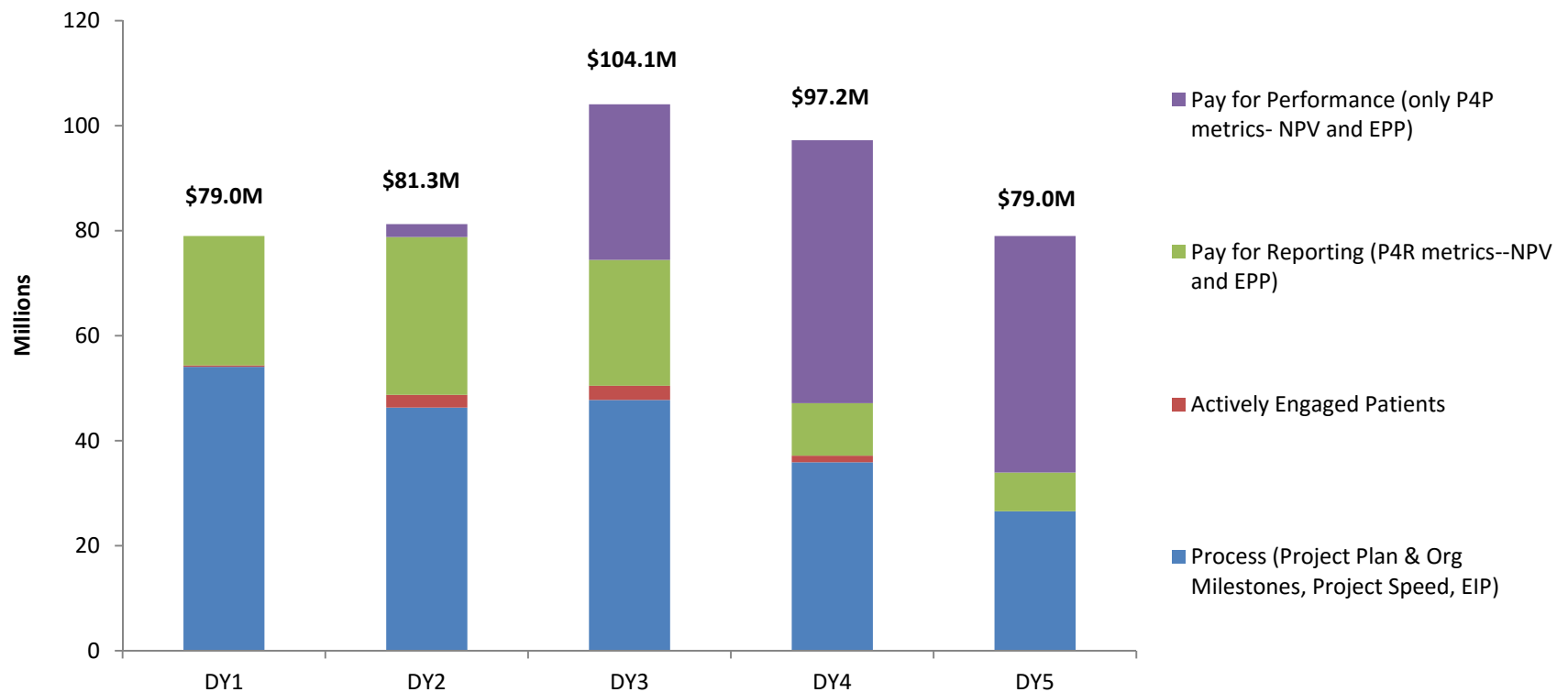
Improve Population Health: Multi-PPS programs focused on mental health and HIV

Distribution of DSRIP Payments for CCB

Total potential funding available : **\$489 million over five years**

- **\$219.2 million** in Net Project Valuation
- **\$221.4 million** in Equity Program Funds (Equity Infrastructure Program, Equity Performance Program – administered via contracts with 6 Medicaid managed care plans)
- **\$48.4 million** in *potential* High Performance Fund payments (*excluded from below*)

Payments weighted towards reporting in early years, performance in later years.



Excludes High Performance Fund payments. Shown on an accrual vs. cash basis.

Funds Flow – Implementation Activities

- Activities and spending during Q1 & Q2 of DY1 focused on DSRIP project planning, establishing governance committees and processes, creating the CSO
- Project implementation began in Q3 of DY1 and is now well underway, with program expenditures through Q1 of DY2 including:

Centralized Program Costs

IT Implementation, Strategic Consulting, Other	\$1,918,851
Subtotal Centralized Program Costs	\$1,918,851

Payments to CCB Participants - Schedule B Agreements

Care Management	\$560,215
CBOs (including Workforce training, 1199)	\$1,696,212
Hospitals (Care Transitions projects)	\$2,073,779
Practitioners (PCPs, Clinics, FQHC)	\$963,574
Other (Palliative Care training)	\$360,000
Subtotal Program Payments to Participants	\$5,653,780

What is value? val·ue \ 'val-(,)yü

Merriam-Webster's definition:

- A fair return or equivalent in goods, services or money for something exchanged
- Relative worth, utility or importance

Michael Porter and Thomas Lee, MD*:

".....health outcomes achieved that matter to patients relative to the cost of achieving those outcomes."

- Improving outcomes without increasing costs
- Reducing costs without compromising outcomes
- Improving outcomes and reducing costs

VBP Bootcamp, Session 1:

VBP arrangements are "intended....to allow providers to increase their margins by realizing value"

*Harvard Business Review, October 2013

DSRIP and the “Value Proposition”

VBP Prerequisites.....

1. Care delivery model(s) that emphasize primary care and preventive services, integrate primary and behavioral care, and include standardization where appropriate
2. Partnerships with social services organizations and other community-based providers of services
3. Experience in care coordination, management of high-cost populations
4. HIT to support population management, registries, etc.
5. Established communications and contracting mechanisms across continuum of care to support goals of contract arrangements



DSRIP Efforts.....

- PCMH+ initiative: providing resources to meet standards, improve patient satisfaction
- Clinical integration: creating shared clinical protocols
- Population Health: building on Health Home success to expand Care Management across CCB
- HIT – using ‘dashboard’ to share care plans, alerts across teams
- Community engagement: working with CBO partners to develop interventions
- Analytics & reporting: using info available to analyze trends, share info on clinical and cost outcomes
- Network development: identifying, filling gaps in primary care other service needs, establish platform for contracting

...the "Value Proposition" (continued)

VBP Prerequisites.....

6. Care and service delivery that is delivered in a culturally and linguistically competent manner
7. An engaged and well prepared workforce that includes an adequate number of primary care physicians
8. Effective working relationships with MCOs engaged in system transformation efforts
9. Experience with VBP contracting efforts, new products / service delivery mechanisms
10. Commitment to transformation and change management at all levels

DSRIP Efforts.....

- Cultural competency and health literacy: refining training programs to align with CCHL strategy
- Workforce: collaborating to develop, implement network-wide training programs
- VBPOIP initiative: engaging with paired MCOs (Fidelis, United) and network hospitals (Interfaith, Kingsbrook, Wyckoff) to develop, implement transformation plans
- VBP Pilots: working with NYSDOH pilot team, selected payers and certain CCB network partners to refine plans for participation in Maternity Bundle and HARP pilots
- PPS Governance: focusing on sustainability planning in discussions at Executive and other committee meetings

The Path to a Healthy Brooklyn

- Volume to Value
- Health/social service integration
- Delivery system reconfiguration
- Adequate Housing
- Workforce Training/Jobs
- Leveraging Technology
- Innovation and evaluation of disruptive care models

