



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

DSRIP PPS Organizational Application

Mount Sinai Hospitals Group (PPS ID:34)

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:

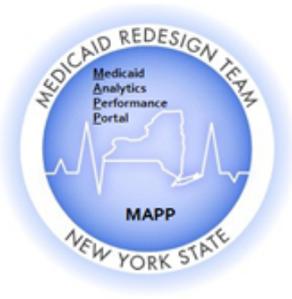
This section is not factored into the scoring of the PPS application. This response will be reviewed for completeness and a pass/fail determination will be made.

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	Create an integrated delivery system, reduce avoidable hospitalizations and readmissions	There is a clear need for system integration and improvements within our service area, as well as greater access to care coordination and preventive health care services. Increasingly, high-cost acute care services are utilized due to a lack of access to primary care, behavioral health services, and stabilizing social supports. In 2012, there were almost 1.2 million potentially preventable Medicaid emergency department (ED) visits (PPVs) in New York City (NYC), at a rate of 35 events per 100 members. Core components of an integrated delivery system – information sharing, medical homes, care coordination, co-location of services, use of technology, and patient-centered practices – are essential to keeping patients healthy, in the community, and out of the hospital.
2	Shift care delivery from inpatient care to coordinated, patient-centered care teams in the community	Developing coordinated patient-centered care teams will ensure that Medicaid patients receive more appropriate stabilizing services, helping to prevent conditions from escalating. PPS partners have indicated that it is extremely difficult for Medicaid beneficiaries to access all types of care with the exception of emergency services. Increasing access to ambulatory care, health education, and social services will bridge gaps within the current delivery system. By shifting the focus of care towards community-based settings and prevention, the entire health care delivery system will see a number of benefits. Patients will experience improved health outcomes and a better quality of life, while avoidable hospitalizations and health care costs will be reduced. Specialized and personalized care teams are necessary to ensure that each patient receives tailored services specific to their needs.
3	Develop the programming and infrastructure necessary to manage population health	A population health approach that expands beyond the Medicaid population will have broad benefits for patients, providers, payers, and society. However, providing the right care at the right time – from prevention, to treatment, to end of life care – requires a more balanced distribution of primary and preventive health care resources and facilities in the community, as well as programming and personnel to support personal health and healthy habits. We can improve health outcomes for the entire community by: 1) implementing technologies to share information, track patient behavior, and provide follow up and treatment more easily; 2) expanding social services and primary care and behavioral health service sites in the community; 3) and investing in care coordinators and health navigators.
4	Move towards a value-based and capitated payment	To achieve population health and improve health outcomes for the entire



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#	Goal	Reason For Goal
	model to manage costs across the continuum	service area, health care utilization patterns must shift and costs must be reduced. On the other hand, to move towards a value-based payment model, the system must already have key components in place to manage population health that allows partners to evolve towards risk. DSRIP provides an unprecedented opportunity to transition towards a value-based payment model while implementing systems change reforms. These simultaneous trajectories will realign provider incentives across our spectrum of care towards less costly preventive outpatient care, support all provider partners in care delivery transformation and payment reform, and ultimately create value for consumers and payors. More importantly, DSRIP provides a critical opportunity to build trust across the PPS network of providers. This trust will support and enable our partners to participate in shared risk arrangements in the future.

***Formulation:**

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

The Mount Sinai Performing Provider System (MSPPS) includes a wide spectrum of providers. Our partners offer culturally and linguistically appropriate services in medically underserved areas, serving some of the most hard-to-reach and chronically ill patients, as well as the general Medicaid population. Patient populations include those with developmental disabilities, diabetes, severe mental illness, HIV/AIDS, and individuals with co-occurring chronic conditions. Special consideration was given to include partners across the full spectrum of health and social services. We recruited behavioral health agencies, CBOs, nursing homes, and primary care physicians, because these services were identified as lacking in our CNA.

The MSPPS worked diligently to be collaborative and transparent, sharing information and soliciting feedback to understand community needs and the barriers low-income individuals face in accessing need health services and social supports. Open Project Advisory Committee (PAC) meetings, regular Town Halls, weekly newsletters, continuous partner surveys, and community presentations were purposefully implemented to facilitate this level of dialogue.

***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.

Our vision for the delivery system is a sustainable, population-health driven model, providing high quality care regardless of payor. Increased access to primary, urgent, and behavioral health care in community settings will be achieved through coordinated workforce investments, support of frontline providers and workers, implementation of patient support services, and the restructuring of infrastructure. Integration will occur through care coordination and navigation, co-location of services, and a common data-sharing platform. Ensuring long-term financial stability of this system requires supporting partners in making the transition to risk contracts capable of receiving value-based and capitated payments for our Medicaid population. The Mount Sinai Health System (which encompasses seven hospital sites, the Icahn School of Medicine, the Mount Sinai MSO, Provider Partners of Mount Sinai IPA, and the Mount Sinai IPA) and the MSPPS will develop new structures best suited to accomplish this from a regulatory and legal perspective. Initially, the MSPPS will be an LLC, but a clinically integrated IPA or ACO may also be established. The Mount Sinai Hospital is serving as lead entity.

***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)