

## PROGRAM OVERVIEW

### About DSRIP

The Delivery System Reform Incentive Payment (DSRIP) Program is the main mechanism by which New York State will fundamentally restructure the health care delivery system and reinvest in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over five years. Up to \$6.4 billion dollars are allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health. To learn more about the DSRIP program, visit the [New York State DSRIP website](#).

Through DSRIP, organizations work together to form Performing Provider Systems (PPSs) – either coming together under a single new entity or forming a tighter collaborative – to accept responsibility for the health of a Medicaid population in their service area. These PPSs are then responsible for selecting between five to ten projects based on a Community Needs Assessment, which includes the feedback of their community leaders, collaborators and beneficiaries.

### NYP PPS Overview

The NewYork-Presbyterian Performing Provider System (NYP PPS) is a network of nearly 90 hospitals, providers and community collaborators jointly committed to improving the health and wellbeing of the communities that it serves. Visit the [NYP PPS website](#) for an up-to-date, full list of our collaborator network.

NewYork-Presbyterian Hospital (NYPH) is the anchor institution for this collaboration. Based in New York City, NYPH delivers care to more than two million patients annually on six campuses and its ambulatory network. As the lead for the NYP PPS collaboration, it is responsible for coordinating the network's efforts and collaborating with New York State to achieve DSRIP's goals. Visit the [NYPH website](#) for more information. The NYP PPS receives clinical and operational support from NYPH's Division of Community and Population Health and also relies on its network of ambulatory care clinics, school-based health centers and community health care initiatives (including the Center for Community Health Navigation and the NewYork Quality Care ACO) to deliver high-quality, comprehensive care to a large portion of the NYP PPS's attributed beneficiaries.

### PPS Governance Structure

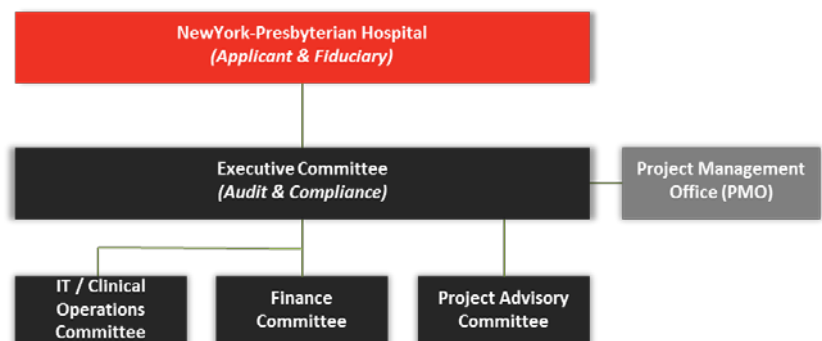
The NYP PPS relies on a shared governance model (consisting of four governance committees) for strategic decision-making. Together, these teams are responsible for setting the PPS's priorities and directing its relationship with New York State and the community as well as its day-to-day operations. Each Governance Committee is co-chaired by one community collaborator lead and one NYP lead.

#### *Executive Committee*

The Executive Committee holds ultimate responsibility for the PPS, guiding its overall vision, program portfolio and relationship with New York State. Its membership is comprised of the co-chairs of the other three Committees as well as representatives from collaborator organizations in the PPS.

#### *IT/Clinical Operations Committee*

The IT/Clinical Operations Committee provides recommendations for the PPS's information technology, health information exchange, and clinical and quality standards.



### *Finance Committee*

The Finance Committee provides recommendations for the PPS's budget, funds flow process and financial sustainability.

### *Project Advisory Committee*

The Project Advisory Committee (PAC) provides a venue for collaborators, community members, labor representatives and DSRIP staff to review, discuss and provide feedback on the PPS's efforts. A unique feature of this Committee is that membership is open to the public, including community collaborators who are not formally part of the NYP PPS network.

### *Project Management Office*

The Project Management Office (PMO) is the day-to-day management team for the NYP PPS. It deploys Project Managers for DSRIP programmatic activities, leads the data analytics strategy and IS platform implementation, and manages communications, training and development, reporting, compliance and finance activities.

## **NYP PPS Size & Composition**

The NYP PPS serves a population of nearly 90,000 beneficiaries living in the boroughs of New York City and in Westchester County, the majority of whom live in Manhattan and the Bronx. Thirty-five percent of the population is aged 18 and younger, 37% are between the ages of 18-44, 17% are between the ages of 45-64 and 11% are aged 65 and older. The most prevalent conditions within the population are hypertension, diabetes, asthma, cardiovascular disease, HIV/AIDS, depression and schizophrenia.

In addition to the NYPH acute care and outpatient facilities, the NYP PPS comprises a diverse and comprehensive network of providers. Our collaborators include multiple patient-centered medical homes, independent physicians, skilled nursing facilities, mental health and housing providers, and other community-based care management providers. The table to the right lists the number of providers in the NYP PPS by provider type.

Provider Type	Count in Network
Primary Care & Other Specialty	15
Post-Acute	20
Pharmacy	11
Community-Based	26
Mental Health & Substance Use	14

## **Population Lines**

The NYP PPS operates its quality and improvement infrastructure through six Population Lines, each supported by at least one Clinical Lead and one Project Manager. Each Population Line is accountable for leading improvement efforts on a set of pay-for-performance metrics. The following are the six Population Lines of the NYP PPS:

Population Line Name	Scope & Key Activities
Adult Medicine @ NYPH	Access to primary care, medical screenings and substance use treatment; patient satisfaction; tobacco cessation; avoidable utilization
Pediatrics @ NYPH	Access to primary care, medical screenings and ADHD treatment; patient satisfaction; avoidable utilization
Sexual Health (PPS-Wide)	HIV treatment, referral and engagement; STI screening
Community & Independent Providers (PPS-Wide) (Incl. FQHCs, Community Providers, BH Providers)	Access to primary care, medical screenings and substance use treatment; patient satisfaction; avoidable utilization
Transitions of Care / High-Utilizers (PPS-Wide)	ED utilization; avoidable readmissions; follow-up for BH hospitalizations; transitions to/from ED and inpatient
CBOs / Social Determinants of Health (PPS-Wide)	Navigating psychosocial services, screenings and referrals; housing, legal aid and nutrition support; Healthix & Healthify rollout

Two Populations Lines focus solely on the NYP ambulatory provider network. The decision to limit the scope in this way considered two factors: (1) The majority (approx. 70%) of the PPS's primary care patients are seen at NYP clinics and (2) NYPH and community/independent primary care providers have different operational, financial and regulatory structures to navigate.

### **IS & Analytics Strategy**

Information Services (IS) systems infrastructure is a significant priority for the NYP PPS. The PPS leverages multiple documentation and data systems, including the NYS Medicaid Analytics Performance Portal (MAPP), the Salient Interactive Miner, NYS Medicaid claims data, NYP EHRs and collaborators' documentation systems. From these sources, the NYP PPS Project Management Office produces actionable reports for clinical teams. Each report highlights a different gap in care and Population Lines are tasked with developing quality improvement interventions driven by these insights.

Two systems are at the heart of the NYP PPS care coordination strategy – Healthix and Healthify. The Healthix Regional Health Information Organization (RHIO) supports hospitals, nursing homes, home care agencies, FQHCs and providers by centralizing patient record look-up, clinical event notifications, secure direct messaging and patient analytics and reporting, which will ultimately enhance care management and coordination. The NYP PPS also leverages the Healthify community resource directory tool to enhance knowledge and navigation of community resources across the network. Both Healthify and Healthix's extensive features complement the NYP PPS's efforts to create a fully integrated delivery system.

### **For Additional Information about the NYP PPS**

Visit Our Website



[www.nyp.org/pps](http://www.nyp.org/pps)

Get involved!



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[New York DSRIP Program Group](#)