



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

DSRIP PPS Organizational Application

United Health Services Hospitals, Inc (PPS ID:44)

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:

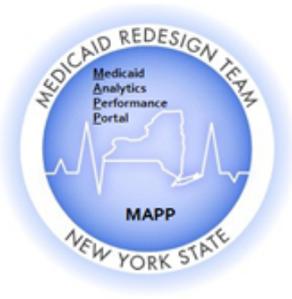
This section is not factored into the scoring of the PPS application. This response will be reviewed for completeness and a pass/fail determination will be made.

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 (IDS)	The current healthcare system has functioned in silos leaving the intricacies of care coordination with the Medicaid beneficiary which has led to current health and utilization outcomes. The creation of an IDS will provide population health and care coordination services for Medicaid beneficiaries creating the opportunity for care that is timely, patient centered, and cost effective. Care Coordination will avoid duplication of services and assure that all providers involved with a beneficiary's care have a full picture of their needs and can coordinate the care plan to maximize outcomes. An IDS is the unifying structure for all the PPS Projects and will optimize the ability of the PPS' to achieve overall DSRIP goals. Measures marking success in attaining this goal include the number of providers actively sharing EHR systems, number of providers who achieve PCMH certification and number of contracts with Medicaid Managed Care Organizations.
2	Cost effective utilization	Medicaid data reveals opportunity to improve high cost utilization through decreasing ED visits and to a lesser extent, decreasing avoidable admissions. Medicaid beneficiaries participating in CNA focus groups commented they often used ED services, and numerous reasons were cited including: lack of access to other options; transportation, child care and financial access issues; perceptions of lower quality of care in other settings, and; the convenience of ERs as a one-stop shop. The IDS infrastructure and Projects will address these issues through patient engagement, education, care coordination, care management and other efforts focused on building connections to community based care. Tracking patient engagement, referrals for navigation and case loads of care managers will be useful progress measures. Measuring overall system impacts using SPARCS, PQRI, clinical and claims data about utilization linked to financial data will also be used.
3	Workforce Transformation	The redesign of the care delivery system will decrease the need for acute care professionals and increase the need for these professionals within the community. Therefore a method to redeploy the workforce will be necessary. The transition from acute care to community based care will require a workforce with skills in delivering care in non-acute environments and competency in patient engagement and community outreach. A workforce strategy that ensures the right people, with the right skills, in the right place, at the right time, and at the right cost is essential for effective care delivery transformation and ultimately achievement of DSRIP goals. Success in transforming the workforce can be measured by the number of



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#	Goal	Reason For Goal
		training programs developed, number of workers trained, number of positions filled in the newly created community positions, and number of positions decreased in the acute care setting.
4	Ensure sustainability	STRIPPS will create processes to preserve safety net providers while transitioning health care delivery and payment models. Moving towards value based payment requires the application of population health analytics and customized care coordination resources for appropriate utilization of services and containment of costs. DSRIP funds will support the safety net providers in the transitioning environment and provide funding to implement the Projects. In order to be financially sustainable by the end of DY5, institutional providers must lower their cost structure as utilization shifts to community based organizations. Redesigning business systems and analytics, and progressively shifting to value based payment models are essential. Accurate accounting of monies received and distributed, deliberative and reasoned decision making in projecting budgets, and monitoring financial trends are critical measures to ultimately achieve sustainability beyond DSRIP funding.
5	Cost effective utilization	Medicaid data reveals opportunity to improve high cost utilization through decreasing ED visits and to a lesser extent, decreasing avoidable admissions. Medicaid beneficiaries participating in CNA focus groups commented they often used ED services, and numerous reasons were cited including: lack of access to other options; transportation, child care and financial access issues; perceptions of lower quality of care in other settings, and; the convenience of ERs as a one-stop shop. The IDS infrastructure and Projects will address these issues through patient engagement, education, care coordination, care management and other efforts focused on building connections to community based care. Tracking patient engagement, referrals for navigation and case loads of care managers will be useful progress measures. Measuring overall system impacts using SPARCS, PQRI, clinical and claims data about utilization linked to financial data will also be used.
6	Workforce Transformation	The redesign of the care delivery system will decrease the need for acute care professionals and increase the need for these professionals within the community. Therefore a method to redeploy the workforce will be necessary. The transition from acute care to community based care will require a workforce with skills in delivering care in non-acute environments and competency in patient engagement and community outreach. A workforce strategy that ensures the right people, with the right skills, in the right place, at the right time, and at the right cost is essential for effective care delivery transformation and ultimately achievement of DSRIP goals. Success in transforming the workforce can be measured by the number of training programs developed, number of workers trained, number of positions filled in the newly created community positions, and number of positions decreased in the acute care setting.
7	Ensure sustainability	STRIPPS will create processes to preserve safety net providers while transitioning health care delivery and payment models. Moving towards value based payment requires the application of population health analytics and customized care coordination resources for appropriate utilization of services and containment of costs. DSRIP funds will support the safety net providers in the transitioning environment and provide funding to implement the Projects. In order to be financially sustainable by the end of DY5, institutional providers must lower their cost structure as utilization shifts to community based organizations. Redesigning business systems and analytics, and progressively shifting to value based payment models are essential. Accurate accounting of monies received and distributed, deliberative and reasoned decision making in projecting budgets, and monitoring financial trends are critical measures to ultimately achieve sustainability beyond DSRIP funding.



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***Formulation:**

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

The healthcare delivery transformation effort that became STRIPPS was centered on an analysis of utilization and existing community need assessment data that revealed patterns in utilization and health status among Medicaid beneficiaries. To gain insight into those trends, a comprehensive community assessment was conducted. Armed with a deeper understanding of community need, DSRIP Projects were selected to address the gaps and missing elements in care delivery. The 11 projects selected align with health priorities, NYS DOH Prevention Agenda, and take into consideration the healthcare disparities among urban/rural populations. The Projects are synergistic and build on existing community strengths.

STRIPPS is supported by an active/engaged PAC with broad representation. With each milestone of development, STRIPPS leadership has consulted and gained approval from the PAC. This approach has fostered trust among PAC members, facilitated partnerships between organizations and created a collaborative network of providers who are prepared and motivated to achieve DSRIP goals.

***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.

At the conclusion of the five year DSRIP program, the Medicaid delivery system will have shifted a significant amount of capacity from acute care and institutional settings into community based settings that are regionally coordinated and supported by a shared IDS infrastructure. With additional impacts from other payors, the provider entities will likely have experienced some consolidation, with institutional providers shifting resources into community based care with more efficient organizational models and less fragmentation. The IDS will have matured into a high performing organization with core competencies in outreach and navigation services, population health analytics, care coordination, IT connectivity, clinical performance management functions and financial management systems. The resulting IDS and the associated delivery system would be well positioned for partnering with a payor organization on risk based payment.

***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	COPA PHL 29F and proposed regulations	The regulatory relief requested is approval of Certificate of Public Advantage (COPA) pursuant to PHL 29F and in accordance with newly promulgated regulations. The projects requested for are: 2.a.i.; 2.b.iv.; 2.b.vii.; 2.c.i.; 2.d.i.; 3.a.i.; 3.a.ii.; 3.b.i.; 3.g.i.; 4.a.iii.; and 4.b.ii. as the components of the various projects require creation of a clinically integrated delivery system and collaborations among providers which may impact market share and competition through a coordinated plan to promote efficiencies and reduce