

# Welcome to the Overview of the DSRIP Domain 3 Perinatal Project (3.f.i.)

We will be starting at 3:00pm.

Your lines have been muted upon entry.

Please keep your phone on mute unless you have a question.

Press #06 or  to unmute/mute your line.

Please avoid putting your phone on hold if you have hold music.



**Department  
of Health**

Office of  
Health Insurance  
Programs

# Overview of DSRIP Domain 3 Perinatal Project (3.f.i.)

ASSOCIATED METRICS & DATA COLLECTION

May 2015

# Agenda

- DSRIP Introduction
- Project Overview
- PPS's Participating in Project
- Perinatal Metrics Overview
- PPS Data Collection Requirements
- HCS Account Requirements

# **DSRIP Introduction**

## **Delivery System Reform Incentive Payment**

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# The 2014 MRT Waiver Amendment and New York State's DSRIP Goals

- In April 2014, Gov. Andrew M. Cuomo announced that the New York State and CMS finalized agreement in the MRT Waiver Amendment
- Allows the State to reinvest \$8 billion of \$17.1 billion in Federal savings generated by MRT reforms
- **\$6.4 billion is designated for DSRIP**
- Goals of DSRIP:
  - ✓ Reduce avoidable hospital admissions and emergency department use by 25% over the next 5 years
  - ✓ Preserve and transform the State's fragile healthcare safety net system

# DSRIP is the foundation for “*Better care, less cost*”

## Patient-Centered

- Improving patient care & experience through a more efficient, patient-centered and coordinated system.

## Transparent

- Decision making process takes place in the public eye and that processes are clear and aligned across providers.

## Collaborative

- Collaborative process reflects the needs of the communities and inputs of stakeholders.

## Accountable

- Providers are held to common performance standards, deliverables and timelines.

## Value Driven

- Focus on increasing value to patients, community, payers and other stakeholders.

***Better care, less cost***

# Over 5 years, 25 Performing Provider Systems (PPSs) will receive funding to drive change

- A PPS is composed of local collaborating providers who will implement DSRIP projects over a 5-year period and beyond
- Each PPS must include providers to form an entire continuum of care
  - Hospitals
  - Health Homes
  - Skilled Nursing Facilities (SNF)
  - Clinics & FQHCs
  - Behavioral Health Providers
  - Home Care Agencies
  - Other Key Stakeholders

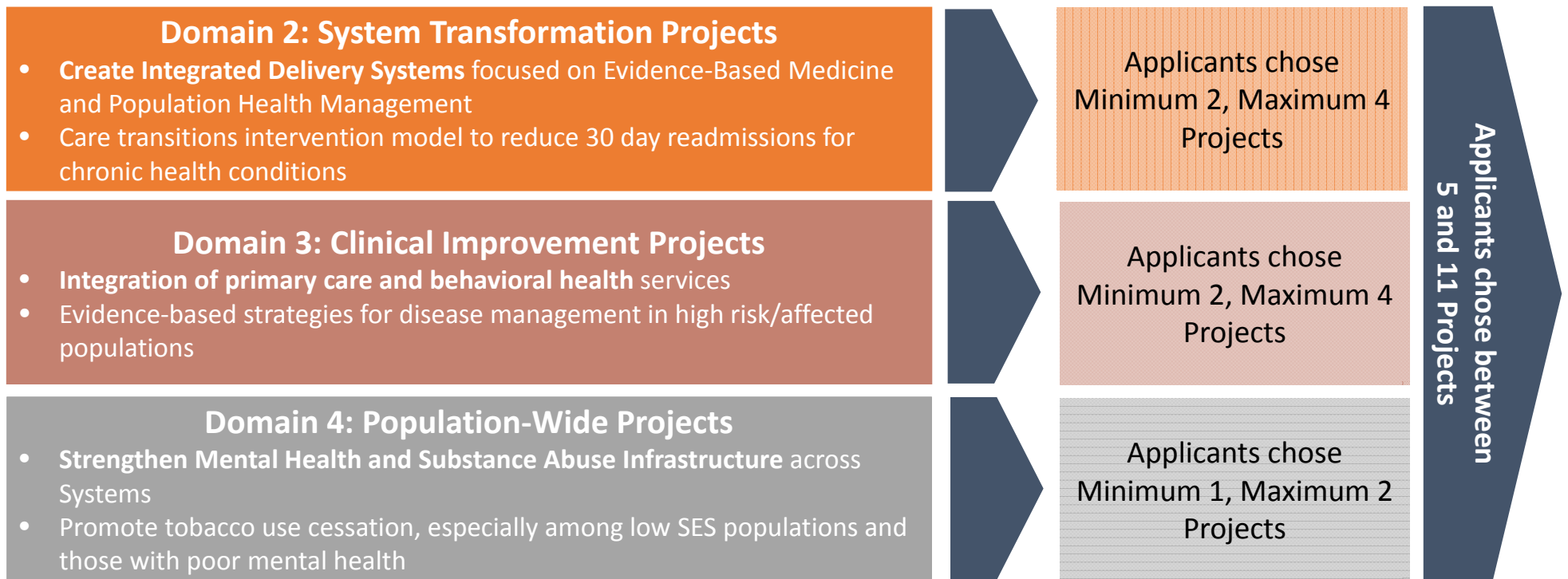
Responsibilities must include:

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.

# Each PPS was able to select between 5 and 11 projects\*



\*Project 2.d.i is described as ***“Implementation of patient and community activation activities to engage, educate and integrate the uninsured and low/non-utilizing Medicaid populations into community based care,”*** which PPSs could select as their 11th project.



# Project Overview

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DSRIP Quality Measure Coordinator

New York State Department of Health, Office of Quality and Patient Safety

# DSRIP Project 3.f.i – Perinatal Care

## **Title**

Increase support programs for maternal & child health (including high risk pregnancies).

## **Objective**

To reduce avoidable poor pregnancy outcomes and subsequent hospitalization, as well as improve maternal and child health through the first two years of the child's life.

## DSRIP Project 3.f.i. – Core Components

There are three options for intervention that may be utilized for this project:

Model Description	PPS' That Chose This Model
1) Implementation of an <b>evidence based home visiting model</b> for pregnant high risk mothers including high risk first time mothers (e.g., Nurse Family Partnership).	Bronx-Lebanon Sisters of Charity Hospital
2) Establish a <b>care/referral community network</b> based upon a regional center of excellence for high risk pregnancies and infants.	none
3) Implementation of a <b>Community Health Worker (CHW) program</b> on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program.	Bronx-Lebanon Finger Lakes Millennium Collaborative Care

Refer to the *DSRIP Project Toolkit*:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/docs/dsrp\\_project\\_toolkit.pdf](http://www.health.ny.gov/health_care/medicaid/redesign/docs/dsrp_project_toolkit.pdf)

# PPS Participation

# DSRIP Perinatal Care - Performing Provider Systems

**Four Performing Provider Systems (PPS)** have chosen this project:

- Bronx-Lebanon Hospital Center
- Sisters of Charity Hospital of Buffalo, New York
- Finger Lakes Performing Provider Systems, Inc.
- Millennium Collaborative Care

This includes a total of **23 birthing hospitals** that are participating.

# DSRIP Perinatal Care – Participating Hospitals

<b>Finger Lakes PPS</b>
Arnot Ogden Medical Center
Highland Hospital
Jones Memorial Hospital
Newark-Wayne Community Hospital
Nicholas H. Noyes Memorial Hospital
Rochester General Hospital
St James Mercy Hospital
Strong Memorial Hospital
Thompson Hospital
The Unity Hospital of Rochester
United Memorial Medical Center
Wyoming County Community Hospital

<b>Bronx-Lebanon Hospital Center</b>
Mount Sinai Hospital
SJRH - St Johns Division

<b>Sisters of Charity Hospital</b>
Brooks Memorial Hospital
Mercy Hospital
Mount St. Mary's Hospital & Health Center
Sisters of Charity Hospital
Woman's Christian Association

<b>Millennium Collaborative Care</b>
Eastern Niagara Hospital
Niagara Falls Memorial Medical
Olean General Hospital
Wyoming County Community Hospital

# Perinatal Metrics Overview

## DSRIP Project 3.f.i. – Associated Measures

Perinatal Measure Name	Data Source	Reporting Responsibility
Prevention Quality Indicator #9, Low Birth Weight	NYSDOH Medicaid Data Warehouse	NYSDOH
Well Care Visits in the First 15 Months (5 or more visits)		NYSDOH
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Medical Record Review	PPS & NYSDOH
Prenatal and Postpartum Care: Postpartum Visits		PPS & NYSDOH
Frequency of Ongoing Prenatal Care (81% or more)		PPS & NYSDOH
Childhood Immunization Status (Combination 3 – 4313314)		PPS & NYSDOH
Lead Screening in Children		PPS & NYSDOH
Early Elective Deliveries		Hospital



# Early Elective Delivery Metric

## Early Elective Delivery (EED) metric:

The **percent** of scheduled deliveries\* occurring at or after 36 0/7 weeks and at or before 38 6/7 weeks gestation **without documentation of an appropriate medical indication.**

## \*Case definition:

For the purposes of this project, **scheduled deliveries** are defined as inductions or Cesarean sections prior to the onset of labor between 36 0/7 and 38 6/7 weeks gestational age.

Refer to the *DSRIP Measure Specification and Reporting Manual*:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/docs/dsrp\\_specif\\_report\\_manual.pdf](http://www.health.ny.gov/health_care/medicaid/redesign/dsrp/docs/dsrp_specif_report_manual.pdf)



# Early Elective Delivery Result Calculation

Information submitted by birthing hospitals will be used to calculate the PPS final result for the Early Elective Delivery metric (for each measurement year).

Hospital-specific results will be **aggregated and averaged across all birthing hospitals** within each PPS.

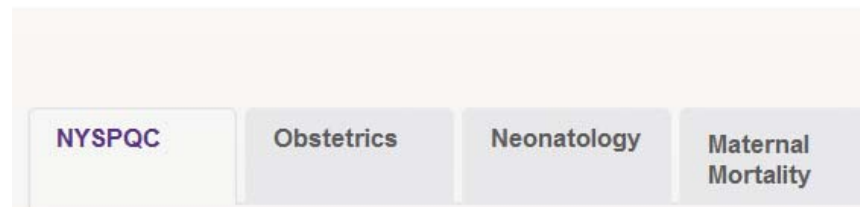
# Data Collection for Early Elective Delivery Metric

# Medical Record Review

All birthing hospitals in each PPS are required to **review medical records** for all **scheduled deliveries** occurring at or after 36 0/7 weeks and at or before 38 6/7 weeks gestation.

Data collected for this project will be submitted using a secure web-based system, the **New York State Department of Health's Health Commerce System (HCS)** (<https://commerce.health.state.ny.us>)





The New York State Perinatal Quality Collaborative (NYSPQC), an initiative of the New York State Department of Health, aims to **provide the best and safest care for women and infants** in New York State by preventing and minimizing harm through the use of **evidence-based practice interventions**.

**New York State Perinatal Quality Collaborative – Scheduled Delivery Form**

Scheduled is defined as all inductions and cesarean sections prior to onset of labor between 36 0/7 and 38 6/7 weeks gestational age

A. Patient Demographics				
1. Permanent Facility Identifier (PFI):	2. Facility Name:	3a. Sequence Number:	3b. System ID:	
4. Admit Date (Month and Year): mm/yyyy	____/____(mm/yyyy)	5. Maternal Age: ____ years	*Medical Record Number:	
Delivery Type			6. NOTES:	
7. Vaginal:	Spontaneous <input type="checkbox"/>	Operative <input type="checkbox"/>		
8. Cesarean:	Primary <input type="checkbox"/>	Repeat <input type="checkbox"/>		
9. Induced Labor:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
10. Patient ethnicity:	Hispanic <input type="checkbox"/>	Non-Hispanic <input type="checkbox"/>		Ethnicity Unknown <input type="checkbox"/>
11. Patient race:	White <input type="checkbox"/>	Black or African American <input type="checkbox"/>	American Indian/ Alaskan Native <input type="checkbox"/>	
	Asian <input type="checkbox"/>	Native Hawaiian/ Other Pacific Islander <input type="checkbox"/>	Some Other Race <input type="checkbox"/>	Race Unknown <input type="checkbox"/>
12. Primary Insurer:	Medicaid <input type="checkbox"/>	Uninsured <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>
B. Clinical Data				
13. Final Gestational Age at Delivery:		____ weeks ____ days		
14. Was gestational age documented in the chart?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Was gestational age of <u>less than 39 weeks</u> confirmed by one of the following?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• First or second trimester ultrasound &lt; 20 weeks</li> <li>• Fetal heart tones documented for 30 weeks by Doppler ultrasonography</li> <li>• 36 weeks since positive serum/urine human chorionic gonadotropin pregnancy test result</li> </ul>				
16. Was fetal lung maturity documented by amniocentesis?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. For inductions, was the Bishop Score of cervical status 8 or greater for a primigravida birth mother or 6 or greater for a multigravida birth mother?			<input type="checkbox"/> Score $\geq 8$ primigravida, $\geq 6$ multigravida <input type="checkbox"/> Determined, did not meet criteria <input type="checkbox"/> Not measured or cannot be calculated	
Patient Counseling (18b and 18c are <u>only required for RPCs</u> participating in the OB Prenatal Education Project)				
18a. Was there documentation in the medical record that the maternal <u>and</u> fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks were discussed with the mother?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
18b. Was there documentation in the medical record of the mother's preferred language? If yes, please specify the language.			<input type="checkbox"/> Yes, _____ <input type="checkbox"/> No	
18c. Was patient education provided in the mother's preferred language?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Scheduled Delivery				
19. Was there documentation in the medical or prenatal record of the <u>primary</u> reason for scheduled delivery?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

# New York State Perinatal Quality Collaborative Scheduled Delivery Form

<http://www.albany.edu/sph/cphce/obrecruitmentpac/scheduleddeliveryforms.pdf>

# Data Collection: Measurement Year 1

Time period: **July 1, 2014 through June 30, 2015**

## **Retrospective** process:

- 1) Look back and review past medical charts
- 2) Use the data collection form
- 3) Submit data via the HCS by December 2015



# Data Collection: Measurement Year 2

Time period: **July 1, 2015 through June 30, 2016**

## **Prospective** process:

- 1) Review medical charts each month
- 2) Use the data collection form
- 3) Submit data via the HCS on a monthly basis

*\*Data is due no later than the last Wednesday of each subsequent month.*

**\* Start data collection in July 2015.**

# HCS Account Requirements for Early Elective Delivery Metric Reporting

# Health Commerce System (HCS) Account

At least **one designated person from each hospital** will need an HCS account and a proper role assignment in order to **submit data** using the *NYSPQC Scheduled Delivery Form*.



If you experience any issues with version 4.0 please send an e-mail to [hcsoutreach@health.state.ny.us](mailto:hcsoutreach@health.state.ny.us)

User Id:

Password:

[Forgot your password?](#)

To use the forgotten password feature you must first activate it, see the [Quick Reference Guide](#).

[Forgot your user ID?](#)



## What to do if your designated staff member DOES NOT have an HCS account

- 1) E-mail **[NYSPQC@health.ny.gov](mailto:NYSPQC@health.ny.gov)** in order to receive information regarding applying for an account.
- 2) Once HCS account information is received, please contact **[NYSPQC@health.ny.gov](mailto:NYSPQC@health.ny.gov)** with the account information, and for further instructions related to role assignment.

## What to do if your designated staff member DOES have an HCS account

E-mail your Health Commerce System User ID to **NYSPQC@health.ny.gov**, so that we may verify that you have been assigned to the proper role for data entry.

What to do if your designated staff member  
DOES have an HCS account but is not  
assigned to the role of “SDF Reporter”

E-mail **[NYSPQC@health.ny.gov](mailto:NYSPQC@health.ny.gov)** in order to obtain  
instructions for being assigned to the appropriate role.

# Upcoming Training Webinar

**WHEN:** Monday June 22, 2015  
9:30-10:30am

**WHO:** Designated hospital staff members who submit data  
(new HCS users)

**PURPOSE:** Train designated staff members how to:

- ✓ Complete the *NYSPQC Scheduled Delivery Form*
- ✓ Submit data via the HCS

# Questions



# Contact Information

*For questions regarding DSRIP:*

[dsrip@health.ny.gov](mailto:dsrip@health.ny.gov)

*For questions regarding the NYSPQC form and data submission:*

[nyspqc@health.ny.gov](mailto:nyspqc@health.ny.gov) OR (518) 473-9883