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

What is the DSRIP Program?

September 2014
New Jersey Department of Health (NJDOH)

Prepared by: Myers and Stauffer LC
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

Prepared by Myers and Stauffer LC
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)
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

<table>
<thead>
<tr>
<th>Demonstration Year</th>
<th>Transition Period</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Transition Period</td>
<td>October 2012 – June 2013</td>
</tr>
<tr>
<td>3</td>
<td>DSRIP Implementation</td>
<td>July 2014 – June 2015</td>
</tr>
<tr>
<td>5</td>
<td>DSRIP Implementation</td>
<td>July 2016 – June 2017</td>
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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

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New Jersey’s Vision for DSRIP

Based on the Healthy New Jersey 2020 (HNJ2020) - 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 lives¹

- 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 States²

¹www.healthy.nj.gov
²New 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:
  - The project’s objective, methodology, outcomes, clinical performance measurements
  - Hospitals were responsible for describing in detail the manner and means by which the hospital would fulfill the project requirements
DSRIP – Project Array

**Asthma**
1. Hospital-Based Educators Teach Optimal Asthma Care
2. Pediatric Asthma Case Management and Home Evaluation

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

**Cardiac Care**
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)

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

<table>
<thead>
<tr>
<th>Stages Description</th>
<th>Payment Mechanism</th>
<th>DY2</th>
<th>DY3</th>
<th>DY4</th>
<th>DY5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stages 1 Project Activities</strong> – investments in technology, tools, and human resources that will strengthen the ability of providers to serve populations and continuously improve services</td>
<td>Pay for Achievement</td>
<td>90%</td>
<td>75%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Stage 2 Project Activities</strong> – piloting, testing, and replicating of chronic patient care models</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Stage 3 Quality Improvements</strong> – 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</td>
<td>Pay for Reporting</td>
<td>5%</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pay for Performance</td>
<td>35%</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stage 4 Population Focused Improvements</strong> – 45 clinical measures that include reporting performance on measures across diverse domains of care</td>
<td>Pay for Reporting</td>
<td>5%</td>
<td>10%</td>
<td>15%</td>
<td>25%</td>
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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:

<table>
<thead>
<tr>
<th></th>
<th>DY3</th>
<th>DY4</th>
<th>DY5</th>
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<tbody>
<tr>
<td></td>
<td>10%</td>
<td>15%</td>
<td>25%</td>
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</table>
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

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 1 - Quarterly Activities</th>
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<tbody>
<tr>
<td>Jan – Dec '13 (DY 2)</td>
<td></td>
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<tr>
<td>Improvement Target Goals (ITG) Set Hospital-specific Baselines</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Stage 2</th>
<th>Stage 2 - Quarterly Activities</th>
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<tbody>
<tr>
<td>Jan – Dec '14 (DY 3)</td>
<td></td>
</tr>
<tr>
<td>Pay for Reporting</td>
<td></td>
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<tr>
<td>Jan – Dec '15 (DY 4)</td>
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<tr>
<td>Pay for Performance</td>
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<tr>
<td>Jan – Dec '16 (DY 5)</td>
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<tr>
<td>Pay for Performance</td>
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<th>Timeline</th>
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Report Due April 2015
Report Due April 2016
Report Due April 2017
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
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/
The Delivery System Reform Incentive Payment (DSRIP) Program is one component of the New Jersey’s Comprehensive Medical Waiver as approved by the Centers for Medicare & Medicaid Services (CMS). DSRIP is a demonstration program designed to result in better care for individuals (including access to care, quality of care, health outcomes), better health for the population, and lower costs by transitioning hospital funding to a model where payment is contingent on achieving health improvement goals.

Hospitals may qualify to receive incentive payments for implementing quality initiatives within their community and achieving measurable, incremental clinical outcome results demonstrating the initiatives’ impact on improving the New Jersey health care system.

The DSRIP program supports the Healthy New Jersey 2020 vision: “For New Jersey to be a state in which all people live long, healthy lives.”

Press Releases:
- 8/9/2013 - New Jersey DSRIP Announcement

CMS Notices:
- 4/8/2014 - CMS Application Status Letter
- 8/9/2013 - Protocol Approval Letter
- 8/9/2013 - Waiver Amendment

Other:
- New Jersey DSRIP Hospitals

Questions and Answers:
- Submit questions regarding the DSRIP Program to njdsrip@mslc.com
- Frequently Asked Questions (FAQs) (updated 6/3/2014)

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.

Prepared by Myers and Stauffer LC
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