Before we begin, reminders for today’s webinar

Audio Connection: 1-866-296-6257
Audio Code: 667837

To ensure everyone is able to hear today’s presentation, we ask that all webinar participants please:

- **MUTE** your phone lines
- Do **NOT** place your phone line on hold during the webinar
- Ensure your web cam is turned **OFF**
Today’s Presenters

- Richard Bernstock, Bronx Hub Executive Director
- Marlee Ickowicz, Director, Workforce and Training
- Larry Altman, Network Lead
General partner questions and comments will be addressed today via the chat function. We’ll stop and ask for questions when you see the following symbol:

- If we are unable to answer a general question, we will address it in a future newsletter or webinar
- For questions unique to you, we recommend you contact our support desk
- To ask a question, send a message to “OneCity Health Questions”

- You can find slides from our previous webinars in the “News” section of our website. Slides are posted immediately after the webinar, and shared in our subsequent newsletter
- To ensure our emails and newsletters are not trapped in your spam filters, please add our email addresses (DSRIPSupport@nychhc.org and ochsupportdesk@nychhc.org) to your email address book
Topics for Today’s Webinar

- January Phase II deadlines
- Overview of OneCity Health PPS performance and outcome measures
- Phase III contracting
- Other OneCity Health updates
  - Innovation Fund and Learning Management System
  - Partner contact list
- Final reminders and next steps
Topics for Today’s Webinar

- January Phase II deadlines
Approaching Phase II Deadlines

17 Phase II Comprehensive Schedule B Process Metrics are due in January

- Phase II ends December 31, 2017, but several recurring metrics have due dates in January
- As you complete your Phase II metrics, and begin Phase III, metrics will be clearly distinguished in separate tabs in the OneCity Health Partner Portal
- We will mention the remaining Phase II metrics due in early January now. We will cover the metrics due in late January in next month’s OneCity Health Partner Webinar
- Please keep in mind, for both Phases, you only need to complete the metrics that are in your Comprehensive Schedule B
Approaching Phase II Deadlines

Five recurring Process Metrics are due on or before January 12, 2018

- Recurring Project 11 metrics PE003.9, PM031.9 and PM032.9 are due January 8
- Recurring Process Metric PM002.3 (IDS – Skilled Nursing Facilities) is due January 12, 2018
- Recurring Process Metric PM022.2 (Palliative Care – Integrated Palliative Care Outcome Scale [IPOS]) is due January 12, 2018

Four recurring Process Metrics (two each for asthma and care transitions) and seven Patient Engagement Metrics are due January 26, 2018. A final Process Metric (HIV) is due January 31, 2018
To help you complete all remaining metrics, as a reminder, last month, we posted to our website the November 2017 Phase II OneCity Health Partner Reporting Manual, which includes the following updates:

- Additional guidance for three Phase II Comprehensive Schedule B Process Metrics due through the end of Phase II, including:
  - PM023 (Integrated Delivery System) – Page 44
  - PM025 (Integrated Delivery System) – Page 50
  - PM027 (ED Care Triage for At-Risk Populations) – Page 52

- New guidance on reporting on a **Distinct Schedule B Metric DSB_PCMHFee** (Reimbursement of Patient-Centered Medical Home (PCMH) Application Related Fees) – Page 64

Page one of the manual includes a full list of updates with hyperlinks to all metrics that have updated guidance.
Topics for Today’s Webinar

- January Phase II deadlines
- Overview of OneCity Health PPS performance and outcome measures
We Are All Working With Various Timelines

**DSRIP Year (DY)**
- **DY 1** April 2015 – March 2016
- **DY 2** April 2016 – March 2017
- **DY 3** April 2017 – March 2018
- **DY 4** April 2018 – March 2019
- **DY 5** April 2019 – March 2020

**Measurement Year (MY)**
- **MY 1** July 2014 – June 2015
- **MY 2** July 2015 – June 2016
- **MY 3** July 2016 – June 2017
- **MY 4** July 2017 – June 2018
- **MY 5** July 2018 – June 2019

**OneCity Health CSB Contracting Periods**
- **PHASE 1** July 2016 – March 2017
- **PHASE 2** April 2017 – Dec. 2017
- **PHASE 3** Begins January 2018 – March 2020

**Calendar Year (CY)**
- Jan. 2015
- Jan. 2017
- Jan. 2018
- Jan. 2019
- Jan. 2020

**NY State Fiscal Year**
- April 2015
- April 2016
- April 2017
- April 2018
- April 2019

**Federal Fiscal Year**
- Oct. 2014
- Oct. 2015
- Oct. 2017
- Oct. 2018
- Oct. 2019
Overview of Outcomes Measurement

There are a total of 57* Outcome Measures tied to the DSRIP program:

- Outcome Measures are distinct measures defined by the New York State Department of Health (NYS DOH) as requirements of the DSRIP program
- The PPS becomes eligible for DSRIP funds upon the successful achievement of these measures

For the Phase II Comprehensive Schedule B (CSB), OneCity Health prioritized 14** Outcome Measures as a focus for partners this year based on several considerations, including:

- Inclusion of measures that have been demonstrated as able to be impacted by providers
- Measures that are of high value to the PPS
- Alignment and overlap with managed care contracts/other incentive programs that partners may already be participating in
- Emphasis on measures that align with movement towards a value-based payment (VBP) environment (e.g. reducing avoidable utilization/hospitalization costs)

Outcome Measures are our goals as an overall PPS and do not require reporting by individual partners

- Performance on the majority of the measures is determined by NYS DOH analysis of Medicaid claims data

* NYSDOH recently revised outcome measures for the Palliative Care project, changing the total number of outcome measures from 53 to 57

** As with Process Metrics, not all Outcome Measures apply to all partners
How is Performance Determined?

- At the beginning of the DSRIP program, NYS DOH established statewide performance goals that apply to all PPSs in New York State.

- The Measurement Year (MY) is the period of activity that counts as the PPS’ performance. The MY runs from July 1st through June 30th of each year.
  - We are currently in MY4 (July 1, 2017 – June 30, 2018).

- Each MY, NYS DOH establishes an annual improvement target (AIT) which equates to reducing the PPS's gap between current performance (i.e. MY result) and the statewide performance goal, by 10%.

- In cases where the measure type is Pay for Reporting (P4R), the PPS will earn the incentive payment for successfully reporting the measures within the state defined time frame for each MY.
  - For specific P4R Outcome Measures, NYS DOH is solely responsible for reporting the measure due to the type of data source (i.e. using Medicaid claims data) and the PPS will automatically earn the incentive payments.

- In cases where the measures type is Pay for Performance (P4P), the PPS will earn the incentive payment by successfully reporting the measure and meeting or exceeding the AIT.

As DSRIP progresses, there is a shift from Pay for Reporting to Pay for Performance.
# Phase II CSB Outcome Measure Performance

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Description</th>
<th>MY1 Results Status*</th>
<th>MY2 Results Status</th>
<th>MY3 Results Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PDI 90 – Composite of all measures</strong></td>
<td>Overall composite per 100,000 population aged 6-17. Includes admissions for any of the following: asthma, diabetes with short term complications, gastroenteritis, or urinary tract infection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Potentially Preventable Emergency Room Visits</strong></td>
<td>Preventable ER visits (as defined by CPT code) reported per 100 enrollees.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Potentially Preventable Readmissions</strong></td>
<td>Number of readmission chains (at risk admission followed by one or more clinically related readmission within 30 days of discharge. Expressed per 100,000 enrollees.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PQI 90 – Composite of all measures</strong></td>
<td>Overall composite per 100,000 population aged 18 and older. Includes admissions for any of the following: diabetes w/ ST complications, diabetes w/ LT complications, uncontrolled diabetes w/out complications, diabetes with lower extremity amputation, COPD, asthma, hypertension, heart failure, angina without cardiac procedure, dehydration, bacterial pneumonia, or UTI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Controlling High Blood Pressure</strong></td>
<td>% of patients with hypertension whose blood pressure was adequately controlled as of the last recording of the measure year (Jul - Jun), as follows: &lt;140/90 if aged 18-59; &lt; 140/90 if aged 60-85 w DM dx; or &lt; 150/90 if aged 60-85 w/o DM dx</td>
<td>Data not available</td>
<td>Data not available</td>
<td>Data not available</td>
</tr>
<tr>
<td><strong>Diabetes Monitoring for People with Diabetes and Schizophrenia</strong></td>
<td>Patients aged 18-64 with diabetes and schizophrenia must complete an LDL-C and HbA1c test in MY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diabetes Screening for People with Schizophrenia or Bipolar Disease Using Antipsychotic Medication</strong></td>
<td>Patients aged 18-64 with schizophrenia or bipolar disorder dispensed antipsychotic medication must complete a diabetes screening test in MY</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* In MY1, all outcome measures were P4R, therefore the PPS automatically earned dollars for successfully submitting reports within the defined time frame.

**Met MY AIT/Reporting Requirements:** ⭐⭐⭐

**Did not meet MY AIT:** ✗

**On track to meet MY3 AIT:** ➡️

**At risk to not meeting MY3 AIT:** ⚠️

**Close to meeting MY3 AIT:** 🔃

Data Source: New York State Department of Health
## Phase II CSB Outcome Measure Performance

<table>
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<th>MY2 Results Status</th>
<th>MY3 Results Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up after hospitalization for Mental Illness – within 30 days</td>
<td>Reports the % of pts hospitalized for a MH condition who complete an outpatient follow-up appointment within 30 days of discharge</td>
<td>⭐️</td>
<td>✗</td>
<td>⬤</td>
</tr>
<tr>
<td>Follow-up after hospitalization for Mental Illness – within 7 days</td>
<td>Reports the % of pts hospitalized for a MH condition who complete an outpatient follow-up appointment within 7 days of discharge</td>
<td>⭐️</td>
<td>✗</td>
<td>⬤</td>
</tr>
<tr>
<td>Pediatric Quality Indicator # 14 Pediatric Asthma</td>
<td>Number of admissions for primary asthma dx among pts 2-17. Expressed per 100,000 patients</td>
<td>⭐️</td>
<td>⭐️</td>
<td>✗</td>
</tr>
<tr>
<td>Prevention Quality Indicator # 8 (Heart Failure)</td>
<td>Number of admissions for a primary diagnosis of heart failure among pts 18 and older. Expressed per 100,000 patients</td>
<td>Data not available</td>
<td>Data not available</td>
<td>⬤</td>
</tr>
<tr>
<td>Prevention Quality Indicator # 15 Younger Adult Asthma</td>
<td>Number of admissions for primary asthma dx among pts 18 - 39. Expressed per 100,000 patients</td>
<td>⭐️</td>
<td>⭐️</td>
<td>⬤</td>
</tr>
<tr>
<td>Prevention Quality Indicator # 7 (Hypertension)</td>
<td>Number of admissions for primary hypertension dx among patients 18 and older. Expressed per 100,000 patients</td>
<td>⭐️</td>
<td>⭐️</td>
<td>⬤</td>
</tr>
<tr>
<td>Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia</td>
<td>Patients aged 18-64 with cardiovascular disease and schizophrenia must complete an LDL-C test in MY</td>
<td>⭐️</td>
<td>⭐️</td>
<td>✗</td>
</tr>
</tbody>
</table>

Met MY AIT/Reporting Requirements: ⭐️
Did not meet MY AIT: ✗
On track to meet MY3 AIT: ⬤
Close to meeting MY3 AIT: ⬤
At risk to not meeting MY3 AIT: ⬤

* In MY1, all outcome measures were P4R, therefore the PPS automatically earned dollars for successfully submitting reports within the defined time frame.
Determining Performance and Payment – Timeline

Measurement Year (MY) 2

- **July 2015**
- **July 2016**
- **Mar 2017**
- **Feb 2017**
- **July 2017**
- **Dec 2017**

Six month review period: NYS DOH calculates PPS MY2 performance; Independent Assessor (IA) validates

MY2 results and MY3 annual improvement targets released to PPS

NYS DOH calculates final results for MY2 and annual improvement targets for PPS for MY3

PPS receives first payment for MY2 performance

PPS receives final scorecard from NYSDOH indicating all MY2 Outcome Measure targets met and the associated dollars earned

PPS receives final payment for MY2 performance
Results of PPS performance in Measurement Year 2 (MY2) will be used to pay partners for the Outcome Measures that were included in partners’ Phase II CSB

- In March 2017, the NYS DOH notified the PPS of which MY2 outcomes measures were met
- However, payment amounts are not official until December 2017, when the PPS receives the final scorecard from NYS DOH indicating all annual Outcome Measure targets met and the associated dollars earned
- The PPS’ MY2 performance is projected to draw down approximately $25.8M in incentive payments. Full payment will be received by the PPS in January 2018

After OneCity Health receives the January 2018 payment from NYS DOH, OneCity Health will then distribute payment to eligible partners. Partners will be eligible for payment for a given Outcome Measure from their Phase II CSB if:

- The PPS successfully achieves that outcome measure, and
- The partner successfully achieves for payment a minimum of 50% of all the Process Metrics in their Phase II CSB

After the contracting period ends, partners who are eligible for payment will be notified by OneCity Health when invoices are available for submission in the Partner Portal

The inclusion of Outcome Measures in partners’ Phase II CSB was new – there were no Outcome Measures included in the Phase I CSB

- Payments that the PPS received for Outcome Measures achieved for performance in MY1 went into the total envelope of payments to partners as part of the Phase I CSB
Outcome Measure Performance - Next Steps

- Today’s webinar included an overview of performance results for the 14 Outcome Measures that are included in the Phase II CSB
  - Full results for all Outcome Measures can be found in a supplemental handout that was distributed at last week’s Project Advisory Committee (PAC) meeting and is posted to the website under the “News” section
- OneCity Health will notify eligible partners on earned payments for Outcomes Measures in the Phase II CSB
- OneCity Health will continue to provide regular updates on PPS performance at upcoming PAC meetings and monthly partner webinars

- How can your organization impact our PPS’ performance?
  - Current project implementation efforts will impact our PPS’ performance in MY4 (July 1, 2017 – June 30, 2018)
  - Implement improvement strategies and interventions designed to impact Outcome Measures (see supplemental handout posted today to the “News” section for examples of intervention strategies for the 14 Outcome Measures in the Phase II CSB)
  - Many of these improvement strategies are reinforced by Process Metrics in the CSB across contracting periods
  - Monitor and evaluate your improvement strategies using available data and quality improvement activities
Topics for Today’s Webinar

- January Phase II deadlines
- Overview of OneCity Health PPS performance and outcome measures
- Phase III contracting
We are Nearing the End of Phase II Contracting

- The Phase II contract term ends December 31, 2017
- Nine Process Metrics were due December 8, 2017, with a 10th Process Metric due tomorrow, December 13, 2017
- As noted earlier in the webinar, nine recurring Process Metrics and eight recurring Patient Engagement Metrics are due in January 2018 to report on work performed through the end of the Phase II contract term
- In the coming weeks, the Implementation Team will be sending every partner a **Phase II Comprehensive Schedule B Performance Summary** highlighting individual partner performance to date on Phase II contract obligations
- Please be reminded that a metric submission rate of at least 50% is one of our partner engagement indicators for Phase III contracting
Phase III Contracting – What’s Next?

- As a reminder, on previous webinar’s, we shared the following Phase III details:
  - The Phase III contracting term will be 27 months
  - We will contract by partner type rather than by project
  - Metrics will be assigned to each partner type; you will continue to have Process Metrics and Outcome Measures
  - Metrics will continue to shift over time to focus more on outcomes
- Today we will discuss:
  - Strategic drivers of Phase III Contracting
  - An overview of the Phase III Contracting Methodology Framework
  - An overview of the Phase III Funds Flow Framework
  - Next steps for Phase III
Strategic Drivers of Phase III Contracting

- Build on Phase II contracting efforts with increased focus on outcomes-based performance measures
- Foster long-term partnerships with and amongst Performing Provider System (PPS) partners
- Contracting by Partner Type – in preparation for understanding roles and responsibilities in an integrated delivery system (IDS), VBP environment and post-DSRIP
- Prioritize investments in Primary Care and Behavioral Health
- Emphasis on the importance of Workforce Training and RHIO connectivity in pursuit of VBP readiness
- Continue focus on the role of CBOs in the care delivery system
- Continue alignment with what is most important for the people we serve – improving quality of care and health outcomes, and reducing cost of care, and through innovation
- Empowering all partners to improve care coordination through cross-network collaboration across the continuum of care

Remember, as the DSRIP program shifts from Pay for Reporting to Pay for Performance, an increasing percentage of the PPS’s total eligible funding is tied to outcomes-based performance measures
Review of Phase III Contracting Methodology Framework

Based on these Strategic Drivers, OneCity Health developed the Phase III Contracting Methodology Framework, specifically:

- Two year, three month contracting period (1/1/18 – 3/31/20)
- Entire partner list reviewed: new partners have been added and **some partners will NOT be offered contracts** based on engagement/performance, team input, and future needs
  - As a reminder, Partner Engagement Indicators for Phase III contracting consideration included:
    - On-time submission of at least 50% of your Phase II Comprehensive Schedule B metrics
    - Submission of three key Phase II survey metrics: Partner Network & Gap Assessment (PM007); NPI Survey (PM016); and Phase III Contracting Survey (PM029)
    - Submission of the DSRIP Compliance Attestation
    - Participation in a minimum of one partner engagement activity per quarter (includes monthly webinars, quarterly PAC meetings, and quarterly 1:1 check-ins with our Implementation Team)
- Partner type classification was added to methodology
- Shift in Process Metrics towards activities that affect patients and connect to performance on Outcome Measures
- 10% participation metric included to provide working capital to partners
Overview of Phase III Funds Flow Framework

- **Revenue Loss**: $67.5M
- **Innovation Fund**: $5M
- **Schedules B**: $89.5M
- **Distinct Schedules B**: $4M

*Includes prior years revenue loss amounts of $46.5M for hospitals. 2018 revenue loss for hospitals = $21M and 2018 Phase III Partner Share of Funds without prior years revenue loss for hospitals = $115.5M.*
Phase III Contracting - Next Steps

- Later this week, OneCity Health will post Phase III Process Metrics and a sample Phase III Comprehensive Schedule B to the OneCity Health website for partners’ review.

- In advance of the Phase III contracts being distributed, be on the lookout for a notice from OneCity Health requesting updates to:
  - Changes in your organization’s signatory
  - Changes in your organization’s legal name

- For those partners who will be receiving a Phase III CSB, we will begin distributing contracts in late December / early January:
  - They will be due 45 days from the effective date (January 1)
  - **Remember, not all partners that received a contract in Phase II will receive a contract in Phase III**

- If you do not receive a contract by January 15th, please contact the OneCity Health support desk if you have questions.

- Once contracts are distributed, OneCity Health will provide office hours and opportunities for one-on-one conversations with the Implementation Team to answer questions.
Topics for Today’s Webinar

- January Phase II deadlines
- Overview of OneCity Health PPS performance and outcome measures
- Phase III contracting
- **Other OneCity Health updates**
  - Innovation Fund and Learning Management System
  - Partner contact list
Coming Soon…OneCity Health’s Learning Management System

- OneCity Health is preparing to roll out a Learning Management System (LMS) to partners and their employees in Spring 2018.
- The LMS will be free for all PPS partners and their employees and will serve as a “one-stop-shop” for OneCity Health’s training-related information and activities. Partners and their employees can use the LMS to:
  - Register for in-person and online training courses
  - Take online training courses
  - View a training calendar that includes all ongoing and upcoming trainings
  - Sign up for individual accounts, which provide easy-to-access and up-to-date records of employees’ completed and upcoming courses
  - Search for additional training-related resources from OneCity Health
- The focus of the LMS will be on DSRIP and other transformation-related trainings that we hope will bring value to your organization, and help prepare your workforce for continued and future success. The tool should be considered supplemental to an organization’s existing training efforts and their LMS (if available).
- We’re interested in partners’ questions, suggestions and ideas regarding the LMS. For example:
  - Do you have relevant training content that you would be willing to make available to all PPS partners?
  - What are your workforce’s major training and learning gaps, which serve as impediments to DSRIP efforts?
  - Who is the primary contact you would like us to reach out to regarding LMS implementation at your organization?
  - Can you share any lessons learned or best practices from past experience implementing an LMS?
- A survey will be sent to all partners after today’s webinar seeking feedback on the upcoming LMS system.
- We will also be leveraging the CBO Strategic Advisory Workgroup for feedback on the upcoming LMS.
OneCity Health is releasing a Compensation and Benefits survey (Survey) in early January.

The Survey – which collects information from PPS partners about their staffing configurations and compensation and benefit rates - is a biannual reporting requirement from the New York State Department of Health.

- The Compensation and Benefits survey is distinct from the Workforce Impact Survey, another NYS DOH requirement.

Due to anti-trust rules, OneCity Health is working with BDO Consulting to distribute and collect the Survey from PPS partners. Once all data is collected, BDO will provide OneCity Health with an aggregate analysis. This means all individual, partner-level data will be kept confidential.

In early January, BDO will distribute the Survey along with FAQs and completion instructions.

Surveys are due back to BDO in late February. Details on how to complete and submit your Surveys will be included in BDO’s January instructions.

- You may remember completing the Compensation and Benefits survey with BDO in January 2016.

Importantly, the Survey is a Phase III metric, meaning contracted partners will get paid for completing the Survey and attesting to its completion in the portal.

BDO will be your main contact for Survey-related inquiries. Their contact information will be provided in the January instructions, as well.
As noted in the Phase III Funds Flow Framework earlier in the webinar, OneCity Health will have a $5M Innovation Fund.
Now Available…Partner Networking Contact Information Posted to our Website

- At several Project Advisory Committee (PAC) meetings, partners expressed interest in OneCity Health developing a partner contact list to facilitate networking opportunities and referrals.

- This information has been combined with the grid of Phase II project participation by partner that was previously posted to our website. The updated list is now available on the OneCity Health website (www.onecityhealth.org) under “Additional Project Implementation Resources” here:

- Approximately two thirds of contracted partners responded to this request – thank you to all partners who provided their contact information.

- Updates to the contact information list can be sent to the OneCity Health support desk.
Topics for Today’s Webinar

- January Phase II deadlines
- Overview of OneCity Health PPS performance and outcome measures
- Phase III contracting
- Other OneCity Health updates
- Final reminders and next steps
Final Reminders and Next Steps

**December 13, 2017**: Electronic Medical Record (EMR) option demo #1 – *NextGen*. Details are on our website, in the Events Calendar

**December 14, 2017**: Electronic Medical Record (EMR) option demo #2 – *Allscripts*. Details are on our website, in the Events Calendar

**Due December 15, 2017**: For our participating partners, the deadline to complete the CBO organizational self-assessment

**December 18, 2017**: Webinar on Accreditation for Collaborative Care, hosted by the Institute for Family Health and CUNY. Webinar will highlight how primary care partners participating in the DSRIP PCBH integration project can qualify for incentive measures through accreditation in advanced models of primary care. Details are on our website, in the Events Calendar

**Due January 8, 2018**: Recurring Project 11 metrics – PE003.9, PM031.9 and PM032.9

**January 9, 2018**: Participate in our next OneCity Health Partner Webinar – our first webinar of Phase III

**Due January 12, 2018**: Process Metric PM002.3 (IDS – Skilled Nursing Facilities)

**Due January 12, 2018**: Process Metric PM022.2 (Palliative Care – Integrated Palliative Care Outcome Scale [IPOS])

If you have questions about completing metrics or submitting reports, please contact our support desk

Stay up to date and informed!

1. Make sure your contact information is up to date
2. Check the OneCity Health website regularly
3. Read the OneCity Health newsletter for important announcements