

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

DSRIP PPS Organizational Application

Finger Lakes PPS (PPS ID:9)

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:**

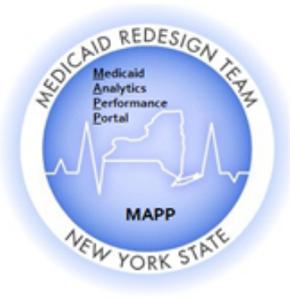
Succinctly explain the identified goals and objectives of the PPS. Goals and objectives should match the overall goals of the NY DSRIP waiver and should be measurable.

#	Goal	Reason For Goal
1	Improve health through system reforms, prevention, early detection, and delivery of integrated care	The FLPPS CNA data provides evidence that the regional health care delivery system currently operates in silos with poor care transitions and a disconnected Information Technology (IT) infrastructure that limits the ability to identify at-risk patients, and track patients across the care continuum. A lack of coordination between primary care and behavioral health providers, who serve the PPS' most vulnerable consumers including those with co-morbid conditions, shows a need for integration of clinical, behavioral and social supports to promote population health and system improvement.
2	Provide patient-centered, appropriate care through health literacy and provider sensitivity	CNA data identified gaps in patients' understanding of disease processes, appropriate service use and self-care for chronic conditions. FLPPS will focus on engaging patients in prevention and disease management through the facilitation of enhanced health literacy, and increased provider sensitivity to strength-based patient-centered needs. Stakeholder input supports the need to "meet patients where they are", and leverage linkages with Community-Based Organizations (CBOs) to promote cultural competence in service delivery. The PPS will address this gap through centralized strategies and services, as well as distributed expansion of provider capacity and capital investments to enhance health literacy and ensure cultural competence across the region.
3	Increase access to primary care to ensure the right care is delivered at the right place and time	FLPPS is the largest, most geographically diverse PPS in NY State, with a mix of urban and rural sub-populations. The CNA identified significant gaps in access to primary care resulting in high PPVs, PPRs, and PQI admissions. The PPS selected projects that include a focus on reducing unnecessary re-admissions and emergency department use in particular.

***Formulation:**

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

In order to transform the care delivery system and meet the needs of the community, FLPPS includes strong leadership supported by an accountable governance organization. FLPPS is challenged by a geographically expansive service area, which includes both urban and rural counties. Centralized systems and a highly competent management team are complemented by the expertise of providers and agencies working across the region's urban center and four rural Naturally Occurring Care Networks (NOCNs). This allows FLPPS to leverage the strength of its tertiary medical centers and address the diverse needs of providers and patients across the large and diverse region. FLPPS membership includes a broad, comprehensive continuum of providers, as well as CBOs and other partners. A thorough CNA was developed by Finger Lakes Health Services Agency (FLHSA), which included essential input from a diverse range of regional



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

DSRIP PPS Organizational Application

Finger Lakes PPS (PPS ID:9)

stakeholders. This analysis was used by the PPS to identify opportunities for systematic improvement, provide the foundation for the selection of 11 DSRIP projects, and facilitate greater collaboration between urban and rural partners.

***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.

In five years, the population served by FLPPS will have access to a fully integrated delivery system that promotes physical health, behavioral health and social supports, facilitated by an IT infrastructure that serves and integrates the continuum of care. This delivery system will be patient-centered, value-based, and culturally, linguistically and ethnically accessible. FLPPS will feature partnerships between healthcare providers, MCOs and CBOs, and include shared IT that can facilitate a population-based approach to managing health. Patients will be more engaged and better understand their health conditions. Case managers will assist those needing additional support to ensure appropriate screening, early receipt of services and adequate follow-up. The delivery system will value prevention and ensure widespread access to integrated primary and behavioral health care in Patient Centered Medical Homes. FLPPS believes that the work conducted to date and the strategies outlined in this proposal will ultimately lead to a PPS that truly attends to the needs of the population through the provision of high value services - resulting in improved outcomes and financial sustainability.

***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	18 NYCRR Section 505.10(c) ambulette & nonemergency ambulance transportation (d) prior authorization	<p>This regulatory waiver will primarily impact projects 2.a.i Create an Integrated Delivery System focused on Evidence-Based Medicine and Population, 2.d.i Implementation of Patient Activation Activities to Engage, Educate, and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care, and 3.f.i Increase Support Programs for Maternal and Child Health (Including High-Risk Pregnancies). The common component among these programs is transportation of patients to needed services, including uninsured not currently covered under this regulation.</p> <p>A waiver would address: a) Restrictions on destinations. Destinations that may benefit a DSRIP program participant but are not currently eligible; for example, trips to pharmacies, grocery stores, etc., b) Limiting use to regulated carriers. Community transportation providers that may have seating capacity, but which are not approved and regulated vendors; for example, a local ARC program could ride share PPS participants, c) Freedom of choice requirement under fee for service. Waiving this</p>