



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

**DSRIP PPS Organizational Application**

**Samaritan Medical Center (PPS ID:45)**

**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  | Implement system-wide clinical interoperability HIT including EMR, HIE and disease registry | System Transformation cannot happen without the ability to rapidly share information between clinical providers. Effective population health management requires the ability to provide feedback and incentive providers and risk stratify patients for interventions  |
| 2  | Improve access to primary and preventive care   | The region has a significant primary care, dental, and BH shortage. Community based prevention services like DPP and tobacco cessation are not covered services these contribute to very high avoidable ER and hospitalization rates. PC and dental providers must be recruited and prevention must be covered.                          |
| 3  | 100% of Primary Care Provider achieve PCMH 2014   | Primary care is the cornerstone for preventing avoidable hospitalizations and future disease. PCMH 2014 requires open access, care management, quality measurement and other changes that ensure that PC delivers on the prevention promise  |
| 4  | Improved clinical quality as defined by PQIs and HEDIS for Diabetes, Cardiac & COPD         | There is a heavy disease burden of diabetes, cardiovascular and COPD across the region. PQIs for avoidable ER and Hospitalization exceed NYS in every single composite   |
| 5  | 25% reduction in avoidable ER rate  | The region has an elevated avoidable ER visit rate for attributed Medicaid beneficiaries and this is in alignment with NYS DSRIP objective   |
| 6  | 25% reduction in avoidable admission rate   | The region has an elevated avoidable admission rate for attributed Medicaid beneficiaries and this is in alignment with NYS DSRIP objective  |
| 7  | Integration of PC and BH care at 100% of participating safety net provider                  | Mental illness is the single largest cause of hospitalizations and emergency department visits in the region. The suicide rate is nearly twice the NYS rate and the binge drinking rate is significantly higher than NYS. Co-location creates access and recognizes both the illness and the physical effects of the illness/medications |
| 8  | Increase care management and care coordination  | There is need to risk stratify patients and engage them in varying levels of intensity of care coordination/care management based on their degree of risk.   |
| 9  | Improved linkages through standardized protocols  | Protocols for care transitions between all settings is needed. Disconnects exits across the entire delivery system and even more so between the health care delivery system and the community based services   |
| 10 | Engage and activate LU, MU and uninsured  | There is a population across the region that are not accessing healthcare services at the prevention level and do not engage with the system until they have a disease or end up at the emergency room   |
| 11 | Improved patient experience   | Health literacy and cultural competency is needed for working with low socioeconomic populations in the region to improve the experience of care. Improved access to care when and where it is needed will also impact the   |



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|----|--|---|
|    |  | patients experience of care.  |
| 12 | Engage with MCOs to move to value-base payment system through payment reform | To sustain the system transformation undertaken through DSRIP will require a comprehensive payer strategy |

**\*Formulation:**

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

The PPS has formulated a delegated governance structure that allows for broad representation and input while maintaining clinical leadership. Partner selection for participation in the PPS was driven by the community needs assessment, which puts emphasis on behavioral health, primary prevention, health home, FQHC, hospice, community based advocacy organizations and other providers of social service supports for fragile populations in addition to the hospitals and long term care providers. The PPS's primary care leadership brings the focus of care back to the prevention level with a clear understanding of the care coordination needed to support their patients in prevention efforts outside the clinical walls. The NCI model requires a multi-disciplinary, highly collaborative approach to increase access, improve clinical consistency and quality, and adopt more efficient delivery models that will meet the patient where they are and bring about real success.

**\*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, NCI will transform from a highly fragmented system focused on inpatient care to an integrated patient-centered community-based delivery system. The system will move from provider focused to patient focused; from reactive to disease to pro-active for health with incentives aligned with improved patient outcomes. Safety Net providers will operate in a high quality, financially sustainable integrated delivery system. Patients will report a high degree of satisfaction with their care and improved quality of life. The NCI healthcare system, and health record system, will recognize that minds and bodies are connected and treat patients as a sum of their parts, and not in parts. The people of the region will not only be healthier because they have access to preventive care, but happier because they are treated with dignity and respect; when patients leave the physician's office they will feel comforted not confused. In five years public and private payers, healthcare providers, and community based organizations will be partners and colleagues working under value-based payments toward a common goal to ensure that each patient receives the right care at the right time.

**\*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 | Article 29F and Proposed Regulations | (1) 2.a.i is implicated and it is a general concern regarding the PPS |