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

DSRIP PPS Organizational Application

The New York and Presbyterian Hospital (PPS ID:39)

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	Develop an integrated, collaborative and accountable delivery system	The fragmentation of the care delivery system creates an environment where a lack of coordinated care and aligned incentives negatively affects quality, cost and outcomes. An integrated delivery system will support a sustainable Medicaid program for present and future beneficiaries as measured by better quality care and Medicaid expenditures per patient. The PPS service area has a wide array of health services, yet gaps remain. The PPS will address structural gaps by expanding capacity in existing facilities (primary and specialty care), enhancing coordination and adding culturally competent human resources through our projects, rather than by adding facilities.
2	Reduce potentially preventable admissions, readmissions and emergency department use	Reducing potentially preventable admissions, readmissions and emergency department use allows limited Medicaid resources to be deployed in the most cost-effective way. NYP's Regional Health Collaborative has demonstrated success with reduced ED and inpatient utilization across a similar population (see Carrillo et al, "The NYP Regional Health Collaborative," Health Affairs, 33, No. 11 [2014] 1985-1992); that success can be replicated, expanded and measured.
3	Enhance primary care capability and capacity	The foundation of any integrated delivery system is accessible, high-quality primary care. In particular, the PPS is committed to employing capital to expand capacity—space, hours and provider availability—in NYP's Ambulatory Care Network (ACN) as well as develop capacity—information technology and culturally competent human resources—in other organizations in the network. Effective expansion can be measured through utilization of primary and preventive care and decreased incidence of hospitalization for ambulatory sensitive conditions.
4	Enhance data sharing and two-way communication across the care continuum	Lack of information integration results in duplication of services, gaps in service, and sub-optimization of resources. Care coordination and care management can mitigate this but only with enhanced data-sharing, workflow support, analytic capabilities and IT connectivity across the care continuum. Enhanced information integration will be demonstrated through the breadth and depth of Collaborator use of the common care management platform and of the RHIO in support of patient care.
5	Integrate behavioral health capability, capacity and awareness throughout the care continuum	Mental illness and substance abuse are both major standalone health issues in the community, as well as conditions which exacerbate and complicate the underlying medical conditions of the population. Mitigating the disconnect between behavioral and medical care through service co-location, and deployment and retraining of clinic and community resources

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		will result in lower incidence of ED utilization for non-urgent issues and better outcomes for mentally ill patients with comorbid medical issues.
6	Develop an integrated, collaborative and accountable delivery system	The fragmentation of the care delivery system creates an environment where a lack of coordinated care and aligned incentives negatively affects quality, cost and outcomes. An integrated delivery system will support a sustainable Medicaid program for present and future beneficiaries as measured by better quality care and Medicaid expenditures per patient. The PPS service area has a wide array of health services, yet gaps remain. The PPS will address structural gaps by expanding capacity in existing facilities (primary and specialty care), enhancing coordination and adding culturally competent human resources through our projects, rather than by adding facilities.
7	Reduce potentially preventable admissions, readmissions and emergency department use	Reducing potentially preventable admissions, readmissions and emergency department use allows limited Medicaid resources to be deployed in the most cost-effective way. NYP's Regional Health Collaborative has demonstrated success with reduced ED and inpatient utilization across a similar population (see Carrillo et al, "The NYP Regional Health Collaborative," Health Affairs, 33, No. 11 [2014] 1985-1992); that success can be replicated, expanded and measured.
8	Enhance primary care capability and capacity	The foundation of any integrated delivery system is accessible, high-quality primary care. In particular, the PPS is committed to employing capital to expand capacity—space, hours and provider availability—in NYP's Ambulatory Care Network (ACN) as well as develop capacity—information technology and culturally competent human resources—in other organizations in the network. Effective expansion can be measured through utilization of primary and preventive care and decreased incidence of hospitalization for ambulatory sensitive conditions.
9	Enhance data sharing and two-way communication across the care continuum	Lack of information integration results in duplication of services, gaps in service, and sub-optimization of resources. Care coordination and care management can mitigate this but only with enhanced data-sharing, workflow support, analytic capabilities and IT connectivity across the care continuum. Enhanced information integration will be demonstrated through the breadth and depth of Collaborator use of the common care management platform and of the RHIO in support of patient care.
10	Integrate behavioral health capability, capacity and awareness throughout the care continuum	Mental illness and substance abuse are both major standalone health issues in the community, as well as conditions which exacerbate and complicate the underlying medical conditions of the population. Mitigating the disconnect between behavioral and medical care through service co-location, and deployment and retraining of clinic and community resources will result in lower incidence of ED utilization for non-urgent issues and better outcomes for mentally ill patients with comorbid medical issues.

***Formulation:**

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

The PPS is fully representative of the community makeup and brings breadth and depth of experience to design projects and oversee implementation. Collaborators include Community Health Worker programs, housing organizations, OASES Article 32 providers, OMH Article 31 providers, skilled nursing facilities, FQHCs, HIV agencies, pharmacies and physicians among others. Physician representatives include behavioral health, pediatrics, primary & specialty care, dentistry and others.

Healthcare disparities identified by the CNA are driven by healthcare access barriers grounded in cultural and social determinants of health. The PPS is well positioned to address such barriers because the organizations are so experienced with their communities. Culturally diverse providers of care, such as those employed and trained by the NYP PPS, understand the reservations of particular populations and can target their needs. Moreover, NYP brings evidence-based expertise and experience in cultural competency and implementing successful population management programs (e.g., PCMHs, Hospital-Medical Homes, Health Homes & the Regional Health Collaborative, which significantly decreased hospital utilization).

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***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.

The NYP PPS has a strong commitment to achieving an integrated, collaborative and accountable delivery system (IDS). The strategic vision for the PPS is multi-pronged with a focus on developing a comprehensive and sustainable set of Collaborators in order to meet the community's needs, aligning with and leveraging existing population health resources, enhancing IT capability and connectivity, bolstering primary care and care management capacity and transitioning to a value-based reimbursement methodology capable of sustaining the PPS's projects and goals.

We believe that under the IDS umbrella, our specific DSRIP projects will contribute to improved health and impact rates of potentially preventable admissions and readmissions and emergency department use. The system savings associated with these reductions needs to be reinvested in the PPS and its Collaborators. A value-based alignment of the State, the MMCOs and the PPS that allows all three entities to share in the savings offers the means to fund the system's reinvestment in the integrated delivery system that DSRIP is focused on creating.

***Regulatory Relief:**

Is the PPS applying for regulatory relief as part of this application? Yes

For each regulation for which a waiver is sought, identify in the response below the following information regarding regulatory relief:

- Identify the regulation that the PPS would like waived (please include specific citation);
- Identify the project or projects in the Project Plan for which a regulatory waiver is being requested and outline the components of the various project(s) that are impacted;
- Set forth the reasons for the waiver request, including a description of how the waiver would facilitate implementation of the identified project and why the regulation might otherwise impede the ability of the PPS to implement such project;
- Identify what, if any, alternatives the PPS considered prior to requesting regulatory relief; and
- Provide information to support why the cited regulatory provision does not pertain to patient safety and why a waiver of the regulation(s) would not risk patient safety. Include any conditions that could be imposed to ensure that no such risk exists, which may include submission of policies and procedures designed to mitigate the risk to persons or providers affected by the waiver, training of appropriate staff on the policies and procedures, monitoring of implementation to ensure adherence to the policies and procedures, and evaluation of the effectiveness of the policies and procedures in mitigating risk.

PPS' should be aware that the relevant NYS agencies may, at their discretion, determine to impose conditions upon the granting of waivers. If these conditions are not satisfied, the State may decline to approve the waiver or, if it has already approved the waiver, may withdraw its approval and require the applicant to maintain compliance with the regulations.

#	Regulatory Relief(RR)	RR Response
1	APG Payment Methodology	Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Section 86-8 (10 NYCRR 8.6-8). Waiver is requested to the extent that discounting, packaging, combining or other reduction or denial of payment is required for multiple procedures and/or medical services provided to patients on the same date of service. The current DOH policy as stated in the NYS Medicaid Update (Mar 2014, Vol 30, No 3) is "…providers that submit multiple fee-for-service claims on the same date of service (DOS) or within the same visit/episode of care will no longer be paid for the second claim." Project 2.b.i – Ambulatory ICU This project targets adults with at least two comorbid chronic conditions and children with complex medical conditions that require co-management by multiple subspecialists and primary care. One goal is to employ a multi-disciplinary care team to treat a patient for multiple medical and/or behavioral conditions during a single visit to the project site. This request is made so that claims for multiple services provided to a