NH DSRIP Annual Report 2017

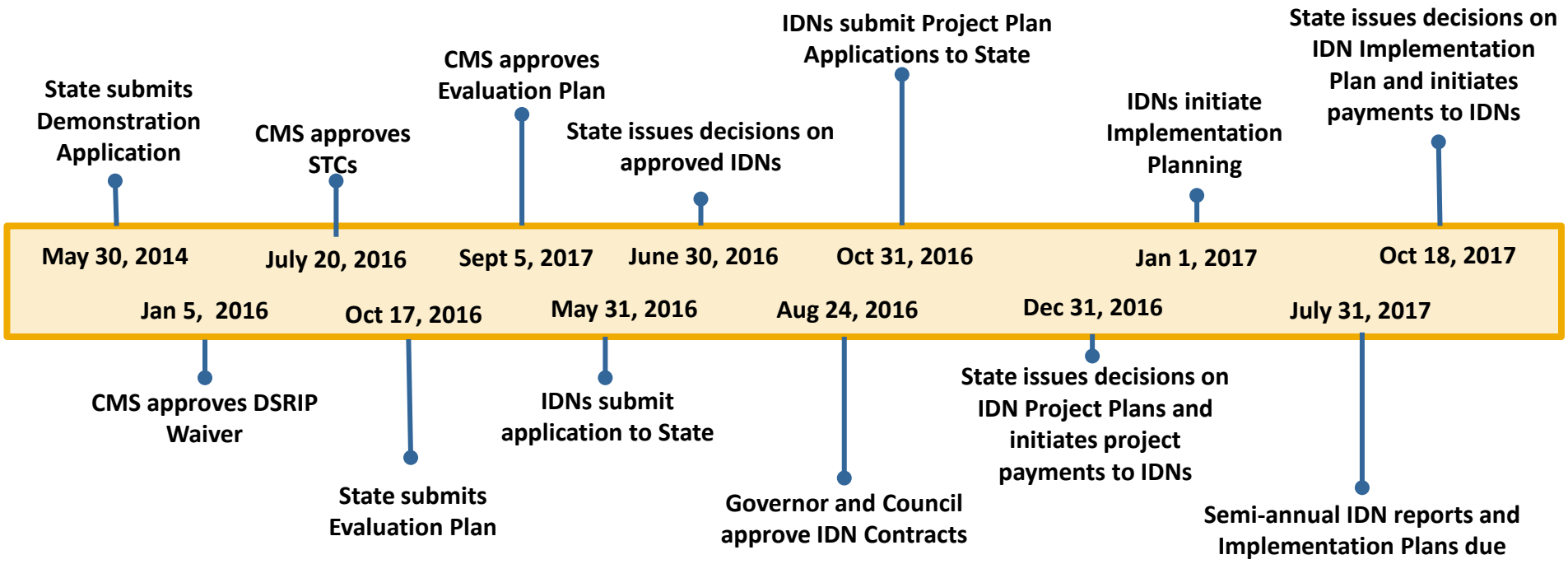
Henry Lipman
NH Medicaid Director

Implementation of Integrated Delivery Networks

- Approximately $4.6 million has been distributed to partners to enhance direct care
- IDNs have selected a Statewide Shared Care Plan and Event Notification Service vendor
- 350 organizations have participated in the planning phase of the transformation
- IDNs have engaged 63 partners to expand SUD treatment options to include MAT
- IDNs have engaged 88 partners to integrate treatment for co-occurring disorders or enhanced care
- IDNs will move 173 participating providers along the SAMHSA Framework of coordinated care

Implementation Timeline

2014 - 2017

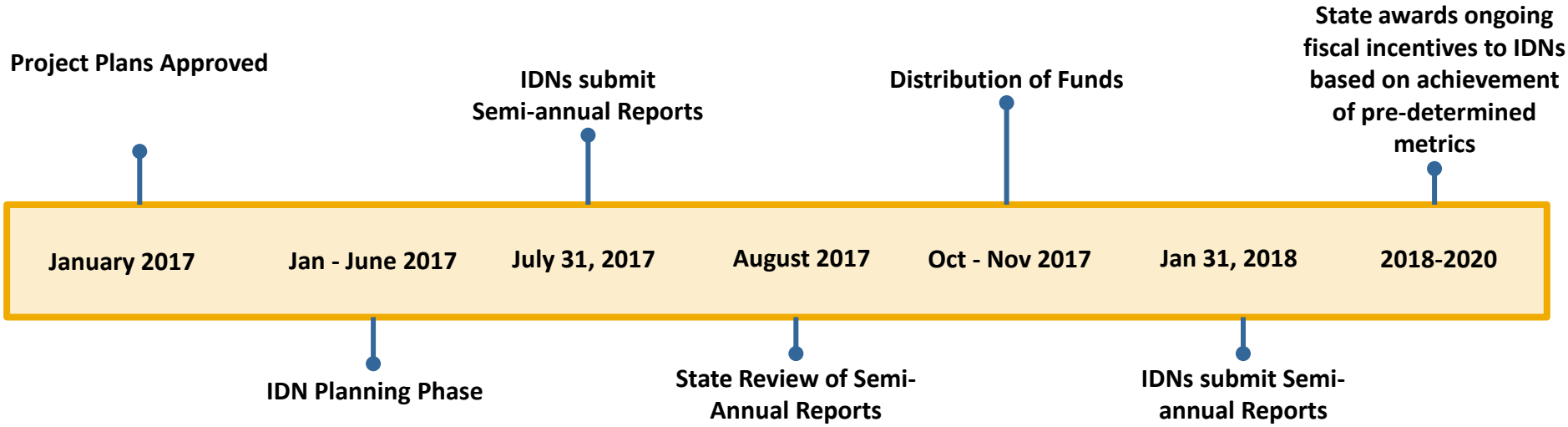


Note: pending final approval by CMS and subject to change

Integrated Delivery Network Timeline Year 2

- Detailed DSRIP Project Plans approved January 2017
- Distribution of project incentive funds January 2017
- Semi-Annual Report Submission July 2017
- Distribution of Funds October 2017
- Semi-Annual Report Submission January 2018

Implementation Timeline



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DSRIP Progress To Date - 2017

DSRIP Implementation Has Required Months of Ongoing Preparation

January :	**Project Plans Approved**
February :	**IDN Implementation Planning Phase begins**
May :	**Learning Collaborative Initiated**
June :	**42 CFR Part 2 Training for IDNs**
June :	**Statewide Workforce Taskforce Strategic Plan Completed and Approved by IDN's**
June :	**Statewide HIT Taskforce completed vendor reviews**
July :	**Semi-annual Reports submitted from IDNs**
August :	**Myers & Stauffer Learning Collaborative Website Launched**
August :	**Shared Care Plan, Event Notification and Data Aggregation vendor selected by IDN's**
October :	**Semi-annual Reports Approved**
November:	**DSRIP funds distributed to IDNs**

Note: pending final approval by CMS and subject to change

DSRIP Progress To Date - 2017

DSRIP Implementation Has Required Months of Ongoing Preparation

January: **Project Plan Funds Awarded**

January to March:

Workforce Taskforce

- Taskforce has been developing statewide workforce capacity strategic plan. This includes identification of policy, recruitment, retention, 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 partners convened for weekly statewide calls and monthly face to face meetings.
- The group identified and came to consensus on minimal, desired, and optional HIT/HIE standards for all IDN partners which will become the foundation for shared care plans and secure message exchange.
- Features include real time notification 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 project implementation plans
- 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.
- 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 will focus on data that 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.
- Community Needs Assessments; HIT Gaps Analysis; Workforce Taskforce Gaps Analysis
- 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:

- Direct care staff, recruitment and retention
- Training on integration
- Privacy Bootcamp relative to 42 CFR Part 2
- Consultation for business practices, IT, data solutions to operationalize integration
- Acquisition of Health Care Technology

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%**

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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 <u>process</u> metrics to <u>performance</u> 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

2016	2017	2018	2019	2020
		5%	10%	15%

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

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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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Key Challenges

Workforce Capacity:

- Licensing expense and cross border reciprocity
- Non-competitive wages
- Limited financial resources
- Recruitment and retention
- Education and training costs
- Low Unemployment Rate/Capacity limitations

Health Information Technology:

- Limited financial resources for smaller agencies
- Complexity of interoperability with EHRs
- Establish common privacy and security standards
- Legal ramifications surrounding Privacy Laws

Lessons Learned

- Contracting with local provider partners takes time
- Federal, state and agency level rules can be complicated and present challenges when developing new business practices
- Leadership and staffing, unpredictable/inconsistent funding streams, competing priorities, and workforce shortages require partners to be flexible in a demonstration environment
- Training for providers to address positive screens including but not limited to housing, nutrition, primary and behavioral healthcare, is key to the referral process

Year 3 January – December 2018

Continued progress along the SAMHSA framework for integrated primary and behavioral healthcare including:

- Implementation of shared care plans and event notification (admission, discharge and transfer)
- Statewide adoption of a standardized comprehensive assessment and closed loop referral process
- Multidisciplinary care team meetings on behalf of individuals with significant behavioral health and/or chronic medical conditions
- Workforce initiatives including recruitment, retention and training
- Incentive payments tied to outcome metrics

New Hampshire DSRIP Waiver Amendment

- April 2018 Target for Submission
- Exploring potential short term extension of select DSHPs
- Substitute Two DSHPs for Governor's Commission DSHP
  - Peer Support Services
  - Mobile Crisis Team/Apartments Program
- Purpose - Maintain Financing Levels for Integrated Delivery Networks

New Hampshire DSRIP Waiver Amendment (cont'd)

- Amendment posted on NHDHHS website at

  www.dhhs.nh.gov/section-1115-waiver/index.htm

- Questions: Leslie.Melby@dhhs.nh.gov