



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

DSRIP PPS Organizational Application

Albany Medical Center Hospital (PPS ID:1)

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	Over the project period, reduce avoidable emergency room use by 25% for the target population	Data from New York State and Albany Medical Center Hospital's (AMCH) community needs assessment indicate that there are opportunities to reduce cost, improve integration of care, provide services in more appropriate alternate sites to the ER, and change both provider and patient perceptions of what the ER can and should be used for. The goal of reducing avoidable utilization is measurable and obtainable over the project period of implementation. There are interested and committed partners in AMCH's performing provider system who are capable of working together to transform the system of care. There is also expertise available from Montefiore Medical Center and the Hudson Valley Collaborative PPS they lead, who we will partner with, to provide economies of scale and efficient and effective use of available funds.
2	Over the project period, reduce avoidable inpatient admissions by 25% for the target population.	Utilization data provided by the State and by the participating hospitals in AMCH's PPS, indicate that opportunities exist to reduce avoidable inpatient admissions for Medicaid beneficiaries and the uninsured. Reducing these avoidable admissions will generate system savings, freeing up space and other health care resources, over time. The goal is measurable and obtainable. The participating hospitals in the 5 county region are both willing and able to actively participate in the project. The goal is integral to most of the projects that AMCH, in partnership with Montefiore Medical Center, propose to undertake, consistent with additional details provided for domain 2, 3 and 4 projects in remaining sections of this application.
3	Over the project period, reduce the system-wide cost of care within our 5 county service area.	Over time, health care system expenses have rarely gone down. The current system is unaffordable and unsustainable. Working with Montefiore, the NYSDOH, our participating partners and the community, we can and will reduce the cost of care over time. The success of this goal is dependent on the degree to which we succeed in the first two goals, above. This goal is also measurable and obtainable.
4	Improve system integration by co-locating services and using community based approaches to care.	The health care system is fragmented. Health and behavioral health providers do not routinely coordinate care. Care is frequently not patient centered. Regulations and licensure create barriers to efficiencies. Care integration is essential to improved efficiencies and clinical outcomes. Like the other goals, it is measurable and obtainable. Health and behavioral health partners in AMCH's PPS are willing and able to improve integration of care in the 5 county region.
5	Reduce health disparities	Race, ethnicity, poverty, disability, poor education and other factors are linked to poorer clinical outcomes for large segments of the target



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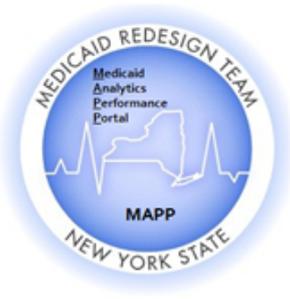
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#	Goal	Reason For Goal
		<p>population. Some of these issues are based on a failure of segments of the health care sector to insure that staff are culturally competent and that providers ensure that their patients understand what they are told so that they can become better partners in managing their own care. We know that materials that are frequently provided to patients are written at a level that is beyond their ability to comprehend. There are also patients who do not speak or have adequate comprehension of English. We will educate the workforce about cultural issues. Our recruitment strategies will prioritize hiring DSRIP-funded staff who are representative of the demographics of the target population. We will insure that all materials provided to the patients are in a language and developed at a reading comprehension level they can understand.</p>
6	<p>Improve clinical outcomes for patients with chronic conditions</p>	<p>Too many patients with chronic illnesses do not consistently benefit from available treatments for numerous reasons. The resulting increases in morbidity and mortality can be reduced with a renewed focus on compliance with best practice guidelines, increased preventive care, better access to life-saving diagnostic screening, assistance with medication adherence, health navigators with a focus on reducing access barriers and reallied initiatives. Standardization of clinical protocols across the network of providers is achievable, especially given the success that Montefiore Medical Center has had in implementing this in its pioneer ACO. Clinical outcomes can and must be improved. These are measurable and improvements are obtainable. Participating providers in the PPS are committed to improving quality and outcomes.</p>
7	<p>Improve key population health measures in the community over time</p>	<p>As a nation and region, we compare poorly across many population health measures, especially when compared to other developed nations. While there are many examples, rates of obesity in the country are high, with long-term health consequences that may not be felt for decades. We can do better. Within our 5 county region, tobacco use in the target population is too high. Cancer rates are too high. An insufficient number of individuals receive appropriate screenings, like mammograms, PAP tests and colonoscopies. Rates of immunizations for pneumococcus and influenza could be higher. We must work collaboratively to improve the health of the community. Along with Montefiore and the extensive expertise they bring to the table, AMCH's PPS is committed to working collaboratively to improve key population health measures and sustain gains that are made beyond the DSRIP project period.</p>
8	<p>Transition the health care system to pay for performance so that 90% of payments are made this way.</p>	<p>AMCH's PPS is largely reimbursed in a fee for service arrangement. There is a relatively low penetration of value based or pay for performance payment. Working with Montefiore, it will be important to lead the PPS to pay for performance. This is both measurable and obtainable within the project period. Substantial education will be needed, but the majority of our participating organizational partners understand why this is important and are committed to working together in compliant ways to accomplish the goal.</p>

***Formulation:**

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

AMCH's PPS, comprised of over 175 organizational partners and 3,900 individual providers, coalesced over a short period of time to address issues identified in the community needs assessment, including barriers to care, clinical outcome disparities, fragmentation of care, poor communication of patient level data, gaps in services and inadequate linkages between health, behavioral health and community based providers. The collaborative contracting model under which the PPS operates allows for future integration into a larger PPS structure as is contemplated through a merger with the Hudson Valley Collaborative (HVC), led by Montefiore Medical Center. Responsibility for PPS management, project development and associated services has been delegated to a Project Advisory Committee (PAC), functional and project subcommittees, and AMCH as the lead applicant. Governance of the PPS was codified with approval of a Charter and operating principles by the PAC, which in turn is governed by an elected executive committee comprised of 21 members. The PAC is a diverse, inclusive body representative of the community at large, including management, labor, CBOs and numerous provider



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types.

***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.

AMCH, along with the leadership of Montefiore Medical Center, share a vision of the future of health care across a large geographic region that is consistent with the triple aim. Both during and after the 5 year project period, the delivery system will follow a strategic path predicated on four components: 1. increasing access and volume of primary care visits and reducing outmigration, keeping more care local and better coordinated; 2. continuing operational efficiency through economies of scale and shared use of resources; 3. value based contracts with payers and enhanced care management to ensure financial sustainability; and 4. fixed cost reduction through rightsizing, integration and potential mergers. The PPS, as represented by the PAC and the PAC's executive committee, have endorsed the vision for the future as well as a full merger of AMCH's PPS with Montefiore's HVC. The contiguous region would cover the Hudson Valley, from Westchester to Warren county, providing a sufficient number of total beneficiaries to manage risk, improve population health and sustain health care transformation into the future.

***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;
- Identify what, if any, alternatives the PPS considered prior to requesting regulatory relief; and
- Provide information to support why the cited regulatory provision does not pertain to patient safety and why a waiver of the regulation(s) would not risk patient safety. Include any conditions that could be imposed to ensure that no such risk exists, which may include submission of policies and procedures designed to mitigate the risk to persons or providers affected by the waiver, training of appropriate staff on the policies and procedures, monitoring of implementation to ensure adherence to the policies and procedures, and evaluation of the effectiveness of the policies and procedures in mitigating risk.

PPS' should be aware that the relevant NYS agencies may, at their discretion, determine to impose conditions upon the granting of waivers. If these conditions are not satisfied, the State may decline to approve the waiver or, if it has already approved the waiver, may withdraw its approval and require the applicant to maintain compliance with the regulations.

#	Regulatory Relief(RR)	RR Response
1	(Establishment) 10 NYCRR 405.1 (c) The regulation requested for waiver is 10 NYCRR 405.1 (c).	The projects requested for are: 2.a.i.; 2.a.iii.; 2.a.v.; 2.b.iii.; 2.d.i.; 3.a.i.; 3.a.ii.; 3.b.i.; 3.d.iii.; 4.b.i.; and 4.b.ii. to exempt the PPS from the requirement of becoming an established operator as it carries out its role in governing the PPS, creating collaborative arrangements and approving protocols that impact the delivery of services. There are no alternatives to this if DOH believes that the activities of the PPS would require establishment as an operator. The impact on patient safety potentially arises in the development and implementation of clinical pathways and protocols which influence how care is provided. Waiver of the regulation for establishment, however, and any potential impact on patient safety, will be mitigated by the PPS by having clinical experts develop the protocols and clinical pathways based on evidence-based practice and standards of care. The partner organization facilities will need to adopt the protocols and pathways through the shared governance structure of the PPS or otherwise authorized to perform clinical