

May 23, 2016



# Creating a Value-Driven Health Care Delivery System: Quality and Outcomes Do and Will Matter



Laura Gustin



# Agenda

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- **Level-setting:** Key Concepts from Healthcare's Current State
- **Working Example:** Transportation, the New York State Delivery System Reform Incentive Payment (DSRIP) program and the Finger Lakes Performing Provider System (FLPPS)
- **Q&A**

# Level-setting

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Key concepts from healthcare's current state:

- Social Determinants of Health
- The Triple AIM
- Value-based reimbursement
- Rapid implementation of Health Information Technology (HIT)
- Integrated Delivery Systems

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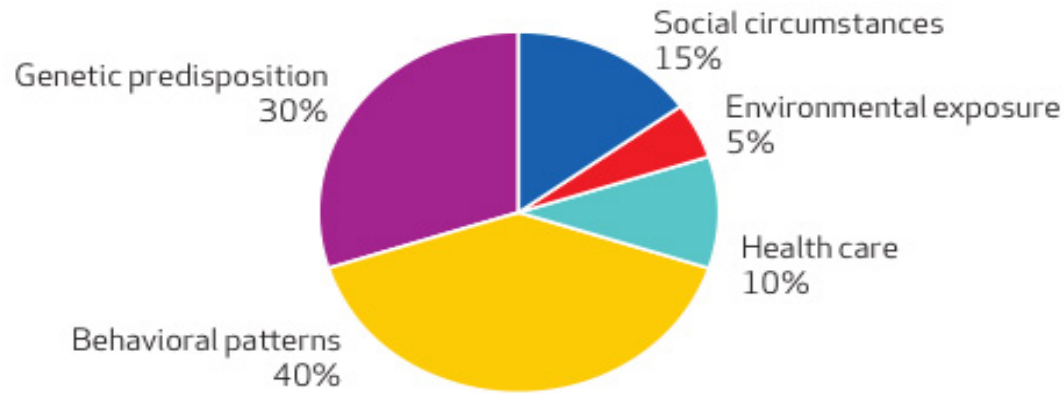
# Social Determinants of Health

# Social Factors Contributing to Health Outcomes

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## EXHIBIT 1

### Proportional Contributions of Contributing Factors to Premature Death



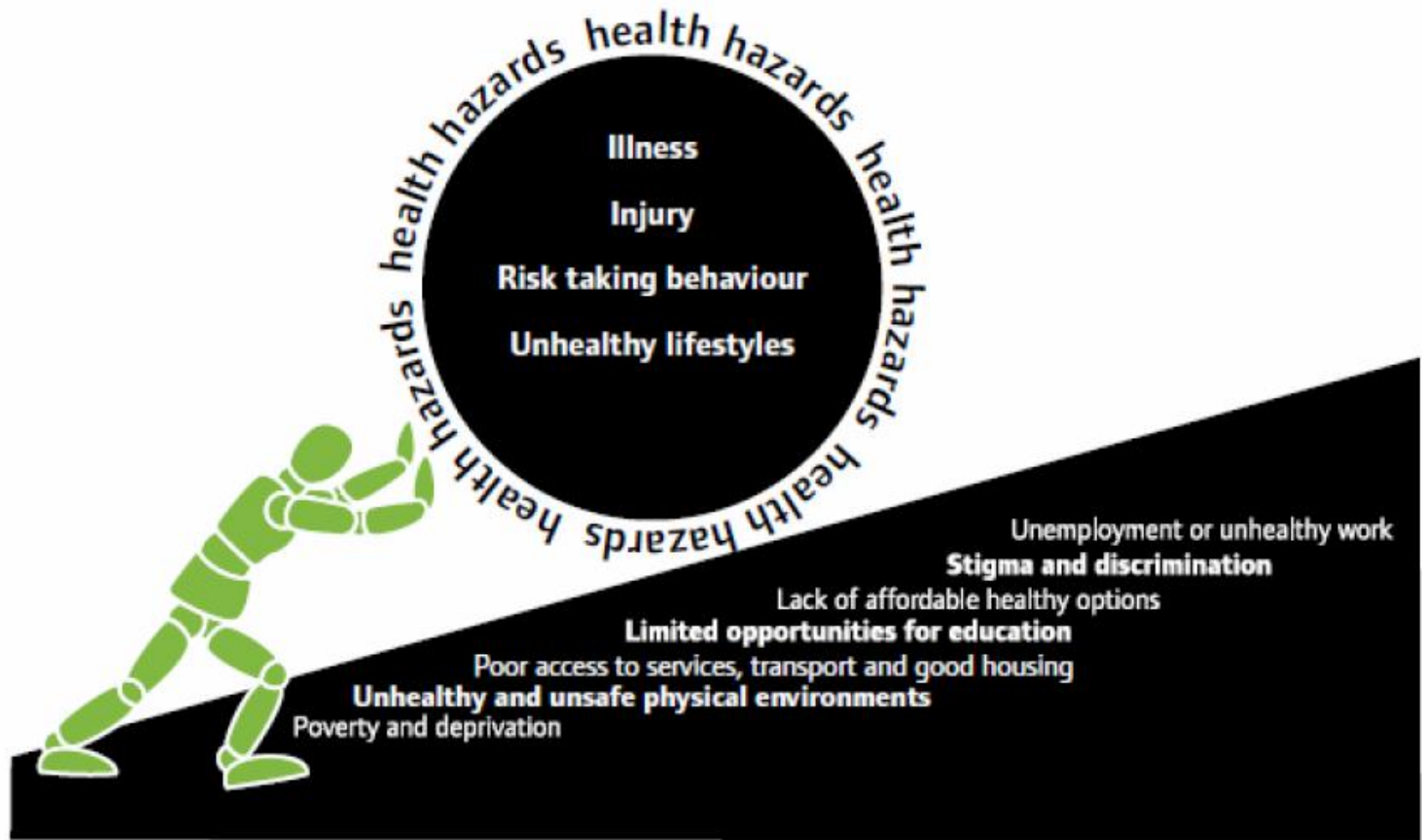
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**SOURCE** J. Michael McGinnis, Pamela Williams-Russo, and James R. Knickman, "The Case for More Active Policy Attention to Health Promotion," *Health Affairs* 21, no. 2 (2002): 78-93.

"Health Policy Brief: Community Development and Health," *Health Affairs*, November 10, 2011  
<http://www.healthaffairs.org/healthpolicybriefs/>

# Social Determinants of Health

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# Why it matters

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- **Transportation is a Social Determinant of Health**
  - Transport to health care services
  - Transport to social support
- **Mobility is a Social Determinant of Health**
  - Understanding a person's patterns of mobility can help inform all patient interactions
    - Better Referrals and Care Management
    - Restricted Mobility Due to Social Environment, such as Neighborhood Violence

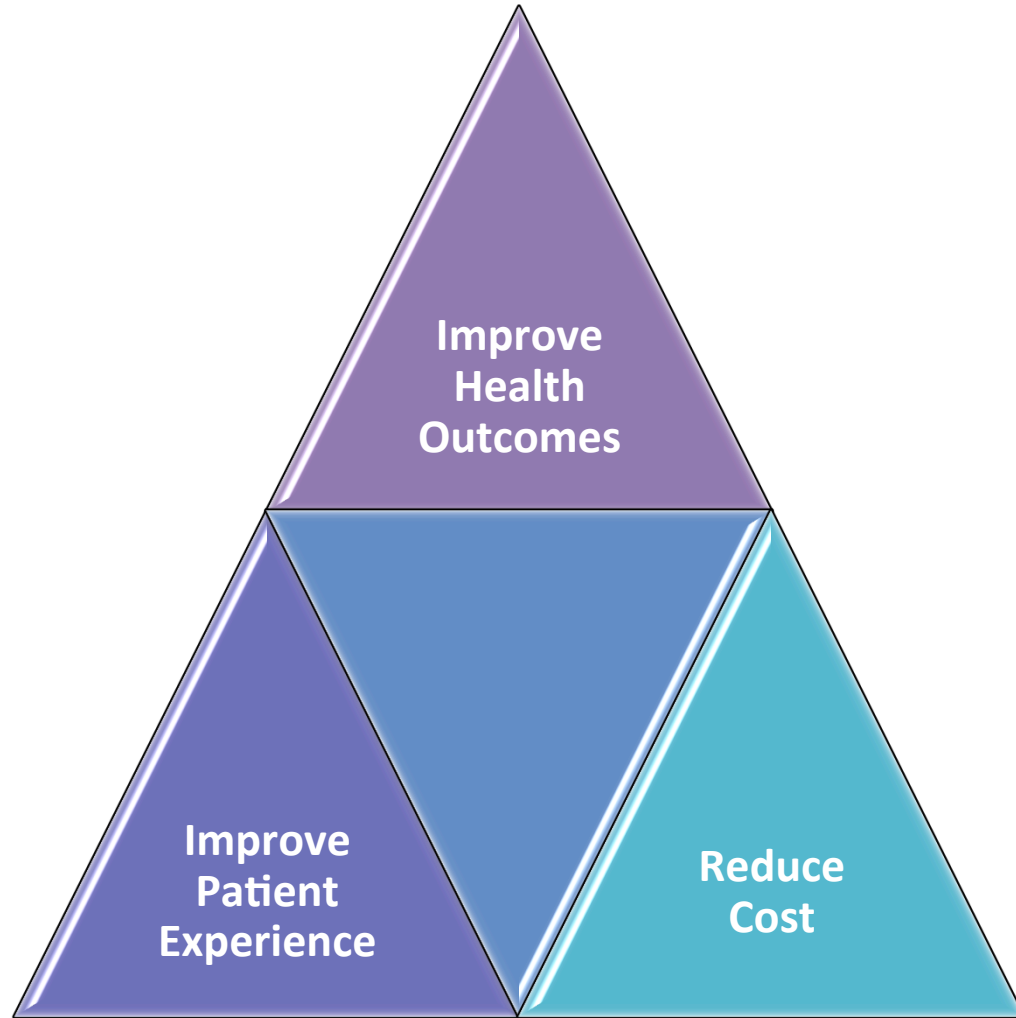
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# The Triple Aim



# The Triple Aim

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Source: Institute for Healthcare Improvement

# Why it matters

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The Triple Aim offers a the common principals for collective focus and impact:

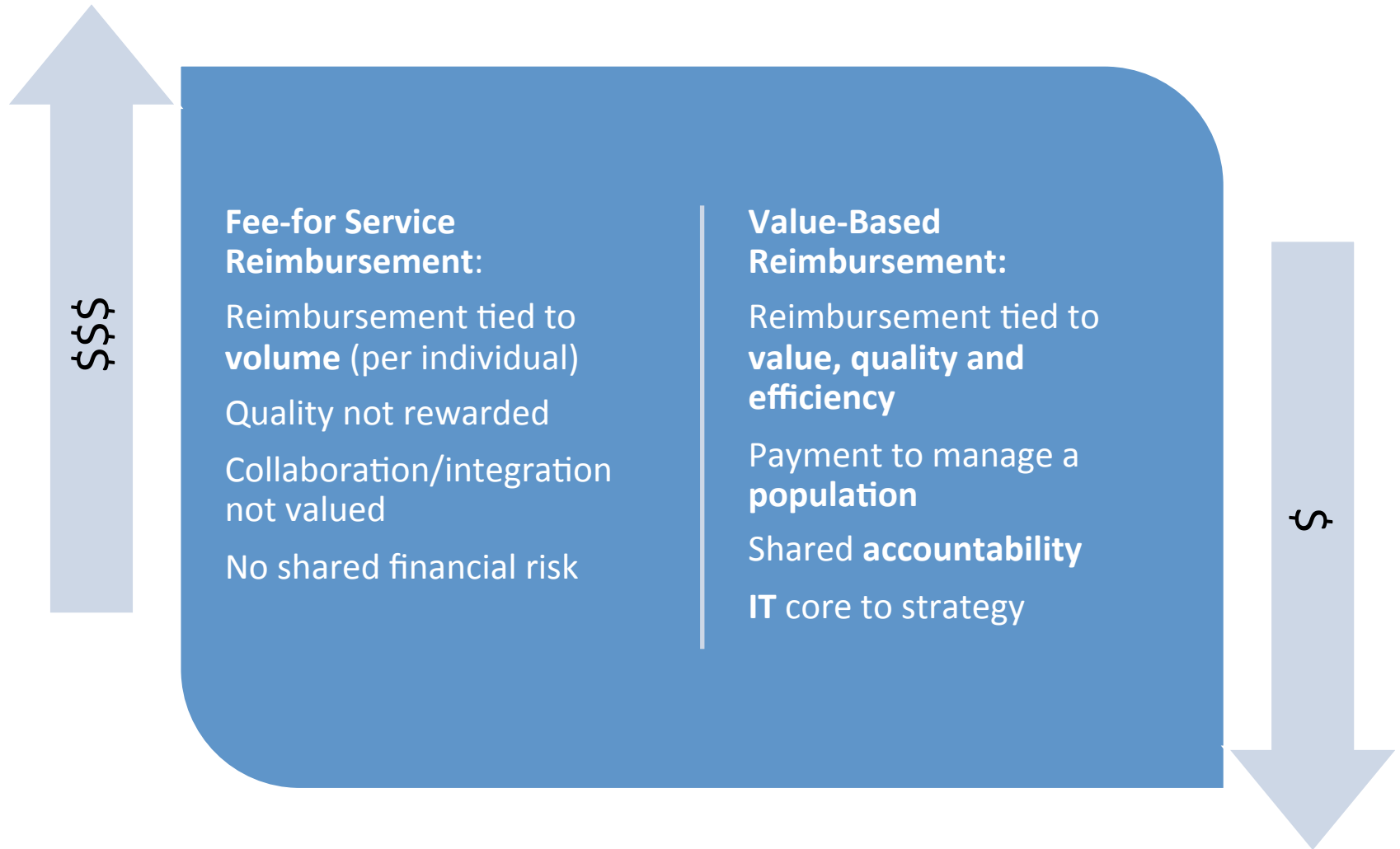
- Is your intervention leading to improved health?
- Is your intervention ALSO cost-effective?
- Would a patient ALSO confirm that your intervention provided a positive experience?

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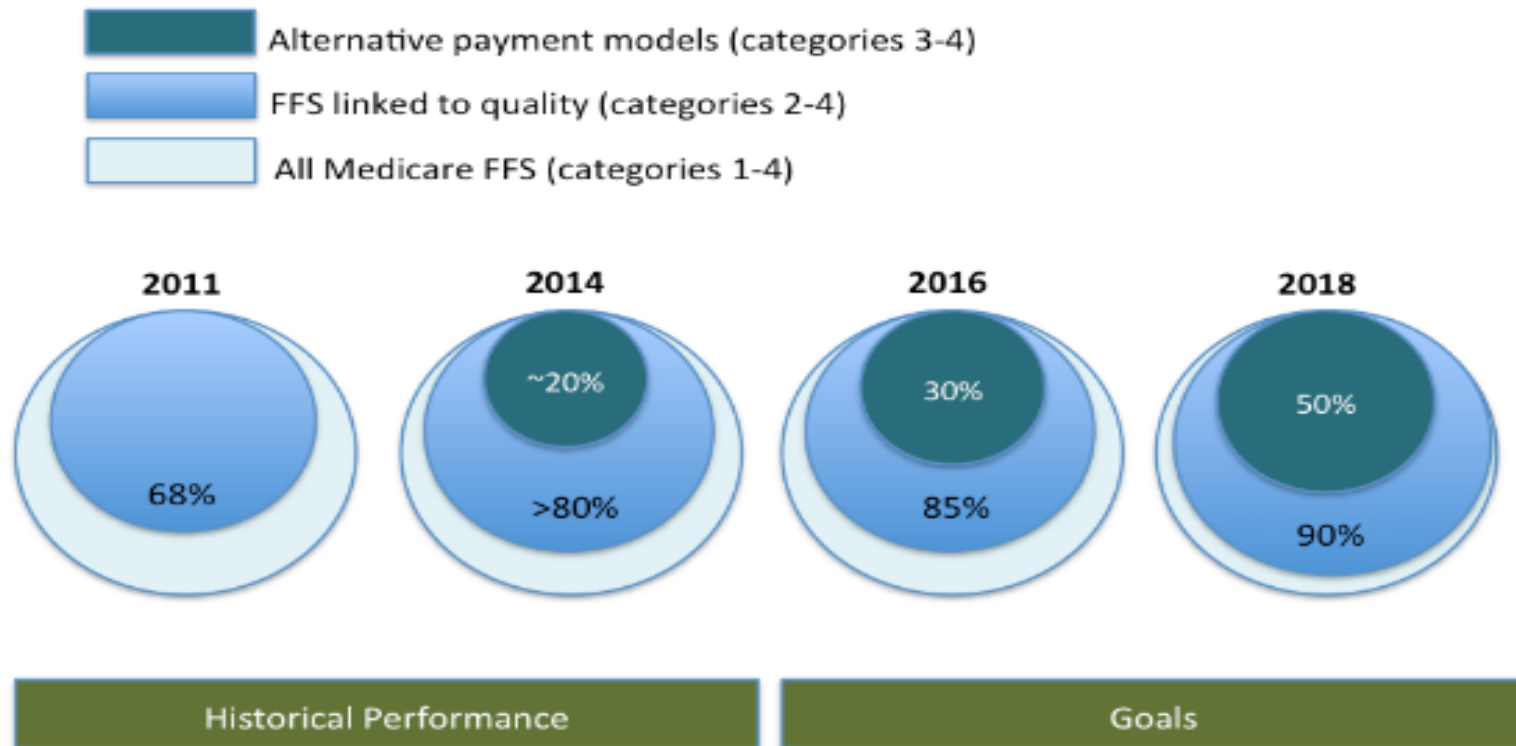
# Value-Based Reimbursement

# From Volume to Value

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# Medicare's Move to Value Based Payment



Source: Center for Medicare and Medicaid Services, 2015

# Why it matters

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- Transportation is a potentially high-value asset
- Transportation Providers must look beyond volume to the value of transportation services provided

**The ability to define the value of transportation services, in terms of both cost and benefit, will determine how successful transportation providers are in navigating value-based payment.**

# Example

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## Traditional Fee for Service :

### Volume of Services Provided

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- Cost of Ride
- Number of Rides

## Value Based Payment: Cost

### Potential Cost Associated with Limited Access to Transportation Services

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- Cost of missed appointments
- Cost of poor outcome due to missed appointment
- Cost of inappropriate utilization due to poor outcomes

## Value-Based Payment: Benefit

### Potential Benefit Associated with the Provision of Transportation Services

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- Improved access to primary care, prevention and chronic disease management services
- Improved clinical outcomes due to appropriate use of primary care
- Reduction in high-cost service utilization (e.g. Emergency Department/Inpatient Admissions)

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# Health Information Technology



# The Promise of HIT

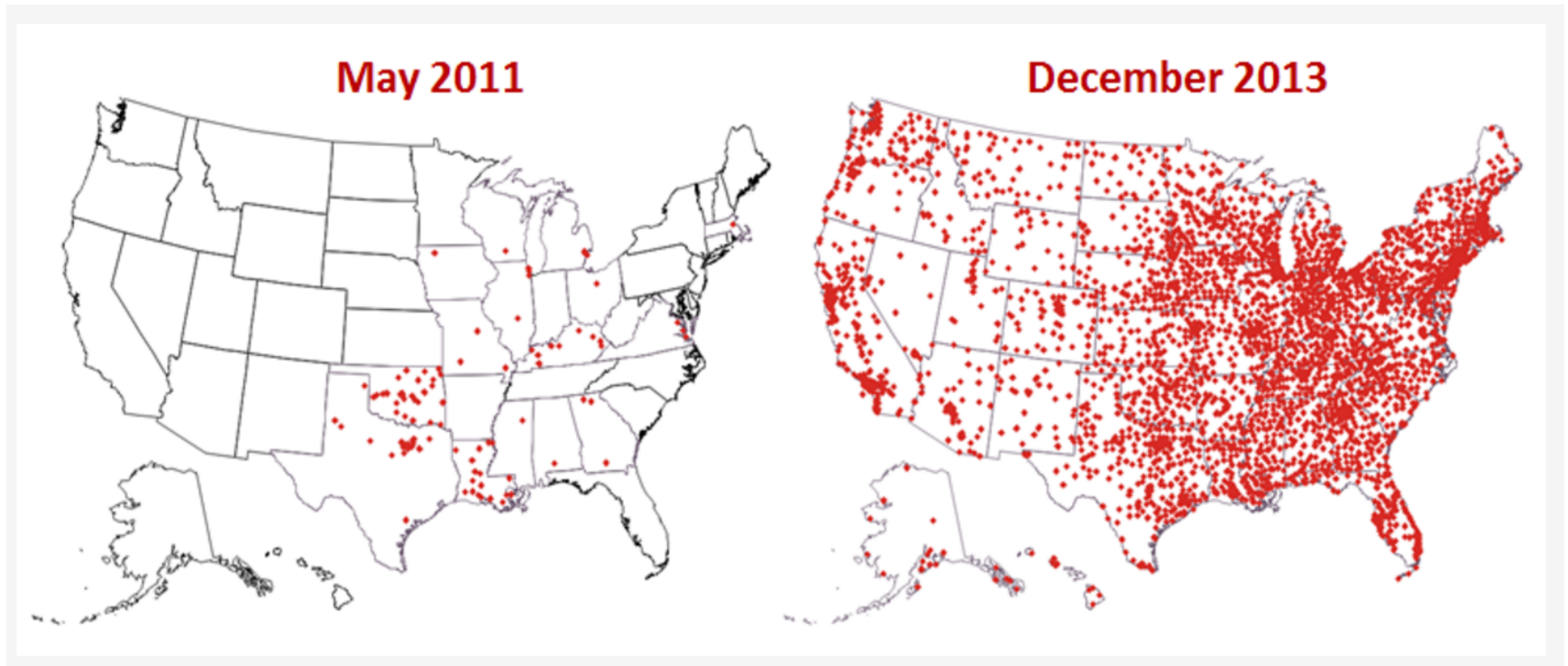
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Investments in Health Information Technology will ensure:

- The **RIGHT INFORMATION**
- Gets to the **RIGHT PERSON**
- In the **RIGHT PLACE**
- At the **RIGHT TIME**
- In the **RIGHT WAY**
- At the **RIGHT COST**

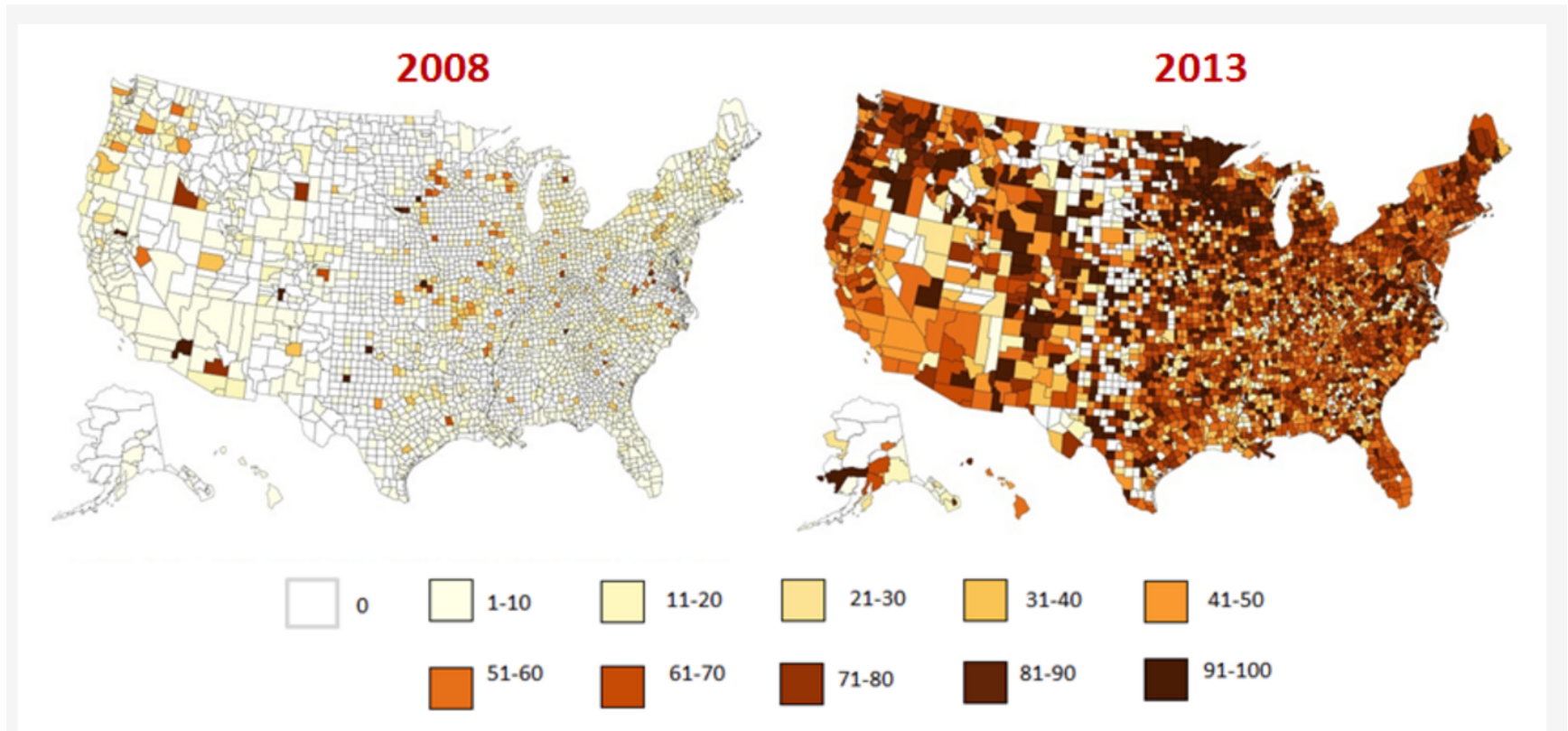
# Hospital Adoption of Electronic Health Records

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Dashboard.healthit.gov, 2013

# Physician e-RX through an EHR



Dashboard.healthit.gov, 2013



# Key Result: DATA

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- **Big Data:** Big Data is defined as the sophisticated and rapid analysis of massive amounts of diverse information.
  - Patterns and Trends in data to identify services with the highest cost-benefit
  - Population Based
  - Predictive Analytics
- **Long Data:** Long Data is data that tracks individual health over time and allows patients and their providers to see patterns and trends.
  - Longitudinal Health Record
  - Person(s) based
  - Tie provision of service to outcomes

# Why it matters

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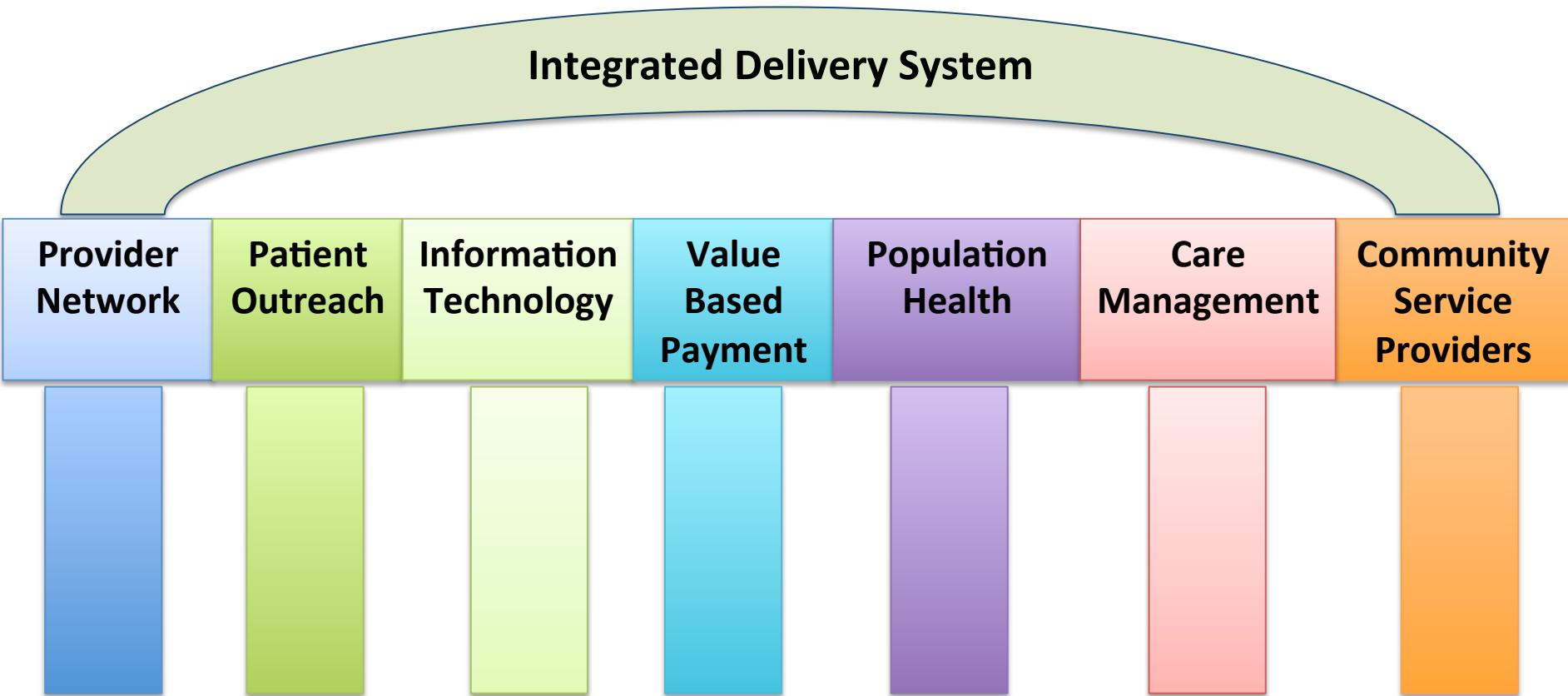
- Transportation data needs to be included in healthcare's Big Data revolution to be analyzed appropriately.
  - Claims (Today)
  - Individual **access** to transportation services
  - Closed-loop **referral and use** of transportation services (including public transport)
  - Transport to **non-medical services** Use of transportation needs to be documented in longitudinal health record and tied to outcomes.
- Leverage data to create Value Statement

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# Integrated Delivery Systems

# Key Pillars of an Integrated Delivery System

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# Integrated Delivery Systems

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Integrated Delivery Systems (IDS) are a potential cure for systematic fragmentation that adversely impacts quality, costs and outcomes. (Enthoven, 2009)



# Examples of Integrated Delivery Systems

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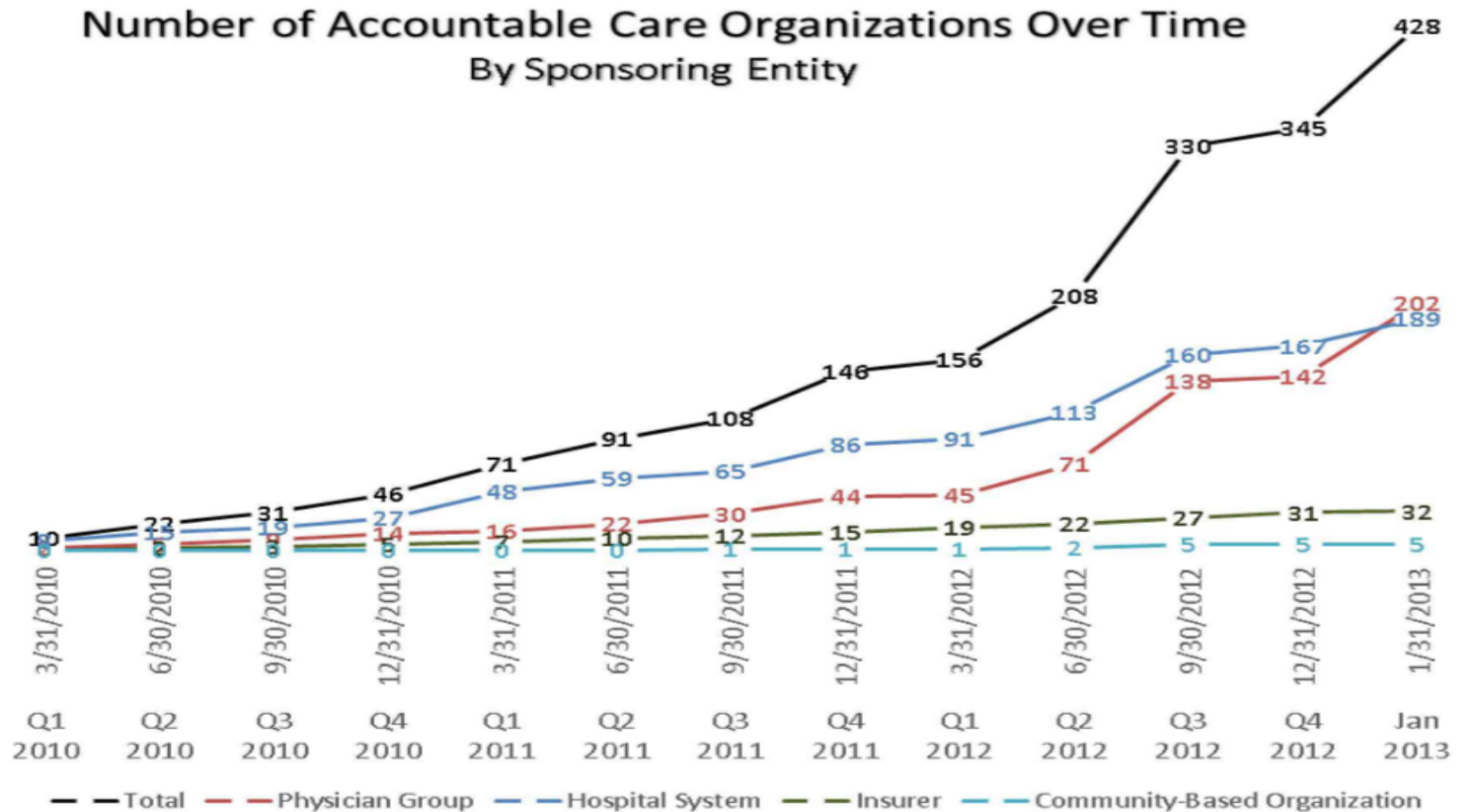
- Accountable Care Organizations (ACOs)
- Accountable Health Communities (AHCs)
- Performing Provider Systems (PPSs)
- Some Independent (Individual) Practice Associations (IPA)
- Some Large Health Systems that span the Continuum of Care

# Growth in Accountable Care Organizations



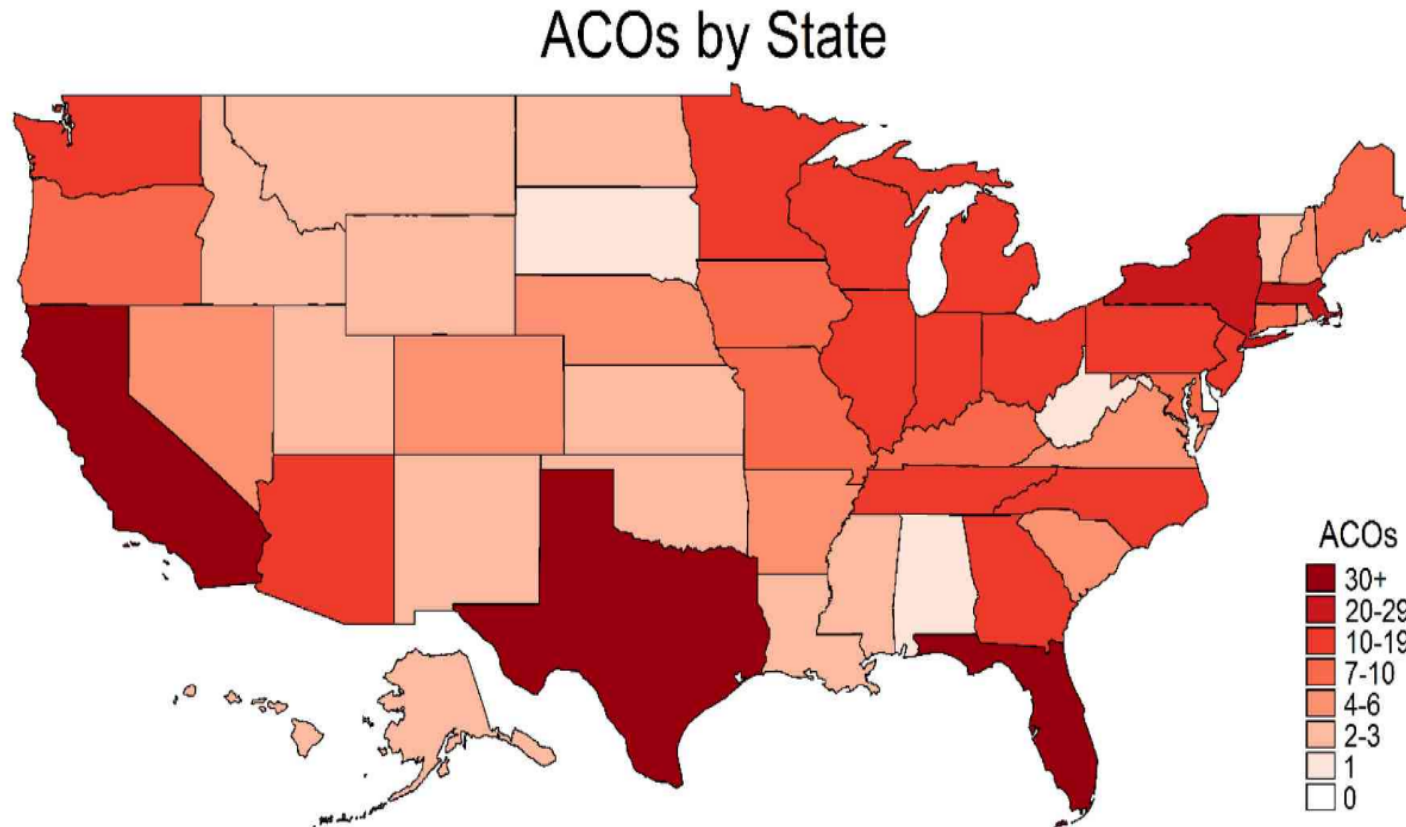
Source: Muhlestein and McClellan, *Accountable Care Organizations in 2016: Private and Public-Sector Growth in the Dispersion*. Health Affairs. April 21, 2016.

# Accountable Care Organization Sponsoring Entity



Source: Muhlestein and McClellan, *Accountable Care Organizations in 2016: Private and Public-Sector Growth in the Dispersion*. Health Affairs. April 21, 2016

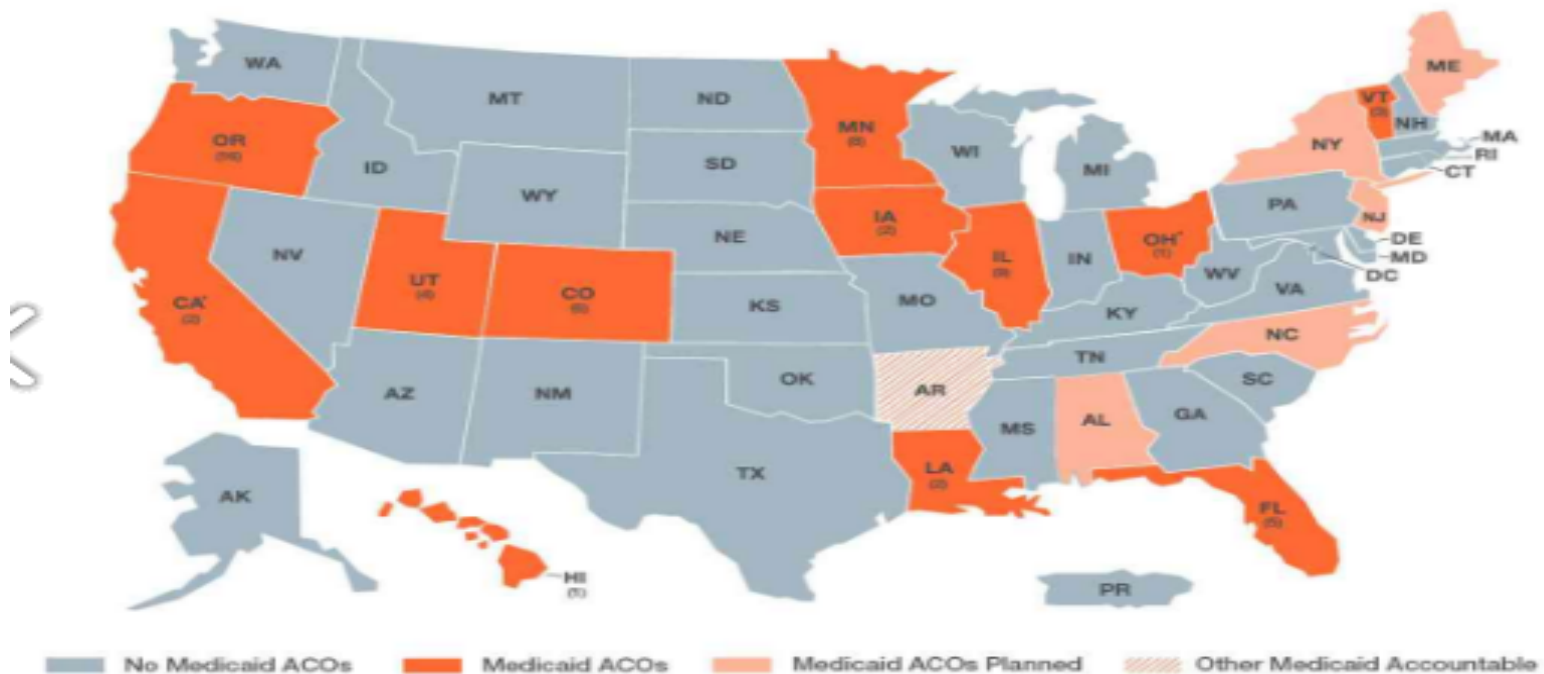
# Accountable Care Organizations by State



Source: Muhlestein and McClellan, *Accountable Care Organizations in 2016: Private and Public-Sector Growth in the Dispersion*. Health Affairs. April 21, 2016

# Medicaid Accountable Care Organizations

**As of October 2014, Medicaid Programs in 12 States Are Sponsoring 59 ACOs with More Planned**



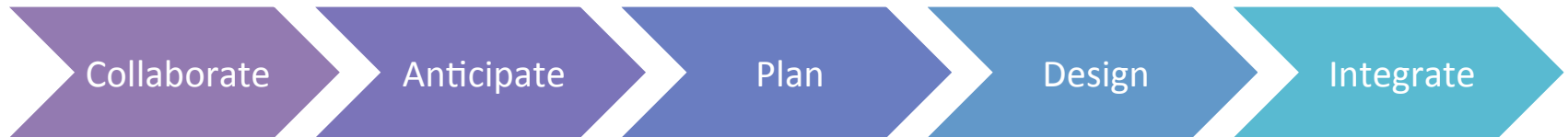
ACO: Accountable Care Organization

\*ACOs only include pediatric Medicaid populations

\*\*These models include programs that reward providers for high-quality and low-cost care (e.g., patient-centered medical home).  
Note: This map was created using publicly available information. The actual number of Medicaid ACOs may vary depending on criteria used to define an ACO contract.

# From Collaboration to Integration

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***Our future success will be defined  
by our ability to collaborate, anticipate,  
plan, design and integrate systems,  
in new and innovative ways.***

# Why it matters

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- There is a place for transportation within integrated networks.
- Potential Path to Integration:
  - Collaborate on common goals and objectives
  - Digitize and collect data
  - Develop a common ground and common language
  - Draft value-statement
  - Become embedded in system redesign
  - Be prepared for ongoing evaluation and improvement

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**Example:  
Transportation,  
NYS Delivery System Reform Incentive  
Payment Program,  
and the Finger Lakes Performing  
Provider System**



# 2011: NYS Creates the Medicaid Redesign Team

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## Governor's Vision for Reform

*"It is of compelling public importance that the State conduct a fundamental restructuring of its Medicaid program to achieve measurable improvement in health outcomes, sustainable cost control and a more efficient administrative structure."* - Governor Andrew M. Cuomo, January 5, 2011

# 2014: NYS Received as 1115 Waiver from CMS

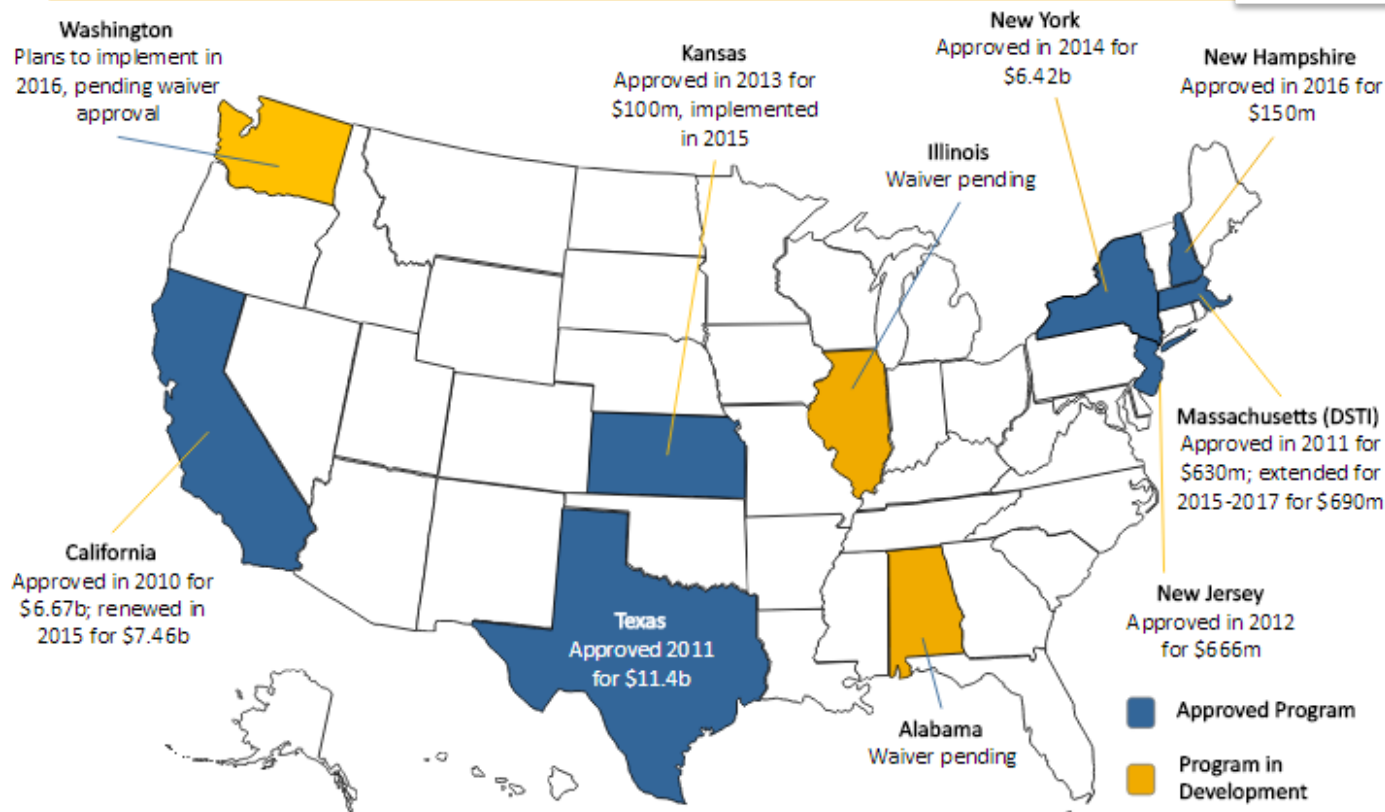
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## Delivery System Reform Incentive Payment Program

- \$8 Billion in Medicaid Funds, over 5 years, to Implement Projects aimed at Radical Transformation of the NYS Medicaid Delivery System
- Opportunity to Prepare for System-Wide Transformation via Regional Collaboration between Health Systems and Community-Based Providers and Agencies
- Overarching Objectives of DSRIP in NYS:
  - Improve Clinical Outcomes
  - Reduce Avoidable Hospital Use by 25% over 5 Years
  - **Achieve Triple Aim: Reduce Costs, Improve Patient Experience and Improve Patient Outcomes**

# DSRIP Nationwide

## Seven States are Implementing DSRIP Programs



Sources: Kaiser Family Foundation, 2015. *Key Themes from Delivery System Reform Incentive Payment Waivers in 4 States*. <http://www.medicare.gov/newsroom/key-themes-from-delivery-system-reform-incentive-payment-waivers-in-4-states/>; America's Essential Hospitals, 2013. *Medicaid Payments to Incentive Delivery System Reform*. <http://essentialhospitals.org/wp-content/uploads/2014/02/FINAL-DSRIP-Presentation-12-17.pdf>; Department of Health and Human Services, 2015. <https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ca/medicaid-2020/ca-medi-cal-2020-ca.pdf>; New York: [http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/](http://www.health.ny.gov/health_care/medicaid/redesign/dsrp/).

# Integrated Delivery Systems in NYS DSRIP

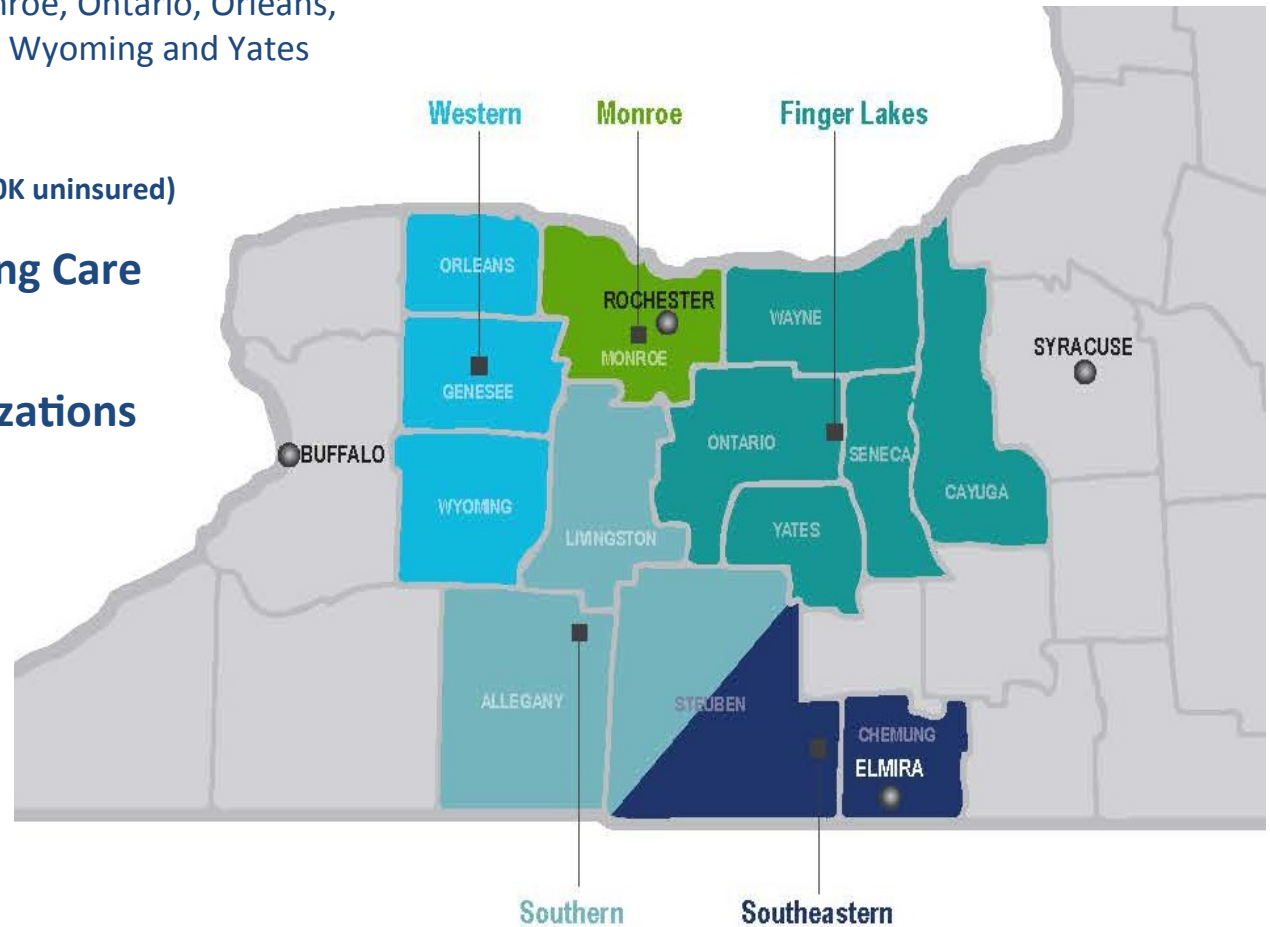
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## Performing Provider Systems (PPS)

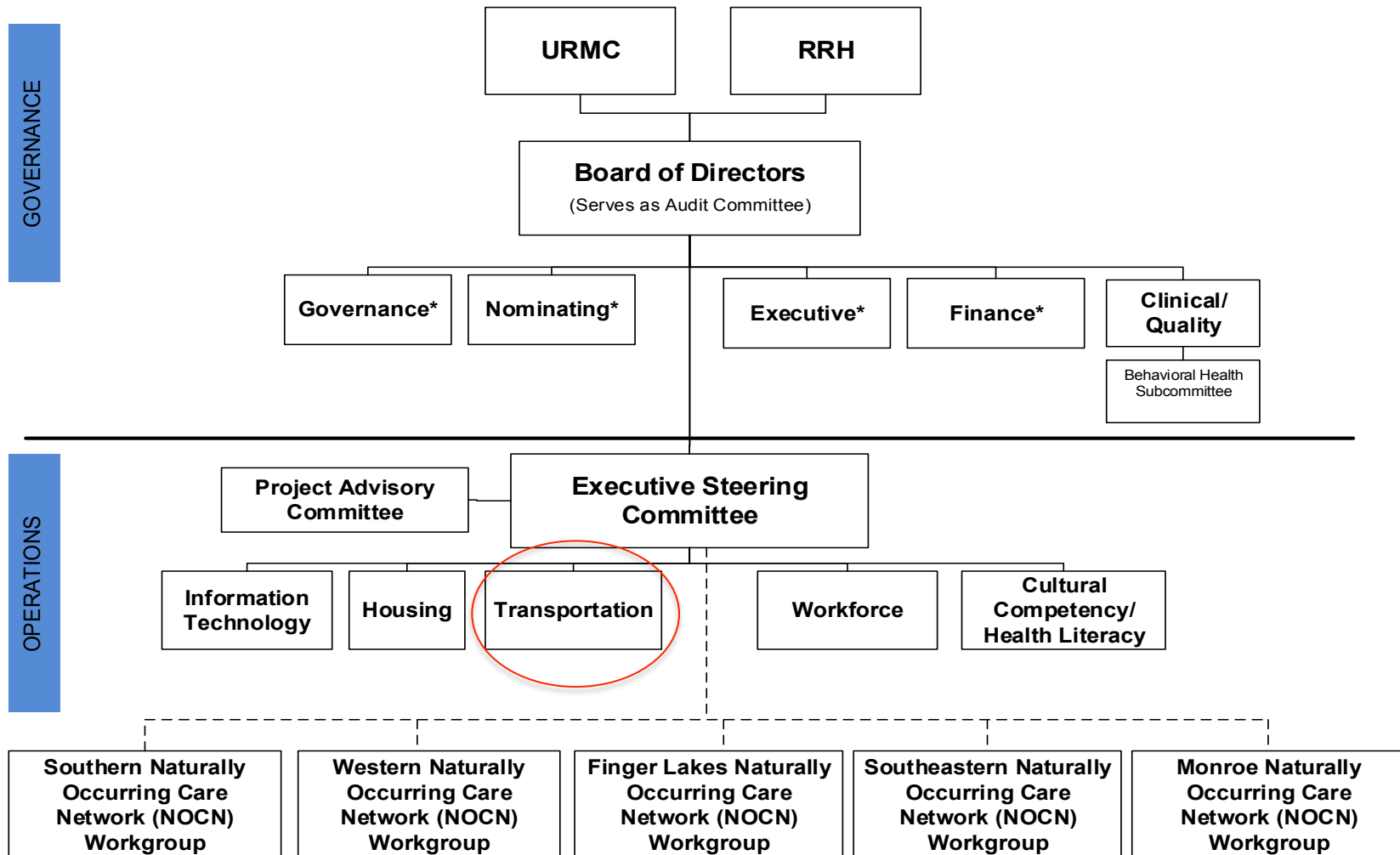
- 25 across NYS
- Not-for profit entities
- Largely hospital-owned
- Network of Medical and Behavioral Healthcare Providers, Social Service Providers and Community-Based Organizations
- Implement DSRIP-specific projects
- **Collectively accountable for significant, measurable improvements in clinical outcomes, system utilization, population health and patient experience**

# Finger Lakes Performing Provider System

- **13 Counties** - Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming and Yates
- **1.5M Population**
- **413,289 Lives** (incl 100K uninsured)
- **5 Naturally Occurring Care Networks (NOCNs)**
- **600 Partner Organizations**
- **28 Hospitals**
- **3,000 Providers**  
Primary Care,  
SNF, Hospice,  
Specialists,  
Pharmacies, etc.



# Governance Structure



\* - Indicates Board Committee

# Finger Lakes Performing Provider System's Transportation Committee

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## Goal:

Support Project-Level Transportation Mitigation Strategies and Individual Partners Struggling with Transportation-Related Issues

## Strategies

- Define Challenges by County and Identify Solutions with Input and Endorsement by Regional NOCN Workgroups
- Share and Initiate Best Practices
- Patient Education Regarding Transportation

# The FLPPS Integrated Delivery System

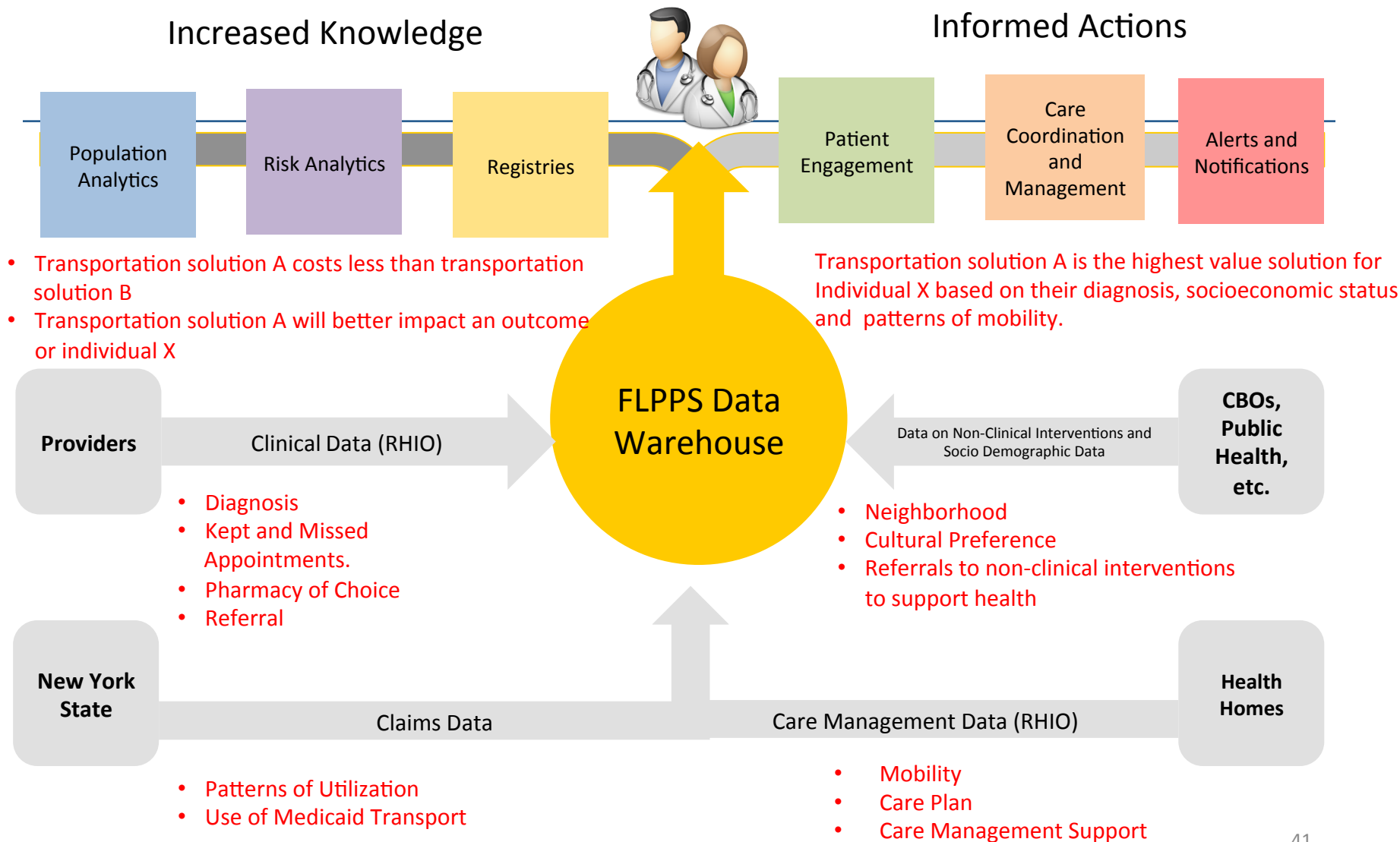
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- DSRIP Project 2.a.i: **Creating an Integrated Delivery System Focused on Evidence Based Medicine and Population Health Management**
- Cornerstone of FLPPS DSRIP Implementation
- Creates foundation for
  - Collective performance
  - Shared accountability
  - Value-based reimbursement



## Increased Knowledge

## Informed Actions



# Lessons Learned to Date

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- Challenge to maintain focus on transportation in the midst of widespread delivery system redesign
- Mobility is not well documented or recognized as a cultural preference
- Existing data systems underdeveloped or hidden behind layers of red tape.

# Key Takeaways

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- Transportation as a recognized asset within Integrated Delivery Systems (IDSs)
  - Participate in system redesign projects
- Connect to IDS Data Environment
  - Regional Health Information Organization
  - Receive and track referrals in digital environments
- Create a value-proposition
  - Monitor health outcomes tied to programs and interventions
  - Identify high-value programs
- Inclusion in value-based payment design and implementation

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# Q and A

# Contact Information

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Thank you!