



**Department  
of Health**

Medicaid  
Redesign Team

# Welcome and DSRIP Performance Update: MY3 Preview (Month 9 of 12)

December 8, 2017

# Achieving the DSRIP goal

Potentially Preventable  
Readmission (PPR)

**25% reduction  
in avoidable  
hospital use  
over five years**

Potentially Preventable  
ER Visits (PPV)

Prevention Quality  
Indicators (PQI)

Potentially Avoidable  
Complications (PAC)<sup>1</sup>

Pediatric Quality  
Indicators (PDI)

1. PAC are not DSRIP payment measures, but are a component of NYS VBP Initiative and another way to quantify avoidable hospital use. PAC distinguish a wide variety of complications and calculates proxy price weighted, severity-adjusted episodes of care that can be bundled, such as the Chronic Bundle in NYS VBP.

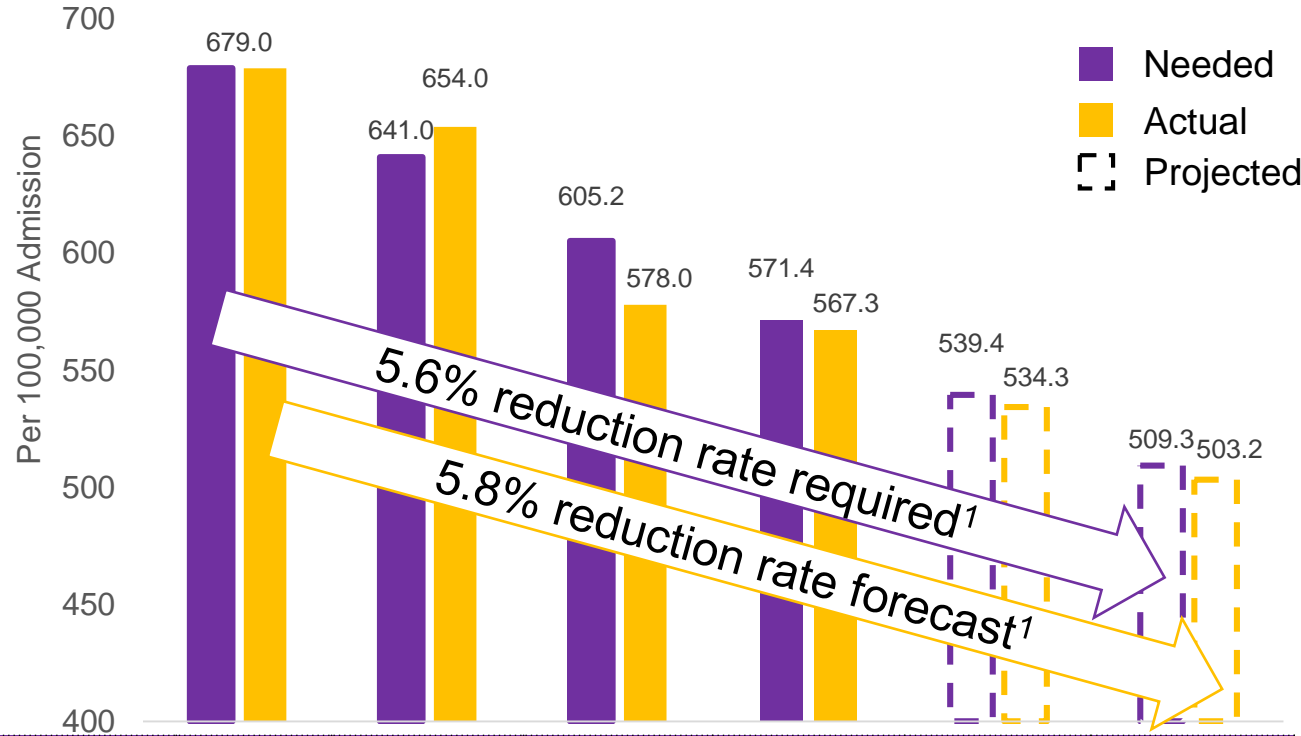
How have PPS performed so far?

PPS have reduced Potentially Preventable Readmissions by 16.5%

PPS have reduced Potentially Preventable ER Visits by 12.5%

# PPR: Current results and performance opportunity

## Potentially Preventable Readmission



## Pursuing the goal of 25% reduction ...

If all PPS maintain current reduction rates, the State **will achieve** a 25.89% reduction over baseline (503.2 per 100,000 members)

MY2 annual CAGR was -7.7%, that rate is reduced to -5.8% when including MY3 data

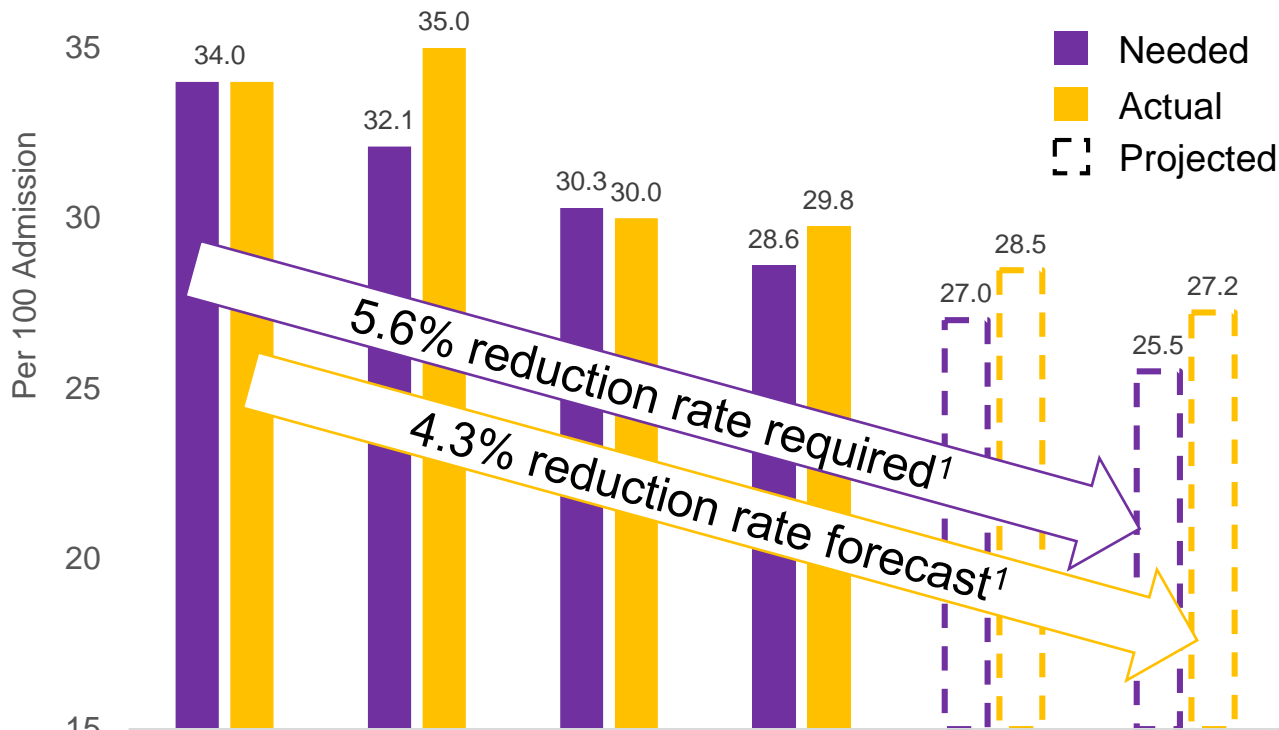
MY3 <sup>1</sup> Rates	PPS
< -10%	NYU Lutheran (-24.81%), NCI, BHA, ACP, BHNNY, NY Presby, SIPPS, LCHP, Refuah, WMCH
-9.9% to - 0%	CNYCC, OneCity, CCN, AHI, NQP, SCC, BPHC, FLPPS
+0% to 10%	CCB, CPWNY, NYPQ, MCC,
>10%	MHVC, Mount Sinai, Alliance

	MY0	MY1	MY2	MY3 <sup>1</sup>	MY4	MY5
Needed	679.0	641.0	605.2	571.4	539.4	509.3
Actual	679.0	654.0	578.0	567.3	534.3	503.2
Delta	0.0	-13.0	27.2	4.1	5.1	6.0

Notes:  
 1. Projection assumes a consistent denominator year over year, and rate estimates are based on CAGR projection driven by MY0 – MY3 non-case mix adjusted results with only three quarters of MY3 data included

# PPV: Current results and performance opportunity

## Potentially Preventable Emergency Room Visits



## Pursuing the goal of 25% reduction ...

If current rates are maintained, the State **will not achieve** a 25% reduction over baseline (will end at a 19.9% reduction over baseline).

MY2 CAGR was -6.1%, that rate has been reduced to 4.3% when including MY3 data

MY3 <sup>1</sup> Rates	PPS
< -3%	NCI (-5.45%), NYU Lutheran, SIPPS, NYPQ
-2.9% to -2.0%	SCC, WMCH, Refuah, CPWNY, ACP, NY Presby
-1.9% to -1.0%	OneCity, BPHC, BHA, MCC, Alliance, LCHP, BHNNY, CCB, NQP
-1% to 0	CNYCC, FLPPS, AHI, MHVC, Mt. Sinai, CCN

	MY0	MY1	MY2	MY3 <sup>1</sup>	MY4	MY5
Needed	34.0	32.1	30.3	28.6	27.0	25.5
Actual	34.0	35.0	30.0	29.8	28.5	27.2
Delta	0.0	-2.9	0.3	-1.2	-1.5	-1.7

Notes:

1. Projection assumes a consistent denominator year over year, and rate estimates are based on CAGR projection driven by MY0 – MY3 non-case mix adjusted results with only three quarters of MY3 data included

# Statewide Accountability Milestones

The STCs identify four measures for which statewide performance is evaluated, beginning in DY3:

Statewide Milestone	Pass Criteria
1. <b>Statewide metrics performance</b>	More metrics are improving on a statewide level than are worsening <sup>1</sup>
2. <b>Success of projects statewide<sup>2</sup></b>	More metrics achieving an award than not
3. <b>Total Medicaid spending<sup>3</sup></b>	1) The growth in the total Medicaid spending is at or below the target trend rate (DY4-5 only) <i>and</i> 2) The growth in statewide total IP & ED spending is at or below the target trend rate (DY3-5)
4. <b>Managed care plan</b>	Achieving VBP roadmap goals related to value-based payment transition

*If the state fails any of the four statewide milestones:*

	DY 3	DY 4	DY 5
<b>Penalty</b>	\$74.09M (5% of funds)	\$131.71M (10% of funds)	\$175.62M (20% of funds)

Notes: 1. Based on previous year and baseline comparisons

2. Based on project-specific and population-wide quality metrics 3. At or below target based on trend rate

# Statewide Milestone #1 Summary

Statewide Milestone #1 is a test of the universal set of statewide delivery system improvement measures<sup>1</sup> consisting of 18 measures; 11 of which have comparable data as of MY3. In MY3, with seven of 11 measures maintaining or improving, the state is on track to pass, as more measures are improving than are worsening.

Statewide Category	Statewide Measure Name	Status MY1 vs MY2	Status MY3 Trend (9 mos)	MY2 Result	MY3 Performance (9 mos)
Potentially Avoidable Services	Potentially Preventable Readmissions (rate per 100,000)	Maintain/Improve	Improving	577.88	567.28
	Potentially Preventable Emergency Room Visits (rate per 100)	Maintain/Improve	Improving	30.26	29.76
	PQI - 90 - Composite of All Measures	Maintain/Improve	Improving	1134.15	1108.56
	PDI - 90 - Composite of All Pediatric Measures	Maintain/Improve	Worsening	254.94	274.02
Access to Care	Children's Access to Primary Care - 12 to 24 Months	Maintain/Improve	Improving	94.36	94.77
	Children's Access to Primary Care - 25 months to 6 years	Maintain/Improve	Worsening	92.85	92.69
	Adult Access to Preventive or Ambulatory Care – 20 to 44 years	Maintain/Improve	Worsening	83.14	82.35
	Adult Access to Preventive or Ambulatory Care – 45 to 64 years	Maintain/Improve	Worsening	90.33	90.21
	Adult Access to Preventive or Ambulatory Care – 65 and older	Worsen	Improving	90.07	90.16
	Children's Access to Primary Care - 7 to 11 years	Worsen	Improving	97.07	97.14
	Children's Access to Primary Care - 12 to 19 years	Worsen	Improving	95.35	95.62
Primary Care	Primary Care - Usual Source of Care (C&G CAHPS)	Maintain/Improve	N/A		
	Primary Care - Length of Relationship (C&G CAHPS)	Worsen	N/A		
	Percent of PCP (Primary Care Providers) Meeting PCMH or Advance Primary Care Standards	Worsen	N/A		N/A P4R only
Timely Access	Getting Timely Appointments, Care and Information (C&G CAHPS)	Worsen	N/A		
Care Transitions	Care Coordination (C&G CAHPS)	Worsen	N/A		
System Integration Meaningful Use Providers	Percent of Eligible Providers Who Have Participating Agreements with Qualified Entities	N/A	N/A		N/A P4R only
	Percent of Eligible Providers Who Are Able to Participate in Bidirectional Exchange	N/A	N/A		N/A P4R only

1. At the close of DY3, the Independent Assessor will determine whether the state has passed this milestone. The milestone will be passed when more metrics are improving on a statewide level than are worsening, as compared to the prior year as well as compared to initial baseline performance.

N/A: Data collection began in MY1 and/or MY2, and therefore, comparative results not available.

# Statewide Milestone #1

For the 11 measures with trendable data, the table below highlights those PPS with MY3 performance trends that are stable or not improving compared to the performance in MY2.

Statewide Category	Statewide Measure Name	Status MY3 Trend (9 mos)	MY2 Result	MY3 Performance (9 mos)	PPS Stable or not Improving (MY3 over MY2)
Potentially Avoidable Services	Potentially Preventable Readmissions (rate per 100,000)	Improving	577.88	567.28	CPWNY, Montefiore, Mount Sinai, Millennium, NYPO, CCB, Alliance
	Potentially Preventable Emergency Room Visits (rate per 100)	Improving	30.26	29.76	Care Compass, Mount Sinai, Montefiore, CCB, Leatherstocking, Alliance, OneCity, NYP
	PQI - 90 - Composite of All Measures	Improving	1134.15	1108.56	Alliance, Montefiore, CCB, AHI, Mount Sinai, Millennium,
	PDI - 90 - Composite of All Pediatric Measures	Worsening	254.94	274.02	Refuah, Brooklyn Bridges, FLPPS, BPHC, OneCity, Leatherstocking, NCI, Millennium, SIPPS, CCB, ACP, Mount Sinai, NYP, CPWNY
Access to Care	Children's Access to Primary Care - 12 to 24 months	Improving	94.36	94.77	Care Compass, WMC, SCC, BPHC, Montefiore, FLPPS, Refuah, SIPPS, NCI, BHNNY, Alliance
	Children's Access to Primary Care - 25 months to 6 years	Worsening	92.85	92.69	Alliance, Refuah, Brooklyn Bridges, OneCity, Care Compass, ACP, Montefiore, AHI, BHNNY, SIPPS, BPHC, Mount Sinai, CNYCC
	Adult Access to Preventive or Ambulatory Care – 20 to 44 years	Worsening	83.14	82.35	Leatherstocking, FLPPS, WMC, CNYCC, Alliance, AHI, BHNNY, OneCity, NQP, ACP, CPWNY, BPHC, SIPPS, NYP-Q, CCB, Refuah, BHA, NYP, Care Compass, Brooklyn Bridges, SCC
	Adult Access to Preventive or Ambulatory Care – 45 to 64 years	Worsening	90.33	90.21	CNYCC, BHNNY, CPWNY, NYP, Refuah, Alliance, CCB, WMC, AHI, ACP, BHA, BPHC, NQP, SCC, Care Compass, Brooklyn Bridges, SIPPS
	Adult Access to Preventive or Ambulatory Care – 65 and older	Improving	90.07	90.16	Leatherstocking, CNYCC, FLPPS, BHNNY, ACP, NQP, BPHC, BHA, NYP-Q, SCC, Millennium, NCI, AHI, Refuah
	Children's Access to Primary Care - 7 to 11 years	Improving	97.07	97.14	AHI, SCC, Care Compass, Brooklyn Bridges, NYP, NQP, BPHC, SIPPS, BHA, WMC
	Children's Access to Primary Care - 12 to 19 years	Improving	95.35	95.62	SCC, CPWNY, BHNNY, Care Compass, NYP, SIPPS

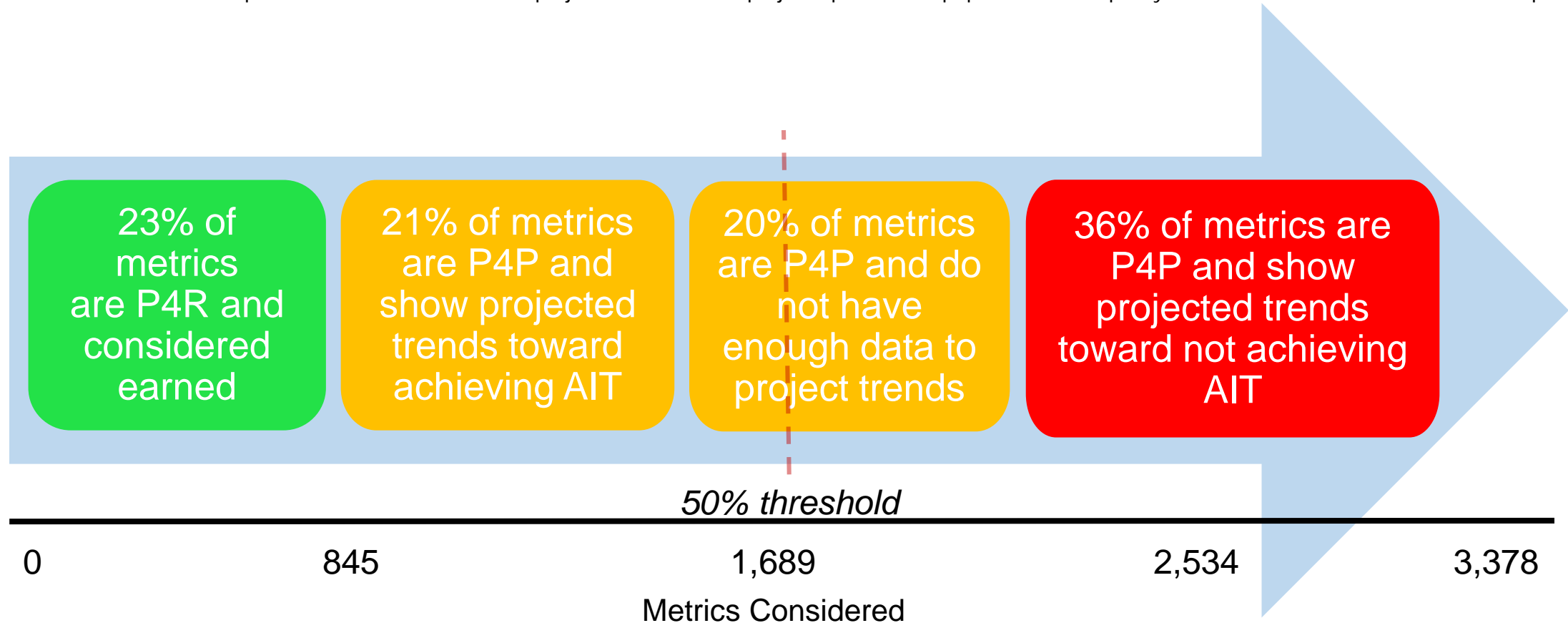
1. At the close of DY3, the Independent Assessor will determine whether the state has passed this milestone. The milestone will be passed when more metrics are improving on a statewide level than are worsening, as compared to the prior year as well as compared to initial baseline performance.

NA: Data collection began in MY1 and/or MY2, and therefore, comparative results not available.



# Statewide Milestone #2 Summary

Statewide Milestone #2 is a composite measure of success of projects statewide on project-specific and population-wide quality metrics; the 1<sup>st</sup> test is based on MY3 performance



Milestone is passed if over 50% of metrics achieve Annual Improvement Target (AIT/10% gap-to-goal).  
Based on current MY3 performance trend, the state is *almost* on track to meet this milestone

# MY3 Preview: Performance for All PPS Measures

Measure Name	MY3 Month 1 to MY3 Month 9	Improving	Meeting AIT	Improving but not	Turns P4P in:
	All PPS Average	(MY3 Month 1 to MY 3 Month 9)	(as of MY3 Month 9)	Meeting AIT	
Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	Did not improve	13/25	9/25	4/25	DY4
<b>PQI 90 – Composite of all measures<sup>+/-</sup></b>	Did not improve	15/25	8/25	7/25	DY3
Adherence to Antipsychotic Medications for People with Schizophrenia	Did not improve	13/25	6/25	7/25	DY3
<b>PDI 90 - Composite of all measures <sup>+/-</sup></b>	Did not improve	10/25	6/25	4/25	DY3
<b>Adult Access to Preventive or Ambulatory Care - 45 to 64 years</b>	Did not improve/stable	10/25	4/25	6/25	DY3
<b>Children's Access to Primary Care - 25 months to 6 years</b>	Did not improve/stable	11/25	2/25	9/25	DY3
<b>Adult Access to Preventive or Ambulatory Care - 20 to 44 years</b>	Did not improve	4/25	1/25	3/25	DY3
<sup>HP</sup> Follow-up after hospitalization for Mental Illness - within 7 days	Improved	22/25	18/25	4/25	DY3
<sup>HP</sup> Follow-up After Hospitalization for Mental Illness - within 30 days	Improved	20/25	15/25	5/25	DY3
<sup>HP</sup> Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia <sup>^</sup>	Improved	15/25	13/25	2/25	DY2
<sup>HP</sup> Potentially Preventable Emergency Department Visits (for persons w/BH diagnosis) <sup>+/-</sup>	Improved	16/25	11/25	5/25	DY3
<sup>HP</sup> Potentially Preventable Readmissions <sup>+/-</sup>	Improved	16/25	10/25	6/25	DY2
Engagement of Alcohol and Other Drug Dependence Treatment (Initiation & 2 visits within 44 days)	Improved	13/25	10/25	3/25	DY2
<sup>HP</sup> Antidepressant Medication Management - Effective Continuation Phase Treatment	Improved	12/25	9/25	3/25	DY2
Follow-up care for Children Prescribed ADHD Medications - Continuation Phase <sup>^</sup>	Improved	11/25	9/25	2/25	DY4
<b>Children's Access to Primary Care - 12 to 19 years</b>	Improved	19/25	9/25	10/25	DY2
<b>Adult Access to Preventive or Ambulatory Care - 65 and older<sup>^</sup></b>	Improved	12/25	8/25	4/25	DY2
<b>Children's Access to Primary Care - 12 to 24 Months</b>	Improved	16/25	8/25	8/25	DY3
<b>Children's Access to Primary Care - 7 to 11 years</b>	Improved	16/25	6/25	10/25	DY2
Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	Improved	13/25	6/25	7/25	DY2
<sup>HP</sup> Antidepressant Medication Management - Effective Acute Phase Treatment	Improved	13/25	7/25	6/25	DY2
<sup>HP</sup> Diabetes Monitoring for People with Diabetes and Schizophrenia <sup>^</sup>	Improved	15/25	7/25	8/25	DY2
Diabetes Screening for People w/ Schizophrenia or Bipolar Disease Using Antipsychotic Medication	Improved	18/25	6/25	12/25	DY3
<sup>HP</sup> Potentially Preventable Emergency Room Visits <sup>+/-</sup>	Improved	15/25	5/25	10/25	DY3

+ A lower rate is desirable

<sup>^</sup> Small numbers in the denominators by PPS

**Bold** = statewide measure included in Milestone #1

**HP** = High Performance measure

## Statewide Milestone #2

Statewide Milestone #2 is a composite measure of success of projects statewide on project-specific and population-wide quality metrics; the 1<sup>st</sup> test is based on MY3 performance

The following metrics have been identified as having the greatest influence on the ability of the state to achieve Statewide Milestone #2. For each metric, a cohort of PPS performing within +/- 5% of their AIT have been identified as being most likely to influence success on SWAM #2.

SWAM #2 Influential Metrics*	PPS within +/-5% AIT	
	On track to hit AIT	Not on track to hit AIT
Potentially Preventable Readmissions	Care Compass, CNYCC	FLPPS, BPHC, SCC, NQP, AHI, OneCity
Potentially Preventable Emergency Room Visits	NYPQ, BHA, SCC, CNYCC, SIPPS	NQP, ACP, MCC, CPWNY, AHI, WMC, FLPPS, BPHC
PQI – 90	LCHP, NQP, Care Compass, SIPPS	NYPQ, CPWNY, BHA, CNYCC, FLPPS, BPHC, NYP
PDI – 90	Alliance, CNYCC	LCHP, NQP, NYPQ
Potentially Preventable Emergency Room Visits (BH Population)	MCC, BHA, WMC, NQP, NYU Lutheran, FLPPS, SCC, BPHC	Care Compass, CPWNY, BHNNY, OneCity, AHI, ACP
Adherence to Antipsychotic Medications for People w/Schizophrenia	WMC, Refuah, BPHC, OneCity, CNYCC	NQP, SCC, NYP, ACP, LCHP, MHVC, MCC, Mount Sinai, BHA, CCB
Diabetes Screening: People w/Schizophrenia or Bipolar Disorder Using Antipsychotic Medication	LCHP, NYU Lutheran, CCB, NQP, BPHC, ACP, BHA, SIPPS, CPWNY, Care Compass	NYPQ, NYP, WMC, Alliance, AHI, FLPPS, NCI, Refuah, OneCity, Mount Sinai, MHVC, MCC, SCC, CNYCC,

\* The SWAM #2 Influential Metrics list does not include the Children's or Adult Access measures nor does the list include any of the non-claims based measures.

# Measures that show much more progress in MY3 compared to MY2

Measure Name	MY2 Performance	MY3 Month 1 to MY3 Month 9	MY3 M9	Turns P4P in:
		# PPSs that are improving	# PPS already meeting MY3 AIT	
HP Follow-up after hospitalization for Mental Illness - within 7 days	3/25	22/25	18/25	DY3
HP Follow-up After Hospitalization for Mental Illness - within 30 days	5/25	20/25	15/25	DY3
Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	1/25	13/25	6/25	DY2
Engagement of Alcohol and Other Drug Dependence Treatment (Initiation & 2 visits within 44 days)	3/25	13/25	10/25	DY2
HP Antidepressant Medication Management - Effective Continuation Phase Treatment	1/25	12/25	9/25	DY2
HP Antidepressant Medication Management - Effective Acute Phase Treatment	1/25	13/25	7/25	DY2

HP: High Performance measure

^ The denominator for this measure is less than 30 for some Performing Provider System's, therefore the rates may not be stable due to small numbers.

§ MY2 measure results should not be compared to measure results for prior years due to the use of ICD-10 diagnosis codes.

## MY3, Month 9 - Warning Lights



- ✓ Statewide PPR rate trending to hit 25% reduction target
    - ! But...trend rate has slowed from MY2 which could put target at risk
  - ! Statewide PPV rate is not on path to hit 25% reduction target
  - ! SWAM #2 is not projected to pass
- Attention to PPV, PPR, PDI 90, PQI 90 and all Adult and Child Access measures needed to support passing both SWAM #1 and #2

## MY3, Month 9 - Highlights

- ✓ 17 of 24 all-PPS measures (with monthly data) improved
- ✓ 7 of 7 High Performance measures (with monthly data) improved
- ✓ BH and SUD Measures with very few PPS hitting AIT in MY2 now have several PPS trending to hit AIT in MY3
- ✓ SWAM #1 is on track to pass with 8 of 11 metrics within 1 point (+/-) of the MY 2 results, leaving a small margin for error but great opportunity to influence the final result

## Up Next...

- MAPP Updates: Addition of Patient Alerts and the Pharmacy Claims File  
*Chip Barnes, NYSTEC*
- Data Sharing and Data Security Update  
*Alison Pingelski, OHIP, Division of Operations and Systems*
- PPS and MCO Data Sharing in Action  
*Christine Blidy, Millennium Collaborative Care*
- Q and A