Delivery System Reform Incentive Program (DSRIP) and Ending the Epidemic
Medicaid Waiver Amendment and DSRIP

• In April 2014, Governor Andrew M. Cuomo announced that New York State and CMS finalized agreement on the Medicaid Redesign Waiver Amendment.

• This $8 billion investment includes the Delivery System Reform Incentive Payment (DSRIP) Program as a major component to lead to system transformation that will:
  ✓ Preserve essential safety net providers across the state;
  ✓ Increase access for all New Yorkers to high-quality health care;
  ✓ Slow the rate of growth in Medicaid spending; and,
  ✓ Ensure that cost neutrality is maintained.
Defining the “End of AIDS”

A 3-Point plan announced by the Governor on June 29, 2014

1. Identify all persons with HIV who remain undiagnosed and link them to health care.

2. Link and retain those with HIV in health care, to treat them with anti-HIV therapy to maximize virus suppression so they remain healthy and prevent further transmission.

3. Provide Pre-Exposure Prophylaxis (PrEP) for high risk persons to keep them HIV negative

Reduce the number of new HIV infections to just 750 [from an estimated 3,000] by 2020
On January 13, 2015 the NYS Ending the Epidemic (ETE) Task Force completed its charge and finalized 44 committee recommendations that address HIV related prevention, care and supportive services.

Committee Recommendations were informed by 294 community recommendations and 17 statewide stakeholder meetings.

The final Blueprint will contain 30 Blue Print Recommendations and 7 Getting to Zero Recommendations.
Goal #1: Decrease HIV morbidity in New York State
- Address acute HIV infection
- Improve rates of viral suppression
- Increase access to PrEP and nPEP

Goal #2: Increase early access to, and retention in, HIV care in New York State
- Improve consumer linkage and retention
- Use data to identify and assist patients lost to care or not virally suppressed

Goal #3: Decrease STD morbidity in New York State
- Expand reimbursement for sexual and drug related health services to targeted populations
- Promote comprehensive sexual health education
- Remove disincentives related to possession of condoms

Goal #4: Decrease HIV and STD disparities in New York State
- Identify and address the needs of key populations
- Make routine HIV testing routine
- Expand targeted HIV testing
- Enhance services to support the non-medical needs of all persons with HIV
- Promote the health of people who use drugs
- Health, housing, and human rights for LGBT communities

Goal #5: Increase and coordinate hepatitis C (HCV) prevention and treatment capacity in New York State
- Provide HCV testing to persons with HIV
The DSRIP Challenge – Transforming the Delivery System

DSRIP is a major effort to collectively and thoroughly transform the NYS Medicaid Healthcare Delivery System

- From fragmented and overly focused on inpatient care towards integrated and community, outpatient focused

- From a re-active, provider-focused system to a pro-active, community- and patient-focused system

- Reducing avoidable admissions and strengthening the financial viability of the safety net

Building upon the success of the Medicaid redesign, the goal is to collectively create a future-proof, high-quality and financially sustainable care delivery system
Over 5 Years, 25 PPSs Will Receive Funding to Drive Change

A “Performing Provider System” is composed of local collaborating providers who will implement DSRIP projects over a 5-year period and beyond.

RESPONSIBILITIES MUST INCLUDE:

- Community health care needs assessment based on multi-stakeholder input and objective data
- Building and implementing a DSRIP Project Plan based upon the needs assessment in alignment with DSRIP strategies
- Meeting and Reporting on DSRIP Project Plan process and outcome milestones
PPS Concentration in the New York City (10) Area Follows Population and Provider Density

| Advocate Community Providers, Inc. |
| Bronx-Lebanon Hospital Center |
| Maimonides Medical Center |
| Mount Sinai PPS, LLC |
| NYU Lutheran Medical Center |
| SBH Health System |
| The New York and Presbyterian Hospital |
| The New York City Health and Hospitals Corporation |
| The New York Hospital Medical Center of Queens |
| Nassau Queens Performing Provider System, LLC |
| Staten Island Performing Provider System, LLC |

* Nassau Queens already captured in count on previous slide
The Following are Commonly Selected DSRIP Projects

**Domain 2 Projects: Address System Transformation**
- Create Integrated Delivery Systems focused on Evidence-Based Medicine /Population Health Management
- Care transitions intervention model to reduce 30 day readmissions for chronic health conditions

**Domain 3 Projects: Clinical Health Improvement**
- Integration of primary care and behavioral health services
- Evidence-based strategies for disease management in high risk/affected populations

**Domain 4 Projects: Population-wide Strategy**
- Strengthen Mental Health and Substance Abuse Infrastructure across Systems
- Promote tobacco use cessation, especially among low SES populations and those with poor mental health
Objective:
• Part of Governor Cuomo’s commitment to *End The Epidemic*, this project will improve identification of those currently infected with HIV, improve access to effective viral suppressive therapy and implement evidence based prevention and disease management strategies.

Target population includes:
• People living with HCV and HIV/AIDS in New York and Presbyterian Hospital PPS’s three HIV clinics, from all five boroughs in New York City.
Project 4.c.ii - Increase Early Access To, and Retention In, HIV Care

Objectives:

- Increase the percentage of HIV-infected persons with a known diagnosis who are in care by 9% to 72%
- Increase the percentage of HIV-infected persons with known diagnoses who are virally suppressed to 45%.

Target population includes:

- HIV-infected individuals (diagnosed and undiagnosed) and those at high-risk of becoming infected (i.e., individuals eligible for PrEP)
- Persons with co-occurring diagnoses such as mental health or SA disorders
- People with social factors such as homelessness, and persons identified as being high risk such as foreign born individuals, Black or Hispanic individuals, and MSMs.
NYC HIV DSRIP Projects: Increase Access and Retention

<table>
<thead>
<tr>
<th>DSRIP HIV Domain 4.c.ii Project</th>
<th>NYC PPS Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.c.ii – Increase early access to, and retention in, HIV care</strong></td>
<td><strong>HHC Facilities</strong></td>
</tr>
<tr>
<td>1. Viral Load Suppression (VLS) project</td>
<td>x</td>
</tr>
<tr>
<td>2. Integration of HIV Screening /Improved Linkages</td>
<td>x</td>
</tr>
<tr>
<td>3. PrEP for High Risk Negatives</td>
<td>x</td>
</tr>
<tr>
<td>4. Peer Support Program</td>
<td>x</td>
</tr>
<tr>
<td>5. Peer Specialist Health Navigation Services</td>
<td></td>
</tr>
<tr>
<td>6. Improve Cultural Competency</td>
<td>x</td>
</tr>
<tr>
<td>7. Virology Fast Track Plus</td>
<td>x</td>
</tr>
<tr>
<td>8. Education Campaign/Social Marketing</td>
<td>x</td>
</tr>
<tr>
<td>9. Partner Services</td>
<td>x</td>
</tr>
<tr>
<td>10. Therapy for Depression</td>
<td></td>
</tr>
<tr>
<td>11. HIV Registry</td>
<td></td>
</tr>
<tr>
<td>12. Link Needle Exchange Services</td>
<td></td>
</tr>
</tbody>
</table>

In addition, NY Presbyterian Hospital will pursue project 3.e.i to create a Center for Excellence in HIV and HCV care and project 4.c.i to decrease HIV morbidity. These projects include the use of community health workers to extend care beyond the clinic settings with support, education and HIV testing.
Project 11: Outreach to Uninsured and Low Utilizing Medicaid Population

2.d.i. Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care

Example: Health and Hospitals Corporation (HHC) in NYC

Objectives:

- Partner with CBO’s to engage target populations using Patient Activation Measures (PAM).
- Identify “hot spot areas” (emergency rooms) where CBO’s can provide outreach.
- Perform population health management by using Electronic Health Records (EHRs)s and other IT Platforms.

Goals:

- Activate patients by leveraging existing provider and community-based staff to improve patient engagement.
- Strengthen existing and develop new partnerships with entities providing primary care and preventive services.
- Identify range of available services that are financially accessible. Educate consumers about their availability.
- Reduce inappropriate use of inpatient and emergency services; and improve Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores.
## DSRIP & Medicaid Peer Initiatives

<table>
<thead>
<tr>
<th><strong>Delivery System Reform Incentive Program (DSRIP) 5-year Restructuring Payments</strong></th>
<th>Peers will serve as navigators, staff of self-management programs, conduct support groups, outreach for patient activation in community settings 2.d.i./Project 11, etc…</th>
</tr>
</thead>
<tbody>
<tr>
<td>In addition, projects with Community Health Workers (CHWs) for chronic conditions will commence (CHWs are not required to be peers)</td>
<td></td>
</tr>
<tr>
<td><strong>Health and Recover Plans (HARPs) &amp; HIV Special Need Plans (SNPs)</strong></td>
<td>Offer 1951i Home and Community Based Services (HCBS) including vocational &amp; peer services</td>
</tr>
<tr>
<td><strong>Harm Reduction Counseling as a Medicaid Billable Service</strong></td>
<td>Peers provide or assist in providing a wide range of services, including outreach, individual and group level interventions, client navigation, support groups and referrals. State Plan Amendment (SPA) process for federal approval is underway.</td>
</tr>
<tr>
<td><strong>Health Homes</strong></td>
<td>Flexible care team composition which may employ community members. There are 42 legacy HIV COBRA case management providers who have transitioned to be Health Home providers.</td>
</tr>
<tr>
<td><strong>Adult Day Health Care (ADHC)</strong></td>
<td>Utilize peers as stipend workers providing assistance at the program sites with reception area support, light maintenance, etc. The intention is to foster vocational interests and to build employment related skills.</td>
</tr>
<tr>
<td><strong>HIV Special Needs Plans (SNPs)</strong></td>
<td>Some SNPs currently utilize peers in care delivery teams.</td>
</tr>
</tbody>
</table>
Value Based Payments: Patient Centered Focus on Healthcare Rather than Provider Centered Focus

- Integrated Physical & Behavioral Primary Care
  - For the healthy, patients with mild conditions; for patients requiring coordination between more specialized care services

By waiver Year 5, all health plans must employ non-fee-for-service payment systems that reward value over volume for at least 90% of their provider payments.
SDOH wants to hear from you!

**DSRIP e-mail:**

dsrip@health.ny.gov

‘Like’ the MRT on Facebook:

http://www.facebook.com/NewYorkMRT

Follow the MRT on Twitter:

@NewYorkMRT

Subscribe to our listserv:

http://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm