Review of the Delivery System Reform Incentive Payment (DSRIP) Program

What is the DSRIP Program?

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New Jersey Department of Health (NJDOH)

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Training Session Objectives

- ✓ To understand the DSRIP background and program goals

- ✓ To understand the DSRIP projects and population served

- ✓ To understand key performance measurement requirements

- ✓ To understand the DSRIP governance documents and key roles and responsibilities

DSRIP Background

- Goal: To preserve $166.6 million allocation, inclusive of Federal matching funds

- The 1115 demonstration waiver between States and CMS provides special terms and conditions for States to qualify for matching Federal funding

- NJ requested and CMS accepted a DSRIP funding pool as part of the 1115 Comprehensive Medicaid Waiver

- Negotiations with CMS resulted in New Jersey maintaining aggregate funding at the same level as the Hospital Relief Subsidy Fund (HRSF)

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DSRIP Background

- The Department is transitioning the historical supplemental payment model to a model where payment is awarded based on achieving health improvement goals while ensuring that hospitals maintain or improve inpatient hospital services to a high, standard level of performance

Demonstration Year 1	Transition Period	October 2012 – June 2013
Demonstration Year 2	Transition Period DSRIP Implementation	July 2013 – December 2013 January 2014 - June 2014
Demonstration Year 3	DSRIP Implementation	July 2014 – June 2015
Demonstration Year 4	DSRIP Implementation	July 2015 – June 2016
Demonstration Year 5	DSRIP Implementation	July 2016 – June 2017

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CMS' DSRIP Program Goals

- Develop a program that supports hospitals' efforts to enhance access to healthcare, the quality of care, and the health of patients and families they serve

- Develop a program rooted in intensive learning and sharing that will accelerate meaningful improvement

- Ensure individual hospital DSRIP plans are consistent with their mission and quality goals, as well as, CMS' overarching approach for significantly improving health care through the **concurrent pursuit of three aims** (i.e. Triple Aim):

    1. Better care for individuals

    2. Better health for the population

    3. Lower cost through improvement

New Jersey's Vision for DSRIP

Based on the Healthy New Jersey 2020 (<u>HNJ2020</u>) - the State's health improvement plan which sets the agenda for the comprehensive disease prevention and health promotion for New Jersey for the next decade.

New Jersey's Vision:

For New Jersey to be a state in which all people live long, healthy lives[1]

➢ Chronic diseases are responsible for about 70% of all deaths nationally even while patients with chronic disease consume 83% of all health care spending in the United States[2]

[1] www.healthy.nj.gov
[2] New Jersey Department of Health, "Introduction to CD Burden"

New Jersey's DSRIP Program Goals

Program **objectives** include**:**
- Improved quality and access of care
- Improved delivery and consistency of care
- Expansion of primary care

Program **goals** include:
- Improve population health
- Reduce unnecessary admissions/ readmissions
- Reduce unnecessary emergency department visits
- Manage the trajectory of the cost of health care

Program **interventions** include:
- Improve treatment protocols, discharge planning and care transitions
- Institute population registries and case management
- Develop patient-centered and integrated medical/ behavioral health homes

New Jersey's Focus Areas

➢ In order to focus the DSRIP incentive budget and resources to meet the State's vision, New Jersey is seeking to move the cost and quality curve for eight prevalent or chronic conditions:

Asthma	HIV/ AIDS
Behavioral Health	Obesity
Cardiac Care	Pneumonia
Chemical Addiction/ Substance Abuse	A medical condition unique to the hospital
Diabetes	

➢ There were 17 pre-defined projects that the hospital could select from which included:
  o The project's objective, methodology, outcomes, clinical performance measurements
  o Hospitals were responsible for describing in detail the manner and means by which the hospital would fulfill the project requirements

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DSRIP – Project Array

<u>Asthma</u>
1. Hospital-Based Educators Teach Optimal Asthma Care
2. Pediatric Asthma Case Management and Home Evaluation

<u>Behavioral Health</u>
1. Integrated Health Home for the Seriously Mentally Ill (SMI)
2. Day Program and School Support Expansion
3. Electronic Self-Assessment Decision Support Tool

<u>Cardiac Care</u>
1. Care Transitions Intervention Model to Reduce 30-Day Readmissions for Chronic Cardiac Conditions
2. Extensive Patient CHF-Focused Multi-Therapeutic Model
3. The Congestive Heart Failure Transition Program (CHF-TP)

<u>Chemical Addiction/ Substance Abuse</u>
1. Hospital-Wide Screening for Substance Use Disorder
2. Hospital Partners with Residential Treatment Facility to Alternative Setting to Intoxicated Patients

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DSRIP – Project Array

Diabetes
1. Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus and Hypertension
2. Diabetes Group Visits for Patients and Community Educators
3. Develop Intensive Case Management for Medically Complex High Cost Patients

HIV/ AIDS
1. Patient Centered Medical Home for Patients with HIV/AIDS

Obesity
1. After-School Obesity Program
2. Wellness Program for Parents and Preschoolers

Pneumonia
1. Patients Receive Recommended Care for Community-Acquired Pneumonia

Unique Focus Area or Off-menu Project
An innovative project that the hospital feels is unique to their population.
Greater levels of justification and examination will occur.

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DSRIP Project Stages and Payment Mechanisms

Over the course of the demonstration, hospital payment allocation moves from payment for project related activities towards payment for achieving a **high standard level of performance**

Stages Description	Payment Mechanism	DY2	DY3	DY4	DY5
Stages 1 Project Activities – investments in technology, tools, and human resources that will strengthen the ability of providers to serve populations and continuously improve services Stage 2 Project Activities – piloting, testing, and replicating of chronic patient care models	Pay for Achievement	90%	75%	50%	25%
Stage 3 Quality Improvements – clinical performance measures that involves the measurement of care processes and outcomes that measure the impact of Stage 1 and 2 activities; the number of measures varies by project	Pay for Reporting	5%	15%		
	Pay for Performance			35%	50%
Stage 4 Population Focused Improvements – 45 clinical measures that include reporting performance on measures across diverse domains of care	Pay for Reporting	5%	10%	15%	25%

Review of Key Performance Measure Requirements

Universal Performance Pool (UPP): a portion of the DSRIP funds are carved out and allocated to a performance pool that all participating hospitals are eligible for.

- ✓ Total of 12 UPP measures (4 substitution measures available)

- ✓ An Achievement Value of 1 will be awarded if the hospital maintains or improves baseline performance

- ✓ An Achievement Value of -0.5 will be assessed if the hospital regresses from baseline

This table indicates the carve out percentage per demonstration year:

DY3	DY4	DY5
10%	15%	25%

Who will Benefit from the DSRIP Projects?

➢ The Medicaid, CHIP, and Charity Care populations (collectively known as New Jersey Low Income population) will be the primary target population group to benefit from project implementation
  • Inclusive of fee-for-service, managed care, and dually-eligible patients

➢ Hospitals may choose to include other population groups such as Medicare and self pay, but the performance measures will be based on the NJ Low Income population noted above

Key Performance Measure Requirements - Measures

- Stage 3 measures were chosen based on their ability to reflect measurable, incremental improvement towards the primary aims of the associated project

- Stage 4 measures represent clinical outcomes across diverse domains of care

- All measures are nationally recognized by institutions and collected for other quality measure sets including:
    - National Committee for Quality Assurance (NCQA), The Joint Commission, American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI), Agency for Healthcare Research and Quality (AHRQ) (Patient Quality Indicators)

- Measure specifications are detailed in the DSRIP Performance Measurement Databook
    - **The Department** will calculate the performance rate for measures that utilize claims-based information submitted to the Medicaid Management Information System (MMIS)

    - **Hospitals** will calculate and submit the performance rate for all other measures (measures that require data pulls from an Electronic Health Record (EHR) or manual chart abstraction)

Key Performance Measure Requirements - Attribution

➢ The Low Income population will be assigned (attributed) to a hospital based on an attribution design similar to the CMS Pioneer Accountable Care Organization (ACO) Program or Medicare Shared Savings Program (MSSP)

- Links patients to hospitals looking at two years of a patient's utilization pattern identified through claims; (based on Evaluation and Management Visits)

- Most current year's utilization is weighted higher to reflect the patient's most recent patient behavior; (30/70)

- To act as evidence of an established relationship with a provider, a minimum threshold of ten percent (10%) of utilization per attribution category is included in the attribution approach

- Attribution categories consider services received at the hospital-based clinic, emergency department, and community-based reporting partners

Key Performance Measure Requirements - Timeline

Stage 3 Annual MMIS Measurement and Reporting Time Periods
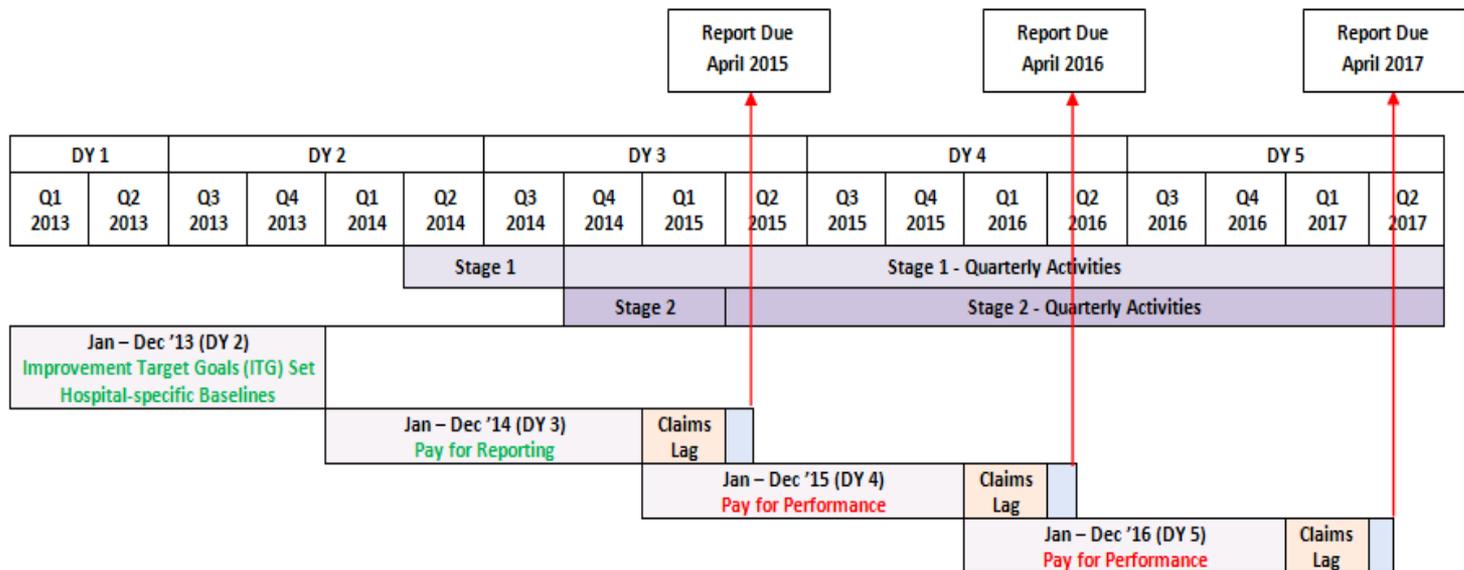
Key Performance Measure Requirements – Role of Project Partners

➢ Hospital Project Partners are those partners that help the hospital and their patients achieve the aims of the DSRIP program
- A project partner can work with multiple hospitals for coordination of treatment and provide services for patients.
- Reporting partners are limited to those providers included in the attribution model and reporting outpatient data on behalf of the hospital

➢ CMS wishes to incent hospitals to:
- Support stronger partnerships between existing inpatient and outpatient providers who care for Medicaid patients
- Develop new partnerships between these settings of care

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DSRIP Governance

DSRIP is governed by three source documents:

1. Special Terms and Conditions – a component of the 1115 waiver – as agreed between the State and CMS

2. DSRIP Funding and Mechanics Protocol

3. DSRIP Planning Protocol
   - Addendum 1: Stage 3 Measures Catalogue
   - Addendum 2: Stage 4 Measures Catalogue
   - Attachment 1: Toolkit

These sources documents are available for viewing on the NJ DSRIP website at http://dsrip.nj.gov/

NJ DSRIP Website
http://dsrip.nj.gov/

#1 *DOH Home Tab:*
Link to the DOH home page.

#2 *DSRIP Home Tab:*
Home page houses DSRIP Press Releases, CMS Notices, FAQs and the link to the DSRIP Hospitals Tab.

#3 *DSRIP Hospitals Tab:*
Tab lists all DSRIP Eligible hospitals by county and includes their focus area, project and application status.

#4 *Learning Collaborative Tab:*
Tab lists the Learning Collaborative groups by focus area; meeting schedule, presentations and survey hospitals complete after attendance at a meeting.

#5 *Resources Tab:*
Tab includes DSRIP Resources such as the DSRIP governance documents and Training Materials.

#6 *Contact Us Tab:*
Provides the link to the webpage containing contact information for this website.

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DOH Home   DSRIP Home   DSRIP Hospitals   Learning Collaborative   Resources   Contact Us

Click a county for a list of DSRIP eligible hospitals

All DSRIP Eligible Hospitals Download

Click column to sort

HOSPITAL	FOCUS AREA	PROJECT	STATUS
ATLANTICARE REG'L MEDICAL CENTER	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus and Hypertension	Approved
BAYONNE HOSPITAL	Cardiac Care	Extensive Patient CHF-Focused Multi-Therapeutic Model	Approved
BAYSHORE COMMUNITY HOSPITAL	Non-Participating	Non-Participating	Non-Participating
BERGEN REG'L MEDICAL CENTER	Behavioral Health	Electronic Self-Assessment Decision Support Tool	Approved
CAPE REGIONAL MEDICAL CENTER	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus and Hypertension	Approved
CAPITAL HEALTH SYSTEM - FULD CAMPUS	Chemical Addiction / Substance Abuse	Hospital-Wide Screening for Substance Use Disorder	Approved
CAPITAL HEALTH SYSTEM - HOPEWELL	Obesity	After School Obesity Program	Approved

Note: For some hospitals, CMS has approved the hospital's DSRIP plan but requires more information. New Jersey Department of Health is currently working with those hospitals to ensure all required information and attestations are provided promptly to CMS.

This web site is maintained for the New Jersey Department of Health by Myers and Stauffer LC.

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DSRIP Hospitals webpage:
This page displays the entire list of DSRIP eligible hospitals including their project and application status. It also allows the user to see the DSRIP hospitals by county.

Download:
Allows user to download the entire list of DSRIP eligible hospitals as an Excel document. The document includes each hospital's focus area, project and application status.

Hospital table:
This table allows user to sort by each of the highlighted areas. The "Hospital" column sorts only alphabetically, all other columns sort alphabetically first and then includes non-participating hospitals at the end of the list.

Note: Non-participating hospitals are included and will have "non-participating" listed for the focus area, project and status.

What can the Local Health Department do?

✓Consider the following:

1. Could the DSRIP projects in your community positively impact your local health improvement plan?

2. Is there an opportunity to work with a hospital on an initiative?

3. Are you aware of any overlapping initiatives where hospitals should work with other community resources?

4. Is there an opportunity to assist the hospital make new connections with these, or other community resources?

5. Are there local successes, lessons learned that can be shared to help the hospitals be successful?

6. Is there data, or reference materials, on the focus areas being worked on in your community that could be shared with the hospitals?

Q & A

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