

Independent Evaluation of NYS DSRIP Program

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DSRIP Independent Evaluation Study Design and Update

University at Albany

Boston University

University of Maryland

Who We Are– Lead Entities

- University at Albany Leads the Evaluation
- Institute for Health System Evaluation (Dewar, PI)
 - Dewar has over 20 years experience in economic and policy evaluations
- Econometric Research Institute (Lahiri, Co-I)
 - Lahiri has over 30 years experience in health economics and big data analysis
- Center for Human Services Research (Luisi and Greene, Co-I)
 - Greene has over 25 years experience in mixed method analyses of policies directed to vulnerable populations
 - Luisi is a seasoned public health research manager with nine years health policy research
- Boston University School of Public Health (Louis, Co-I)
 - Louis has 15 years experience in managerial evaluations
 - The team has over 20 years experience in econometric analyses, qualitative research and policy evaluations
- University of Maryland School of Public Health
 - Roby has extensive experience in Medicaid evaluations in states such as California

Independent Evaluator Team Structure and Methodology

University of Albany
School of Public Health

- Institute of Health System Evaluation (IHSE)
- Center for Human Services Research (CHSR)
- Econometric Research Institute representatives (ERI)

Boston University School of Public Health

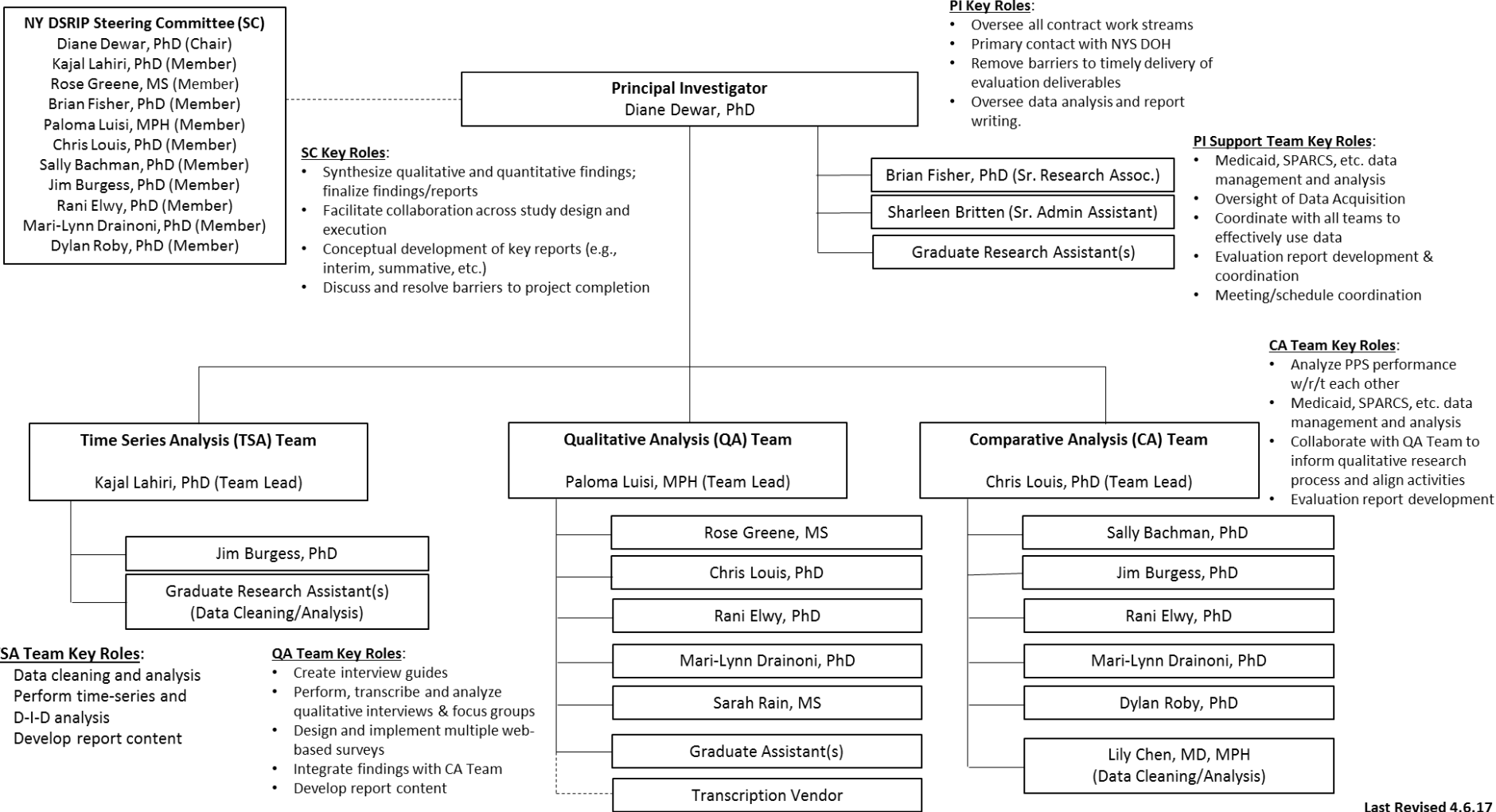
University of Maryland School of Public Health

Mixed Method Strategy

Time Series Design

Comparative Analysis

Qualitative Analysis



Last Revised 4.6.17

Overview of Evaluation Design

Three independent,
complementary
studies

- Times Series
- Implementation/Process Study
- Comparative Analysis

Time Series Analysis

Time Series - Research Questions

- To what extent did Performing Provider Systems (PPS) achieve health care transformation, including increasing behavioral health care?
- Did health care quality improve as a result of clinical improvements in the treatment of selected diseases?
- Did population health improve as a result of DSRIP?
- Was avoidable hospital use reduced as a result of DSRIP?
- Was DSRIP cost effective?
- Did DSRIP reduce health care costs?
- Did DSRIP decrease racial disparities in health outcomes?

Time Series Design

- Analysis of health service delivery, health improvements and costs to Medicaid at state level over the study period
- Inter PPS analysis to identify components that posed particular successes or problems using difference in differences analysis
- Data sources include: Vital records in NYS, SPARCS, MDS, Medicaid and Medicare claims, BRFSS, HIV/AIDS registry, and the US and American Community Survey
- Goals: Two-pronged approach
 - Assess trends in health care outcomes and improvements at individual, PPS, and state level
 - Analysis to compare health outcomes of people treated within DSRIP to those out of DSRIP

Time Series Goals

Health Care Outcomes

- Trends and patterns of health care outcomes over the study period
 - individual, PPS, and state level
- Examples of healthcare delivery indicators
 - Use of primary and behavioral health care services,
 - Preventable Hospital Usage and Readmissions
 - Spending on emergency department and inpatient services,
 - Treatment of selected diseases like Diabetes, Asthma, etc.
 - Economic Efficiency of the program
- Data
 - Medicaid claims data
 - SPARCS
- Individual level data will allow for further drilldown analysis of socioeconomic disparities

Inter-PPS Analysis

- To understand what drives the changes revealed in the descriptive study
- Models will allow robust comparisons of PPS while controlling for socioeconomic and geographic factors
- Data
 - SPARCS
 - Vital Statistics
 - Medicaid Claims
 - MDS
 - Other as available and needed

Process/Implementation Study

Process/Implementation Study – Research Topics

Facilitators and Barriers to Pay-for-Performance Metrics

Perceived Outcomes

Patient Experience

Process/Implementation Data Collection Plan

Population	Method	Cycle 1 April 2017- Dec. 2017	Cycle 2 April 2018-Dec. 2018	Cycle 3 April 2019- Dec. 2010
PPS Leadership Teams	Telephone Interviews	25 ✓		25
PPS Project Managers	Telephone Interviews		25	
Engaged Providers/Partners (Physicians, Hospitals, Home Care, Health Home, Hospice, Pharmacy, CBOs, Nursing Homes, Behavioral Health/Substance Abuse, etc.)	Focus Groups	8 Groups	8 Groups	9 Groups
	Web Survey	900/2400 ✓	900/2400	900/2400
Patients	Web/Mail Survey	TBD Sample	TBD Sample	TBD Sample

Process/Implementation Study – Updates

Key Informant Interviews– PPS Executive Team

25 interviews with an average of 3 PPS executives

Nine major themes emerged; subthemes TBD based on continued analysis

February 2018 – Report

Survey - Engaged Providers/Partner

Survey active from September 24 – November 15

Sample derived from PIT/PIT-R + MAPP Network tool + Updated contact information

Sample Response: 900/2400 (as of 10/31/2017)

Focus Groups - Engaged Providers/Partner

Groups -

- 1) Primary care physicians, non-PCP practitioners, Case Management/Health Home, Pharmacy, Clinic
- 2) Mental Health, Substance Abuse Clinicians and CBOs
- 3) Nursing home, Hospice, Hospital, Home Care
- 4) CBOs

2017 – Recruiting engaged partners for Albany and Lake Placid Focus Groups in November; 2018 – 2019 – will hold focus groups in all regions of NYS

Patients

Planned secondary analysis on the C&G CAHPS survey (2014-present)

Exploring future data collection via surveys or focus groups



Comparative Analysis

Comparative Analysis

Objective & Aim Statements

- **Objective**: To evaluate the relative effectiveness of various DSRIP projects using mixed methods
- **Aims**:
 - To compare PPS performance on domain-specific metrics for those that did/did not adopt specific DSRIP projects.
 - To evaluate the relative effectiveness of specific strategies employed within specific projects.
 - To examine contextual factors related to PPS successes and failures in demonstrating improvement in domain-specific metrics.

Comparative Analysis

Five Focus Areas

- We will address the 7 evaluation research questions by focusing the Comparative Analysis on the following 5 areas:
 1. Variation in the strategies selected per the PPS project requirements.
 2. The relative effectiveness of particular projects intended to produce the same outcome.
 3. Identification common to those PPSs receiving or not receiving maximum payment based on project valuation.
 4. Comparisons between PPS's operating in different regions of New York to identify successes and challenges associated with local resources or procedures.
 5. Patient-level comparisons by factors such as age, sex, race, presence of selected chronic conditions, and mental health/substance abuse status to obtain information on variations in service experience and satisfaction under DSRIP, by patient characteristics.

Comparative Analysis

Measures of Interest

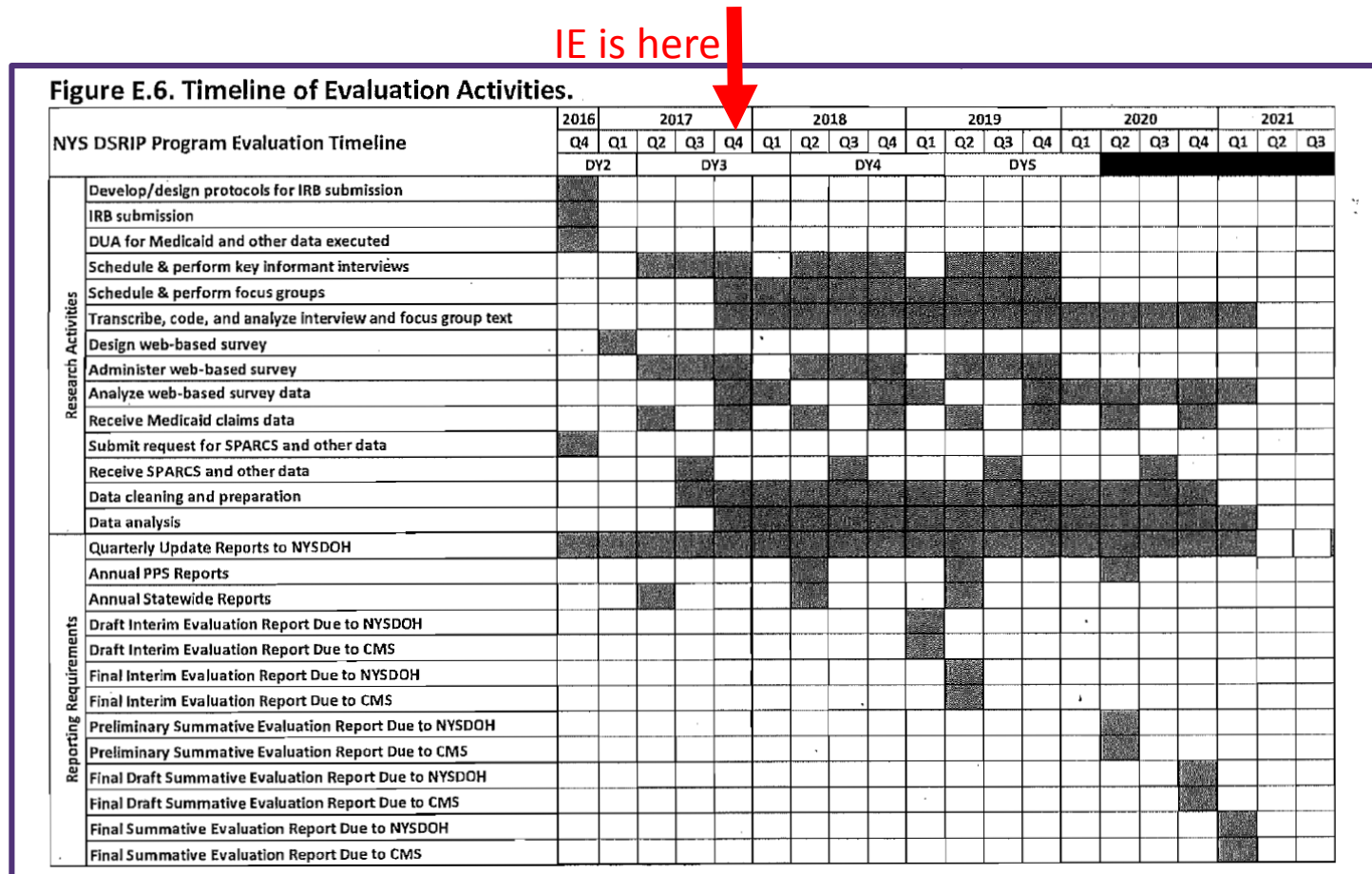
- Domain-specific
- Multiple data sources
- Multiple measure stewards
- To be used to assess performance

Measures of Interest by Domain and Category

Domain/Category	Measure Name	Measure* Steward	Data Source*
Domain 2, A	Potentially Avoidable ER Visits	3M	
Domain 2, A	Potentially Avoidable Readmissions	3M	
Domain 2, A	PQI Suite – Composite of all measures	AHRQ	
Domain 2, A	PDI Suite – Composite of all measures	AHRQ	
Domain 2, A	CAHPS Measures (various)	AHRQ	
Domain 2, B	CAHPS Measures (care coordination with provider...)	AHRQ	
Domain 3, A (BH)	All Claims and MDS-based Metrics listed in Attachment J	3M, NCQA, CMS	Claims, Medical Rec, MDS
Domain 3, B (CVD)	All Claims Metrics listed in Attachment J	AHRQ, NCQA, CAHPS,	Claims, Survey, Medical Rec
Domain 3, C (Diabetes)	All Claims Metrics listed in Attachment J	AHRQ, NCQA, CAHPS	Claims, Medical Rec, Survey
Domain 3, D (Asthma)	All Claims Metrics listed in Attachment J	AHRQ, NCQA	Claims
Domain 4	Age-adjusted preventable hospitalizations rate per 10,000-Aged 18+ years		SPARCS
Domain 4	Asthma emergency department visit rate per 10,000		SPARCS
Domain 4	Asthma emergency department visit rate per 10,000 (aged 0-4)		SPARCS
Domain 4	Age-adjusted heart attack hospitalization rate per 10,000		SPARCS
Domain 4	Rate of hospitalizations for short-term complications of diabetes per 10,000 (aged 6-17 years)		SPARCS
Domain 4	Rate of hospitalizations for short-term complications of diabetes per 10,000 (aged 18+ years)		SPARCS

Study Updates

Independent Evaluator (IE) Timeline of Activities



Questions/Contacts

- Contact for Evaluation Overall: Diane Dewar, ddewar@Albany.edu
- Contact for PPS Comparative Study: Christopher Louis, louisc@bu.edu
- Contact for Qualitative/Implementation Study: Paloma Luisi, pluisi@Albany.edu; Rose Greene, rgreene@Albany.edu
- Contact for Time Series Study: Kajal Lahiri, klahiri@Albany.edu