NEWSLETTER | MAY 13, 2015

### **NEW YORK SIM UPDATES:**

- Slides from the third Integrated Care Workgroup meeting held on March 30, 2015 have been posted online and are available at this <u>link</u>. Materials from the April 28 meeting will be posted shortly.
- The following SIM job openings are currently posted online. Please feel free to share these postings broadly if you know of someone who may be interested:
  - <u>Director, Project Management</u> *Newly posted!* The selected candidate will be responsible for oversight of State Innovation Model (SIM) projects, workgroups, staff, and contractors. The incumbent will direct the overall project plan to ensure that all projects and initiatives stay on pace, are aligned with and achieve the overarching objectives of the SIM grant.
  - <u>Director, Innovation Center</u> The selected candidate will be responsible for directing all aspects of the Innovation Center, a newly-developed office responsible for implementation, oversight, management and evaluation of the State Health Innovation Plan (SHIP) and to oversee the \$100M State Innovation Model (SIM) Testing grant.
  - Public Health Physician 3 The selected candidate will be responsible for the implementation of the SHIP inclusive of development and implementation of an integrated care delivery infrastructure premised on a strong foundation of primary care.
  - Advanced Primary Care Facilitator The selected candidate will support and coordinate the work of the Integrated Care Workgroup to develop an Advanced Primary Care model.

#### IN THE NEWS:

### • New York Payment Reform Scorecard Released

New York's Payment Reform <u>Scorecard</u> was released by NYSHealth in conjunction with Catalyst for Payment Reform. The scorecard analyzes the details of both commercial and Medicaid payment models within New York State. About 94% of the commercial market and 73% of Medicaid use a fee-for-service model, while a third of payments are considered "value oriented". To read the press release, click <u>here</u>.

## How Effective Are Diabetes Prevention Programs In A Community Setting?

A report, published by the University of Chicago and supported by NYSHealth and the Robert Wood Johnson Foundation, examines the effectiveness of intervention policies and prevention programs at curbing the onset of diabetes in certain communities. Determining the health outcomes, implementation costs, long-term effects, and overall costs of such programs are crucial to targeting the 86 million Americans who have prediabetes. To read the report in full, click <a href="here">here</a>.

### Analyzing Diabetes Results In Pennsylvania's Multipayer Medical Home Pilot Project

A study published in PubMed looks at factors driving the care models of practices with the greatest and fewest improvements in diabetes care. Twenty-five primary care practices in southeast Pennsylvania were selected for the study, as the state has undertaken one of the largest state-based, multipayer medical home pilot projects. The results determined that those practices which had the greatest improvements also had greater structural capabilities, such as electronic health records, and the ability to minimize stress associated with change. To read more, click <a href="here">here</a>.

# Effects Of Alternative Payment Models On Physician and Physician Practices In The US

Rand Corporation published a research report analyzing how physicians and physician practices respond to various payment models. The study concluded that practices altered their organizational models, invested in data management capabilities more heavily, and had an increased administrative burden. Physicians were found to not have directly received financial incentives applied to physician practices via alternative payment

models, therefore leaving little impact on individual income. To read the report and subsequent list of recommendations, click here.

- Greater New York Hospital Association Releases Primary Care Workforce Report
  GNYHA released a workforce report titled, Emerging Positions in Primary Care: Results from the 2014
  Ambulatory Care Workforce Survey, to show how GNYHA member hospitals have been responding to and addressing workforce issues in the midst of many changes. Details are available on this webpage.
- Study On Value-Based Payment Reform Implementation
  A team at the University of Washington evaluated seven value-based payment reform programs in six states over the last four years. Washington, Oregon, Pennsylvania, Maine, New Hampshire, and Massachusetts were the states highlighted. To read the full report, click <a href="here">here</a>.
- Combining Provider-Facing Initiatives and Consumer-Facing Strategies To Craft A Perfect PB&J Reflective of the famous PB&J sandwich, provider-facing initiatives (the peanut butter) and consumer-facing strategies (the jelly) are best when combined. Shifting toward a value-based payment system better aligns provider and consumer incentives, while also marrying quality-driven payment reform and person-centered engagement. One major hurdle to overcome is eliminating any barriers that arise as a result of consumer-facing tools. To read more about this value-based payment analogy, click <a href="here">here</a>.

For more information on SHIP/SIM, visit: <a href="http://www.health.ny.gov/technology/innovation\_plan\_initiative/">http://www.health.ny.gov/technology/innovation\_plan\_initiative/</a>
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