



**Department
of Health**

**Office of
Health Insurance
Programs**

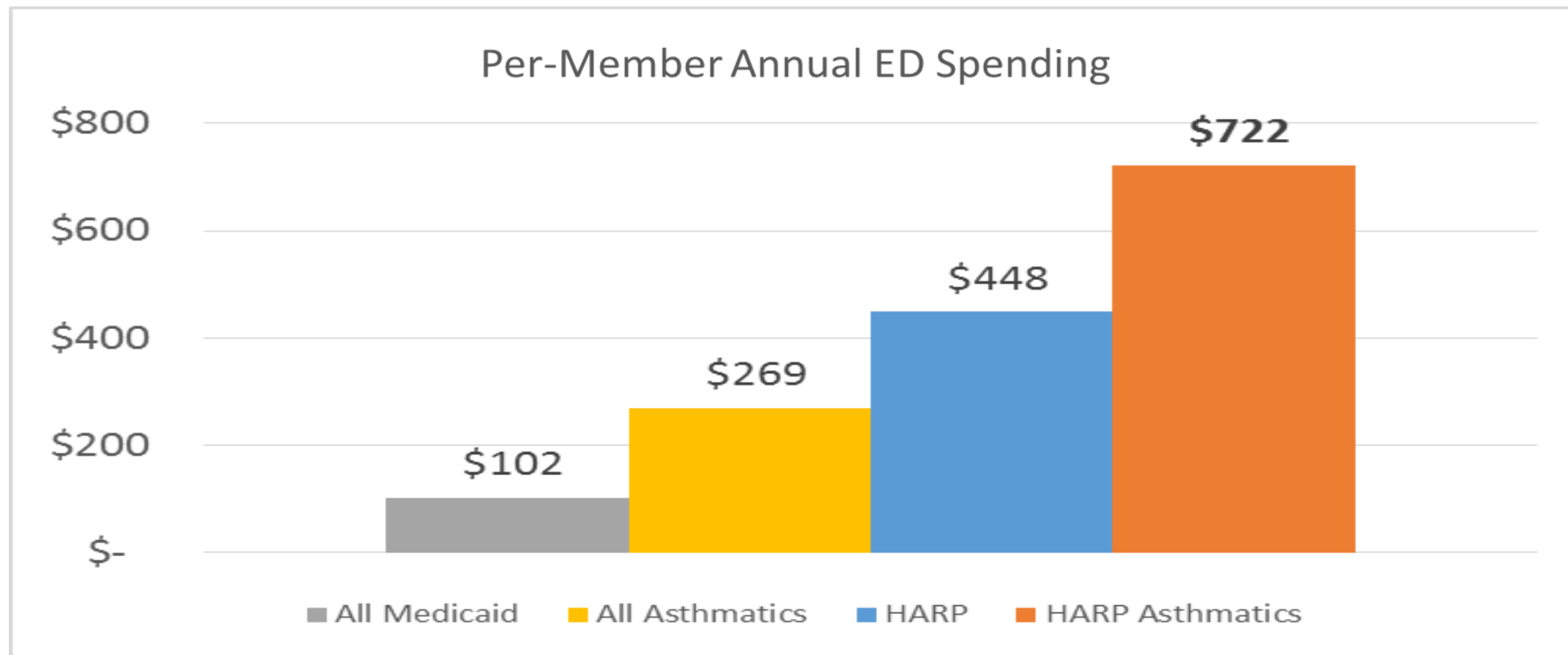
Delivery System Reform Incentive Payment (DSRIP) Program Answers the Asthma Challenge

Douglas G. Fish, MD
November 20, 2015

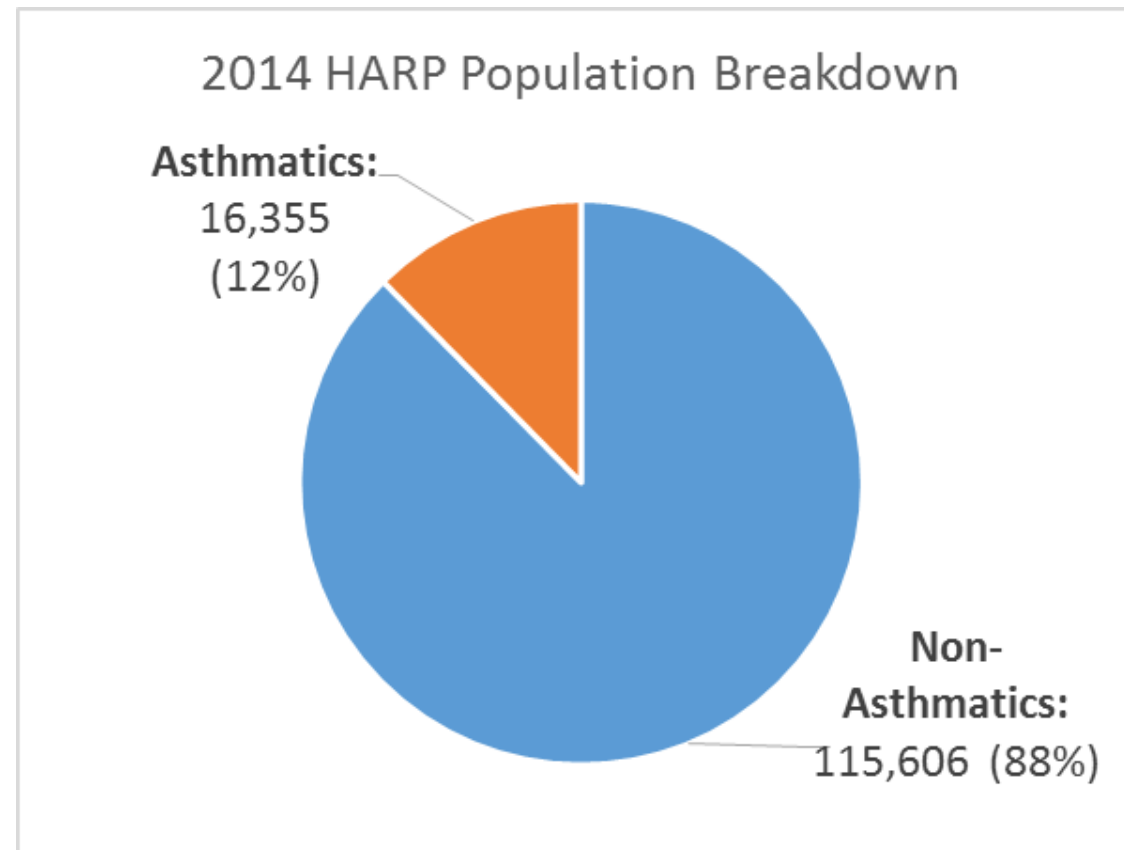
JOINT EPA-HHS-HUD Regional Summit on Sustainable Funding for Asthma In-Home Interventions

The Asthma Challenge

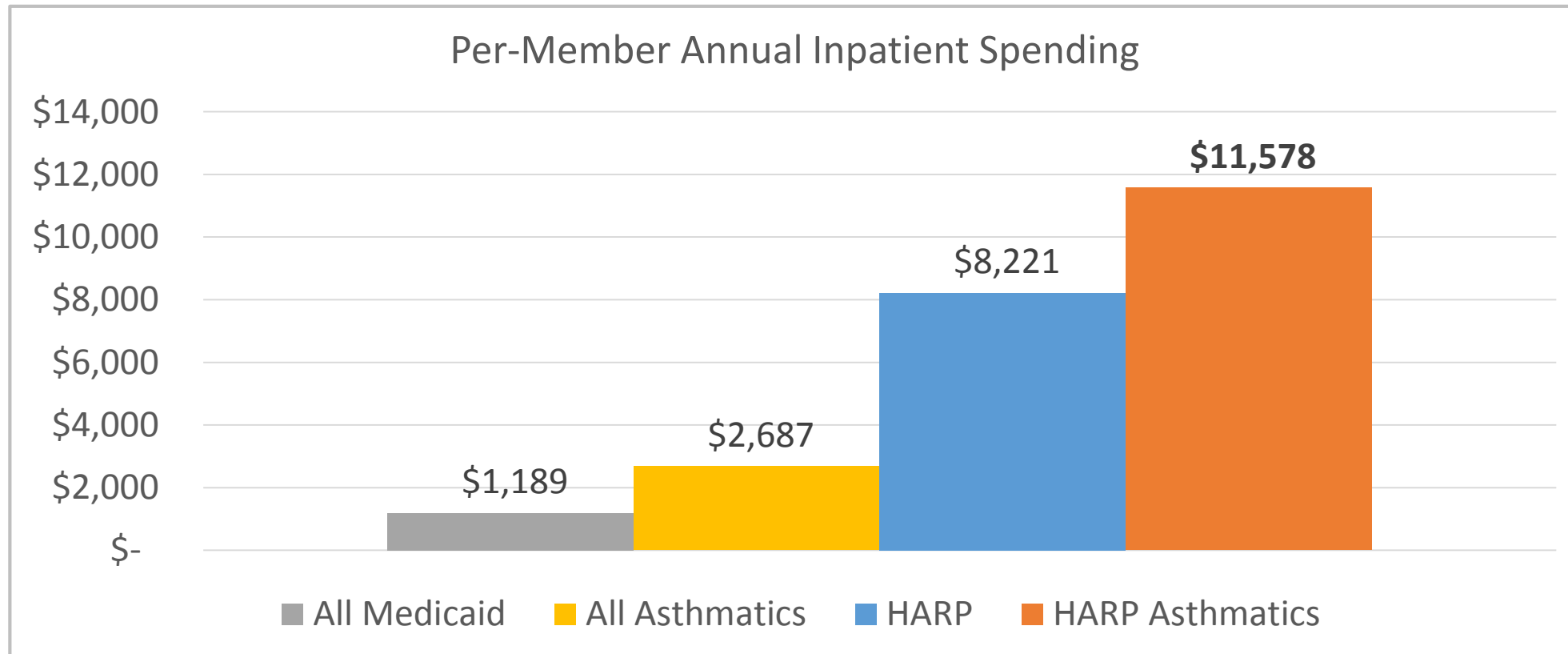
Annual Emergency Department (ED) Spend per Medicaid Member 2014



Health And Recovery Plan (HARP) Members with Asthma 2014



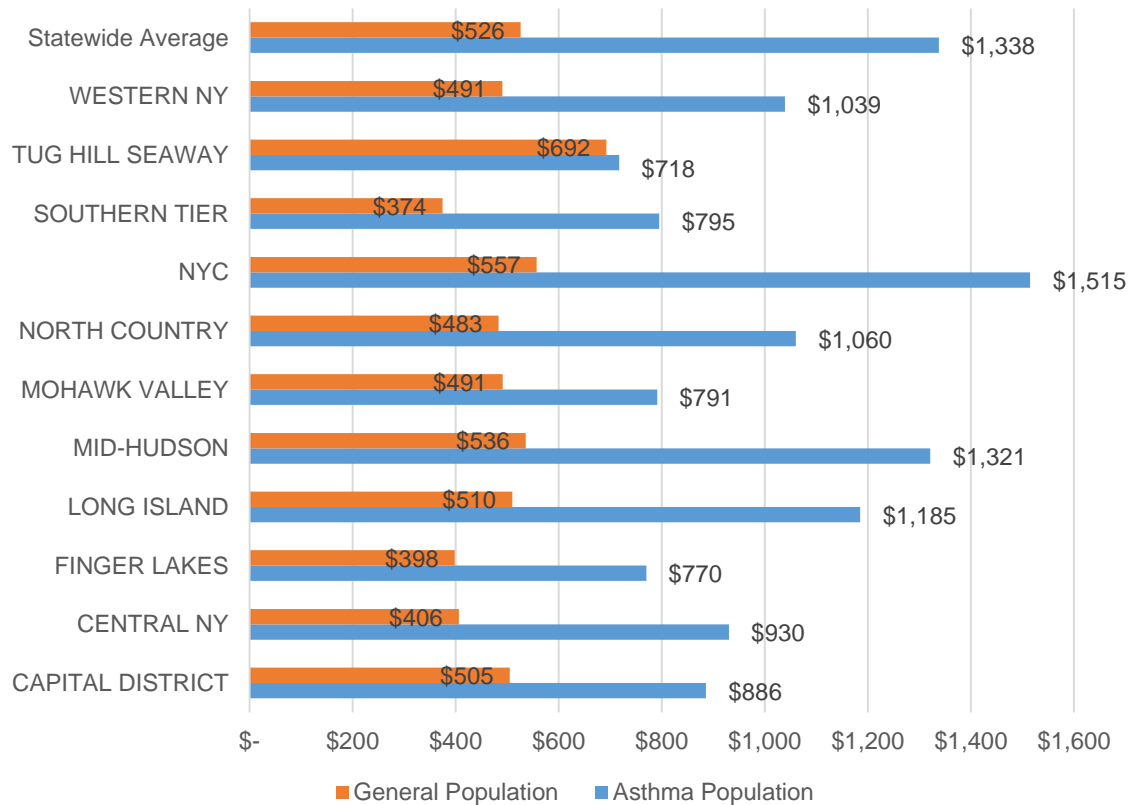
Annual Inpatient Spend per Medicaid Member 2014



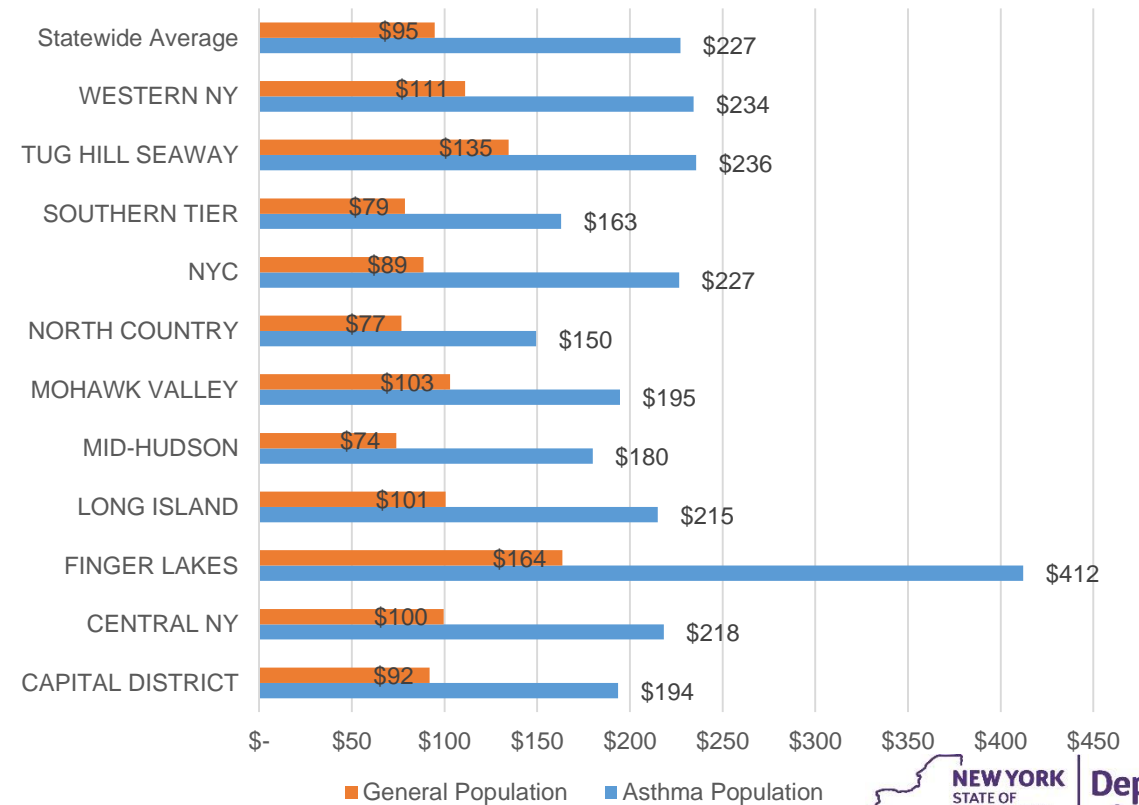
Children with Asthma – Spending per Medicaid Member

As demonstrated in the graphs below, success in DSRIP will be dependent on improving outcomes in terms of children’s health

IP Spend per Medicaid Member (under age 22)
General Population vs. Asthmatic Population



ER Spend per Medicaid Member (under age 22)
General Population vs. Asthmatic Population



Source: Medicaid Data Warehouse, claims data within calendar year 2014

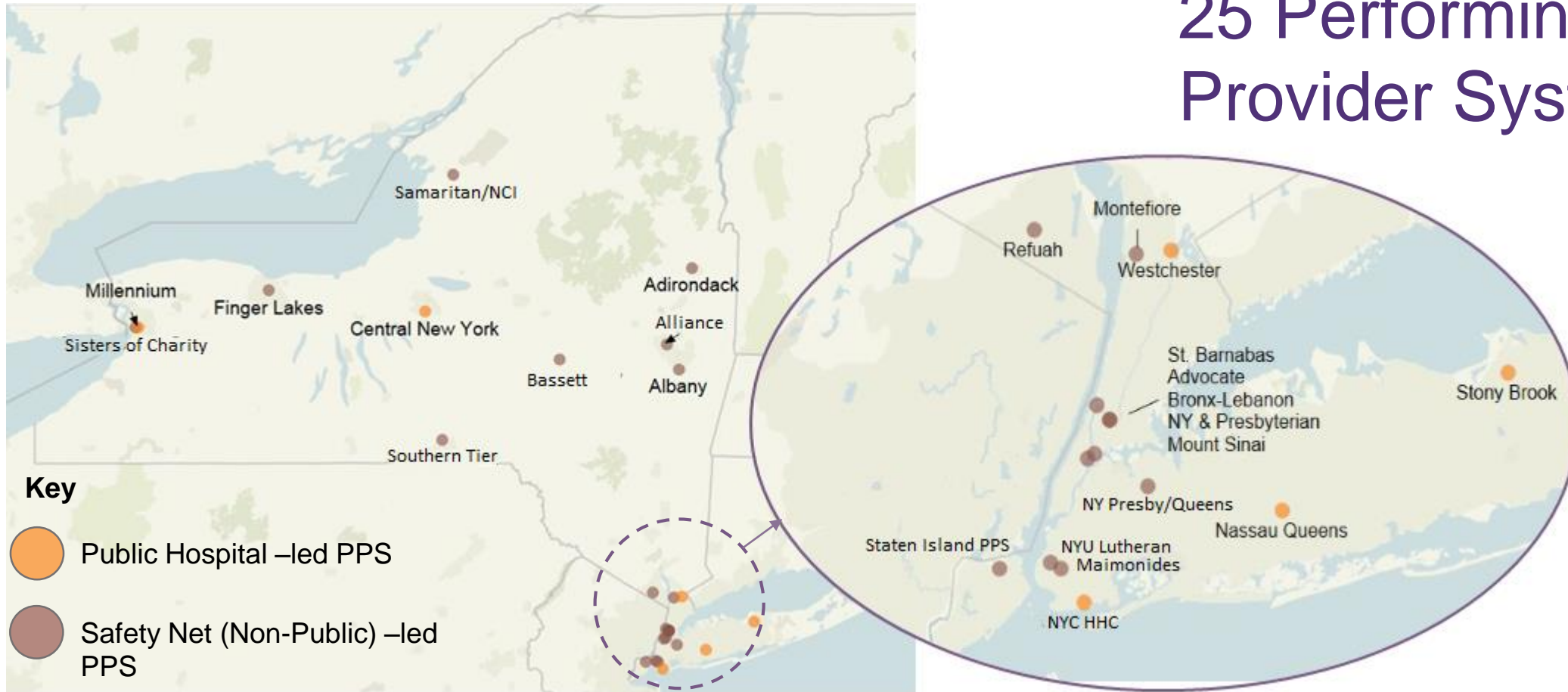
The DSRIP Program's Response

MRT Waiver Amendment

- In April 2014, Governor Andrew M. Cuomo announced that New York State and CMS finalized an agreement on the Medicaid Redesign Team (MRT) Waiver Amendment.
- Allows the state to reinvest \$8 billion of the \$17.1 billion in federal savings generated by MRT reforms for 6.3 million members.
- The MRT Waiver Amendment will:
 - ✓ *Transform the State's Health Care System*
 - ✓ *Bend the Medicaid Cost Curve*
 - ✓ *Assure Access to Quality Care for all Medicaid members*

Performing Provider Systems (PPSs) in NY State's DSRIP Program

25 Performing Provider Systems



ASTHMA: Ambulatory Care Sensitive Condition

- Primary diagnosis is an ambulatory care sensitive condition – **ASTHMA, and.....**
- Severity of illness is minor or moderate, *leads to...*
- Potentially Avoidable Admissions, *and further....*
- Potentially Preventable Readmissions

Asthma-based Projects in DSRIP

| PPS | 3.d.ii | 3.d.iii |
|---|----------|----------|
| Adirondack Health Institute | | |
| Advocate Community Providers | | ✓ |
| Albany Medical Center Hospital | | ✓ |
| Alliance for Better Health Care, LLC (Ellis) | ✓ | |
| Bronx-Lebanon Hospital Center | ✓ | |
| Central New York Care Collaborative (CNYCC aka CNY) | | |
| Finger Lakes PPS | | |
| Lutheran Medical Center | ✓ | |
| Maimonides Medical Center | ✓ | |
| Millennium Collaborative Care (ECMC) | | |
| Mohawk Valley PPS (Bassett) | | ✓ |
| Montefiore Hudson Valley Collaborative | | ✓ |
| Mount Sinai Hospitals Group | | |
| Nassau Queens Performing Provider System, LLC | | |
| New York City Health and Hospitals-led PPS | ✓ | |
| Refuah Health Center | | |
| Samaritan Medical Center | | |
| Sisters of Charity Hospital aka Community Partners of WNY | | |
| Southern Tier Rural Integrated PPS (United) | | |
| St. Barnabas Hospital (dba SBH Health System) | ✓ | |
| Staten Island Performing Provider System, LLC | | |
| Stony Brook University Hospital | ✓ | |
| The New York and Presbyterian Hospital | | |
| The New York Hospital Medical Center of Queens | | ✓ |
| Westchester Medical Center | | ✓ |
| Total PPSs engaging in Asthma-based Projects | 7 | 6 |

- Over half of the PPSs have chosen a project from Domain 3, Sub-domain D (Asthma):
 - **3.d.ii: Expansion of asthma home-based self-management programs**
 - 3.d.iii: Evidence-based medicine guidelines for asthma treatment
- **3.d.ii. Asthma home-based self-management program components**
 - Home environmental assessment
 - Education on the role of the home environment and asthma control
 - Modification of home environment as needed
 - Comprehensive asthma self-management education
 - Coordinated care and root cause analysis of ED and hospital asthma-related visits

Project 3.d.ii & Project 3.d.iii: Asthma

Map Key

- Asthma Project Selected (3.d.ii or 3.d.iii)
- Not Selected

Five of eleven DSRIP regions selected this project area.

- Related Prevention Agenda Intervention



| Region | PPS |
|------------------|----------------------------------|
| New York City | Advocate Community Partners (AW) |
| Capital District | Albany Medical Center Hospital |
| New York City | Bronx-Lebanon Hospital Center |
| Capital District | Ellis Hospital |
| New York City | HHC Facilities |
| New York City | Lutheran Medical Center |
| New York City | Maimonides Medical Center |
| Mohawk Valley | Mohawk Valley (Bassett) |
| Mid-Hudson | Montefiore Medical Center |
| New York City | St. Barnabas Hospital |
| Long Island | Stony Brook University Hospital |
| New York City | The NY Hospital of Queens |
| Mid-Hudson | Westchester Medical Center |

DSRIP Asthma Metrics

Domain 2 – System Transformation Metrics

| Measure Name – Statewide Measures | Measure Steward | DY 2 P4R/P4P | DY 3 -5 P4R/P4P |
|--|-----------------|--------------|-----------------|
| 2. A. Create Integrated Delivery System | | | |
| Potentially Avoidable Emergency Room Visits | 3M | Reporting | Performance |
| Potentially Avoidable Readmissions | 3M | Reporting | Performance |
| PQI Suite – Composite of all measures | AHRQ | Reporting | Performance |
| PDI Suite – Composite of all measures | AHRQ | Reporting | Performance |

Domain 3 - Clinical Improvement Metrics

| Measure Name | Measure Steward | NQF# | Source | Measure Type | DY2 & DY3 P4R/ P4P | DY4 & DY5 P4R/ P4P |
|---|-----------------|------|--------|--------------|--------------------|--------------------|
| 3.d – Asthma | | | | | | |
| PQI # 15 Adult Asthma | AHRQ | 0283 | Claims | Outcome | Performance | Performance |
| PDI # 14 Pediatric Asthma | AHRQ | 0638 | Claims | Outcome | Performance | Performance |
| Asthma Medication Ratio | NCQA | 1800 | Claims | Process | Performance | Performance |
| Medication Managed for People with Asthma | NCQA | 1799 | Claims | Process | Performance | Performance |

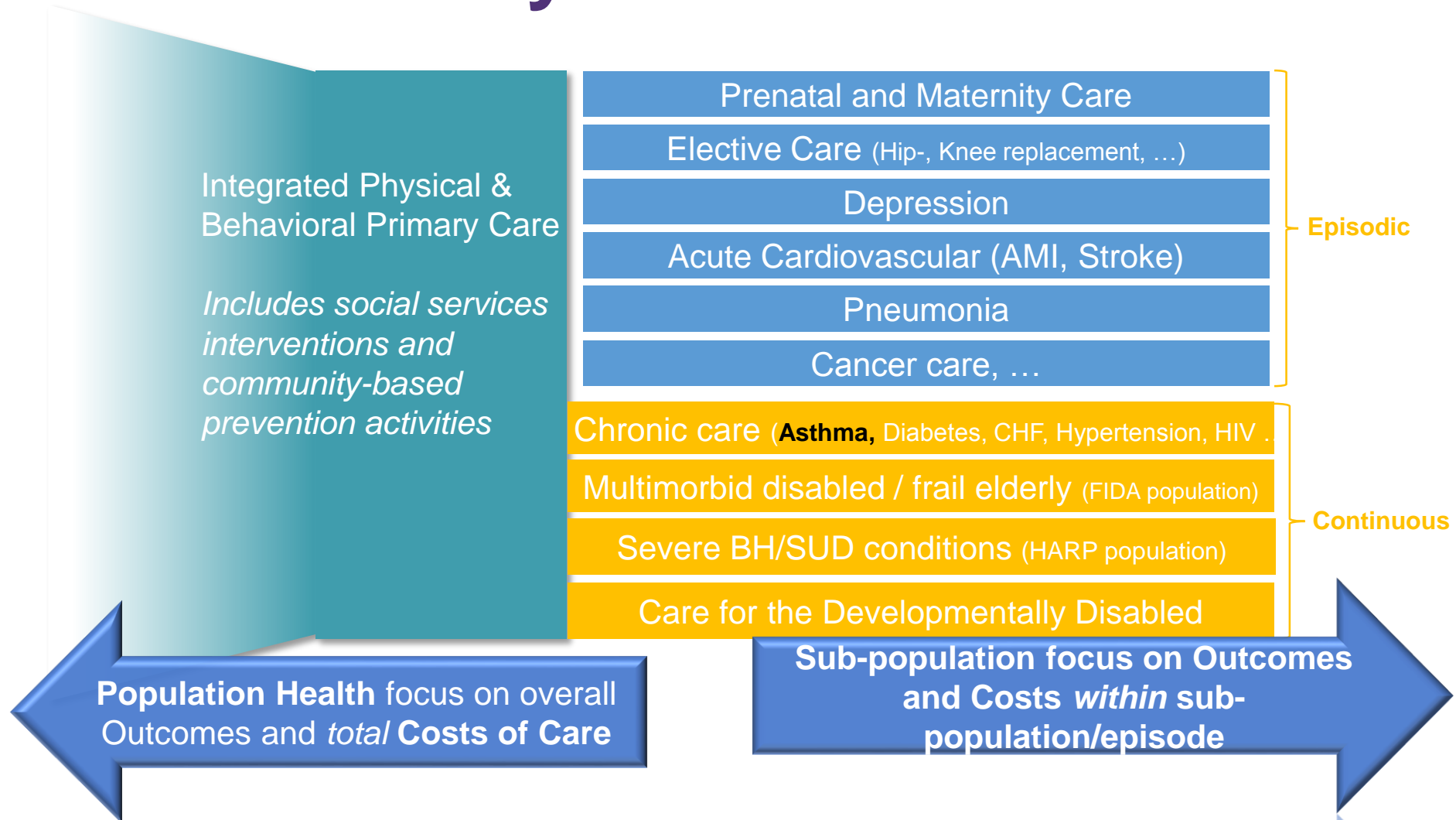
Domain 4 - Population-Wide Metrics

4. Prevent Chronic Diseases

| | | |
|--|--------|-----------|
| Asthma emergency department visit rate per 10,000 | SPARCS | Reporting |
| Asthma emergency department visit rate per 10,000 - Aged 0-4 years | SPARCS | Reporting |

The tables were taken from STC Attachment J – Strategies and Metrics Menu

Transformation also requires payment reform: Value Based Payments and the DSRIP Vision



Summary

- DSRIP PPSs doing Asthma Projects encouraged to work with Regional Asthma Coalitions and Healthy Neighborhoods Programs across New York State
- Implementation Plans for the PPSs have been reviewed and finalized, and we are now through the second quarter of Year 1 of DSRIP
- PPSs report quarterly throughout the 5 years of DSRIP, and payments driven by q 6-month reporting and performance
- Additional information available at:
 - https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/
- *DSRIP e-mail:* dsrip@health.ny.gov