

# New York State Department Of Health Delivery System Reform Incentive Payment Project

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### **DSRIP PPS Organizational Application**

## The New York Hospital Medical Center of Queens (PPS ID:40)

#### **SECTION 1 – EXECUTIVE SUMMARY:**

#### **Section 1.0 - Executive Summary - Description:**

#### **Description:**

The DSRIP PPS Organizational Application must include an executive summary clearly articulating how the PPS will evolve into a highly effective integrated delivery system. This section will also include questions about any application(s) for regulatory relief the PPS is pursuing.

#### **Scoring Process:**

This section is not factored into the scoring of the PPS application. This response will be reviewed for completeness and a pass/fail determination will be made.

## Section 1.1 - Executive Summary:

#### \*Goals:

Succinctly explain the identified goals and objectives of the PPS. Goals and objectives should match the overall goals of the NY DSRIP waiver and should be measurable.

#	Goal	Reason For Goal
1	Reduce avoidable hospital utilization by 25%	To decrease costs of accessing healthcare and improve the patient experience by implementing 9 PPS projects focused on the needs of the community outlined in the community needs assessment. The improvements will focus on quality indicators such as PPAs, PPRs, PPVs, transfers, etc.
2	Utilize PPS partner collaborations	to address the healthcare concerns outlined and prioritized in the Community Needs Assessment.
3	Transform the healthcare of our community from reactive to proactive	to focus to prevention and proper utilization of healthcare facilities.
4	Expand on the expertise of our healthcare PPS partners	To increase access, improve quality, and generate collaborations for a healthier community.
5	Align healthcare providers, facilities, and community based organizations	utilizing evidence based outcome metrics and population health management strategies in order to decrease barriers of accessing healthcare and decrease the cost associated with care.
6	Maximize the benefits of care coordination and care transitions between PPS partners	to ensure consistency, communication, and accountability.
7	Implement a robust health information exchange platform and population health management system	to improve the management of chronic conditions with access to critical information for our providers.
8	Bridge the gap between behavioral and medical health	to establish a multi-disciplinary approach customized to the patient needs.
9	Establish performance dashboard measuring tools utilizing a centralized PPS Project Management Office (PMO)	to focus on rapid cycle evaluation, transparent communications, and effective accountability.
10	Create a culturally sensitive and adaptive healthcare market	to properly provide healthcare services to the diverse community that we serve.
11	Establish health literacy models	to expand or invent with a focus to chronic conditions and prevention for both behavioral and medical health with an emphasis to language and cultural barriers.
12	Identify high risk utilizers or utilization techniques within the healthcare community	to prevent improper utilization of the emergency department.
13	Improve quality indicators such as PPA/PPR/PPVs	to implement best practice standards for projects selected.

#### \*Formulation:

Explain how the PPS has been formulated to meet the needs of the community and address identified healthcare disparities.

The NYHQ PPS aligned its strategies and priorities with the healthcare gaps and disparities identified in our Community Needs
Assessment. Gaps included the lack of safety net providers limiting access to primary care needs for behavioral health services and needs



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for care coordination for long-term care patients. Disparities included disease category concerns for cardiovascular, HIV, and diabetes. Partners were selected to address the needs of our community and maximize the benefits to the healthcare community. Understanding that our community has complex healthcare needs, project selection was prioritized through a process of aligning community needs, disparities, and magnitude/impact to the community. The processes of partner and project selection, as well as the establishment of the PPS organizational structure, were formulated to ensure alignment with the needs of our community and ensure the success of our PPS. The organizational structure of the NYHQ PPS will utilize collaboration, communication, and accountability to manage the diverse population and meet many needs of our patients.

#### \*Steps:

Provide the vision of what the delivery system will look like after 5 years and how the full PPS system will be sustainable into future.

The vision of the NYHQ PPS is to improve the quality of the continuum of care with an approach utilizing collaboration, communication, evidence based medicine, best practice standards, and IT solutions. The PPS partners are committed to focused improvements that are culturally sensitive. Together, the PPS will create a patient-centric, effective, efficient, and fiscally responsible delivery system.

Innovation and integration are key to successful implementation and to the creation of sustainable healthcare models that adapt to the needs of the community. The healthcare market and community needs will continually evolve; the NYHQ PPS will be on the fore-front of healthcare changes while maintaining a focus of quality, compassion, and financial stewardship. The clinical, organizational, and technological models of our PPS will be developed with sustainability as the primary goal. The PPS will include strategies to avoid financial risk, implement emerging procedures and technology to reduce cost, quickly identify partners or processes that do not align, and negotiate with managed care organizations to align incentives of quality and outcomes in a value based payment method.

#### \*Regulatory Relief:

Is the PPS applying for regulatory relief as part of this application? Yes

For each regulation for which a waiver is sought, identify in the response below the following information regarding regulatory relief:

- Identify the regulation that the PPS would like waived (please include specific citation);
- Identify the project or projects in the Project Plan for which a regulatory waiver is being requested and outline the components of the various project(s) that are impacted;
- Set forth the reasons for the waiver request, including a description of how the waiver would facilitate implementation of the identified project and why the regulation might otherwise impede the ability of the PPS to implement such project;
- · Identify what, if any, alternatives the PPS considered prior to requesting regulatory relief; and
- Provide information to support why the cited regulatory provision does not pertain to patient safety and why a waiver of the regulation(s) would not risk patient safety. Include any conditions that could be imposed to ensure that no such risk exists, which may include submission of policies and procedures designed to mitigate the risk to persons or providers affected by the waiver, training of appropriate staff on the policies and procedures, monitoring of implementation to ensure adherence to the policies and procedures, and evaluation of the effectiveness of the policies and procedures in mitigating risk.

PPS' should be aware that the relevant NYS agencies may, at their discretion, determine to impose conditions upon the granting of waivers. If these conditions are not satisfied, the State may decline to approve the waiver or, if it has already approved the waiver, may withdraw its approval and require the applicant to maintain compliance with the regulations.

#	Regulatory Relief(RR)	RR Response
		Regulation to be waived is: Certificate of need review required for opening of an extension clinic, including a mobile health unit, or expansion of the capacity of an established facility.
1	10 N.Y.C.R.R. § 710.1(c)(1)	Project: 2.A.II. – Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Project: 3.A.I – Integration of Primary Care and Behavioral Health Services
		Components that are impacted: Increase Primary Care Practitioners with