DSRIP and Hospice: A Winning Combination

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Introduction

• Located in Painted Post, NY
• Covers Chemung, Schuyler and Steuben Counties
• Medium, independent, not for profit
• Offers Hospice, Diagnostic-Specific Hospice, Community Palliative Care, Inpatient Palliative Care, Community Grief Services, Care Transitions, Counseling Services
Today’s Presentation

- DSRIP 101
- DSRIP projects which apply to the hospice skill set
- DSRIP efforts that could affect hospices
- How CareFirst is leveraging DSRIP
- What are you doing?
DSRIP 101

Delivery System Reform Incentive Payment Program
Deliberately Inflicting Suffering on Relatively Intelligent People
• Success – monies saved – through the Medicaid Redesign Team’s efforts
• CMS reinvesting some of the savings back into Medicaid reform
• $8,000,000,000 – yes, 8 billion dollars over 5 years
• NYS Department of Health administering
• “Promote community-level collaborations and focus on system reform, specifically with a goal to achieve a 25% reduction in avoidable hospital use over 5 years”
• NYS efforts unique in mandating community provider involvement and cultural competency/health literacy component
DSRIP 101

- DSRIP’s goal is to transform healthcare provision for Medicaid recipients from a fragmented, in-patient centered system to a community system focused on providing care in or close to home
  - Sound familiar?
- Focused in 3 areas
  - System transformation
  - Clinical improvement
  - Population health
- Delivery reform requires matching payment reform
  - Transform from volume, fee for service base to value, pay for performance base
• The money
  – Of the $8,000,000,000 over five years
  • $500,000,000 to Interim Access Assurance Fund to support continued function of Safety Net providers
  • $1,080,000,000 to other Medicaid redesign efforts
    – Development of Health Homes, long term care, workforce, behavioral health
  • $6,420,000,000 to DSRIP
    – Planning Grants
    – Administrative costs
    – Provider Incentive Payments
• What’s the end game?
  – Increased community-based care, decreased inpatient care
  – Transfer the system created through DSRIP to managed Medicaid payors to pay past the 5 years
  – If savings are realized, can Medicare be far behind?
    • Especially managed Medicare payors
  – What about ACOs?
  – Consider DSRIP “seed money” to create the change allowing us to adapt to the new healthcare system
Performing Provider Systems (PPS)

- Entities responsible for creating and implementing DSRIP projects
- Collaborative of hospitals, physicians, health homes, skilled nursing facilities, clinics, behavioral health providers, community based organizations… and hospices!
- 23 PPSs across NYS covering all counties with overlap between them
- Have their own staff and governance structure
- Distributor of the funds to the partnering organizations
  - Limited distribution to non-Safety Net/non-VAP providers
  - These providers can subcontract through Safety Net providers
• The Projects
  – Selection based on a Community Needs Assessment
  – All must pick the Integrated Delivery System
  – Could pick up to 11 projects
    • If going for all 11, must pick the Patient Activation Project
  – Projects cover the 3 areas of system reform, clinical improvement and population health
  – Awards partially based on meeting project based metrics
    • Pay for reporting initially
    • Move to pay for performance
    • Incentive payments for high performance
The Projects

• Direct application of palliative medicine
  – Integration of Palliative Care into the Primary Care Medical Home Model
    • 9 PPSs picked this project
  – Integration of Palliative Care into Nursing Homes
    • 2 additional PPSs picked this project
  – “Develop partnerships with community and provider resources including hospice to bring palliative care supports and services into the practice”
The Projects

• Application of the hospice skill set
  – Care Transitions
    • 17 PPSs picked this project for home based care
    • 1 PPS picked it for SNF based care
    • Helping high need patients self-manage their care holistically in a home setting with proper community support
    • Sound familiar?
  – INTERACT in Nursing Homes (in a couple of projects)
    • 8 PPSs picked these projects
    • Calls for integration of palliative medicine in the nursing home protocols to proactively manage patients to avoid hospitalizations
The Projects

• Application of the hospice skill set
  – Disease Management
    • 22 PPSs picked one or more of these projects
    • Cardiovascular health, diabetes care, asthma, HIV/AIDS, renal care
    • Striving for self management, community based care, reducing hospitalizations, specialized disease management
    • Diagnostic-specific hospice and palliative care programs
      – LifeBeat Cardiac Specialized Hospice
      – Breath Respiratory Specialized Hospice
The Projects

• Application of the hospice skill set
  – Expanding access
    • Navigation
      – 5 PPSs picked this project
      – Connecting those in need to the appropriate community based resources
      – Something we do on a daily basis
    • Engagement of low health care utilizers or non-utilizers (Project 11)
      – 14 PPSs picked this project
      – Identifying and engaging non-users into the health care continuum
  – Others?
The Projects

• Impact hospices
  – Integrated Delivery Systems
    • “Create an integrated, collaborative and accountable service delivery structure that incorporates the full continuum of care”
    • “Incorporating the medical, behavioral health, post-acute, long term care, social service institutions and payors to transform the current service delivery system from one that is institutionally-based to one that centers around community-based care”
    • Strongly dependent on RHIOs, common EMRs, data sharing, common processes, oversight structure
    • If a provider is not part of this system that is being created, may be marginalized and left behind
Outside The Projects

• Making hospice part of the solution
  – Proven to prevent rehospitalizations and emergency department use
  – Already meeting the metric of community-based, self-directed care
  – Fully capitated payment structure in place for decades
  – Integration of medical, mental, behavioral and social needs a part of our definition
  – Meeting the “Triple Aim” of better outcomes, higher patient satisfaction at a lower cost
Outside The Projects

• Leveraging what we offer
  – Increased hospice utilization
    • Part of the algorithm/process for providers as directed by their hospital system/PPS
    • Increased provider education
  – Standardized screens
    • HOMR, SPICT
  – Expanding palliative care provision
    • May mean a build for hospices not yet providing community based palliative care services
Outside The Projects

• What we have to do
  – Be a part of the DSRIP build
    • Reach out to PPS
    • Self-educate and read
    • Attend meetings
    • Get on email lists
    • Offer to serve on project development committees, community based organization engagement efforts, regionalization governance structures, other committees
    • Speak up and advocate, but be there to meet their needs, not just your own
What CareFirst is Doing

• How CareFirst is leveraging DSRIP
  – Part of both PPSs covering service area
    • Finger Lake Performing Provider System (FLPPS) and Care Compass Network (CCN)
  – Contracting for:
    • Care Transitions
    • Behavioral Interventions Paradigm in Nursing Homes
    • Patient Navigation
    • Patient Activation
    • Palliative Care in Patient Centered Medical Home
    • Co-location of Primary and Behavioral Health
    • Part of the Integrated Delivery System
What CareFirst is Doing

• How CareFirst is leveraging DSRIP
  – Staff person dedicated to DSRIP development (~.5 FTE)
  – Serving on several project development, clinical, outreach, oversight and governance committees for both PPSs
  – Advocate for DSRIP with other providers
    • HPCANYD S DSRIP Coalition
  – Advocate for hospice and palliative medicine with DSRIP
    • Development of screens
    • Standardizing hospice/PC utilization
    • Education of other providers and PPSs
What CareFirst is Getting

• How CareFirst is benefitting from DSRIP
  – New service lines with new income
  – Potential for increased hospice utilization and longer lengths of stay
  – Contacts with other providers at the C-suite level
  – Part of the healthcare continuum, seen as a peer, raising our profile
  – Part of future managed care contract negotiations
  – Aware of what is happening and can leverage opportunities
  – Becoming a part of the solution
  – Protect and advance our unique skill set and specialty
What is the Risk?

• What are the potential consequences of not being part of DSRIP?
  – Hospice providers left out of managed care conversations and contracts
  – Other non-hospice providers providing palliative care
  – Home-based care providers holding on to potential hospice patients longer
  – Missed opportunity for growth and new revenue
  – Hospices further marginalized from the healthcare continuum
  – “If you’re not at the table, you’re likely to be on the menu!”
What Can You Do?

• Join the HPCANYS DSRIP Coalition!
  – Advocating for hospices’ place within DSRIP
    • Advocate for our inclusion in the Value Based Purchasing Roadmap being developed for NYS
    • Develop a payment structure for palliative care
    • Advocate for the PCIA and PCAA recognition
    • Empower hospices to engage in their PPSs
    • Develop best practices to be replicated state wide
    • Problem solve around hospice/DSRIP issues
    • Advocate for Vital Access Provider status for hospices in NYS
    • Collaborate with HPCANYS State Legislative/Regulatory Committee
What Can You Do?

• Start learning about DSRIP in depth
  – Don’t rely on others to tell you what is going on – do the work yourself
  – NYS DOH DSRIP for Providers and Professionals website
    • http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/providers_professionals.htm

• Reach out to your PPS!
What Are You Doing?

- What are other hospices doing to leverage DSRIP?
Contact Me

• Please feel free to contact me with any questions or ideas!
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