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Suffolk DSRIP Collaborative

PPS Discussion

June 23, 2014

AGENDA

1. Suffolk DSRIP vision and goals
2. Governance and funds flow
3. Design phase timeline and consulting engagements
4. Preliminary Projects
5. Technology Plan
6. Needed inputs from partners
7. Q/A


Align Incentives
Manage Continuum of Care
Achieve Clinical Integration
Share Risk

- Enhance collaboration
- Enhance IT interconnectivity
- Enhance transitional care and case management
- Integrate behavioral health services
- Expand access to primary care and behavioral health services
- Utilize predictive analytics and biomedical informatics applications

Governance

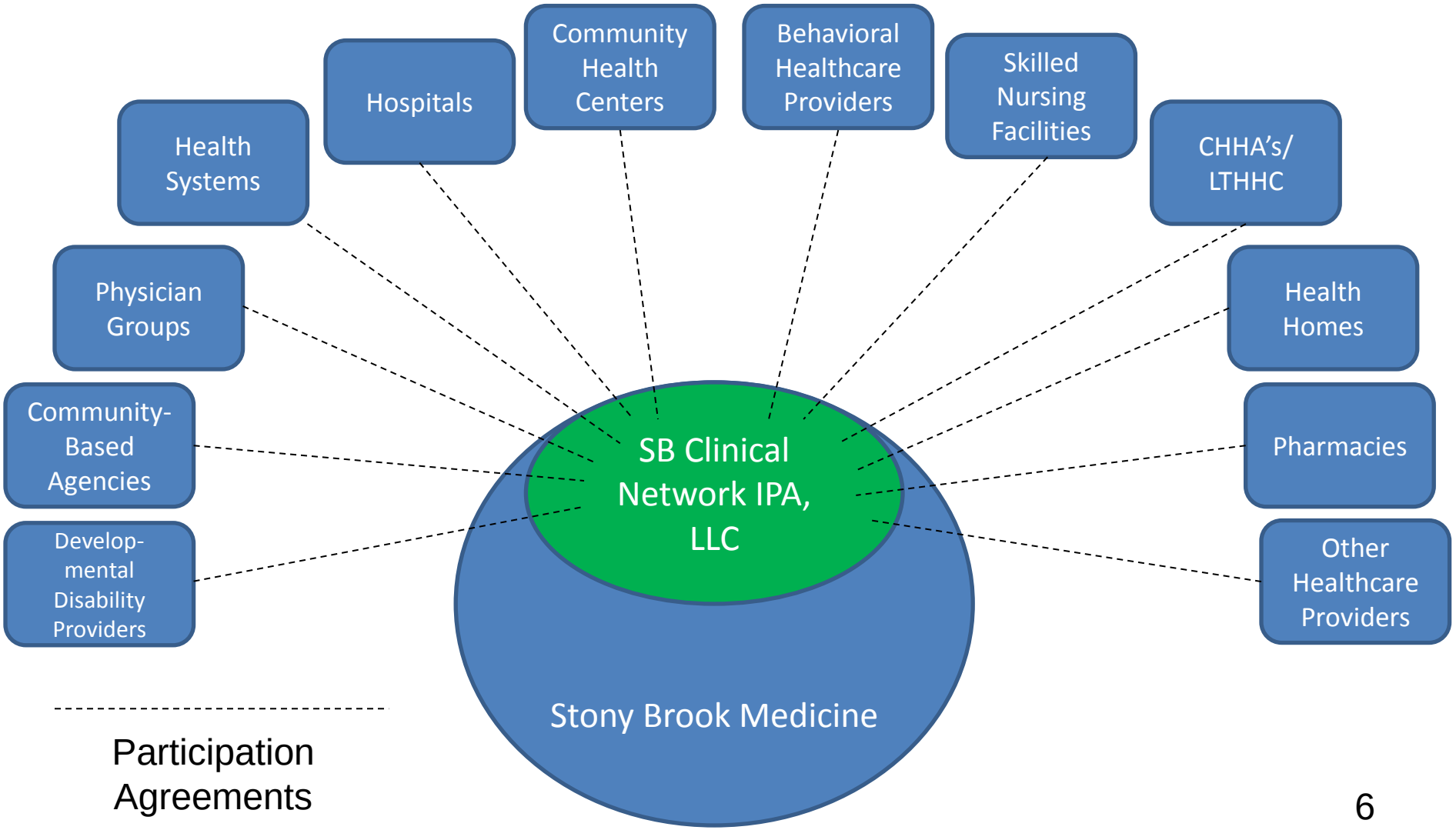
- SBUH is committed to have PAC representation on the board of the governing entity
- The number of PPS board seats and the election process for those seats is presently being determined

Funds Flow

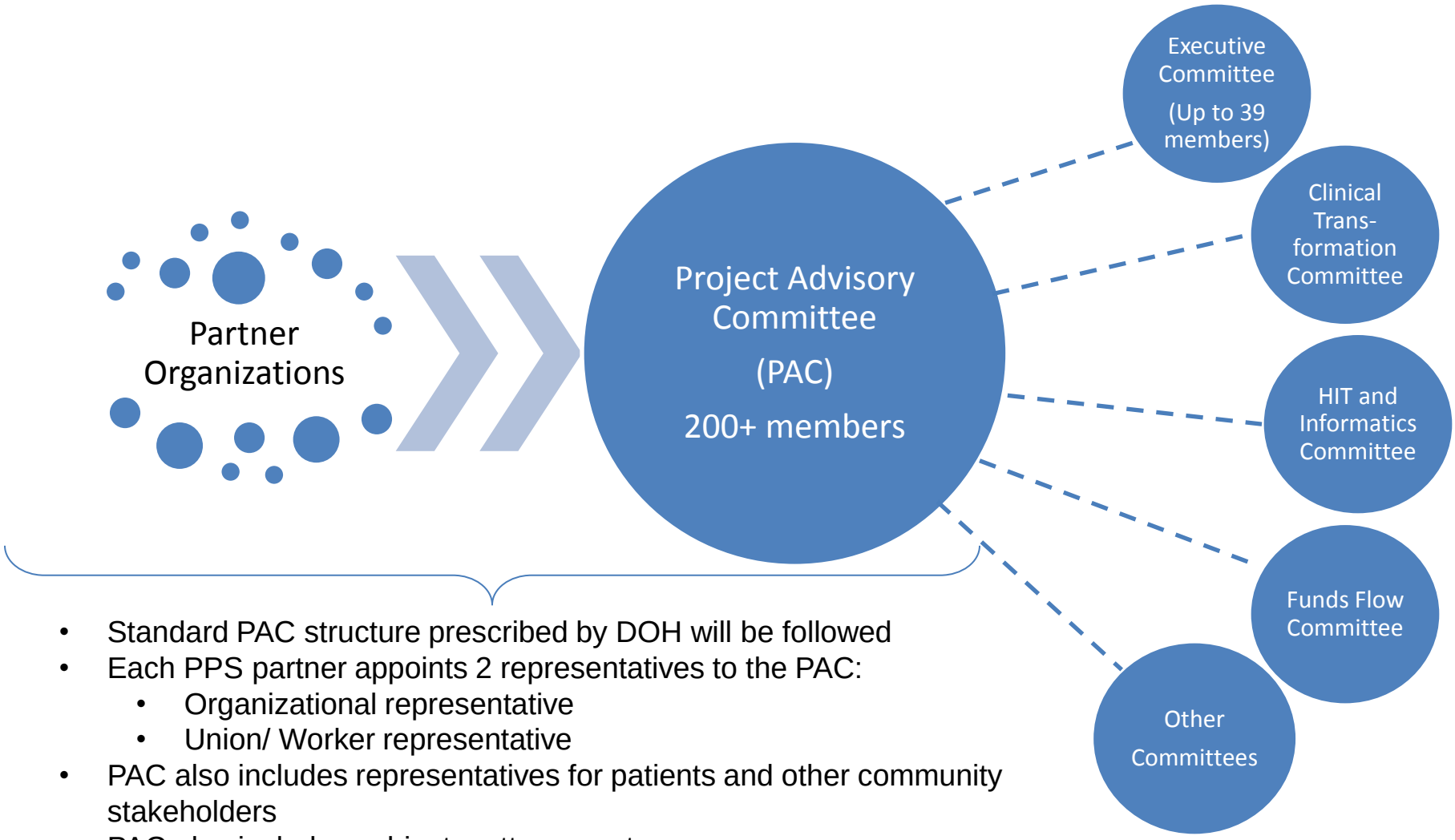
To follow approach outlined by NYS Medicaid Director Jason Helgerson:

1. Project costs
2. Revenue loss
3. P4P for higher achievers within PPS
4. Non-eligible (non-safety net) partners
5. Special considerations within PPS e.g. IAAF

Suffolk PPS Organizational Structure



Project Advisory Committee



- Standard PAC structure prescribed by DOH will be followed
- Each PPS partner appoints 2 representatives to the PAC:
  - Organizational representative
  - Union/ Worker representative
- PAC also includes representatives for patients and other community stakeholders
- PAC also includes subject matter experts
- Members of the general public would be permitted to attend PAC meetings

Selection of PAC Organizational and Worker/ Union Representatives

1. Each partner organization has two representatives on the PAC

- Organizational Representative
- Workforce Representative

- Partner organizations with more than 50 employees must appoint the above representatives.
- Partner organizations with less than 50 employees may (but are not required) to appoint the above representatives.

2. To select workforce representative, ask: Does the partner organization have a unionized workforce?

- If Yes → Then designate a union representative to participate in the PAC.
- If No → Then develop a process to elect a worker (non-managerial employee) representative to participate in the PAC.

- Intended to reasonably and equitably represent the partner organizations, their workforce, and their patients
  - Will include representatives from each major stakeholder group
- Intended to be large enough to ensure adequate representation, but not so large as to impede effective discussion

PAC Executive Committee: Composition (approx. 39 members)

Provider Representatives (18 total)

- 1 elected by all independent hospitals
- 1 elected by all physician groups
- 1 elected by all CHHA's and LTHHC's
- 1 elected by DD agencies
- 1 elected by all health homes
- 1 appointed by each health system (for total of 3)
- 1 elected by all community health centers
- 1 pharmacy rep, appointed by SBUH
- 1 elected by all other providers and community-based agencies

SNF's
- 1 elected by Non-Profits
- 1 elected by For-Profits
- 1 elected by Publics

Behavioral Health
- 1 by LIBA
- 1 by SBUH
- 1 elected by Hospitals
- 1 elected by other BHPs

Patient Representatives (3 Total)

- 1 for Medicaid and uninsured patients
- 1 for Spanish-speaking patient populations
- 1 for patients with behavioral health conditions

Public Officials (4 Total)

- Suffolk County Commissioner
- Director of Division of Community Mental Hygiene Services of Suffolk Co.
- Chair of Health Committee of Suffolk Co. Legislature
- 1 appointed by Suffolk Co. School Superintendents Association

Workforce Representatives (est. at 10 Total)

- 1 appointed by each union represented on the PAC
- 2 elected by PAC members representing the non-unionized workforce

Subject Matter Experts plus the Chair (4 Total)

- HIT expert
- Biomedical informatics expert
- Chair

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DESIGN PHASE TIMELINE

Month	Project Selection	Technology Plan	Workforce Plan	IDS
June	Community Needs Assessment			
July		Survey of PPS Capabilities	Identification of at-risk workforce and emerging workforce needs	Finalize PAC and governing structure
August		Develop architecture, evaluate predictive modeling needs, design analytics & data management infrastructure		Financial models and participation agreements finalized
September	CNA report and Project Selection			
October	Project Development		Development of workforce retraining initiatives	Quality & multi-payer engagement plans developed; COPA filed
November		Testing of initial predictive modeling algorithms		
December				

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CONSULTING ENGAGEMENTS
(excludes information technology)

Organization	Support to be Provided
PRC, Inc. prconline.com	Community Needs Assessment and project selection
xG Health Solutions (Geisinger's consulting arm) xghealth.com	Community Needs Assessment; PPS Capability Baseline Analysis; Project Selection and Design; Communications and Training; Implementation; Infrastructure Support; Workforce Plan; Integrated Delivery System Development
Rivkin Radler, LLP rivkinradler.com	Integrated Delivery System Development including governance, funds flow, partner agreements, and managed care plan engagement
Dentons, LLP dentons.com	Funds flow and managed care plan engagement
TBD	Considering additional workforce planning support

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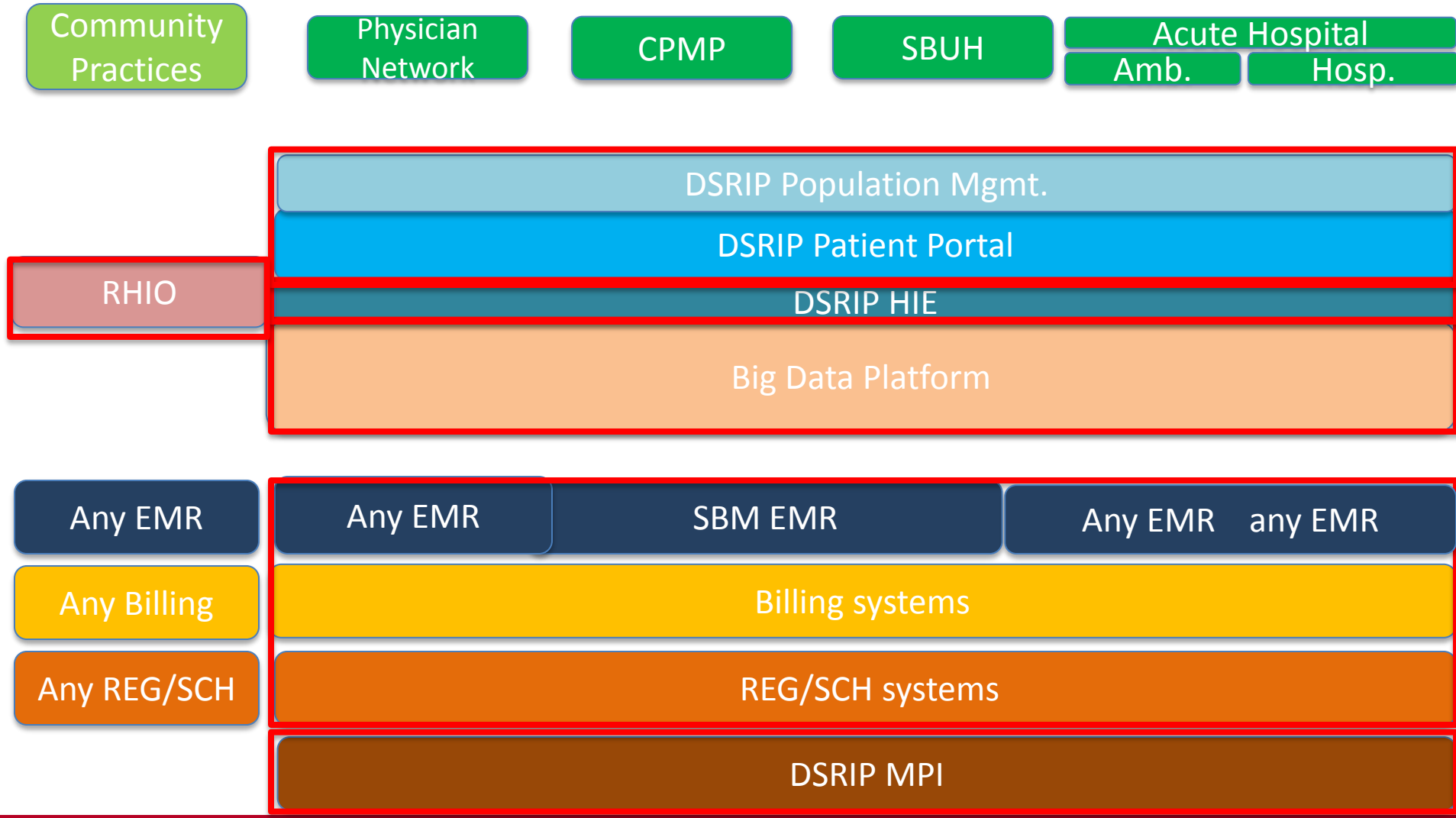
PRELIMINARY PROJECTS

Domain and Project Number	Proposed Project	Index Score
2.a.i	Create integrated delivery systems that are focused on evidence based medicine / population health mgmt	56
2.b.iv	Care transitions intervention model to reduce 30-day readmission of chronic health conditions	43
2.b.vii	Implementing the INTERACT project	41
2.c.ii	Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services	31
3.a.i	Integration of primary care services and behavioral health	39
3.f.i	Increase support programs for maternal and child health; Establish a care/referral network based upon a regional center of excellence for high risk pregnancies and infants	32
3.g.ii	Integration of palliative care into PCMH model	22
4.b.ii	Increase access to high quality chronic disease preventive care and management in clinical and community settings	17

The IT strategy for DSRIP, guiding principles:

- Assume any partner may not have a clinical solution to engage
- Core will be “central” versus “Federated” assuming limited IT capabilities, skills and bandwidth exist across the partners
- Assumed capabilities are limited to getting feeds (real-time or batch, HL7 or CCD or CSV)
- Will supply “integrated” or “stand-alone (portal)” options to our partners
- Architecture is build around the HIE/Big Data platform – not an EMR. Should be EMR agnostic
- Platform will have API, exits, etc. available for custom code
- Linked components of this platform will encompass all clinical and financial data
- Data will be aggregated, cleansed, curated, analyzed and visualized
- Predictive modeling, mobile integration, patient monitoring integration and collaboration will all exist within the platform
- SHIN-NY will be leveraged to connect the partners and identify & launch alerts


Community Practices
Physician Network
CPMP
SBUH
Acute Hospital
Amb.
Hosp.
DSRIP Population Mgmt.
DSRIP Patient Portal
RHIO
DSRIP HIE
Big Data Platform
Any EMR
Any EMR
SBM EMR
Any EMR
any EMR
Any Billing
Billing systems
Any REG/SCH
REG/SCH systems
DSRIP MPI

- Moving quickly to leverage extensive experience of Murry and Saltz to create powerful informatics data analytics infrastructure – Data Warehouse, population health platforms, analytics algorithms
- Group has many years of expertise in NY DoH health data analysis -- Janos Hajagos is currently leading initial efforts to carry out project specific data analyses
- Leveraging experience to develop predictive analytic models for Suffolk's DSRIP projects
  - Readmission/unnecessary admission risk models
  - ER utilization risk models

1. Define the population
   - Current Medicaid enrollees in Suffolk County with type 2 diabetes
2. Stratify the population
   - The number of type 2 diabetics that are uncontrolled (Based on HbA1c)
3. Identify measurable gaps in care for the stratified subpopulation
   - The number of uncontrolled diabetics in this population that are not receiving an annual retinal eye exam
4. Determine feasibility of closing the gaps in care
   - Location, quality and availability of retinal screening services in Suffolk County

- Crucial core enabler of virtually all DSRIP activities
- Software able to generate reliable, high quality descriptions of patient phenotype and care history from heterogeneous DSRIP data sources
- Decision support algorithms able to anticipate likely patterns of disease progression and patient behavior
- Analytic, predictive modeling algorithms along with semantic mapping, modeling, data management infrastructure

- Coordination of clinical activities across Suffolk County will be enabled by software which will be developed to capture and perform near real-time analyses of streaming data from mHealth devices, sensor, point of care lab devices

- Adapt mobile health devices to support coordination of patient management among hospitals, skilled nursing providers, adult day care, home health workers as well as other healthcare programs touching this patient population

- Leverage expertise of industrial collaborators such as IBM, Cerner, Mad*Pow, CMC Limited, Hortonworks—discussions currently underway
- Engage top academic collaborators to drive development of effective predictive analytics and decision support algorithms
- During planning phase, will invite potential collaborators from Georgia Tech, Berkeley, Yale, MIT, Carnegie Mellon University

CAPITAL BUDGET REQUEST

Category	Amount
IT	$29.9M
Construction	$42.0M
Renovation	$83.0M
Equipment (non-IT)	$30.0M
Total	**$184.9M**

1. **Verify your organization(s) contact and provider information**
   - Go to suffolkdsrip.com; enter login and password to review information provided to date; *Needed by COB Wed, 6/25*
2. **Recommend key informants for input on Community Needs Assessment**
   - Survey to be sent to partners this week soliciting input
3. **Complete PAC member and workforce survey**
   - Survey to be sent to partners this week for the managerial and workforce PAC reps and for general workforce information
4. **Complete project and subcommittee involvement survey**
   - Survey to be sent to partners within next two weeks
5. **Complete Technology survey** - to be distributed in coming weeks

Q/A

Presenters (in order of appearance)	**Additional Panelists**
Gary Bie Chief Financial Officer	**Cordia Beverley, MD** Assistant Dean for Community Health Policy
George Choriatis, Esq Partner at Rivkin Radler, LLP	**Lou de Onis** Associate Director for Human Resources
Jennifer Jamilkowski Director of Planning	**Kristie Golden, PhD** Associate Director of Operations, Neurosciences
Lucy Kenny Director of Grants Development	**Janos Hajagos, PhD** Associate Director of Data and Computation
Jim Murry Chief Information Officer	**David Manko, Esq** Partner at Rivkin Radler, LLP
Joel Saltz, MD, PhD Vice President for Clinical Informatics	**Mary Saltz, MD** Chief Clinical Integration Officer