

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

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## **DSRIP PPS Organizational Application**

# **Refuah Health Center (PPS ID:20)**

#### **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	Create a high-functioning integrated delivery system in Rockland and Orange Counties	The core of Refuah Community Health Collaborative's (RCHC) DSRIP strategy is to create a high-functioning integrated delivery system (IDS), which will facilitate data-driven population health management across a network of care. This goal is critical because the IDS creates the structure for improvements in care, outcomes and costs. The CNA shows the need for this type of health care infrastructure in our service area, particularly for those with multiple chronic conditions, those with complex cultural and socio-economic circumstances and older adults. Moving from fragmented to integrated care will allow us to better manage care for patients and populations, implement care coordination across the care continuum, enhance collaboration and the use of best practices, and implement systems that allow information sharing and rapid-cycle evaluation. Creating an IDS enables the PPS to reduce hospitalizations, achieve population health goals, improve care delivery and reduce costs.
2	Reduce avoidable hospitalizations by 25%	Reducing avoidable hospitalizations is one of RCHC's primary goals. A focus on reducing hospitalizations drives the implementation of upstream strategies and shifts away from an emphasis on acute care to primary and other types of community-based care. This will enable RCHC to achieve the Triple Aim of better care, better outcomes, and lower costs. Given the high costs of hospitalization, preventing avoidable admissions is critical to creating a delivery system that is sustainable in the long run.
3	Improve indicators in the County Community Health Improvement Plans	Including a goal related to our County Community Health Improvement Plans enables us to focus on developing population health structures and strategies for health care providers and community-based organizations to work together in clinical and community settings. This goal will encompass RCHC's work to improve population health through better care coordination and management, use of advanced analytics and health information technology and exchange, and adoption of proven primary and secondary prevention strategies. In Rockland and Orange counties, conditions such as heart disease, cancer, chronic lower respiratory diseases, and stroke are significant health burdens and among the leading causes of death. Additionally, health disparities among minorities are significant. A comprehensive, patient-centered population health approach is critical to reducing mortality and the burden of disease in our service area, reducing health disparities, and lowering health care costs.
4	Reduce patient wait times and expand access to primary care providers	This goal is at the heart of RCHC's strategy to transform the health care delivery system. Expanding access to primary care and other community-



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#	Goal	Reason For Goal
		based providers are critical components of our strategy to ensure that patients receive the right care, at the right place, at the right time. Effectively utilizing and expanding the primary care resources available in communities throughout the region will reduce unnecessary reliance on inpatient and emergent care. The region has experienced above average population growth in comparison to the rest of the state. This growth has reduced excess capacity and widened gaps in access. Ensuring primary care access, regardless of ability to pay, has become ever more critical in light of this growth.
5	Sustain the PPS through value-based payment agreements with managed care plans in the service area	One of RCHC's primary areas of focus is to embed value-enhancing behaviors throughout the IDS during DSRIP and throughout the post-DSRIP era. DSRIP incentive payments will be used to cover new innovative services that improve outcomes and reduce the total cost of care while sustaining the safety net. The new value-based payment system will continue to incentivize these new behaviors/services to continue DSRIP's accomplishments and sustain the financially fragile safety net providers. To be successful, the value-based payment model must be transparent, reasonable, and flexible and reward high performers.

#### \*Formulation:

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

RCHC is designed to implement a community-based approach that will focus on the specific needs of Medicaid and underserved patients in Rockland and Orange Counties. This approach will ensure that the new system of care is led by providers with expertise serving the unique and diverse populations of the two counties.

RCHC's comprehensive network includes the full spectrum of health and social service providers. RCHC is an FQHC-lead initiative and includes four premier FQHCs—all with extensive experience in providing culturally competent care to and reducing health disparities for Medicaid patients. These FQHCs will form the foundation of the new delivery system and—in partnerships with other network providers—expand access to community-based services. FQHCs have a proven record of addressing the social determinants of health, reducing disparities, and improving outcomes.

RCHC's governance structure includes representatives from multiple provider types, community-based organizations, unions, and stakeholders to ensure that community needs and disparities can be quickly identified and addressed and to increase collective accountability for patient and population outcomes.

#### \*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.

RCHC's vision is to transform the current fragmented delivery system into one that provides high-quality integrated physical and behavioral health services as well as the supportive and enabling services necessary to address the social determinants of health and health disparities in the service area communities.

To achieve that vision, RCHC will incentivize providers to provide patient-centered and coordinated care in a community-based integrated delivery system. RCHC will develop a highly-integrated care management system that enables providers across the full spectrum of care to manage performance and share data through robust health information technology and exchange systems. Given that the current reimbursement system is one of the reasons that the healthcare delivery system in RCHC's region is siloed, RCHC will develop innovative payment models with managed care organizations in the region to incentivize high performance and develop reimbursement methodologies to support providers for services not currently covered by Medicaid.

#### \*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: