Transforming Health in New York:
The New York State Health Innovation Plan

New York State Health Innovation Plan

The State Health Innovation Plan

BACKGROUND

What is the SHIP?

A roadmap to coordinate and integrate all payers and all providers, to better align incentives and resources to promote systemic reform.

1. **Access to Care** – Continue work to assure all New Yorkers are insured and to reduce disparities in access and quality.
2. **Delivery System Reform / Integrated Care and Pay for Value** – Improve integration of primary care and behavioral health with commensurate reimbursement reform to promote quality not quantity.
3. **Population Health** – Continued work on the Prevention Agenda to align with reimbursement and delivery system reform including DSRIP.
4. **Workforce** – reforms to incent and support primary care and assure effective geographic distribution of care
5. **Transparency and HIT**: enhanced information to understand and inform policies that impact price and quality (SHIN-NY and APD).

The SHIP was developed in 2013 after receiving a *Model Design Award* from CMMI (the SHIP was the deliverable for the design award which paves the way for states to apply for a *Model Testing Award*).

New York State Health Innovation Plan

Goal Delivering the Triple Aim – Better health, better care, lower costs

Pillars

1	2	3	4	5
Improve access to care for all New Yorkers, without disparity	**Integrate care to address patient needs seamlessly**	**Make the cost and quality of care transparent to empower decision making**	**Pay for healthcare value, not volume**	**Promote population health**
Elimination of financial, geographic, cultural, and operational barriers to access appropriate care in a timely way	Integration of primary care, behavioral health, acute and postacute care; and supportive care for those that require it	Information to enable consumers and providers to make better decisions at enrollment and at the point of care	Rewards for providers who achieve high standards for quality and consumer experience while controlling costs	Improved screening and prevention through closer linkages between primary care, public health, and community-based supports

Enablers

Workforce strategy	A	Matching the capacity and skills of our healthcare workforce to the evolving needs of our communities
Health information technology	B	Health data, connectivity, analytics, and reporting capabilities to support clinical integration, transparency, new payment models, and continuous innovation
Performance measurement & evaluation	C	Standard approach to measuring the Plan's impact on health system transformation and Triple Aim targets, including self-evaluation and independent evaluation

WHY? - New York's health care system is underperforming

Quality:

- Less than half of adults receive recommended screening and preventive care

Continuity:

- Patient records are not transferred between doctors and patients have no ability to access their own records

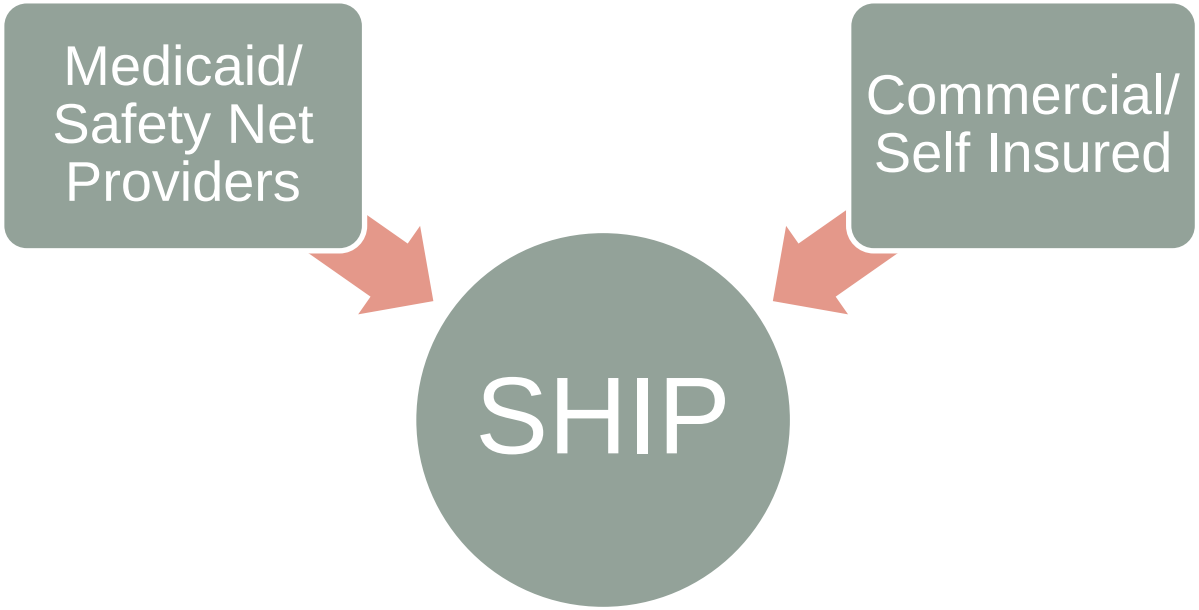
Utilization and Cost:

- New York ranks last nationwide for avoidable hospital use
- Per capita costs are among the highest in the nation and increasing
  - Total health care costs are the 2nd highest in the nation ($163B);
  - Spending is forecast to rise by more than 50% by 2020.
- Health care premiums are eating up real wages and harm businesses, individuals and families
  - NY's large employers contribute higher share of premium costs than employers in any other state.
  - Employer sponsored family health insurance cost in NYS rose 92% and employee premium contributions as a % of income doubled (over 10 years)

Without intervention spending on benefits for state and local government (employees and retirees) and Medicaid will continue to outpace GDP.

SHIP and Medicaid:
Different Constituencies, Different Funding – Same Goals

Medicaid
1. DSRIP
2. IAAF
3. VAP
4. Capital



Commercial/ Self Insured
1. DFS rate review
2. CMMI grant
3. NYSHIP

Same Goals:

1. Reduce preventable hospitalizations by 25% in 5 years
2. Transform 80% of provider payment to value based (not fee-for-service)
3. Investment in HIT: APD & SHIN-NY
4. Population Health Improvement Projects to:
    1. Align with Prevention Agenda
    2. Promote an Advanced Primary Care Model
5. Evolve the health care workforce

State Innovation Models Testing FOA

BACKGROUND AND REQUIREMENTS

Funding Opportunity Announcement (FOA)

Centers for Medicare and Medicaid Services / Center for Medicare and Medicaid Innovation

State Innovation Models: Round Two Funding

FOA released 5/22/14

http://innovation.cms.gov/initiatives/state-innovations/

New York State will apply for a Model Testing Award

Key Dates

- Letter of Intent to Apply: June 6, 2014
- Application Due Date: July 21, 2014
- In-Person Presentation to CMMI: August 2014
- Grants Announced: Fall 2014
- Performance Period: January 2015 – December 31, 2018 (2015 pre-implementation)

Purpose

- To test the ability of State governments to use regulatory and policy levers to accelerate transformation to:
  - Improve population health
  - Transform healthcare payment and delivery systems
  - Decrease total per capita health care spending
- State government led innovation with broad stakeholder input and engagement, including multi-payer models.

Funding

Up to 12 *model test* states with $20 - $100 Million per state (over 48 months) with funding based on:

- state population size and proposal scope
- model complexity
- size of target population
- spectrum of state policy activity
- level of multi-payer and other stakeholder involvement
- return on investment and
- strength of the evidence base.

Overall Requirements

Proposal Requirements:

- Population Health Improvement
- Health Care Delivery System Transformation
- Payment and/or Service Delivery Models that include, but are not limited to Medicaid, State employees and/or commercial payers
- Use of state policy levers
- Health information technology

Stakeholder Engagement

- Evidence of stakeholder engagement and support:
  - Health care providers/systems;
  - commercial payers/purchasers;
  - state hospitals and medical associations;
  - community-based and long-term support providers;
  - consumer advocacy organizations; and as applicable,
  - tribal communities
- Letters of support from stakeholders

Population Health Improvement

- Statewide plan to improve population health including integration of population health strategies with public health officials and health care delivery systems
- Must address core measures including tobacco use, diabetes and obesity
- Should integrate strategies to address child wellness and prevention priorities (childhood obesity, dental caries prevention and maternal depression)
- Implementable plans to collaborate with CDC to develop a statewide health plan

Health Care Delivery System Transformation

Key elements:

- Statewide provider participation in integrated or virtually integrated delivery models;
- Over 80% of payments to providers in fee-for-service alternatives that link payment to value;
- Every state resident has a primary care provider that is accountable for quality and total cost of care;
- Care coordinated across all providers and settings;
- High level of patient engagement and quantifiable results on patient experience;
- Providers leverage HIT to improve quality;
- Adequate health care workforce to meet state resident's needs;
- Providers perform at top of license and board certification;
- Performance in quality and cost measures high;
- Population health measures integrated into delivery system; and
- Data is used to drive health system processes.

Payment and/or Service Delivery Models

- To include but not be limited to Medicaid, State employees and/or commercial payers.
- Models should align with Medicare programs and demonstrations such as ACOs, Primary Care Medical Homes and bundled payments and must identify:
    - Targeted populations
    - Number of beneficiaries served
    - Number of participating providers
    - Services to be delivered

Leveraging Regulatory Authority

States must commit to using multiple regulatory authorities to influence the structure and performance of the health care system. These authorities may include:

- Aligning CON processes and criteria to reinforce accountable care and delivery system transformation;
- Developing regulatory approaches to improve effectiveness, efficiency and appropriate mix of health care workforce through professional licensure/accreditation of providers and/or expanding scope of practice;
- Aligning state regulations and requirements for health insurers to promote multi-payer delivery system and payment reform;
- Integrating value-based principles into health insurance exchange QHP certification processes, state employee plans or Medicaid managed care plans through selective contracting with carriers to provide plans that provide the most competitive combination of value, quality and choice; and
- Requiring academic medical centers and profession schools to integrate transformation teachings into medical education programs.

Health Information Technology

SIM funds may be used for implementation of specific technologies, software, applications or other analytic tools so long as the State indicates how the approach will be financed in addition to SIM. Proposals must document:

- Current state of HIT adoption and utilization including EHR adoption; percent of providers meeting meaningful use and use of technology to support HIE activities.
- Governance – how state leadership will direct planning and oversight and how governance will incorporate and expand existing public/private health information exchanges.
- Policy and regulatory levers to accelerate standards-based HIT to improve care; methods to improve transparency and encourage innovative uses of data; a plan for patient engagement and shared decision making and multi-payer strategies to enable and expand HIT use.
- Infrastructure – How the State will implement analytic tools and use data driven evidence to coordinate and improve care; offer plans utilize telehealth and perform remote patient monitoring to increase access to care; plans to used standards-based health IT to enable electronic quality reporting; explain how public health IT system will be integrated and describe how support of electronic data will drive quality improvement at point of care.
- Technical Assistance – Describe how the state will provide technical assistance or providers, identify target provider groups that will receive assistance and what services will be deliver and identify how the state intend to extend resource sot providers ineligible for Meaningful use incentive payments.

Stakeholder Engagement

States must:

- Demonstrate that a significant number of key stakeholders representative of the entire state population are engaged and committed to implementation of the SHIP
- Present a clear and pragmatic strategy for maintaining stakeholder commitment throughout implementation.
- Include stakeholders representative of health care providers/systems; commercial payers/purchasers; state hospitals and medical associations; community-based and long-term support providers, consumer advocacy organizations and as applicable, tribal communities.
- Include attestations of support from each stakeholder and representatives from stakeholder organizations must be prepared to travel to CMS or participate via virtual teleconference to discuss their commitment to the plan.

Other….

States must include:

- Quality Measurement Alignment
- Monitoring and Evaluation
- Alignment with State and Federal Innovation
- Financial Analysis
- Detailed Operational Plan

SHIP/SIM Updates – Questions….

Website:
https://www.health.ny.gov/technology/innovation_plan_initiative/

Or contact:

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