OVERVIEW

• About America’s Essential Hospitals
• National Landscape for DSRIP waivers
• America’s Essential Hospitals’ Waiver Work
• Lessons Learned from MA DSTI Learning Collaborative
• Lessons Learned from CA, TX, and MA
• DRSIP & DSTI Results
ABOUT AMERICA’S ESSENTIAL HOSPITALS

• Formerly the National Association of Public Hospitals

• Support over 250 essential hospitals and health systems nationwide through advocacy, policy development, research, and education

• The Institute researches and promotes best practices in health care, especially for vulnerable populations and underserved communities

Access and Quality for All

Check out our Vital Data
OUR MEMBERS

CARING FOR THE MOST VULNERABLE

TRAINING FUTURE HEALTH CARE LEADERS

PROVIDING COMPREHENSIVE, COORDINATED CARE

PROVIDING SPECIALIZED, LIFESAVING SERVICES

ADVANCING PUBLIC HEALTH
In 2013, roughly **half of inpatient discharges and outpatient visits** at essential hospitals were for **uninsured or Medicaid patients**.
OUR MEMBERS

With many essential hospitals operating at a loss, innovation and efficiency are crucial. In fact, essential hospitals deliver more cost-efficient care than other hospitals nationwide, scoring slightly better than the national median on the Medicare spending per beneficiary measure.
OUR MEMBERS

Members of America’s Essential Hospitals provided more than

$7.8 BILLION IN UNCOMPENSATED CARE

This is enough money to

- develop more than 23 LIFE-SAVING VACCINES
- deliver 798,500 BABIES IN THE UNITED STATES
- provide health care to 843,000 MEN, WOMEN, AND CHILDREN IN THE UNITED STATES OR THE ENTIRE STATE OF SOUTH DAKOTA

National Landscape
DSRIP ACTIVITY

- In Progress
- Approved
- Planning
DSRIP ACTIVITY – WHAT IS HAPPENING IN OR?
THE FUTURE OF DSRIPs

• CMS is focusing on ensuring the ROI of DSRIPs and their impact on systemwide transformation

• America’s Essential Hospitals is holding ongoing conversations with CMS and HHS administration

• We see the value of DSRIPs for our members and want to ensure the future of incentive programs
Our Waivers Work
Member Services
- Leadership Summit on Medicaid Waivers
- Vital 2015
- Distance Learning

Institute
- Research Briefs
- Massachusetts DSTI Learning Collaborative
- Distance Learning

Policy & Advocacy
- Web Resources
- Policy Briefs
- Distance Learning
ESSENTIAL HOSPITALS MEDICAID WAIVERS PROGRAM

• Distance Learning
  » California’s DSRIP: Results from Contra Costa
  » The State of Medicaid DSRIP Waivers: Recent Advocacy Developments at CMS
  » Medicaid Waiver Activity: Implications for Essential Hospitals and Health Centers
  » The Texas Regional Approach to DSRIP Waivers: Success, Challenges, Sustainability
  » Waivers Catalyze Integration and Clinical Improvement
  » DSRIP Waiver Implementation: One Hospital’s Experience
  » Medicaid Payments to Incentivize Delivery System Reform
ESSENTIAL HOSPITALS MEDICAID WAIVERS PROGRAM

• Briefs
  » Medicaid Incentive Programs: Hospital Perspectives from Three States
  » Medicaid Incentive Programs: Extending the Reach of Health Care Transformation
  » Delivery System Transformation: Section 1115 Medicaid Waiver Demonstration Projects in California, Massachusetts, and Texas

• In-Person Events
  » Vital 2015 – June 24-26, San Diego
  » Leadership Summit on Medicaid Waivers – September 21, Chicago
Lessons Learned from MA DSTI Learning Collaborative
MASSACHUSETTS DSTI LEARNING COLLABORATIVE

- DSTI = Delivery System Transformation Initiatives
- Essential Hospitals Institute facilitated the DSTI Learning Collaborative from 2012-2014
  - Six participating hospitals
- Held eight learning meetings
  - Covered different topics relevant to improvement areas
  - Presentations from national experts and hospital teams
LESSONS LEARNED FROM MASSACHUSETTS

• Sufficient time must be devoted to training and learning new models of care
• Data driven decisions and analytics are critical for DSTI projects and beyond
• Patients of essential hospitals often have inherent challenges – patient activation and social determinants of health can hinder progress
• Integrating physical and behavioral health can be fundamental to improving care
LESSONS LEARNED FROM MASSACHUSETTS

• Information technology (IT) resources are essential
• Practice transformation takes time
• Moving from episodic care to population health requires: caregiver teams, enhanced collaboration across disciplines, and a focus on multiple dimensions of care
• It is necessary to enhance communication within the hospital and with community partners
• Proper organizational alignment improves the likelihood of DSTI success; aligning DSTI with overall strategic goals is critical
LESSONS LEARNED FROM MASSACHUSETTS

- Continuous refinements and improvements must be the norm
- Restructuring is necessary for payment reform; moving away from fee-for-service payments can facilitate delivery system transformation
- DSTI investments leverage results beyond DSTI projects
- **DSTI is working; promising transformation is occurring**
Lessons Learned from CA, TX, and MA
• Conducted 3 webinars with hospitals from CA, TX, and MA
  » Boston Medical Center
  » Santa Clara Valley Medical Center
  » UT Health Northeast
• Each hospital presented on their experiences implementing DSRIP/DSTI programs
• Synthesized findings into research brief (Sept. 2014)
LESSONS LEARNED FROM CA, TX, AND MA

- Waivers are jumpstarting transformation
- Leaders promote DSRIP/DSTI importance
- Collaboration is crucial for success
- Metrics are challenging but necessary
- Cultural changes are difficult to navigate
- Outcomes are transcending DSRIP/DSTI improvement projects
DSRIP & DSTI Results
DSRIP & DSTI RESULTS

• Next phase of America’s Essential Hospitals’ waivers work
  » Summer 2015 webinar series and brief
  » 2015 Leadership Summit on Medicaid Waivers

• We want to highlight the value added from DSRIP and DSTI programs

• Results are still difficult to report, especially for newer DSRIP states
RESULTS FROM MASSACHUSETTS

• Boston Medical Center’s ProjectRED was able to reduce readmission rates by 9%, avoiding 262 admissions and saving approximately $3.71 million.

• Cambridge Health Alliance achieved NCQA Level 3 PCMH recognition for 7 primary care sites.

• Holyoke Medical Center saw a 26% increase in the number of patients who receive specific heart failure discharge instructions, 49% increase in heart failure patients who were educated by a pharmacist at bedside on medication management, and 3% decrease in all-cause readmissions in 30 days or less.
RESULTS FROM MASSACHUSETTS

• Lawrence General Hospital reduced 30-day readmissions by 10% for adult diabetic patients, and 8.3% for heart failure patients

• Mercy Medical Center created a “Care Traffic Control Center” and improved overall patient satisfaction by 19.6%

• Signature Healthcare Brockton Hospital reduced acute care readmissions by 45%, reduced skilled nursing facility admissions by 45%, and reduced their rehabilitation/LTACH by >89%
MERCY’S CARECONNECT HUB
RESULTS FROM CALIFORNIA

• Sepsis
  » Sepsis bundle compliance increased by 28.8%
  » Sepsis mortality decreased by 9.2%

• HAPU
  » Prevalence rate decreased by 2.27%, now at 0.13%

• Ambulatory Care
  » Third Next Available Appointment dropped from 13+ days to 6 days

Contra Costa Regional Medical Center

Martinez, CA
RESULTS FROM CALIFORNIA

Santa Clara Valley Medical Center

San Jose, CA

• Cost Containment Study
  » Saw a mean difference of 3.7 days for length of stay among patients who received sepsis bundle
  » Saw a mean difference of 32.5 days for length of stay among CLABSI patients who received prevention services, as well as a mean difference of $103,355 in savings
California’s DSRIP 2010-2015: Successes to Build On
RESULTS FROM TEXAS

UHS University Hospital

San Antonio, TX

• Palliative Care
  » Over 95% of patients with palliative care consults are now screened for pain
  » Increased the number of patients receiving palliative care from 277 to over 800

• Medication Management
  » Over 1,200 patients now receiving medication management counselling

• Patient Navigation
  » Over 1,400 patients now receiving navigation services
RESULTS FROM TEXAS

• North Tyler Clinic
  » **Built new clinic** from scratch, i.e., building, staff, etc.
  » Brought services to a largely minority, underserved area

• Spillover Effects
  » Seeing positive outcomes in **preventive medicine** indirectly associated with improvement projects

**Ut Health Northeast**

*Tyler, TX*
KEY TAKEAWAYS

• If you’ve seen one waiver, you’ve seen one waiver

• The waiver world is constantly evolving

• Still early for many hard data outcomes but, seeing major improvements in care delivery, quality measures, and financial savings

• Ongoing need to highlight DSRIP ROI and share knowledge and best practices for sustainability
QUESTIONS?

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