NEW YORK
state department of
HEALTH

Regional Health Planning

Presentation to the Planning Committee of the
Public Health and Health Planning Council
September 5, 2012

Goals for Meeting

❏ Discuss Guiding Principles of Regional Planning

❏ Define Core Functions for Regional Planning

❏ Discuss Regional Boundaries

❏ Discuss Future Planning Role of PHHPC

Why Regional Health Planning?

❑ Dramatic changes in the delivery system:

✓ *Risk-based payment methodologies;*

✓ *New care models;*

✓ *Consolidation of providers and payers;*

✓ *Improved access to health insurance;*

✓ *Emphasis on care coordination, patient engagement, and population health.*

❑ Renewed attention to population health

❑ Availability of data

✓ *Health status*

✓ *APD*

✓ *Clinical*

High-Level Goal: Promoting the Triple Aim

❑ Improve the patient experience of care (including quality and satisfaction);

❑ Improve the health of the populations; and

❑ Reduce the per capita cost of health care.

Guiding Principles

❑ Distinguish enterprise planning from community planning

❑ Governance:
  - ✓ Transparent
  - ✓ Neutral
  - ✓ Representative
  - ✓ Inclusive
  - ✓ Collaborative

❑ Address Triple Aim

❑ Other?

Possible Core Functions

❑ Support Community Health Assessments and Advance SHIP:

- ✓ LHD Community Health Assessment
- ✓ Hospital Community Health Needs Assessments
- ✓ Develop and implement strategies to address needs, advance SHIP

❑ Measure health system performance on local level

Possible Functions (cont'd)

❑ Develop and facilitate effective strategies to address weaknesses, e.g.:

- ✓ Quality collaboratives;
- ✓ Patient engagement activities;
- ✓ Address gaps in services;
- ✓ Reduce preventable utilization;
- ✓ Preserve and strengthen essential providers.
- ✓ Alignment of payment and benefit design with quality and outcome objectives.
- ✓ CONs
- ✓ Waiver and other funding.

Cross-Cutting Functions

❑ Evaluation of health and health care disparities;

❑ Development of strategies to address disparities;

❑ Collection, analysis and dissemination of data;

❑ Others?

Data

❑ Develop statewide and regional, interactive data mart
- ✓ Based on uniform data set
- ✓ Permits regional comparisons
- ✓ Permits assessment of performance and effectiveness of strategies.

❑ Models
- ✓ County rankings
- ✓ NYC DOHMH EpiQuery
- ✓ Dartmouth Atlas

❑ FACTORS:

- ✓ Regional identity;
- ✓ Health care market considerations;
- ✓ Consistency with other regional initiatives;
- ✓ Planning infrastructure.

Options for Regional Boundaries

☐ Option #1: Governor Cuomo's Regional Economic Development Council Regions

Potential Regions:

Western New York: Allegany, Cattaraugus, Chautauqua, Erie, Niagara

Finger Lakes: Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, Yates

Southern Tier: Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, Tompkins

Central New York: Cayuga, Cortland, Madison, Onondaga, Oswego

Mohawk Valley: Fulton, Herkimer, Montgomery, Oneida, Otsego, Schoharie

North Country: Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, St. Lawrence

Capital Region: Albany, Columbia, Greene, Saratoga, Schenectady, Rensselaer, Warren, Washington

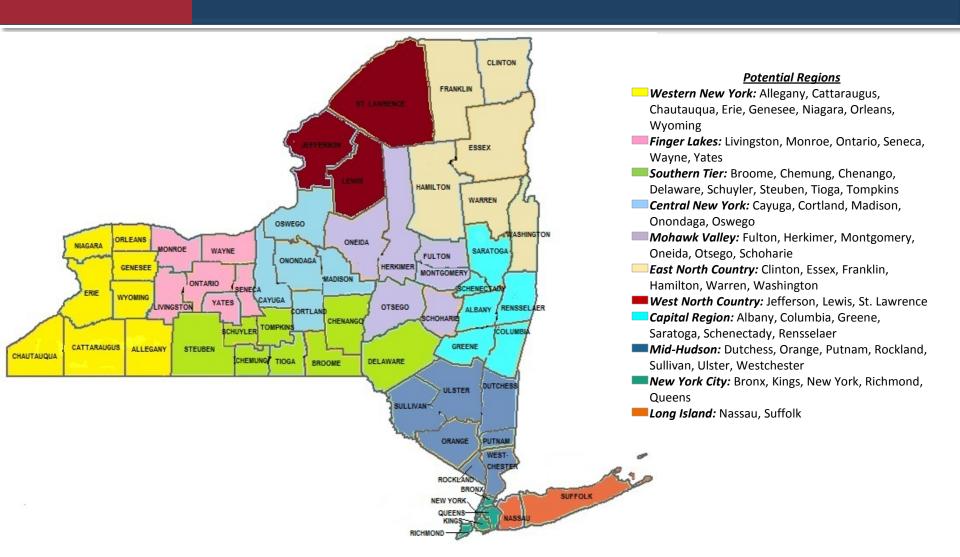***Mid-Hudson:*** Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester

New York City: Bronx, Kings, New York, Richmond, Queens

Long Island: Nassau, Suffolk

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Future Planning Role of PHHPC?

❑ PHHPC's planning role in context of regional planning activities:

- ✓ Near term and long term
- ✓ Statewide oversight
- ✓ Need methodologies
- ✓ Other