DSRIP Evaluation Design Overview
Questions & Comments

Questions

When will we start to see the actual metrics?

For purposes of the evaluation, the metrics will be used as statewide outcome measures, and will be included in the interim evaluation report due on March 31, 2019. As the metrics will also be used for program monitoring purposes, including the determination of incentive payments, results related to the metrics will be available in that context within months of DSRIP implementation.

Are the actual metrics for each DSRIP program in the Aug 2014 report?

The list of metrics to be used will be contained in the evaluation plan due to CMS on August 14, 2014, and also, is currently available in "Attachment J – NY DSRIP Strategies Menu and Metrics", located on the DSRIP Web site at http://www.health.ny.gov/health_care/medicaid/redesign/docs/strategies_and_metrics_menu.pdf. As it anticipated that approval of Performing Provider Systems will not take place until Fall 2014, after the draft evaluation plan is submitted to CMS, it will not be possible to specify the metrics that will apply to each program in that plan.

Will the Aug 14th submission to CMS be public domain (available to us)?

A draft of the evaluation plan due to CMS on Aug. 14 will be posted on the DSRIP Web site on July 14, 2014, with an opportunity for public comment through July 21, 2014. Once the evaluation plan is approved by CMS, it will become a DSRIP STC document, which will be posted to DSRIP Web site.

Will there be changes required of the existing data sources to support the DSRIP evaluation work?

In addition to changes in eBRFSS protocols described below, the Clinician and Group Survey for Primary Care, a different version of CAHPS than what is currently being used for health plans, will be used for DSRIP.

These statewide evaluations would be extremely useful in managing the performance of PPS and overall program results. Especially in advance of the point in the projects where statewide results impact CMS payments. Is there a plan to have measurement of results earlier than the 2019 interim report?

For purposes of the DSRIP evaluation, no formal reporting of statewide outcome measures in planned prior the interim evaluation report due in March 2019. However, measures will be reported over the course of program monitoring activities, including incentive payments, prior to that date.

How will the assessor work interact with the midpoint assessment?

The Independent Assessor's role in the midpoint assessment, which is an activity outside the scope of the DSRIP evaluation, is described on the Independent Assessor Web page at http://www.health.ny.gov/health_care/medicaid/redesign/dsrip_independent_assessor.htm.

Will the ppt slides be available?

The slides presenting the overview of the DSRIP evaluation plan are available on the DSRIP Web site at http://www.health.ny.gov/health_care/medicaid/redesign/docs/dsrip_evaluation_design_webinar_6_16_14.pdf.

Will audio and slides be available?

The slides are available on the DSRIP Web site at the link above. A recording of the evaluation webinar will be posted in the near future.

How will the evaluation correct for already high performing organizations? Like PCMH?

A requirement of Performing Provider Systems under DSRIP is to select projects that address areas in need of improvement. Therefore, it is not expected that this will pose a methodological problem in assessing change pre- and post-DSRIP.

Do you have a list of data (and sources) that you will be using in the evaluation process? And can PPSs get access to those sources?

Data sources associated with each measure can be found in "Attachment J – NY DSRIP Strategies Menu and Metrics", and are discussed in more detail in the draft evaluation plan that will be posted to the DSRIP Web page on July 14. Access to the data must be requested from the New York State Department of Health, and is governed by public health law and/or data use agreements that apply to each data system.

Could you explain the difference between the independent assessor and evaluator?

The Independent Assessor will have involvement in DSRIP operations, such as review of PPS applications and project plans, and monitoring activities such as the determination of incentive payments. The Independent Evaluator will be responsible for assessing the effectiveness of DSRIP on a statewide level in terms of improvements in health care delivery and quality, reduced avoidable hospital use, and reduced health care costs.

The last Statewide BRFSS was collected in 2009. It also is not Medicaid specific. Will that be our baseline for the BRFSS measures?

We should clarify that the DSRIP evaluation will use the Expanded Behavioral Risk Factor Surveillance System (eBRFSS). This augments statewide BRFSS data, and the most recent administration of this survey was conducted between April 2013 and April 2014. This will serve as baseline for DSRIP on the measures derived from this data source. Though not Medicaid specific, a question to identify respondents enrolled in Medicaid was included on the 2013-2014 survey. Repeat eBRFSS surveys to be used in support of the DSRIP evaluation will be conducted in 2016-2017, and again in 2019-2020.

Since the evaluation doesn't start until 2 years after DSRIP proposals are prepared, are there any plans to collect interim experiences for review by the evaluator, or will we be relying on the memories of stakeholders as of 2016 (if we can find staff after two years of turnover)?

Though we acknowledge that this is potential concern for the qualitative portion of the evaluation, however, we don't anticipate a large rate of turnover among key staff involved in DSRIP. Data to be used quantitatively (e.g., Medicaid claims) are collected on an ongoing basis using established protocols, are available retroactively and thus not reliant upon memory of respondents.

I am a Regional Pharmacy Manager for a regional grocery chain with about 70 pharmacies in NYS. As a whole the company (which is how we complete the COD surveys) does not have 35% Medicaid population but we have individual stores/pharmacy departments that are >35%. In reviewing the list of safety net pharmacies I see exclusive independents. Is there a desire to have specific chain pharmacies in this program?

This question does not pertain to the evaluation and was forwarded the appropriate NYSDOH program staff.

We are licensed by OASAS under 819. We are going to be undertaking residential redesign in the next year, and switch to billing Medicaid. What our DISRP partnership is looking for in verification is a Medicaid I.D number, Medicaid billing entities etc. My question would be how do we approach our DISRP partnership without being a Medicaid provider yet? Will there be metrics to include our work, and success at it?

This question, like the one preceding, was forwarded to the appropriate program staff.

What will be the performance period included in the Mid-Term Evaluation?

The Mid-Term Evaluation report, due to CMS 90 days following demonstration year (DY) 4, will include the DY 1-4. The Summative Evaluation report will include DY 5.

What approach will DOH use to reconcile time lags that may occur in the data used for evaluation?

A draft of the final Summative Evaluation report is due to CMS 360 following the end of DY 5 to allow for data lags. Though lag time for DY 4 data may be an issue in the Mid-Term Evaluation report, DY 4 results will be updated as necessary in the Summative report, which will cover the entire 5-year demonstration.

How will DOH work with other state agencies involved in DSRIP to collect and manage the relevant data for evaluation purposes?

Given that existing data systems maintained by DOH will be used for the evaluation, it is anticipated that the necessity of additional coordination with other agencies to obtain or manage data for DSRIP will be minimal.

What methodology is envisioned for developing comparative PPS performance reports?

Plans for PPS-level analysis are evolving, and under further discussion with CMS. At this point, however, plans are for comparisons of outcomes between groups of plans that differ on characteristics such as disease/conditions addressed under Domain 3. Such results would be included in the Mid-Term and Summative evaluation reports. At this time, separate reports comparing outcomes at the individual PPS level are not planned.

Summary of Comments Received

Below is a list of comments received on the Evaluation Design Overview, organized by topic. All are being taken into consideration as the DSRIP evaluation plan develops.

Interrupted Time Series Design

It is requested that DOH describe how the width of the time intervals will be determined, particularly with regard to statistical power and bias. Bayesian and non-parametric methodologies should also be considered, which could further be used to check model fit and specification.

Segmented Regression Analysis

While individual-level predictors could not be included in the model, population-level predictors (e.g., average age) can, and should, be included. It may also be appropriate to adjust for other policy changes in subsequent years, such as enrollment eligibility.

Use of Control Group

While use of a control group is ideal for scientific rigor, there is concern about DOH's ability to identify a control group once DSRIP has been implemented. If the goal of DSRIP is to transform the way care is delivered to Medicaid patients by enrolling all Medicaid providers in a PPS, few providers and patients will be available for a comparison group that did not participate in or indirectly benefit from DSRIP reform.

Measurement and Data Sources

It is appreciated that DOH is planning to use the same Domain incentive measures for evaluation purposes. This approach makes the goals specific, measurable, and directly tied to DSRIP objectives. This approach also prevents the imposition of additional data collection and reporting, which would be burdensome for PPSs, participating facilities, and DOH.

Evaluation Objectives

- DOH is urged to exercise caution in selecting an aggregate measure or a key measure for each of the Domains for evaluation purposes, as indicated in the Evaluation Design. DOH must ensure that these measures are most representative of the goal of the Domain and have robust statewide data to allow for a thorough evaluation.

- The expected changes for Evaluation Objective #1 include increased Medicaid spending on primary care services and decreased Medicaid spending on emergency room and inpatient services. Evaluation of Medicaid spending patterns over time will be complicated by other non-DSRIP changes that will affect Medicaid spending, such as the continued expansion of

Medicaid managed care enrollment and expansion of managed long-term care programs. DOH should consider evaluating changes in Medicaid utilization rather than changes in Medicaid spending.

- For Evaluation Objective #6, it is cautioned that valid comparisons of care quality for particular diseases/conditions (with or without project selection) will require proper adjustments for catchment differences (i.e., age, severity of illness).

- It is requested that DOH provide clarification for the methodology and the reports that will be generated for Evaluation Objective #7, which will compare the performance of PPSs against each other.

- It appears that Evaluation Objective #7 is not necessary, given that the state's performance on DSRIP will be evaluated as a whole by the Centers for Medicare and Medicaid Services. In addition, given the number and diversity of PPSs, it may not be possible for DOH to group PPSs on similar characteristics (number of projects, diseases/conditions chosen, etc.), resulting in unfair comparisons.

- Grouping PPSs by the number of projects selected does not take into account differences in size and resources across PPSs—a large PPS might be able to effectively implement ten projects, while a smaller PPS might struggle to implement more than five projects. Grouping PPSs by the diseases/conditions chosen would also not differentiate between the various specific projects that PPSs may select to address these conditions.

- As an alternative to Objective # 7, it is recommended that DOH make use of the Learning Collaboratives as a means of identifying the most effective strategies.

- Given concerns outlined above, it is recommended that Objective #7 be eliminated or substantially revised to achieve an accurate and meaningful evaluation.

Qualitative Component

However, some of these questions will be difficult to address in a meaningful way. DOH is encouraged to work with key stakeholders in developing a more robust set of questions and a strategy for collecting detailed feedback from communities.

In addition, DOH should more thoroughly define "stakeholders." Does DOH intend to survey PPSs, participating providers, non-participating providers, patients, and/or families? Has DOH identified an ideal response rate for each of these groups of stakeholders?

DSRIP Evaluation Timeline

The June 23 presentation included a DSRIP Evaluation Timeline that began in August 2014 and ended in December 2020, with a prolonged procurement process from November 2014 to fall 2016. DOH is urged to include additional detail about when the contract award will be finalized and the work that will be done between November 2014 and the fall of 2016.