

DSRIP Meeting Agenda

Date & Time	1/19/18 @ 10:00 – 11:00AM	Meeting Title	IT – Clinical Operations Committee
Location	NYP Milstein Hospital 177 Fort Washington Ave. Fl. 5 Garden North, Rm. 411	Facilitator	Alvin Lin & Elaine Fleck
WebEx	https://nyp.webex.com/join/anm9320video.nyp.org	Conference Line	Dial: 415-655-0001 Access Code: 732-014-814

Invitees	
Chair: Alvin Lin (NYC DOHMH PCIP/REACH)	Chair: Elaine Fleck (NYP)
Mitze Amoroso (ArchCare)	Stuart Myer (VillageCare)
Jean Marie Bradford (NYPSI)	Rachel Naiukow (NYP)
David Chan (City Drug & Surgical)	Julissa Nunez (VNSNY)
Patricia Hernandez (NYP)	Linda Reid (Workforce – VNSNY)
Dan Johansson (ACMH, Inc.)	Todd Rogow (Healthix)
Steven Lam (CBWCHC)	Marcy Thompson (The Alliance for Positive Change)
Sandy Merlino (VNSNY)	Catherine Thurston (SPOP)
Nelson Mesa (NYP)	Terri Udolf (St. Christopher's Inn)
Sarah McNabb	Alissa Wassung (God's Love We Deliver)
Andrew Missel (NYP)	Susan Wiviott (The Bridge)

Meeting Objectives	Facilitator	Time	Start	End
Welcome & Roll Call	Elaine Fleck	10 min	10:00	10:10
2017 Retrospective – Plans for 2018	Alvin Lin Elaine Fleck	25 min	10:10	10:35
VBP Training Reminder	Andrew Missel	10 min	10:35	10:45
CBO Impact Fund Next Steps	Andrew Missel	10 min	10:45	10:55
Next Steps	Andrew Missel	5 min	10:55	11:00

Action Items				
Description	Owner	Start Date	Due Date	Status
Share DSRIP Year and Measurement Year timelines	Andrew	1/19/18	1/26/18	Complete
Analysis/visual of how P4P eligible dollars changes up/down from MY2-5; Summarize on data 1 pgr. brief	Andrew	1/19/18	1/26/18	Complete

**AMAZING
THINGS
ARE
HAPPENING
HERE**

PPS IT/Clinical Operations Committee

January 19, 2018

Recognitions, Successes & Opportunities

2017 YEAR IN REVIEW

First & Foremost...

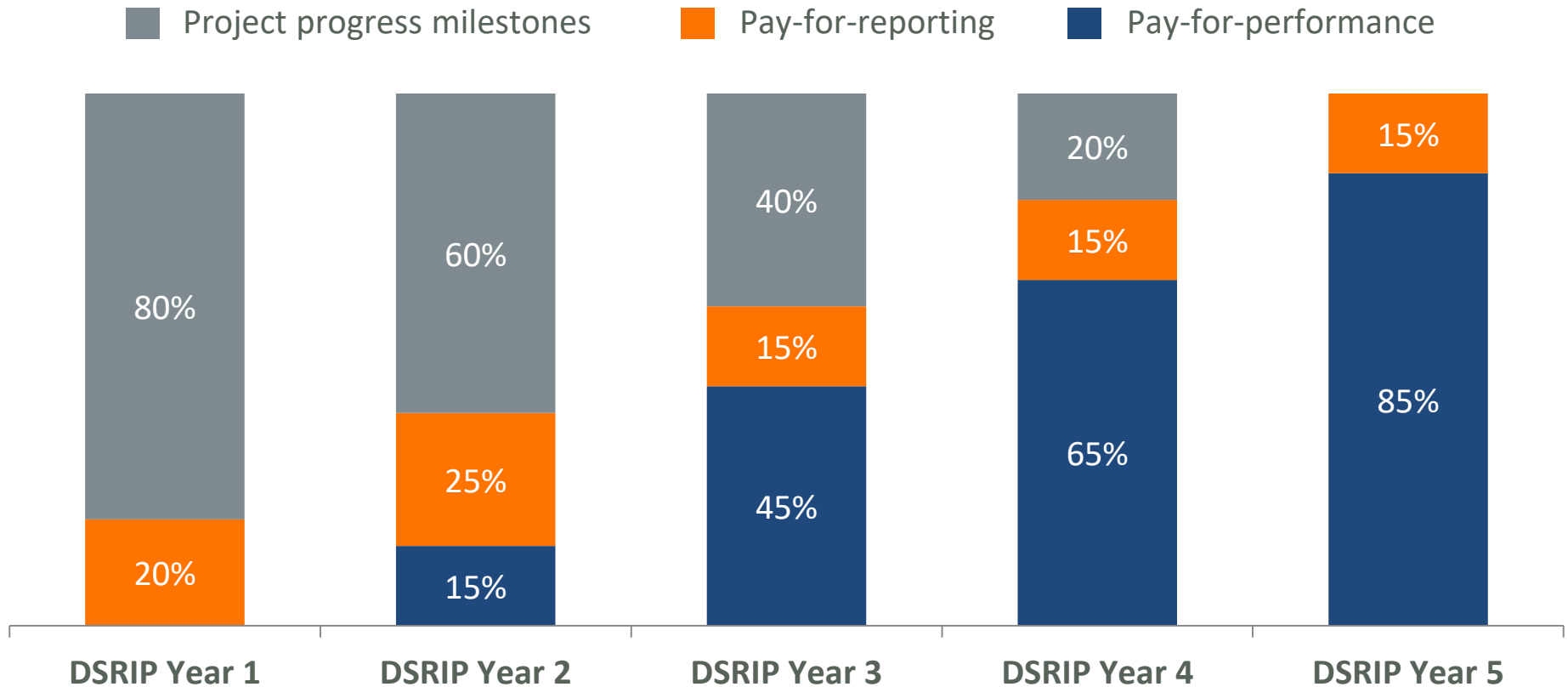


2017 Brought Substantial Changes to How Projects are Supported by the PPS

Shift from focus on reporting to focus on performance

- Merged committees to align strategic guidance;
- Distribution of new and more data;
- Launched Population Lines to resource expanded scopes of work.

Shift from P4R to P4P throughout DSRIP



**We are now here
(DY4 starts April 1, 2018)**

Source: New York State Department of Health, Attachment I—NY DSRIP Program Funding and Mechanics Protocol, April 2014.

Key Successes from 2017

1. PPS performance on P4P metrics

- 40% of metrics met annual improvement targets (NYS avg. 36%);
- Strong MY2 performance on (a) adult and child access to primary care, (b) chronic disease management for patient with behavioral health diagnoses and (c) preventable inpatient utilization;
- Projected to again be strengths in MY3 (results in April-May 2018).

2. Contributions from CBOs and Network Providers

- Launch of ED High Utilizers Workgroup;
- Launch of Substance Use and Treatment Workgroup;
- Partnership with Bronx Housing Consortium;
- Launch of CBO Impact Fund (and other funds flow mechanisms).

Measurement Year 2 Performance (July 1, 2015 – June 30, 2016)

Measure	Target Met?
Adult Access Preventive (20 - 44)	No
Adult Access Preventive (45 - 64)	Yes
Adult Access Preventive (65 and Older)	Yes
Antidepressant Medication Mgmt (Acute)	No
Antidepressant Medication Mgmt (Cont)	No
Antipsychotic Medication Adherence	Yes
Child Access - Primary Care (12 to 19)	Yes
Child Access - Primary Care (12 to 24 Months)	No
Child Access - Primary Care (25 Months to 6)	No
Child Access - Primary Care (7 to 11)	Yes
Child ADHD Medication F/U (Continuation)	Yes
Child ADHD Medication F/U (Initiation)	Yes
CV Monitoring (CV & Schizophrenia)	No
Diabetes Monitoring (DM & Schizophrenia)	No
Diabetes Screening (Antipsychotic Medication)	Yes
Engagement of Alcohol/Drug Treatment	No
Follow Up after MH Inpatient (30 Days)	No
Follow Up after MH Inpatient (7 Days)	Yes
Initiation of Alcohol/Drug Treatment	No
PDI 90 - Pediatric Composite	No
Potentially Avoidable Readmissions	Yes
Potentially Preventable ED Visits	No
Potentially Preventable ED Visits (BH)	No
PQI 90 - Overall Composite	Yes

Challenges Faced in 2017

1. Better disbursement of funds

- Funds flow model developed, but not implemented;
- Need review of remaining gaps in supported non-NYP staffing.

2. More transparency

- Shared Population Line programming, but many limited in scope to NYP campuses;
- Opportunity for greater accountability to Governance Committees;
- Data.

3. More stories from the field

- Finding power in sharing experiences and guidance.

Looking ahead to 2018

1. VBP readiness
2. Provider and CBO presentations
3. P4P metric performance updates
4. Alignment of performance hotspots and network programming
5. Others?

Now Available for Registration

VBP TRAINING

NYP PPS & NYP/Queens PPS Collaborating to Deliver Six VBP Trainings this Winter

Behavioral Health Providers: Session 1	January 17, 2018	3:00pm - 4:00pm	Register Now
Behavioral Health Providers: Session 2	January 30, 2018	3:00pm - 4:00pm	Register Now
CBOs: Session 1	February 13, 2018	3:00pm - 4:00pm	Register Now
CBOs: Session 2	February 28, 2018	3:00pm - 4:00pm	Register Now
Primary Care Providers: Session 1	March 13, 2018	3:00pm - 4:00pm	Register Now
Primary Care Providers: Session 2	March 27, 2018	3:00pm - 4:00pm	Register Now

Session 1: VBP 101 Hosted by NYP/Queens PPS

Lesson Overview

- Provide basic knowledge of value based payment (VBP) strategy, with a brief history and overview of the core concepts and stakeholders.

What You'll Learn

- VBP Basics – What, Why, When
- State & National Trends
- Options for Each VBP Arrangement (Structure & Level)
- Readiness Self-Assessment & Planning

Session 2: NYS Roadmap Hosted by NYP PPS

Lesson Overview

- Discuss how NYS views DSRIP as preparation for ongoing and expanded reimbursement reform beyond the waiver period.

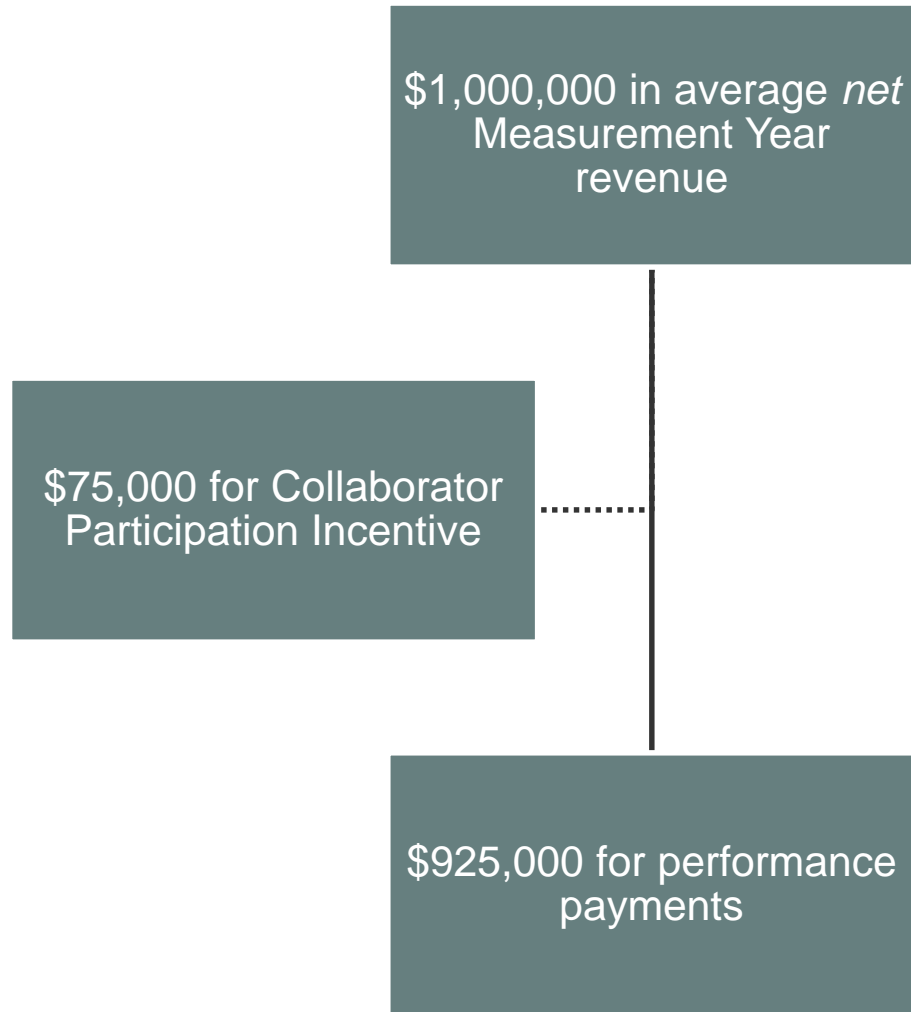
What You'll Learn

1. Key milestones in NYS' timeline for VBP implementation.
2. Learn how NYS plans to encourage DSRIP objectives and measures to be mirrored in Managed Care Organization (MCO) provider contracts and IPA/ACO arrangements.
3. Understand which patient populations NYS will target for VBP arrangements and which is best for your organization.

Debrief of December Executive Committee Actions

FUNDS FLOW MODEL UPDATE

Executive Committee Approved a New Funds Flow Breakdown

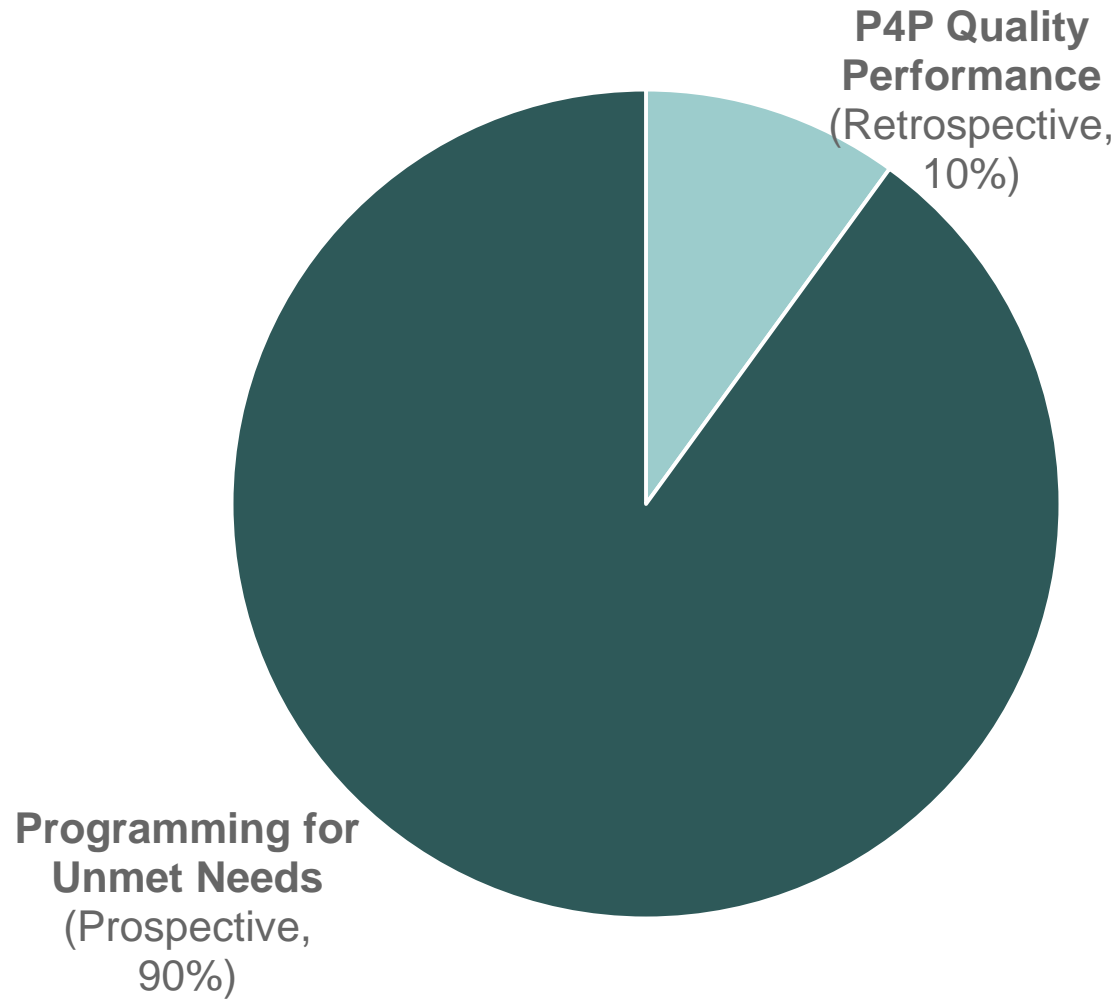


How to Balance Performance Payments?

\$925,000 available for distribution

1. Reward performance on quality metrics (**retrospective**)
 - Recipients are PCPs and Health Homes
 - Pay on past performance; set new goals for coming year
 - E.g. P4P performance dollars
2. Incentivize programming for unmet needs in access to primary care, behavioral health and appropriate ED use (**prospective**)
 - Recipients are *primarily* CBOs
 - Pay to meet intervention milestones
 - E.g. CBO Impact Grant

Funds Flows will be Allocated to 10% Retrospective & 90% Prospective



Next Steps

CBO IMPACT FUND

CBO Impact Fund is First Element of Prospective Programming for Unmet Needs

Expand existing interventions for unmet needs in access to primary care, behavioral health and appropriate ED use.

- 11 organizations submitted responses to RFP;
- Wide range of proposed interventions;
- Review group begins meeting in January;
- Final decisions announced in February.