New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP PPS Organizational Application

Bronx-Lebanon Hospital Center (PPS ID:27)

SECTION 1 – EXECUTIVE SUMMARY:

Section 1.0 - Executive Summary - Description:

Description:
The DSRIP PPS Organizational Application must include an executive summary clearly articulating how the PPS will evolve into a highly effective integrated delivery system. This section will also include questions about any application(s) for regulatory relief the PPS is pursuing.

Scoring Process:

This section is not factored into the scoring of the PPS application. This response will be reviewed for completeness and a pass/fail determination will be made.

Section 1.1 - Executive Summary:

***Goals:**
Succinctly explain the identified goals and objectives of the PPS. Goals and objectives should match the overall goals of the NY DSRIP waiver and should be measurable.

#	Goal	Reason For Goal
1	Create a network of care that improves access, quality and efficiency for the safety net population	The Bronx Lebanon Hospital Center (BLHC) Performing Provider System (PPS) includes a wide range of health & social service providers, such as physicians, nursing homes, Federally Qualified Health Centers (FQHCs), IPA, community-based organizations, hospitals, & behavioral health providers. The objectives are: • Reduce unnecessary beds in the PPS (acute and possibly LTC). • Create a highly efficient Integrated Delivery System in collaboration with providers across the care continuum using IT interoperability & care coordination to improve the beneficiary's experience & outcomes; • Develop integrated value-based contracts & payment that brings all providers closer to the premium dollar; • Retrain & redeploy the health care workforce to provide services & supports that improve outcomes; • Create & implement multidisciplinary approaches to care that address issues identified in the CNA; and, • Reduce unnecessary ER utilization through primary care & social services integration.

***Formulation:**
Explain how the PPS has been formulated to meet the needs of the community and address identified healthcare disparities.

BLHC PPS will begin implementation with a Collaborative Contracting Model and pivot operations to a Delegated Model no later than January 2016. The BLHC PPS Steering Committee has decided on this course to allow rapid implementation of the PPS under the Contracting Model to have an expeditious beginning, but the PPS is interested in a more formal, collaborative and inclusive governance that the Delegated Model offers. The Steering Committee will be an initial Board of the LLC of the Delegated Model and that Committee includes BLHC leadership as well as representatives of an FQHC (Urban Health Plan), labor (SEIU), a behavioral health provider and health homes among others. Through the PAC and regular town hall meetings along with newsletter, a website and a robust provider and beneficiary outreach program, the PPS seeks community engagement. The PPS will continue this strong engagement through regular town hall meetings, and an active PAC and a transparent governing process during implementation and beyond. We believe that the fundamental principles of creating broad, transparent governance is the best possible means of ensuring that community needs are met.

***Steps:**
Provide the vision of what the delivery system will look like after 5 years and how the full PPS system will be sustainable into future.

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DSRIP is going to evolve the system into a more highly Integrated Care Delivery System that focuses on patient-centered care coordination. This transformation will be a profound shift in the cultural and structural approach in how care is delivered, which will require additional years of planning followed by implementation and then perfecting the new approach. The objective will be to prepare for value-based payment, with the goal of moving closer to global risk. In fact, the BLHC PPS is already in a much stronger position than most PPSs to work on capitation because BLHC is a partial owner of HealthFirst, a large Medicaid managed care plan; BLHC has almost 100,000 capitated lives from the health plan. This existing health plan experience will be invaluable in preparing for the next five years. It will certainly be the case that the institutional care footprint will be smaller in lieu of a larger outpatient footprint delivered by community partners, such as Urban Health Plan. This will mean a reconfiguration of the workforce with a focus on outpatient services, more community workers focused on care coordination and fewer hospital-inpatient workers than today.

***Regulatory Relief:**

Is the PPS applying for regulatory relief as part of this application? No