



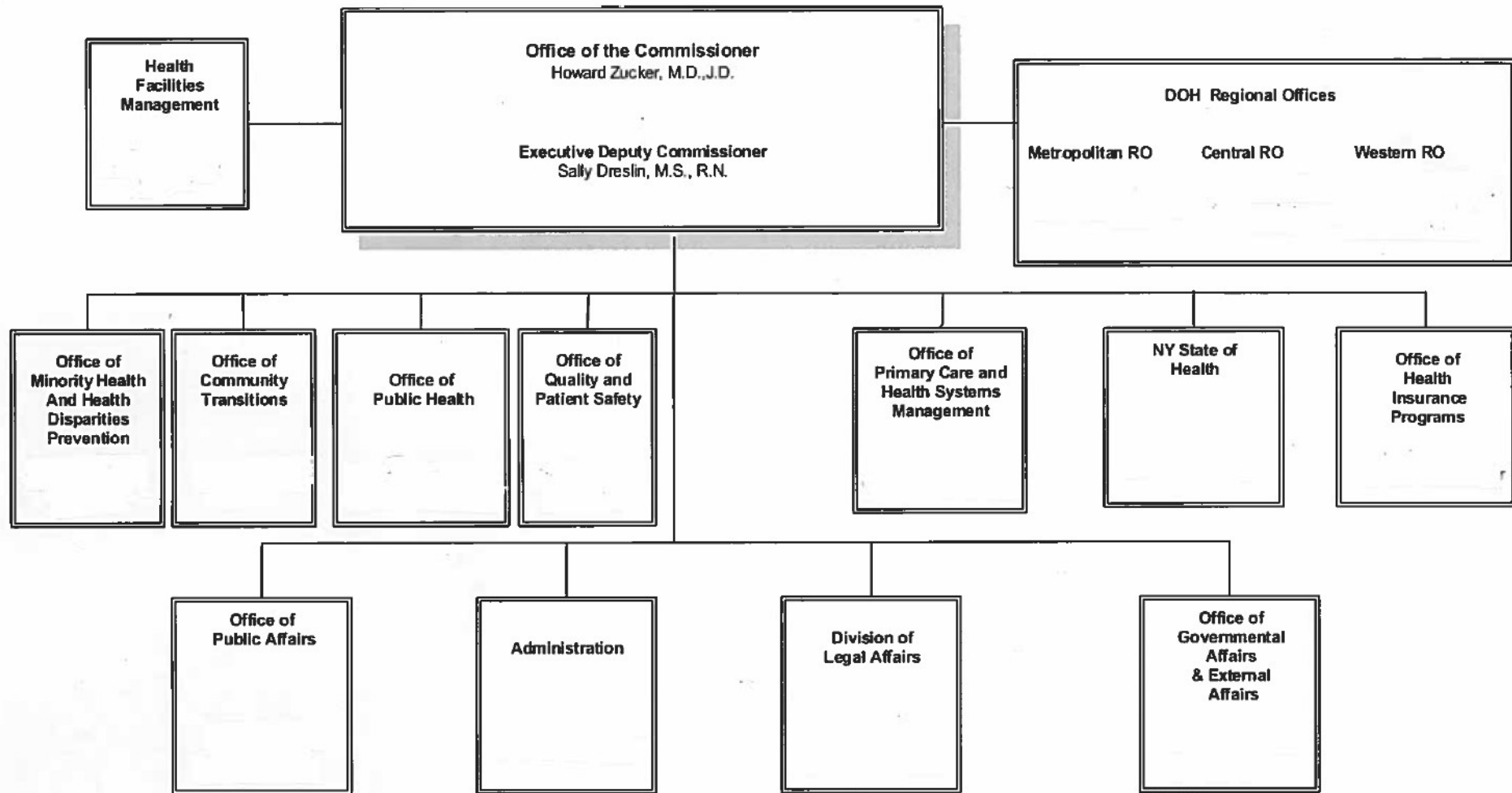
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# Partners Improving the Health of New York State

May 24, 2017

**Sally Dreslin, MS, RN**  
**Executive Deputy Commissioner**  
**New York State Department of Health**

# Department of Health



# Health Transformation in New York State

# Progress on Health Transformation in NYS

- Improving Access
- Containing Costs
- Capital Investments for Health System Transformation
- Advancing the Prevention Agenda
- Delivery System Reform Incentive Payment (DSRIP)
- State Health Innovation Plan (SHIP)

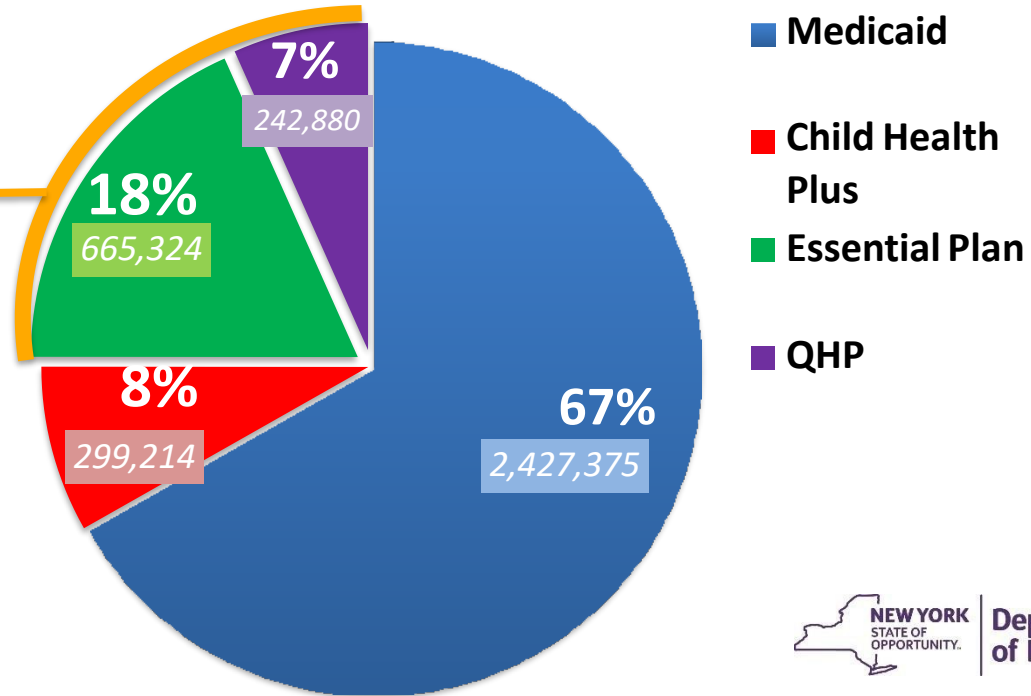


## Improving Access

### New York State of Health (NYSoH)

*Over 3.6M New Yorkers Enrolled*

QHP and Essential Plans increased by 39% from 2016 to 2017.



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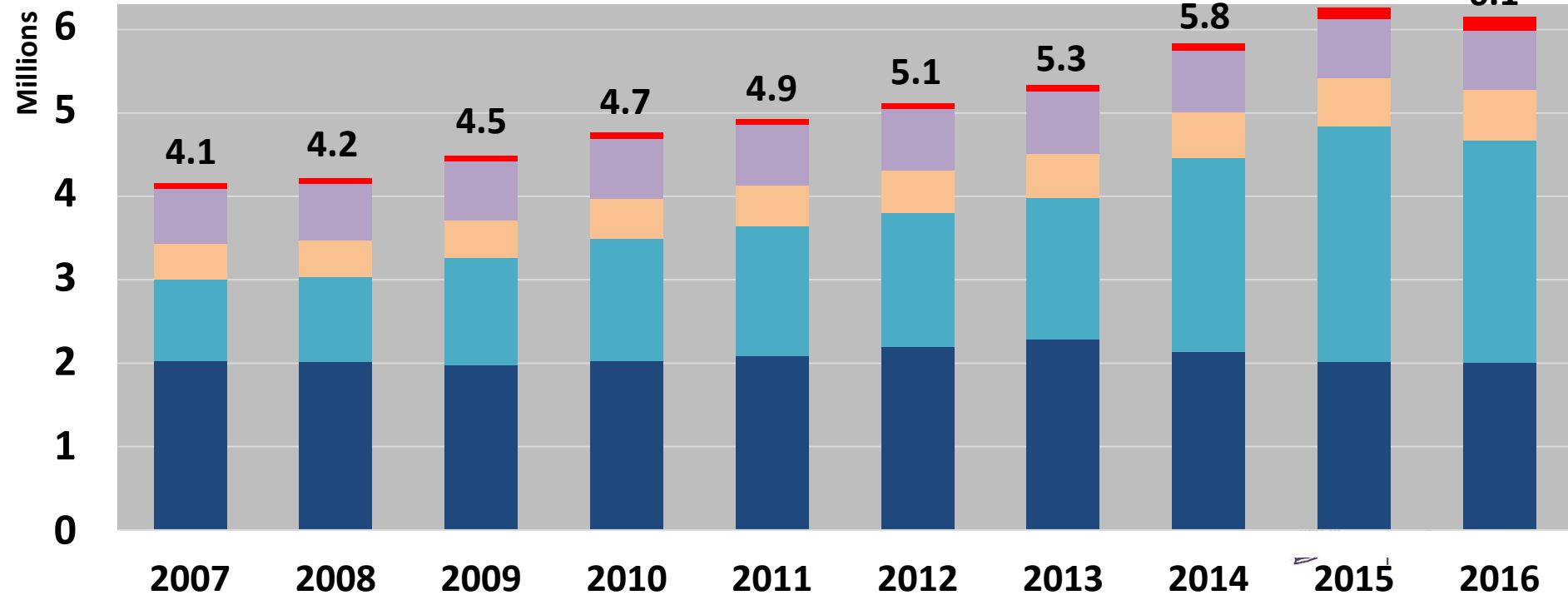
Note: All figures current as of January 31, 2017

Source: NYSoH

## Improving Access

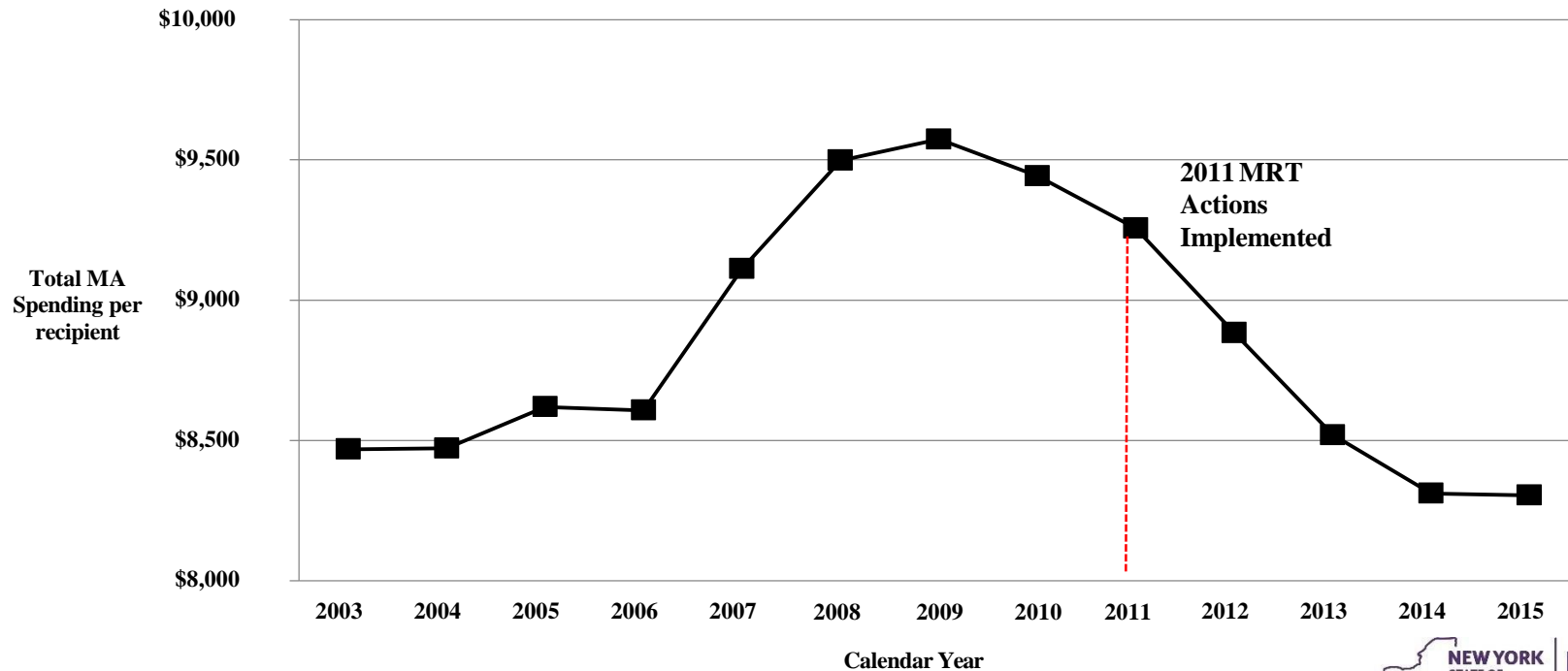
### Medicaid Enrollment Has Expanded Dramatically Under Governor Cuomo

■ CHILDREN ■ ADULT ■ AGED ■ DISABLED ■ OTHER



## Cost Containment

### Medicaid Spending per Recipient (CY2003-2015)



Source: NYS DOH OHIP DataMart (based on claims paid through June 2016)



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## Capital Investments for Health System Transformation

### Healthcare Capital Investments from SFY 14-18

- Capital Restructuring Financing Program (CRFP): \$1.2B
- Healthcare Facility Transformation Program: \$1.7B
  - *Kings County: \$700M*
  - *Oneida: \$300M*
  - *Statewide: \$200M*
  - *Statewide II: \$500M*
- Essential Healthcare Program: \$355M



## Prevention Agenda 2013-2018

### **The Prevention Agenda has become a catalyst for action and a blueprint for improving health outcomes**

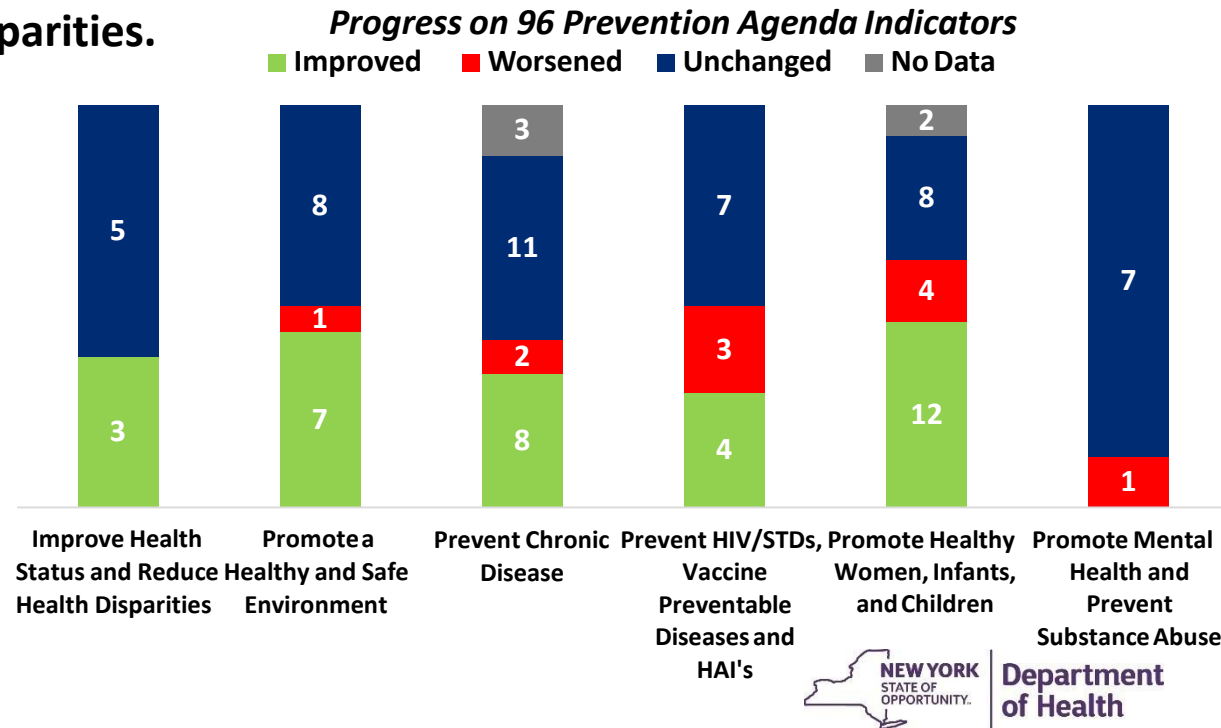
- The Prevention Agenda is NYS's public health improvement plan with the goal to improve health and reduce health disparities across the state through an increased emphasis on prevention.
- Since 2014, the Prevention Agenda has made substantial progress across 96 measures of public health and prevention – meeting and exceeding our goals ahead of schedule in several areas.
- Our plan for the next phase of the Prevention Agenda includes adoption of a health across all policies approach.

## Prevention Agenda 2013-2018

Prevention Agenda Dashboard measures progress on 96 statewide outcome indicators, including reductions in health disparities.

As of December 2016:

- **34 indicators show progress (28 with significant improvement)**
  - Preventable Hospitalizations Rate
  - Obesity Rates
  - Asthma Related Hospitalizations
  - Tobacco Use
- 51 not met and staying the same
- 11 not met and going in wrong direction



# NYS Supports a Robust Public Health Program

Communicable Disease  
Prevention, including  
HIV

Chronic Disease  
Prevention

Environmental Health  
Protection

Public Health  
Preparedness

Public Health  
Laboratory

Family Health Services,  
including Family  
Planning, School Based  
Health Centers, Home  
Visiting...

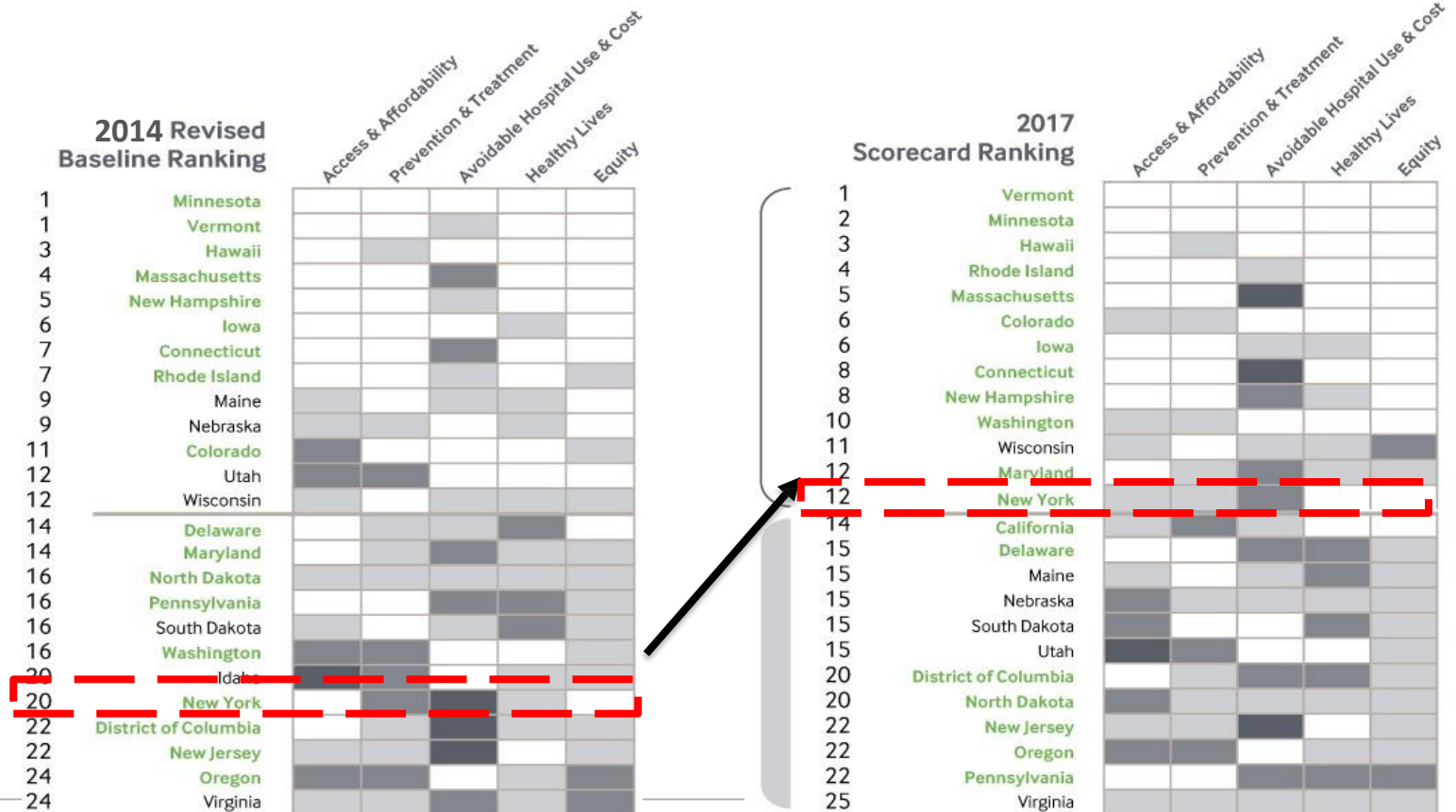


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# Since 2014 Health System Performance Has Significantly Improved Under Governor Cuomo

## Overall performance

- Top quartile
- Second quartile
- Third quartile
- Bottom quartile



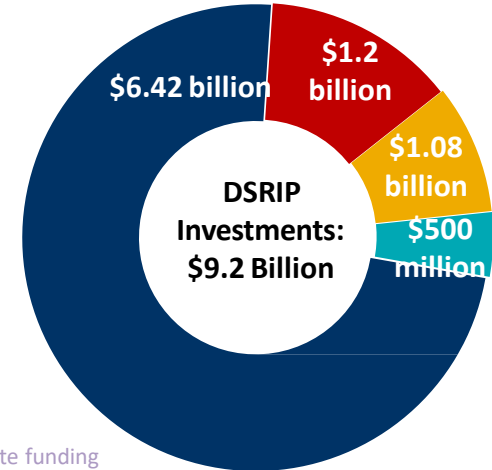
Source: D. C. Radley, D. McCarthy, and S. L. Hayes, Aiming Higher: Results from the Commonwealth Fund Scorecard on State Health System Performance 2017 Edition, The Commonwealth Fund, March 2017.

## Delivery System Reform Incentive Payment (DSRIP)

# New York's Transformation Vision and Investments

### Statewide DSRIP Goals for 2020

- 25% reduction in avoidable hospital use
- At least 80% managed care payments to providers via value-based payment methods
- Transform the New York State health care system into a “financially viable, high performing system”



#### DSRIP program funding

DSRIP funding via waiver and additional federal/state funding

#### Capital Restructuring Financing Program funding

State funding for capital and infrastructure improvements

#### Medicaid Redesign funding

Health home development, long-term care services, home- and community-based services funding via waiver

#### Interim Access Assurance Fund

Time-limited funding for safety-net providers via waiver



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# DSRIP Implementation Timeline and Key Benchmarks

We are here & midpoint assessment is complete

Focus on Infrastructure  
Development/System  
Design

Focus on Continued  
System/Clinical  
Improvement

Focus on Project  
Outcomes/Sustainability

Q1|Q2|Q3|Q4

Q1|Q2|Q3|Q4

Q1|Q2|Q3|Q4

Q1|Q2|Q3|Q4

Q1|Q2|Q3|Q4

DY0

DY1

DY2

DY3

DY4

DY5

DSRIP Midpoint

Submission/Approval  
of Project Plan

- PPS Project Plan Valuation
- PPS first DSRIP Payment
- PPS Submission of Implementation Plan and First Quarterly Report

Domain 3: Clinical  
Improvement P4P  
Performance Measures  
begin

Domain 2: System  
Transformation P4P  
Performance Measures  
begin

Domains 2 & 3 are  
completely P4P

Domain 4: PPS working in collaboration with community and diverse set of service providers to address statewide public health priorities; system improvements and increased quality of care will positively impact health outcomes of total population.



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## State Health Innovation Plan (SHIP)

Goal	Delivering the Triple Aim – <i>Healthier people, better care and individual experience, smarter spending</i>				
Pillars	<b>1</b> <b>Improve access to care for all New Yorkers, without disparity</b> Elimination of financial, geographic, cultural, and operational barriers to access appropriate care in a timely way	<b>2</b> <b>Integrate care to address patient needs seamlessly</b> Integration of primary care, behavioral health, acute and post-acute care; and supportive care for those that require it	<b>3</b> <b>Make the cost and quality of care transparent to empower decision making</b> Information to enable individuals and providers to make better decisions at enrollment and at the point of care	<b>4</b> <b>Pay for health care value, not volume</b> Rewards for providers who achieve high standards for quality and individual experience while controlling costs	<b>5</b> <b>Promote population health</b> Improved screening and prevention through closer linkages between primary care, public health, and community-based supports
Enablers	<b>Workforce strategy</b>	<b>A</b> Matching the capacity and skills of our health care workforce to the evolving needs of our communities	<b>Health information technology</b>		<b>B</b> Health data, connectivity, analytics, and reporting capabilities to support clinical integration, transparency, new payment models, and continuous innovation
	<b>Performance measurement &amp; evaluation</b>	<b>C</b> Standard approach to measuring the Plan's impact on health system transformation and Triple Aim targets, including self-evaluation and independent evaluation			



## NYS Advanced Primary Care (APC)

### Vision

- **Create a vision for Advanced Primary Care (APC)** that coordinates care across specialties and care settings, improves experience/quality, and reduces costs
- **Catalyze multi-payer (including Commercial, Medicaid, and Medicare) investments in primary care practices**
- **Align on an innovative but consistent measurement and payment system** with payers and providers that drives improvements in population health
- **Provide and finance practice transformation technical assistance**

### Goals

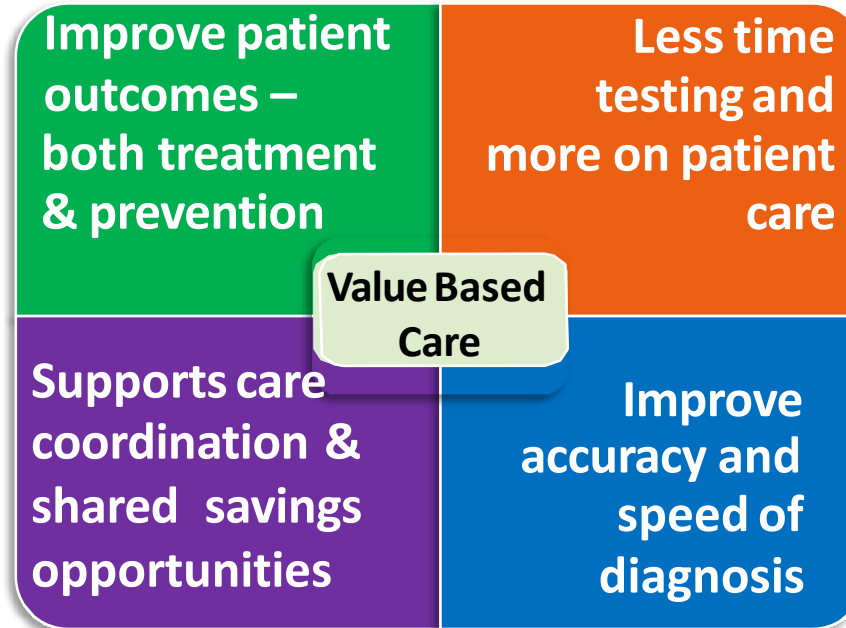
- **80% of the state's population will receive primary care within an APC setting**, with a systematic focus on population health and integrated behavioral healthcare
- **80% of care paid for under a value-based financial arrangement**
- **Alignment with other State & Federal Practice Transformation Initiatives (DSRIP/CPC+)**

# Health Information Exchange



**Hospitalization Event  
Notifications and  
Reductions in  
Readmissions of  
Medicare Fee-for-Service  
Beneficiaries  
in the Bronx, New York**

*Journal of the American  
Medical Informatics  
Association*  
October 7, 2016

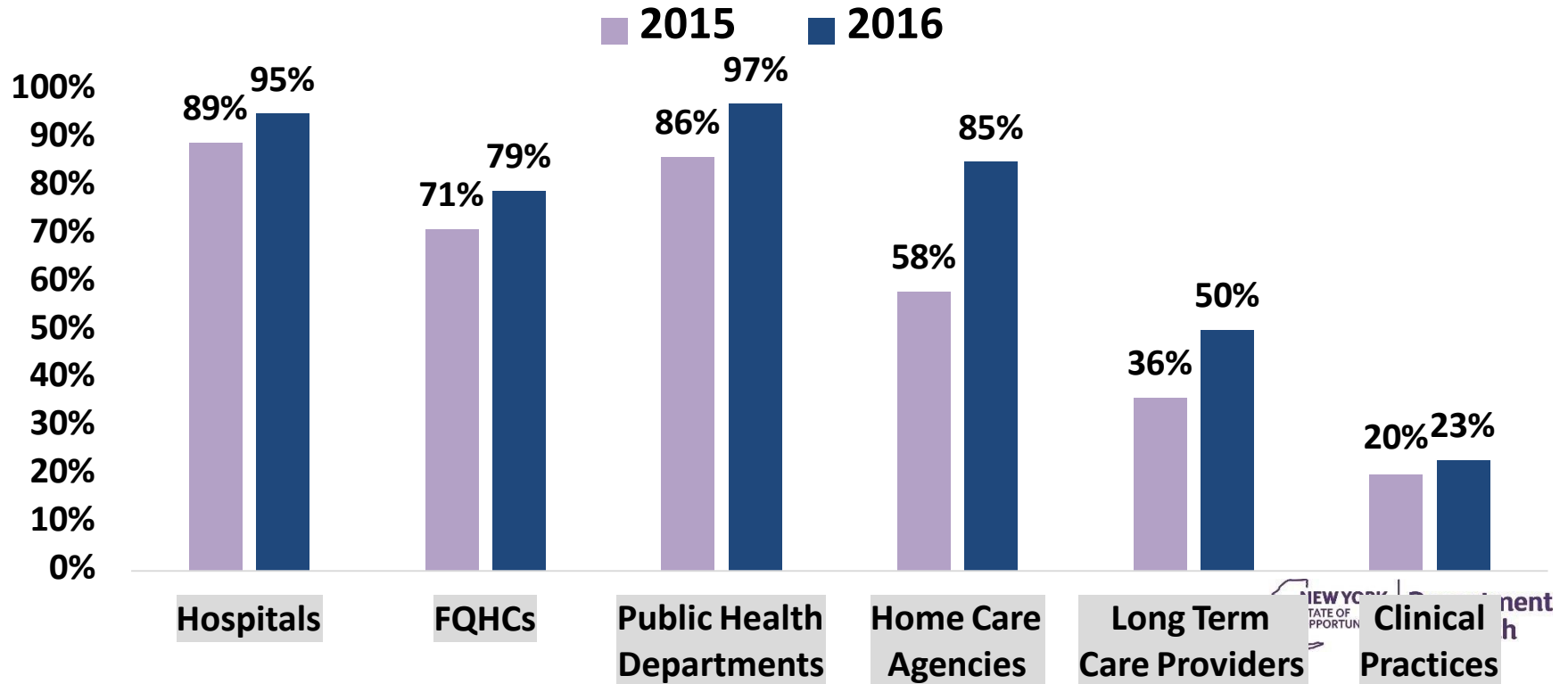


**An Empirical Analysis of  
the Financial Benefits of  
Health Information  
Exchange in Emergency  
Departments**

*Journal of the American  
Medical Informatics Association*  
June 27, 2015

## State Health Information Network (SHIN-NY)

### Statewide Stakeholder Adoption



## All Payer Database (APD)

**The goal of the APD is to serve as a comprehensive data and analytical resource for supporting decision making and research.**

- The APD will link health care data with other data sources for use in robust analytic solutions by integrating claims and encounters with additional clinical data, health assessments, functional assessments, and social information.
- Ultimately, the APD will provide information for use in quality measurement, consumer transparency, health care policy, and health care research.

# The All Payer Database Supports Health Transformation Initiatives



## Health Across All Policies

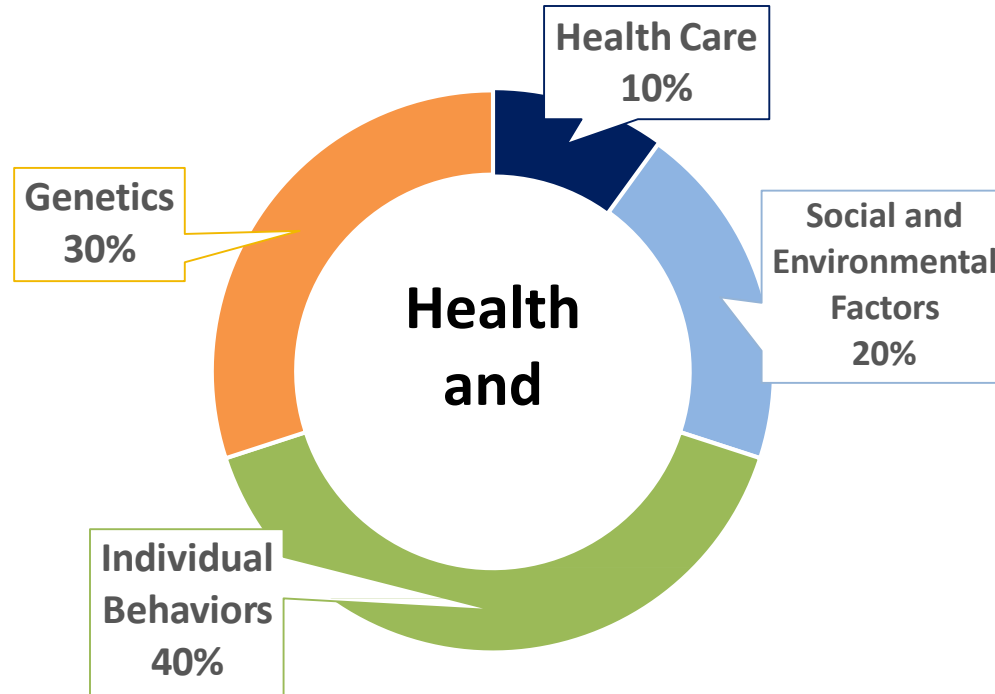
### **An approach recognizing that:**

- Health is an outcome of a wide range of factors, many of which fall outside the purview of the health sector
- All government policies can have an impact (positive or negative) on the determinants of health
- The impacts of health determinants are not equally distributed among population groups: health disparities must be addressed
- Efforts to improve the health of the population require collaborative government agency and private sector partnerships to develop integrated solutions



# What Determines Health?

*Impact of Different Factors on Risk of Premature Death*



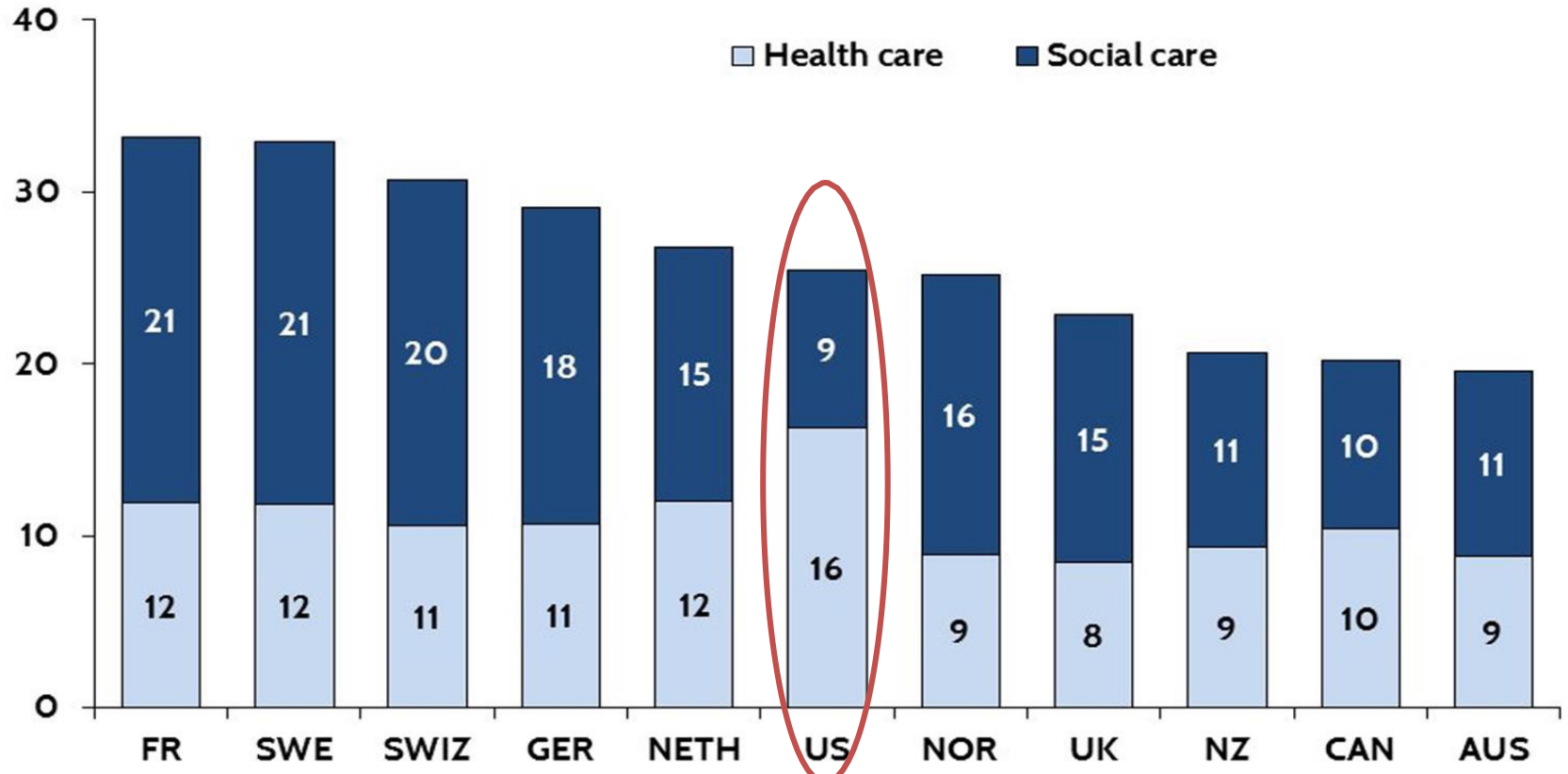
SOURCE: Schroeder, SA. (2007). *We Can Do Better – Improving the Health of the American People*. NEJM. 357:1221-8



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# Healthcare And Social Service Spending As % of GDP

Percent





# Health In All Policies is a multi-sectoral approach to improving health



# Health Across All Policies

## Economic Development

- Job creation and economic stability

## Healthy Eating

- Healthy food procurement policies in hospitals and other institutions

## Active Living

- Complete Streets policies
- Shared space agreements and joint use agreements to increase areas designated for public recreation, particularly in low-income communities

## Built Environment

- “Green” building practices
- Incentives for compliance with and enforcement of existing housing and building code in high-risk housing.
- Optimize indoor air quality building codes
- Reducing slip and fall hazards in common areas of residences and public buildings

## Injuries, Violence and Occupational Health

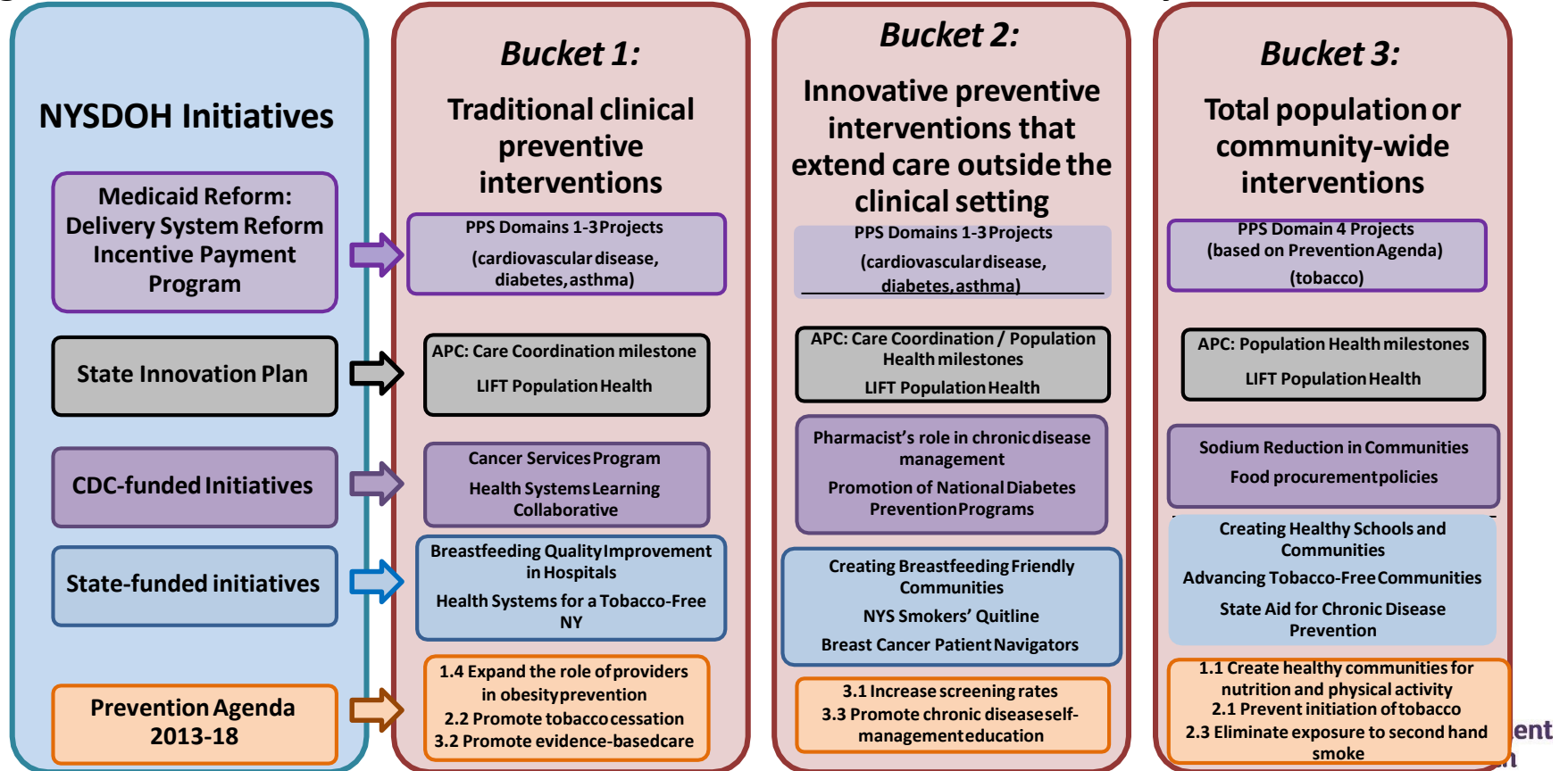
- Reduce violence by targeting prevention programs particularly to highest-risk populations
- Increase school based and community programs in violence prevention and conflict resolution such

*Focus on Healthy Aging and Creating Age Friendly Communities*

# Three Buckets of Prevention



# Alignment of NYSDOH Prevention Activities\* Across Initiatives and By Bucket of Prevention



\* The list of activities is not comprehensive, but illustrative, with a focus on chronic disease prevention. October 2016.

## On-Going Challenges

- **Pressure on Safety-Net and Rural Providers**
- **Resistance to payment reform and other healthcare reforms**
- **Trade-Offs from Consolidation of Health Systems**
- **Regulatory Obstacles to Change**
- **Continuing Opioid and Mental Health Crisis**



## New Opportunities

- **Regulatory Modernization**
- **Embracing Technology**
- **Increased Focus on Health Across All Policies**
- **Scaling the successful DSRIP and SHIP initiatives**

# Thank you



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