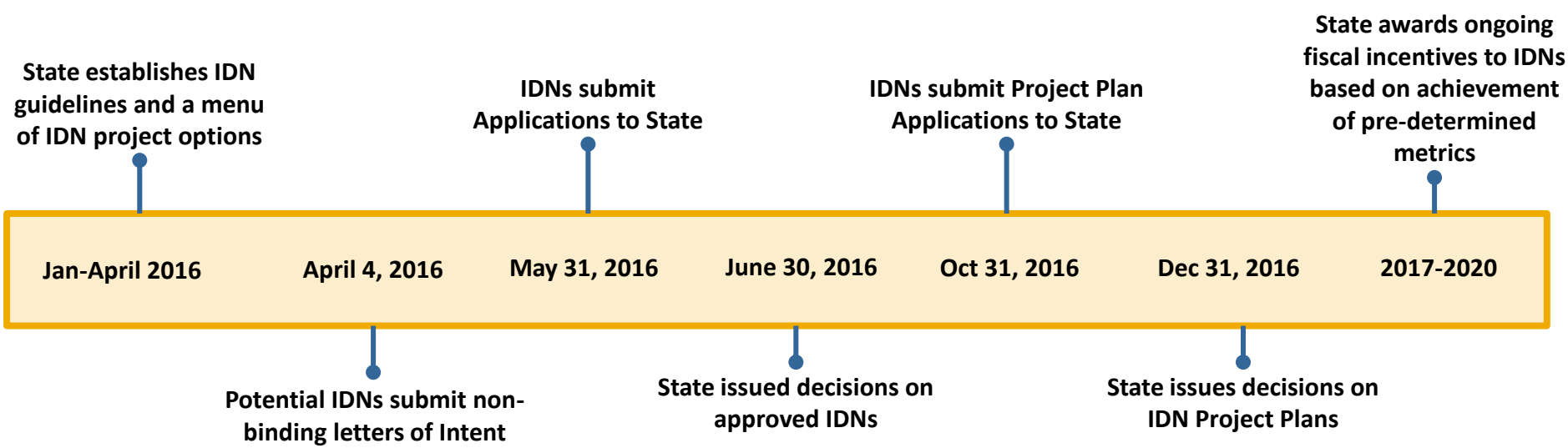
Implementation of Integrated Delivery Networks

- IDN applications were due May 31, 2016
- Detailed DSRIP project plans were due by October 31, 2016
- Distribution of project funds was targeted for December 31, 2016

Implementation Timeline



Note: pending final approval by CMS and subject to change

DSRIP Progress To Date - 2016

DSRIP Implementation Has Required Months of Ongoing Preparation

January 5:	**Waiver Approval Issued**
March 1:	**NH Submits Draft Protocols to CMS**
April 4:	**14 Letters of Interest Received**
May 31:	**IDN Applications Submitted to the State**
June 30:	**7 IDN Applications Approved by DHHS**
July 20:	**CMS issues Approval of Last Protocol**
August 24:	**G&C Approves 7 contracts between DHHS and IDNs to permit disbursement of capacity building funds**
Sept. 20:	**Initial $19.5M DSRIP funds are received by IDNs**
October 31:	**Project Plans Submitted to DHHS**
December 21:	**Project Plans Approved**

Note: pending final approval by CMS and subject to change

DSRIP Progress To Date - 2017

DSRIP Implementation Has Required Months of Ongoing Preparation

January 18: **Project Plan Funds Awarded**

January to March:

Workforce Taskforces

- Taskforce has been developing statewide workforce capacity strategic plan. This includes identification of policy, education and licensing strategies that will enhance the workforce capacity pipeline.
- Each IDN is also building their local staffing plan to meet IDN goals and objectives.

HIT Taskforce Continues Work

- Taskforce has been working on identifying minimal, desired, and optional HIT/HIE standards for all IDN partners. Partners convene for weekly statewide calls and monthly face to face meetings.
- The group has come to consensus on recommendations for the statewide standards which will become the foundation for shared care plans and secure message exchange.
- Features include real time information such as ED or hospital visits.
- Each IDN is building their local IDN specific HIT/HIE implementation plan customized to the current level of readiness for each IDN partner.

DSRIP Progress To Date - 2017

DSRIP Implementation Has Required Months of Ongoing Preparation

January to March:

Implementation Plans for All 6 Projects

- IDNs have been developing their 6 implementation plans for their projects.
- Budgets, staffing, goals/objectives, outcome measures, timelines, and identification of necessary protocols for each project will be included.

Outcomes measures

- All IDNs have been meeting w DHHS to finalize and understand documentation and reporting protocols for required outcome measures. T
- The group is in agreement that pursuing a shared data and reporting system would be transformative and sustainable in a changing environment while positioning the IDN 's towards APMs.

Network growth and management

- IDNs have met and assessed their local partners and beyond (non partners with whom they still interface) for opportunities in collaboration.
- IDNs have engaged supportive housing providers, Public Health Networks, managed care organizations and many more.
- IDNs are looking at data that identifies high utilization and high cost patients to inform their ability to make meaningful impacts on people's lives, which reduce overall cost while increasing quality and outcomes.
- Network partners have completed HIT gaps analysis and assessment of Core Standardized Assessment domains.

IDN Expenses to Date

New Hampshire IDNs are laying the critical ground work to implement integrated care beginning in earnest in July of 2017.

Year End December 2016

IDN reported Expenses:

- Staffing and operations costs for project planning, data analysis,
- Computers, phones, travel, paper, etc.
- Budgets must be approved before spending; very much still in planning stages

January to June 2017

IDN Expected Expenses:

- Direct care staff, recruitment and retention;
- Training on integration;
- Consultation for business practices, IT, data solutions to operationalize integration

July to December 2017

Continued operations

IDN Regions and Projects

New Hampshire IDNs are laying the critical ground work to implement integrated care beginning in earnest in July of 2017.

Region 1

Administrative Lead & Community Projects:

- *Mary Hitchcock Memorial Hospital (Fiscal Agent) & Cheshire Medical Center*

C1 – Care Transition Teams
D3 – Expansion in Intensive SUD Treatment Options
E5 – Enhanced Care Coordination for High Need Population

Region 2

Administrative Lead & Community Projects:

- *Capital Region Health Care (CRHC) Comprised of Concord Hospital, Riverbend and the Concord Regional Visiting Nurse Association (VNA)*

C2 – Community Re-entry Program for Justice-Involved Adults and Youth
D1 – Medication Assisted Treatment of Substance Use Disorders
E5 – Enhanced Care Coordination for High Need Population

Region 3

Administrative Lead & Community Projects:

- *Southern New Hampshire Health (SNHH)*

C1 – Care Transition Teams
D3 – Expansion in Intensive SUD Treatment Options
E4 – Integrated Treatment for Co-Occurring Disorders

IDN Regions and Projects

New Hampshire IDNs are laying the critical ground work to implement integrated care beginning in earnest in July of 2017.

Region 4

Administrative Lead & Community Projects:

- *Catholic Medical Center*

C1 – Care Transition Teams
D3 – Expansion in Intensive SUD Treatment Options
E4 – Integrated Treatment for Co-Occurring Disorders

Region 5

Administrative Lead & Community Projects:

- *Partnership for Public Health on behalf of Community Health Services Network (CHSN)*

C2 – Community Re-entry Program for Justice-involved Adults and Youth
D3 – Expansion in Intensive SUD Treatment Options
E5 – Enhanced Care Coordination for High Need Population

Region 6

Administrative Lead & Community Projects:

- *Strafford County*

C1 – Care Transition Teams
D3 – Expansion in Intensive SUD Treatment Options
E5 – Enhanced Care Coordination for High Need Population

IDN Regions and Projects

New Hampshire IDNs are laying the critical ground work necessary to implement integrated care and community projects

Region 7

Administrative Lead & Community Projects:

- *North Country Health Consortium*

C1 – Care Transition Teams
D3 – Expansion in Intensive SUD Treatment Options
E5 – Enhanced Care Coordination for High Need Population

Project Outcome Measures for DSRIP

Metric #	Measure
1	Readmission to Hospital for Any Cause (Excluding Maternity, Cancer, Rehab) at 30 days for Adult 18+ BH Population
2a	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - within 30 days
2b	Follow-Up After Emergency Department Visit for Mental Illness - within 30 days
3a	Follow-up after hospitalization for Mental Illness – within 30 days

Project Outcome Measures for DSRIP

Metric #	Measure
3b	Follow-up after hospitalization for Mental Illness – within 7 days
4	Timely Electronic Transmission of Transition Record (Discharges From an Inpatient Facility in IDN (including rehab and SNF) to Home/Self Care or Any Other Site of Care)
5	Global Score for Mini-CAHPS Satisfaction Survey at IDN Level for kids and adults
7a	Global score for selected general HEDIS physical health measures, adapted for BH population
7b	Global score for selected BH-focused HEDIS measures
8	Percent of BH Population With All Recommended USPSTF A&B Services
9	Recommended Adolescent (age 12-21) Well Care visits
10	Smoking and tobacco cessation counseling visit for tobacco users

Project Outcome Measures for DSRIP

Metric #	Measure
15a	Engagement of Alcohol and Other Drug Dependence Treatment (Initiation and 2 visits within 44 days)
16	Percent of new patient call or referral from other provider for CMHC intake appointment within 7 calendar days
17a	Percent of new patients where intake to first follow-up visit was within 7 days after intake
17b	Percent of new patients where intake to first psychiatrist visit was within 30 days after intake
18	Percent of patients screened for alcohol or drug abuse in past 12 months using an age appropriate standardized alcohol and drug use screening tool AND if positive, a follow-up plan is documented on the date of the positive screen age 12+
19	Rate per 1,000 of people without cancer receiving a daily dosage of opioids greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer.

Funding Allocations by Earning Category and Metric Type

Over the DSRIP period, funding shifts to emphasize Community-Driven Projects and performance measures.

Funding Allocation by Earning Category	Year 1 2016	Year 2 2017	Year 3 2018	Year 4 2019	Year 5 2020
Design and Capacity Building Funds	65%	0%	0%	0%	0%
Approval of IDN Project Plan	35%	0%	0%	0%	0%
Statewide Projects	0%	50%	50%	30%	20%
Core Competency Project	0%	30%	30%	50%	60%
Community-Driven Projects	0%	20%	20%	20%	20%
Total	**100%**	**100%**	**100%**	**100%**	**100%**

Funding Allocation by Metric Type	Year 1 2016	Year 2 2017	Year 3 2018	Year 4 2019	Year 5 2020
Process Metrics	100%	90%	75%	0%	0%
Performance Metrics	0%	10%	25%	100%	100%
	100%	**100%**	**100%**	**100%**	**100%**

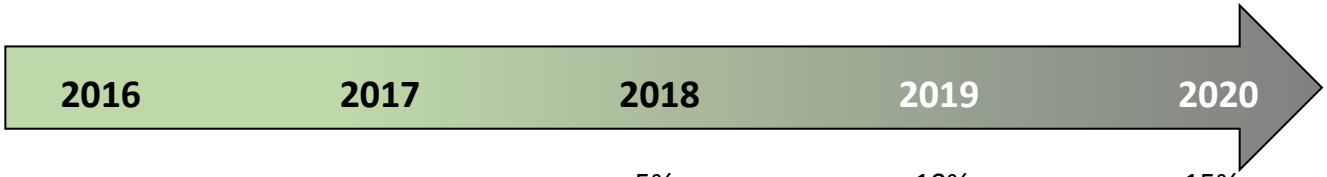
Note: pending final approval by CMS and subject to change

State-wide and IDN-level Metrics

- **Performance metrics at the state- and IDN-levels will be used to monitor progress toward achieving the overall waiver vision. Payments from CMS to the state and from the state to IDNs will be contingent on meeting these performance metrics.**
- **Accountability shifts from process metrics to performance metrics over the course of the 5-year program.**

	Process Metrics	Performance Metrics
State-wide performance metrics	Steps taken by the State to establish and manage the waiver program	Select quality and utilization indicators that measure state-wide impact
IDN-level performance metrics	Steps required to be taken by an IDN to organize its network and implement its projects	Quality, access, and utilization measures tied to one or more projects

Relative dependence of IDN performance payments



State-wide funding at risk for State-wide outcome measures

Note: pending final approval by CMS and subject to change

Examples of Potential Metrics

	Process Metrics	Performance Metrics
State-wide Performance Metrics 	• Approval of IDNs and planning/capacity building grants • Approval of IDN Project Plans • Submission of CMS reports • Procurement of independent assessor and independent evaluator • Implementation of learning collaboratives	• Reduction in readmissions for any reason for individuals with co-occurring behavioral health issues • Use of core standardized assessment • Reduction in avoidable ED use for behavioral health population and general population • Reduction in ED waitlist length for inpatient behavioral health admissions
IDN-level Performance Metrics 	**General IDN Metrics** • Establishment of an IDN governance committee structure (clinical governance, financial, etc.) • Development and submission of IDN plan to transition to value-based payment models **Project-Specific Metrics** • Document baseline level of integration of primary care – behavioral health using SAMHSA *Levels of Integrated Healthcare* • Establishment of standard core assessment framework and evidence based screening tools	• Improvement in rate of follow-up after hospitalization for mental illness • Improvement in rate of screening for clinical depression using standardized tool • Improvement in rate of screening for substance use • Improvement in rate of smoking and tobacco cessation counseling visits for tobacco users • Reduction in wait time for substance use disorder treatment

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