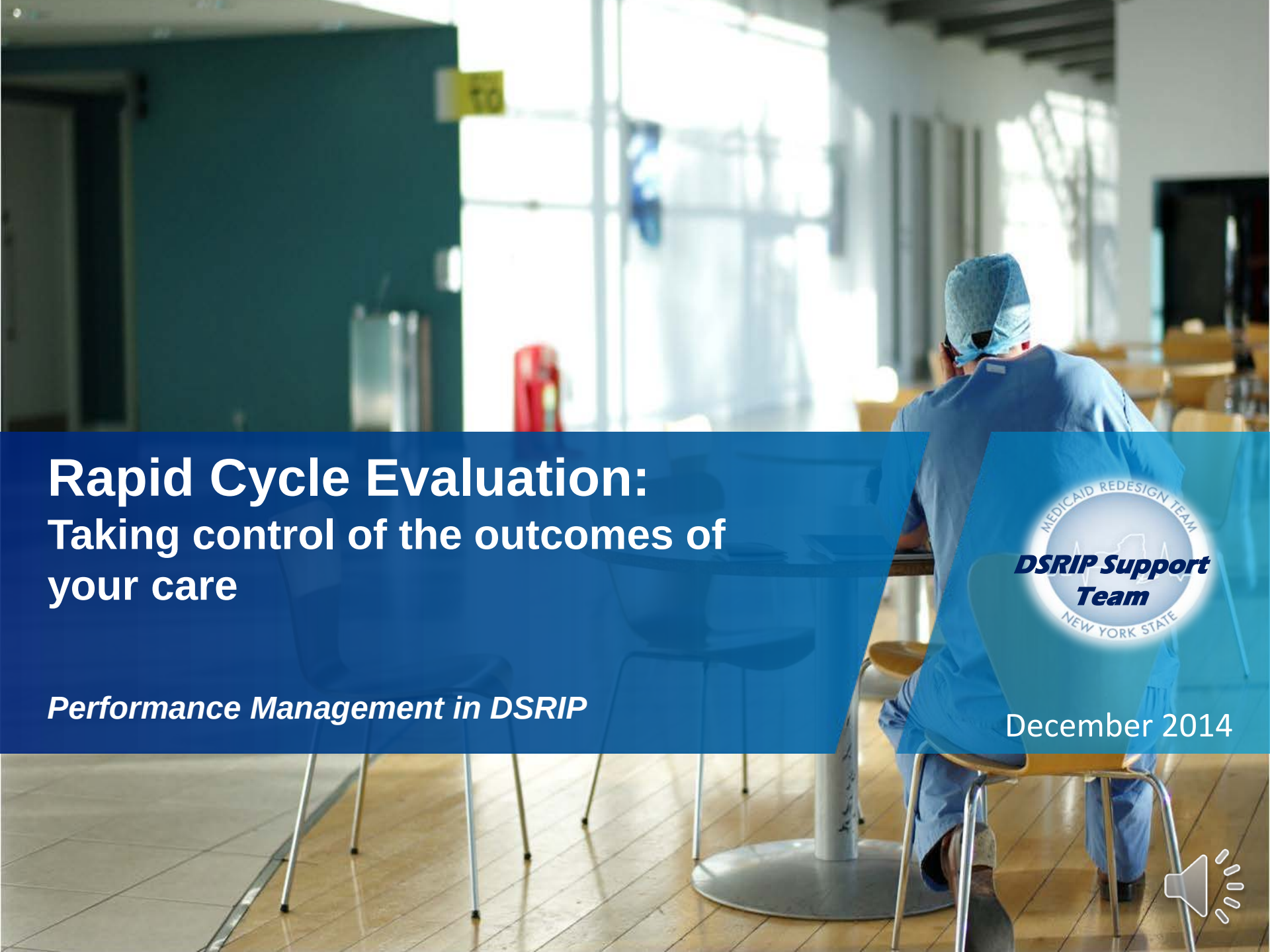


Rapid Cycle Evaluation:
Taking control of the outcomes of your care

Performance Management in DSRIP

DSRIP Support Team

December 2014

Agenda

1. Taking control of outcomes: The Challenge
2. Performance Management: The Art of Being in Control
3. Performance Management: What information and tools will the State provide?

Taking control of outcomes: The Challenge

The DSRIP Challenge – Transforming the Delivery System

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

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

— From a re-active, siloed system to a pro-active system focused on collaboration and communication across the continuum of care

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

Building upon the success of the MRT, the goal is to collectively create a future-proof, high-quality and financially sustainable care delivery system

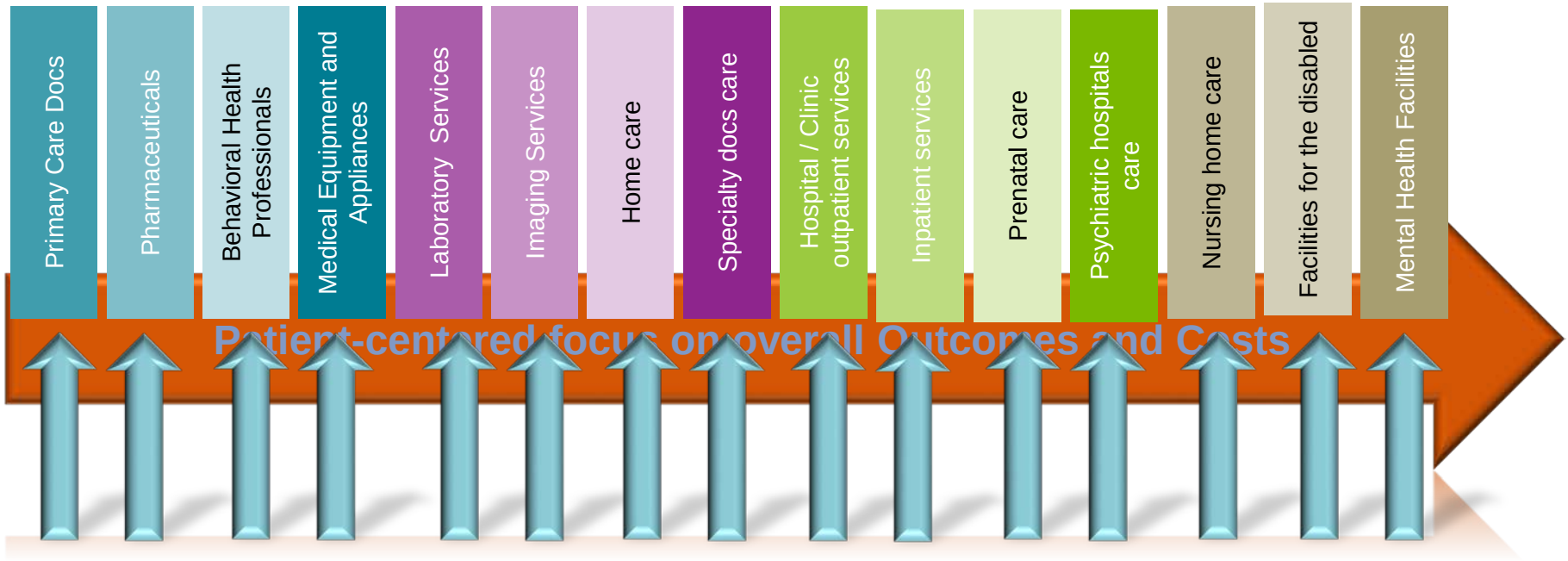
— Reducing potentially avoidable (re)admissions

— Reducing potentially avoidable ER visits

— Reducing other potentially avoidable complications (diabetes complications, patients at-risk for becoming multi-morbid, crisis stabilization)

— Improving Patient experience (CAHPS)

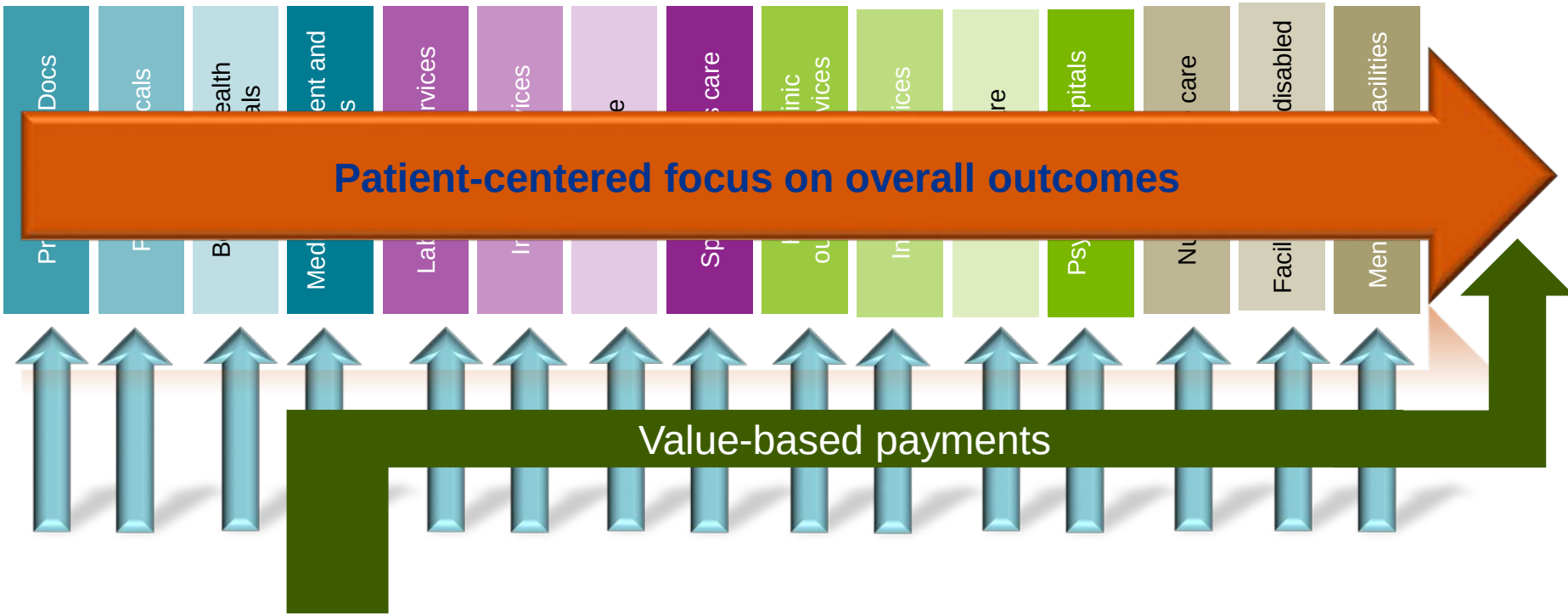
Fragmentation of current delivery system hampers integrated, patient-centered focus on outcomes



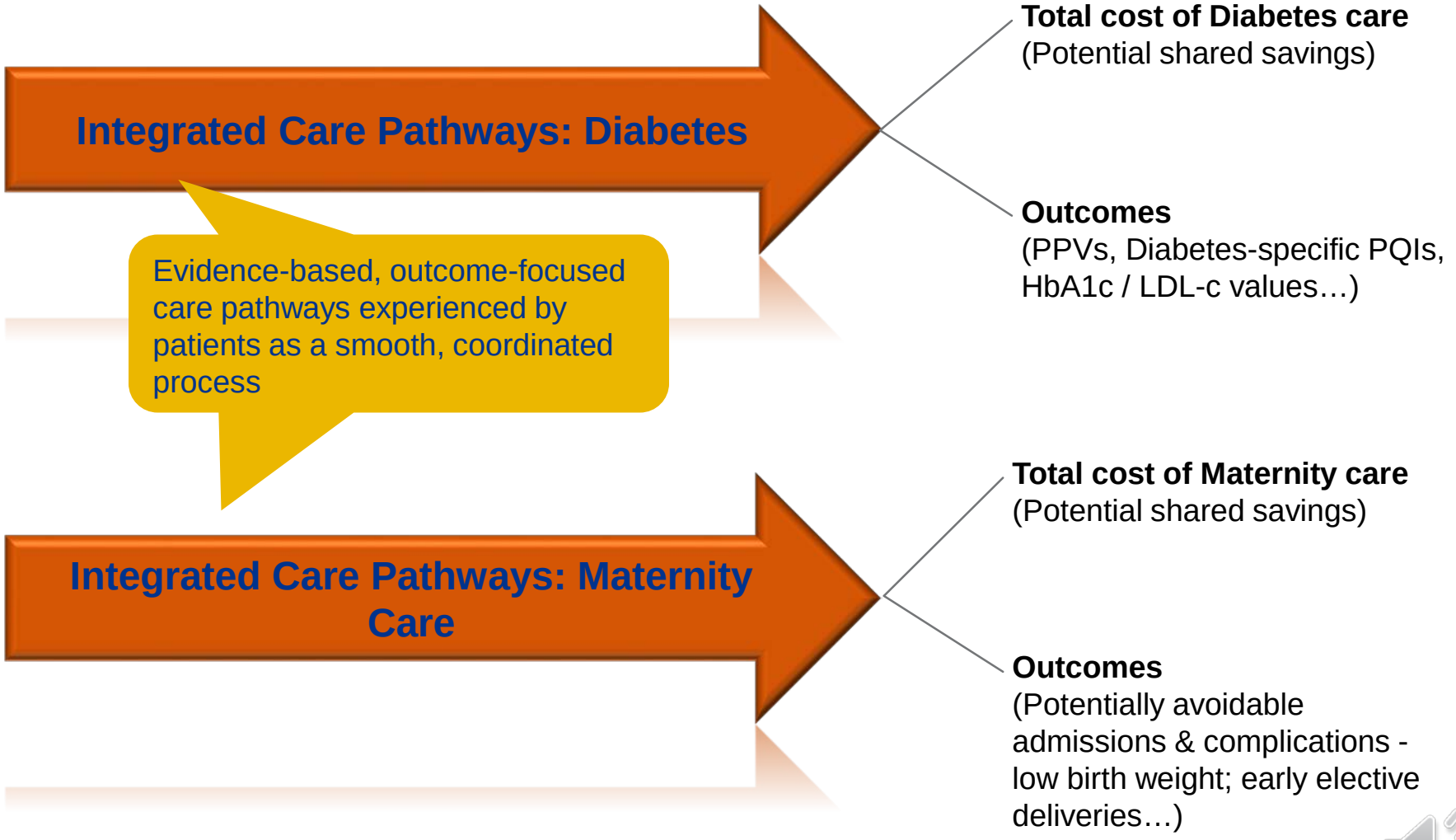
Challenge to change:

Providers, Payers and Governments have embedded this fragmentation in their culture, organization & their systems

The DSRIP vision: integrated service delivery, incentivized by value-based payments



The DSRIP vision: integrated service delivery, incentivized by value-based payments



The DSRIP vision: integrated service delivery, incentivized by value-based payments

Evidence-based, outcome-focused care coordination, self-management strategies, optimally integrated with social services

Integrated Care Coordination: Care for BH/physical health comorbid patients

- Primary Care Docs
- Behavioral Health Professionals
- Inpatient services
- Hospital / Clinic outpatient services
- Specialty docs care
- Pharmacy
- Home care
- Laboratory Services

Total cost of BH/PH comorbidity patients care
(Potential shared savings)

Outcomes
(Potentially avoidable admissions & complications, Quality of Life, …)

Challenge for PPSs in DSRIP

Realizing (or surpassing) the goals you set in your application implies becoming 'in control' of the outcomes of the care delivered by you and your partners…

- Potentially avoidable admissions in children with Asthma
- Low % of diabetics with HbA1c > 9.0%
- Potentially avoidable readmissions for SNF patients
- Potentially avoidable ER visits for individuals with BH diagnosis
- Improved CAHPS scores
- etc..

This is hard to do for an individual organization (IPA, Hospital, PCMH, Nursing Home)…

… let alone for a cluster of organizations coming together in a PPS

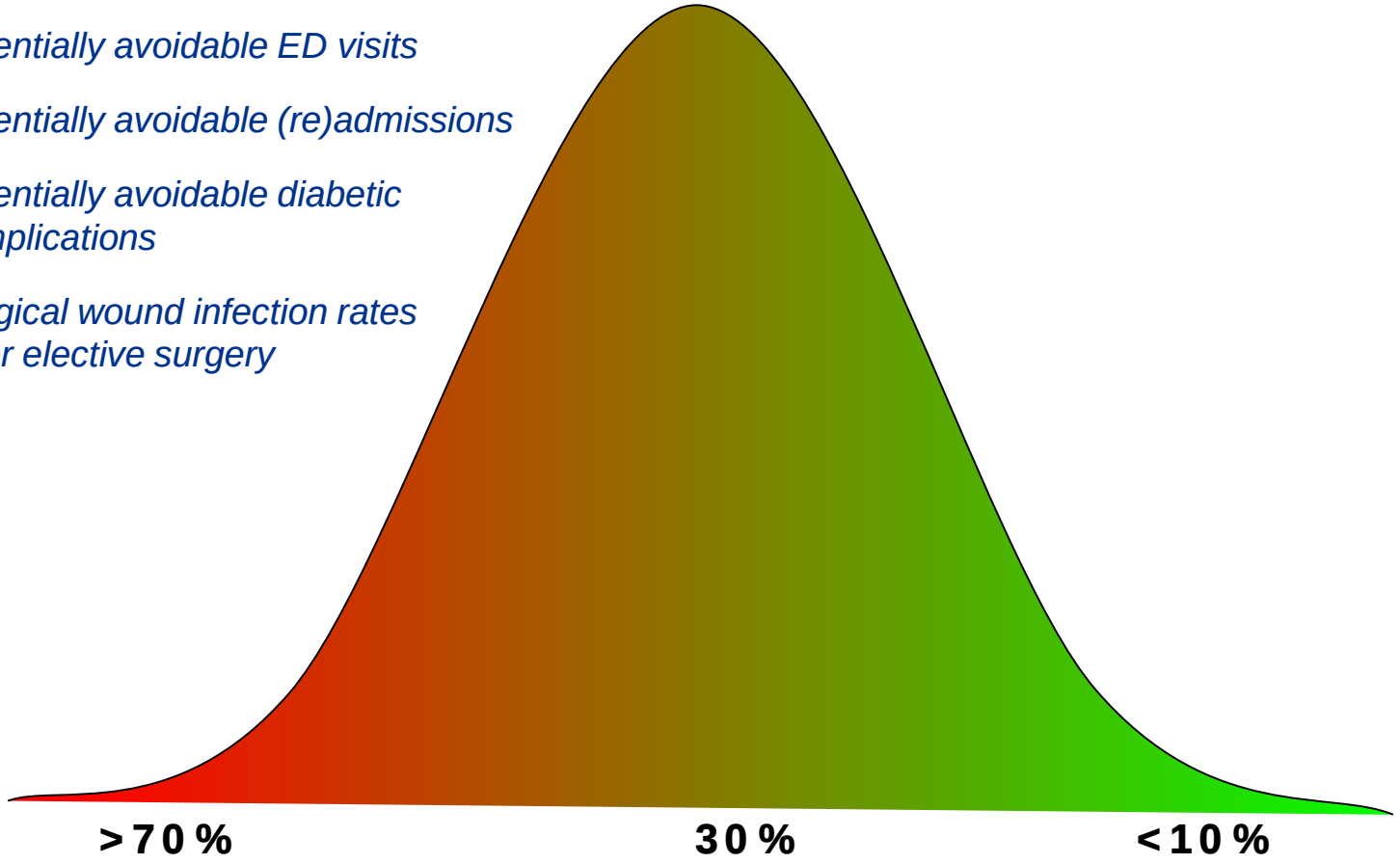
In a PPS: you are jointly responsible for outcomes achieved for your population…

… and the outcomes you need to realize can only be achieved by acting jointly

Whatever outcomes are studied, the variability within and between providers is large

Within your PPS, you will find bell-curves as depicted here when looking at:

- *Potentially avoidable ED visits*
- *Potentially avoidable (re)admissions*
- *Potentially avoidable diabetic complications*
- *Surgical wound infection rates after elective surgery*
- *….*

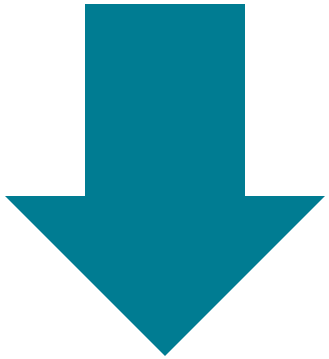


Performance Management: The Art of Being in Control

Becoming in control of outcomes is a multi-year process

What does it mean to be 'In-Control'?*

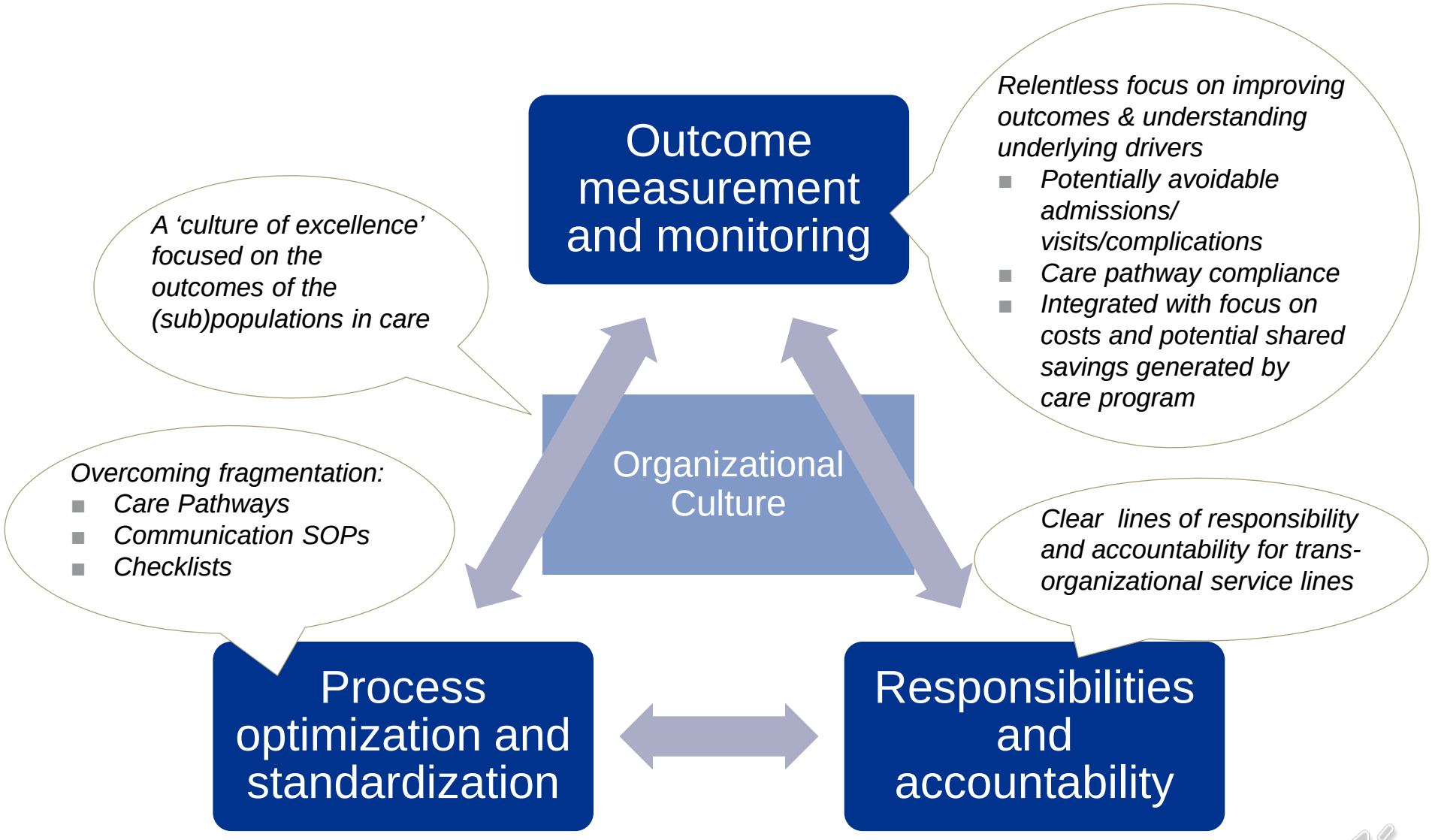
- Systematically measuring outcomes of care delivered
- Understanding the key drivers of these outcomes
- Understanding how to make these outcomes 'best-in-class'
- High reliability care processes (i.e., low error-rates), yielding increasingly predictable, excellent outcomes



Based on interviews with the world's leading health care delivery systems, it takes hard work at four, interrelated topics, to become in control of your outcomes.

Source: see Slide 18

Becoming in Control – Four Pillars



Evolutionary process: progressing through stages

Becoming 'in control' takes time – it is a process that develops through recognizable stages

Throughout this process,

Stage	0 *Healthcare as craft*	1 *Watchful professional*	2 *Collective professionalism*	3 *High-reliability care*
Description	• No systematic linkages across individual providers • Unrestrained individual autonomy of professionals	• Some cross-organizational coordination • Constrained individual autonomy	• Implemented cross-organizational care pathways • Constrained collective autonomy (teams)	• Teams integrated around total care pathway • Teams with strong situational awareness
Reliability level	$> 10^{-1}$ (<80% of patient-care processes are error free)	$< 10^{-1}$	$< 10^{-2}$	$< 10^{-3}$

Range in which current health care practices operate

Performance Management:
What information and tools will the State provide?

One core foundation for this: having the right information

The DSRIP program and the metrics focus on *improving population health*

This requires complete, longitudinal information on what happens to patients over time and across organizational boundaries

Such information is rarely systematically available for any given provider

The State's Medicaid Claims and Encounter data, completed with other data sources already available at State level form a strong basis to start with

- >90% of all DSRIP metrics are calculated by the State on the basis of these data

One core foundation for this: having the right information

What information can PPSs expect to get from the State?

Until Dec. 2014	■ The baseline information for the DSRIP measures as is available per county / zip code ■ Further refined attribution information ■ Every PPS can get training in Salient Interactive Miner tool, which gives in-depth access to the State's Medicaid Claims & Encounter information (non-PHI)
In DY 1 (gradual build-out)	■ Final attribution & network information ■ PPS-specific dashboards with outcomes information on 90% of DSRIP metrics (domain 2-3, including trends, yearly targets (gap to goal) ■ Dashboards showing comparative information between PPSs (trends, outcomes, benchmarks) ■ Access to enriched Salient Interactive Miner tool, which allows drill-down to provider & patient level in all measures for analysis of potential underlying drivers of poor/high performance, beneficiary-identification, options for improvement etc (PHI for analysis within PPS)
In DY 2 (gradual build-out)	■ Revised attribution & network information (attribution for performance purposes is reset every year) ■ PPS-specific dashboards with outcomes information on 95% of DSRIP metrics (domain 2-3) total cost of care, and potential (risk-adjusted) shared savings, with drill-down capabilities to individual provider & subpopulation levels ■ Dashboards showing comparative information between PPSs (trends, outcomes, costs) ■ Access to enriched Salient Interactive Miner tool as above, now including risk-adjusted costs as well

Precise deadlines, scope and format of information may change

The data and tools you will have access to can be the foundation of your Performance Management

- **Allow you to identify care gaps**
- **Allow you to measure and monitor outcomes over time and attribute success/failure to partners within the PPS**
- **Allow you to benchmark your outcomes and trends with other PPSs in NYS and with national benchmarks**
- **Allow you to 'pipe' datastreams into your own PPS specific Performance Management tools that can build upon this foundation**
- **Allow you to identify potential reductions in total cost of care per episode, subpopulation or at total Medicaid population level – crucial to start shared savings discussions with MCOs**

You will need more real-time and more clinical information to progress towards Stage 2 – *see forthcoming Webinar on IT and Population Health Management*

This webinar is based on a KPMG Global Thought Leadership Study

Full report can be found at:

http://www.kpmg.com/Global/en/IssuesAndInsights/ArticlesPublications/clinical-governance/Pages/global-perspectives-clinical-governance.aspx

Disclaimers

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