Stony Brook
Medicine

MEETING PURPOSE

Delivery System Reform Incentive Payments (DSRIP)
Stony Brook Medicine

Domain 3: Primary Care-Behavioral Health Integration
AND
Domain 4: ?

DSRIP PURPOSE

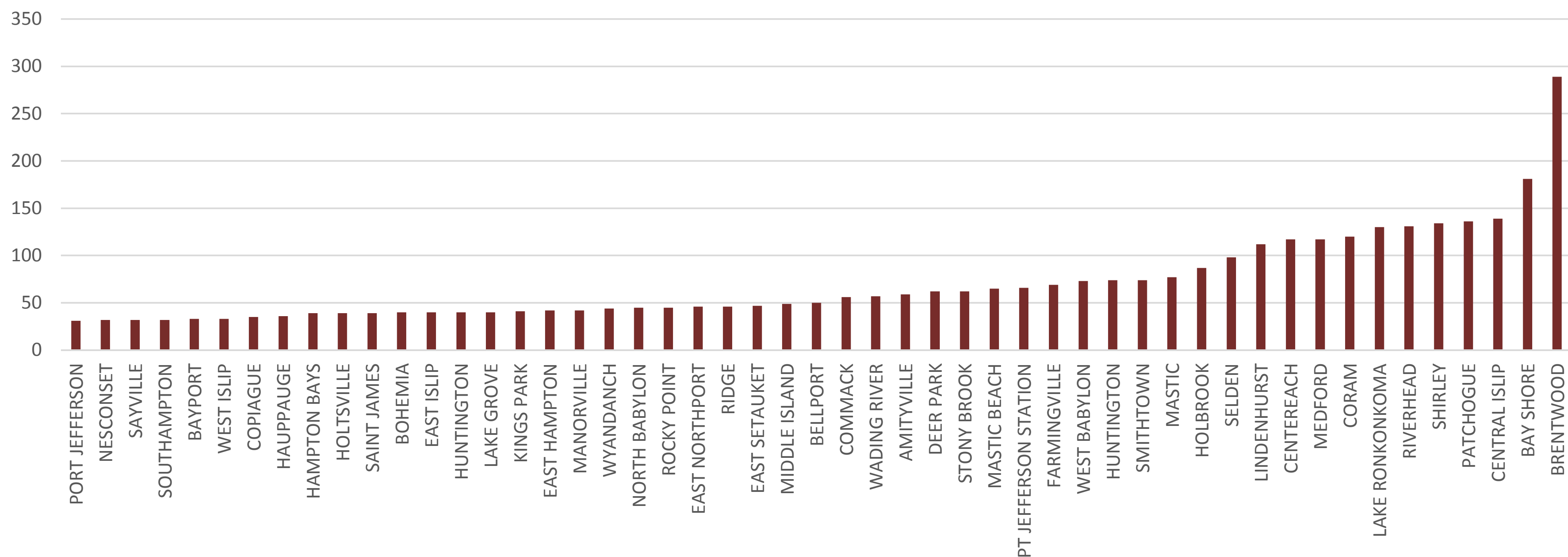
- The waiver amendment dollars will address critical issues throughout the state and allow for comprehensive reform through a Delivery System Reform Incentive Payment (DSRIP) program.
- The DSRIP program will promote community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years.
- Safety net providers will be required to collaborate to implement innovative projects focusing on system transformation, clinical improvement and population health improvement.
- Single providers will be ineligible to apply. Stony Brook is lead for Suffolk County and a minimum of one Behavioral Health project is mandatory.
- All DSRIP funds will be based on performance linked to achievement of project milestones.

Source: NYS DOH DSRIP website

- Needs data continues to point to Primary Care-Behavioral Health Integration
- Various surveys launched and returned – currently being tallied and analyzed
- Verbal organization commitments/confirmations being made
  - More formal agreements to come….
- Champions being identified across projects by providers
- Small work group being formulated – people expressing interest
- Geographic target locations being determined
- Defining project objectives underway
- Financial models being explored

Stony Brook Medicine

DATA SNAPSHOT FOR 7 MONTHS – JAN. '14 - JULY '14



- Domain 3: Primary Care-BH Integration - Project focus areas identified to date:

Ambulatory Focus

- ***Primary Care*** use of screenings for early identification BH concerns
  - roll out in stages, by location, for Years 1-3.
  - geographic locations for Year 1 in discussion
- ***Collaboration/co-location*** of BH providers in Primary Care locations.
  - warm hand-offs, brief interventions, consultation, telepsychiatry, health home referrals, support/peer connections, housing, food, etc.
- ***Fast track*** referrals from Primary Care to geographically close BH partners when co-located services are not feasible.
- ***Reverse*** integration relationships between primary care and BH providers particularly for medically high-risk population.
- ***Expanded collaboration and use*** of available services such as Mobile Crisis Team and pilot licensed crisis beds as well as respite beds.
-

Stony Brook Medicine

What will it take to accomplish this?

Domain 3: Primary Care-BH Integration - Project focus areas identified to date continued….

Hospital Focus

- ***SBIRT*** in Emergency Departments and for all admitted patients in every Suffolk hospital.
- ***Psychiatry Consult-Liaison services*** strengthened in Hospitals for medical patients
- ***Telepsychiatry*** available in the EDs
- ***Collaboration/Co-location*** of BH providers in EDs through geographic partnerships to capture those in need at the ED point of care.

What will it take to accomplish this?

Domain 4

Promote Mental Health and Prevent Substance Abuse (MHSA)

Stony Brook Medicine

4.a.i Promote mental, emotional and behavioral (MEB) well-being in communities

Healthcare Delivery System Sector Projects: PPS must show implementation of both sector projects in their project plan. The implementation must address a specific need identified in the community assessment and address the full service area population.

1. Identify and implement evidence- based practices and environmental strategies that promote MEB health. A menu of interventions is found on the Prevention Agenda website section, Promote Mental Health and Prevent Substance Abuse Action Plan, under Interventions for Goal 1: To promote mental, emotional and behavioral (MEB) well-being in communities (http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/mhsa/interventions.htm).

2. Support and facilitate quality improvement of evidence-based practices and environmental strategies that promote MEB health.

4.a.ii Prevent Substance Abuse and other Mental Emotional Behavioral Disorders

Healthcare Delivery System Sector Projects: PPS must show implementation of two of the three sector projects in their project plan. The implementation must address a specific need identified in the community assessment and address the full service area population. For each sector project, there is a list of potential interventions that the PPS can use to develop its project. These interventions are found on the Prevention Agenda website under "Interventions to Promote Mental Health and Prevent Substance Abuse" (http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/mhsa/interventions.htm).

1. Identify and implement evidence-based practices and environmental strategies to prevent underage drinking, substance abuse and other MEB disorders.
2. Consider evidence based strategies to reduce underage drinking such as those promulgated by the U.S. Surgeon General and the Centers for Disease Control and Prevention.
3. Increase understanding of evidence-based practices for smoking cessation among individuals with mental illness and/or substance abuse disorder.

4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems

Healthcare Delivery System Sector Projects: PPS must show implementation of three of the four sector projects in their project plan. The implementation must address a specific need identified in the community assessment and address the full service area population. For each sector project, specific potential interventions are identified on the Preventive Agenda website under "Interventions to Promote Mental Health And Prevent Substance Abuse" (http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/mhsa/interventions.htm)

1. Participate in MEB health promotion and MEB disorder prevention partnerships.
2. Expand efforts with DOH and OMH to implement 'Collaborative Care' in primary care settings throughout NYS.
3. Provide cultural and linguistic training on MEB health promotion, prevention and treatment.
4. Share data and information on MEB health promotion and MEB disorder prevention and treatment.

Stony Brook Medicine

PROJECT SCOPE: WHERE TO START

TASK	TIMELINE FOR DSRIP APPLICATION	TIMELINE FOR PROJECT
Step 1: Assess readiness for integration in chosen setting a. Understand patient needs and demographics by location b. Understand PCP/clinic characteristics, culture and space needs by location. c. Understand local and state policy and regulations that need to be considered (i.e. satellite requirements, shared space issues) d. Understand financial environment and current billing mechanisms	a. August-Sept. – Prepare for Narrative b. August-Sept. – Prepare for Narrative	c. & d. Begin upon award
Step 2: Select collaborative care components and identify partnerships based on geography/regional	August-Sept. – Rough Plan for Narrative	Formalize Upon Award
Step 3: Identify and define roles of each partner.	Sept.-Oct. – Rough Plan for Narrative	Elaborate Upon Award
Step 4: Plan to operationalize components into clinical workflows. - Who, what, where, when how to be answered - Engage clinical staff in process of developing project narrative	Sept-Oct. – Rough Plan for Narrative	Solidify Plan Jan.-June 2015
Step 5: Set implementation dates and roll out Year 1 locations. - Years 2-5 to be continuously rolled out as defined by the group in the rough and finalized workplan.	October-November – Rough Workplan	Finalize Workplan Tasks Jan-June 2015 Begin Roll-Out Feb.-December
Step 6: Make Population Healthier and Receive Incentive Payments!		

Stony Brook Medicine

DSRIP METRICS

Domain 3. Clinical Improvement Metrics

All Domain 3 metrics are pay-for-reporting in DY 1. As described below, some metrics continue as pay-for-reporting in DY 2-3 but become pay-for-performance in DY 4-5. In general, provider systems will include all metrics associated with the project selected, unless otherwise specified below.

Domain 3 – Clinical Improvement Metrics								
	Measure Name	**Measure Steward**	**NQF#**	**Source**	**Measure Type**	**DSRIP Years 2 3** **Pay for Reporting/Pay for Performance**		**DSRIP Years 4 5** **Pay for Reporting/Pay for Performance**
A. Behavioral Health (Required) – All behavioral health projects will use the same metrics except for SNF programs implementing the BIPNH project. These providers will include the additional behavioral health measures below in A 2.								
	PPV (for persons with BH diagnosis)	3M		Claims	Outcome	Performance		Performance
	Antidepressant Medication Management	NCQA	0105	Claims	Process	Performance		Performance
	Diabetes Monitoring for People with Diabetes and Schizophrenia	NCQA	1934	Claims	Process	Performance		Performance
	Diabetes Screening for People with Schizo./BPD Using Antipsychotic Med	NCQA	1932	Claims	Process	Performance		Performance
	Cardiovascular Monitoring for People with CVD and Schizo.	NCQA	1933	Claims	Process	Performance		Performance
	Follow up care for Children Prescribed ADHD Medications	NCQA	0108	Claims	Process	Reporting		Performance
	Follow-up after hospitalization for Mental Illness	NCQA	0576	Claims	Process	Performance		Performance
	Screening for Clinical Depression and follow up	CMA	0418	Medical Record	Process	Reporting		Performance
	Adherence to Antipsychotic Medications for People with Schizophrenia	NCQA	1879	Claims	Process	Performance		Performance
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	NCQA	0004	Claims	Process	Performance		Performance
A 2. Additional behavioral health measures for provider systems implementing the Behavioral Interventions Paradigm in Nursing Homes (BIPNH) project								
	PPR for SNF patients	3M		Claims	Outcome	Performance		Performance
	Percent of Long Stay Residents who have Depressive Symptoms	CMS		MDS 3.0	Process	Performance		Performance
B. Cardiovascular Disease								
	PQI # 7 (HTN)	AHRQ		Claims	Outcome	Performance		Performance

Partnership Plan - Approval Period: August 1, 2011 – December 31, 2014; as Amended April 14, 2014

Source: NYS DOH DSRIP website

Based on NYS DOH Prevention agenda

Promote Mental Health & Prevent Substance Abuse

- Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month   BRFSS Statewide NYC/ROS County
- Age-adjusted percentage of adult binge drinking during the past month BRFSS Statewide NYC/ROS County
- Age-adjusted suicide death rate per 100,000 NYS NYSDOH Vital Statistics State, county.

We are going to need public education to change behavior….just to get you thinking…………………….just for fun…..*to the tune of Ghostbusters…..*

"If there's something strange, in your head or feet….who you gonna call….Your Doctor!

If is not urgent, make an appointment…..who you gonna call…..Your Doctor!"

REMINDER: WHAT IS NEEDED FROM YOU?

August:

- Continue face-to-face meeting participation on **8/28.**
- Indication that your organization is on-board by **8/28**.
- Geographic locations and delineation of services by **8/28**.
- Champion(s) of project and contact info in each location by **8/28**.

September:

- Needs assessment data supporting need for integration by **9/15**.
- IT capabilities and anticipated IT needs/interests/concerns by **9/15**.
- Capital budget needs and staffing/other budget needs by **9/30**.

October-November:

- Narrative components assigned to you.
- Participation in a minimum of 2 meetings per month from now until **11/26** with conference calls as needed.
- Assistance with drafting the application from now until **11/26**.

Ongoing:

- Complete commitment to regional roll-out upon award **for next 5 years**.
- Ongoing dedication of administrative and "boots on the ground" resources to move project forward **for next 5 years**.

MEETING DATES

<u>Face-to-Face meeting dates, including IHI webinar series:</u>

- August 28, 2014 — 1:30pm-5:00pm OVP Conference Room – HSC Level 4
Meeting & IHI Webinar
- September 11, 2014 — 1:30pm-5:00pm Lobby Conference Room
Meeting & IHI Webinar
- September 25, 2014 — 1:30pm-4:30pm Lobby Conference Room
Meeting & IHI Webinar
- October 9, 2014 — 1:30-5:00pm OVP Conference Room – HSC Level 4
Meeting & IHI Webinar
- October 30, 2014 — 2:30pm-4:30pm Lobby Conference Room
Meeting Only
- November 20, 2014 — 3:00pm-5:00pm Lobby Conference Room
Meeting Only

Conference Call dates: To be determined as necessary

CONTACT INFORMATION

Lucy Kenny

Stony Brook Medicine Planning Department

Lucy.Kenny@stonybrookmedicine.edu

631-444-4500

Kristie Golden

Stony Brook Medicine

Kristie.golden@stonybrookmedicine.edu

(631) 444-1956