



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP PPS Organizational Application

Adirondack Health Institute (PPS ID:23)

SECTION 1 – EXECUTIVE SUMMARY:

Section 1.0 - Executive Summary - Description:

Description:

The DSRIP PPS Organizational Application must include an executive summary clearly articulating how the PPS will evolve into a highly effective integrated delivery system. This section will also include questions about any application(s) for regulatory relief the PPS is pursuing.

Scoring Process:

This section is not factored into the scoring of the PPS application. This response will be reviewed for completeness and a pass/fail determination will be made.

Section 1.1 - Executive Summary:

***Goals:**

Succinctly explain the identified goals and objectives of the PPS. Goals and objectives should match the overall goals of the NY DSRIP waiver and should be measurable.

#	Goal	Reason For Goal
1	Reduce avoidable hospital and emergency department use by 25% over 5 years.	The overarching goal of the AHINCPSS is "to create an effective, integrated health care delivery system for preventive, medical, behavioral, and long term care services to all communities throughout New York's North Country." This is the same goal that the North Country Health System Redesign Commission was charged with at their inception by then New York State DOH Commissioner, Nirav R. Shah, MD, MPH. To the extent such integration is achieved, there will be less reliance on high-cost hospital-based services and greater reliance on home and community based services. This shift results not only in systemic cost savings, but in more positive patient experiences and greater quality of life.
2	Increase the proportion of care that is provided under a value-based payment methodology.	At present, health care providers and administrators are challenged to manage organizations that continue to rely heavily on fee-for-service payments. The full incentive effect of value-based payment methodologies will not be realized until a greater proportion of care is reimbursed under such models. More widespread proliferation of value-based payment is necessary to reach the quality and cost goals that health care system transformation seeks to achieve.
3	Increase the # of primary care providers that are recognized Patient Centered Medical Homes.	The North Country Health System Redesign Commission, and the Community Needs Assessment, both point to a need to strengthen the North Country's primary care system in terms of capacity, quality, and access. More widespread adoption of the PCMH model is one strategy to build a stronger primary care system; the model specifically addresses quality and access. The AHI North Country PPS will build on the gains made in primary care via the Adirondack Medical Home Pilot. Specifically, the PPS will expand on the current level of NCQA PCMH Certification in the region by including additional practices, and supporting all practices to meet NCQA 2014 Level 3 standards.
4	Increase primary care capacity.	The region suffers from a lack of a strong primary care infrastructure. There is a shortage of primary care physicians, lower per 100,000 population in all counties, except Warren, than NY State and the US. The primary care provider shortage is further evidenced by the large number of HPSA designations in the AHI North Country PPS. The entire counties of Clinton and Fulton, and various areas of Essex, Franklin, Hamilton, St. Lawrence, Washington and Warren are designated primary care HPSAs. Workforce development strategies, and targeted primary care expansion will both be necessary to achieve this goal.
5	Connect a wider range of providers to RHIOs and/or	The region benefits from widespread connectivity to RHIOs, however, it is



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#	Goal	Reason For Goal
	regional population health management technology.	mainly hospitals and primary care providers that leverage RHIOs, data warehouses, registries, and/or other population health management technologies. Currently, many providers (e.g., behavioral health, long-term care, home care) lack connection to RHIOs or other shared platforms that could be used not only to share information, but to support regionally adopted clinical guidelines and care pathways. A Regional Health Information Technology plan will be developed and implemented, to increase communication and coordination across the full care continuum.
6	Increase options for home and community-based care.	People prefer to receive care at home or in their community, whenever possible. Given that the service area of the AHI North Country PPS is largely rural, it is particularly for patients and families when care is needed at a hospital in a major population center. Care provided in the home, or community, contributes to more positive patient experience of care and greater quality of life. Many selected projects contribute to this goal, including Hospital to Home Collaborative Solutions, among others.
7	Ensure the full care continuum participates in health system transformation.	To achieve reductions in avoidable hospital use, providers from the full continuum of care, along with community-based organizations, will need to work collaboratively to achieve common goals. The AHINCPSS is establishing Regional Health Innovation Teams, one for each of the North Country's "Naturally Occurring Care Networks", that work together to plan, implement, monitor, and improve performance at the micro-system level.

***Formulation:**

Explain how the PPS has been formulated to meet the needs of the community and address identified healthcare disparities.

The PPS is formulated to empower regional entities (Regional Healthcare Innovation Teams, or RHITs) to work collaboratively to identify community health needs and disparities, set priorities, and implement evidence-based strategies to address them. Through NYS DOH Rural Health Network funding, AHI has established a forum for public health services, community health centers, hospitals, community mental health programs, emergency medical services, and other community-based organizations, such as the United Way, to conduct a regional community health needs assessment and prioritization process. The RHITs build on this work by planning and implementing projects, and then monitoring and improving performance in a rapid-cycle fashion. RHITs develop plans and recommendations that are endorsed by the leadership of the PPS (currently the Interim Steering Committee; at the time of incorporation, the body is the Leadership Board). The AHINCPSS has adopted a Delegated Governance Model, to effectively engage and empower this multi-stakeholder coalition.

***Steps:**

Provide the vision of what the delivery system will look like after 5 years and how the full PPS system will be sustainable into future.

AHI is establishing the AHI North Country Performing Provider System (AHINCPSS), an integrated network of providers and community-based organizations that will serve all or parts of nine counties (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, St. Lawrence, Warren, & Washington) in northern New York State. The AHINCPSS' 5-year vision is to realize the primary recommendation of the North Country Health Systems Redesign Commission (NCHSRC), "to ensure that New Yorkers in the North Country achieve high quality care, better health outcomes, and lower costs, both now and into the future". The future state will provide patients with a fully integrated approach that centers on preventive and primary care services, offers ample home and community-based options, and relies on high quality acute and long-term care facilities when they are needed most. The system of the future rewards cross-continuum collaboration and quality, and provides both patients and care-givers with a secure, sustainable, safety net.

***Regulatory Relief:**

Is the PPS applying for regulatory relief as part of this application? Yes

For each regulation for which a waiver is sought, identify in the response below the following information regarding regulatory relief:

- Identify the regulation that the PPS would like waived (please include specific citation);
- Identify the project or projects in the Project Plan for which a regulatory waiver is being requested and outline the components of the various project(s) that are impacted;
- Set forth the reasons for the waiver request, including a description of how the waiver would facilitate implementation of the identified project and why the regulation might otherwise impede the ability of the PPS to implement such project;