



AMERICA'S ESSENTIAL HOSPITALS

New Jersey DSRIP Learning Collaborative

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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



AMERICA'S
ESSENTIAL
HOSPITALS

Access and Quality for All



ACTION



QUALITY



EDUCATION



INSTITUTE



[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

+



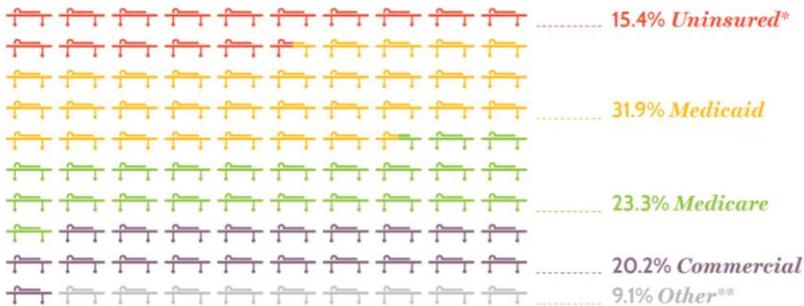
ADVANCING
PUBLIC HEALTH



OUR MEMBERS

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

INPATIENT



OUTPATIENT



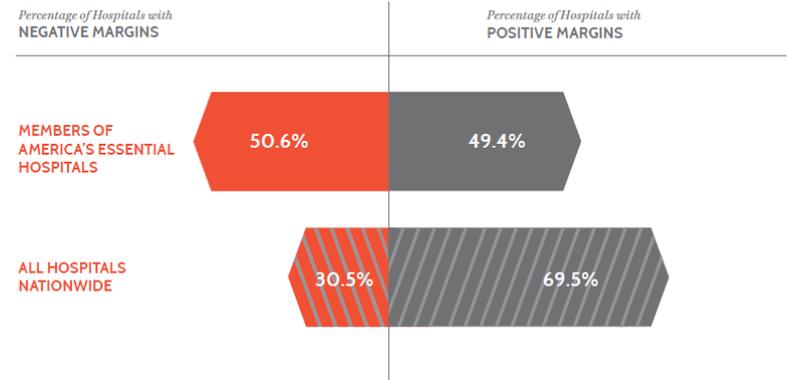
OUR MEMBERS

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.

AGGREGATE



PROPORTION



OUR MEMBERS

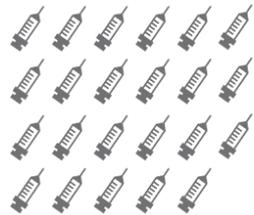
Members of America's Essential Hospitals provided more than

\$7.8 BILLION IN UNCOMPENSATED CARE = **16.8%** OF ALL UNCOMPENSATED CARE NATIONWIDE

This is enough money to

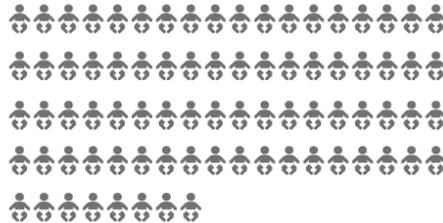
Source: America's Essential Hospitals. Annual Hospital Characteristics Survey, 2013; American Hospital Association. Uncompensated Hospital Care Cost Fact Sheet, 2015 Update. <http://www.aha.org/content/15/uncompensatedcarefactsheet.pdf>. Accessed January 22, 2015.

develop more than
23 LIFE-SAVING VACCINES



📄 = 1 Vaccine

deliver
798,500 BABIES IN THE UNITED STATES



👶 = 10,000 babies

provide health care to
843,000 MEN, WOMEN, AND CHILDREN IN THE UNITED STATES



OR THE ENTIRE STATE OF SOUTH DAKOTA



👤 = 10,000 people

National Landscape



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



ESSENTIAL HOSPITALS MEDICAID WAIVERS PROGRAM



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



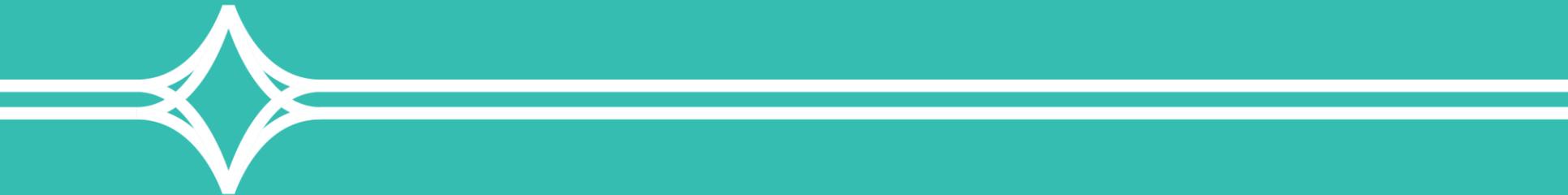
ESSENTIAL HOSPITALS MEDICAID WAIVERS PROGRAM

- 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

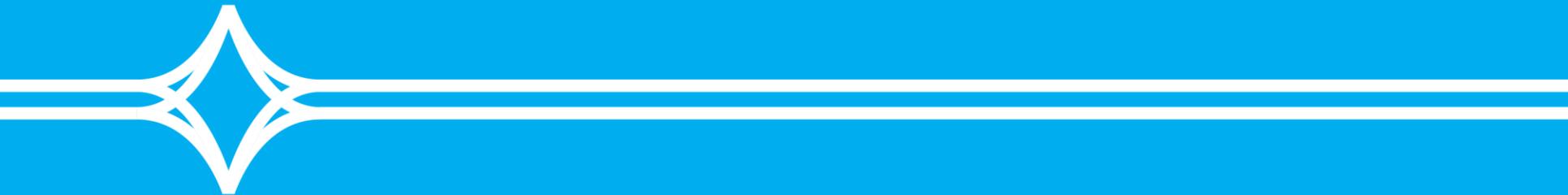
LESSONS LEARNED FROM MASSACHUSETTS

- 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



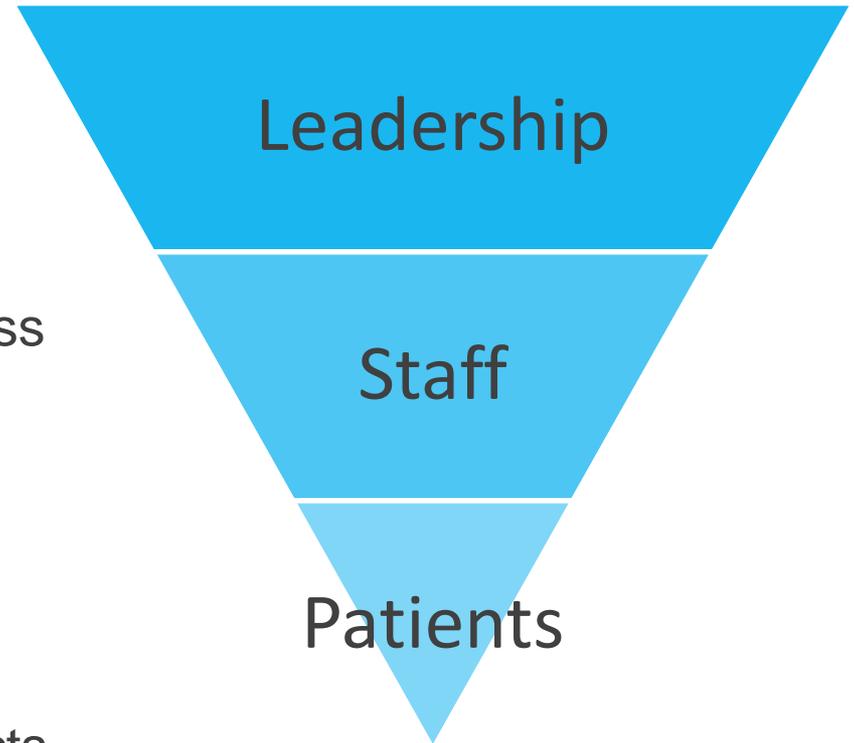
MEDICAID INCENTIVE PROGRAMS WEBINARS & BRIEF



- 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**

CAPH REPORT



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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