

Delivery System Reform Incentive Payment

Planning Grant: Webinar 1
August 26, 2014
3:00 - 5:00 pm



## Agenda

- -Planning Grant Updates
- Membership
- -Structure
- -Governance
- -Sub-committees
- -Community Needs Assessment
- -Questions and Answers



# Planning Grant Updates

 The DSRIP contract with the DOH was executed on August 20<sup>th</sup>

 First payment to support planning grant activities expected before the end of September



## Membership

- All members listed on Columbia-Memorial Hospital's PPS have been invited to join the expanded AMCH PPS
- PPS Continues to grow
- Final list of participants for initial attribution valuation due soon - exact date unknown

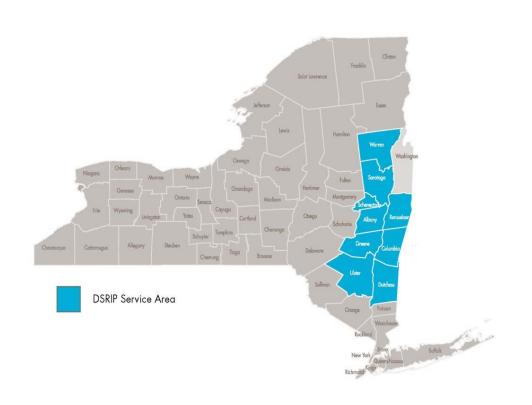


## Membership - Cont'd.

- All participating organizations will be members of the Project Advisory Council (PAC).
- Operating principles, guidelines and by-laws are under development
- Will be presented at the first face-toface meeting of the PAC, date to be announced



# **DSRIP** Regional Service Area





# PAC Membership - Types

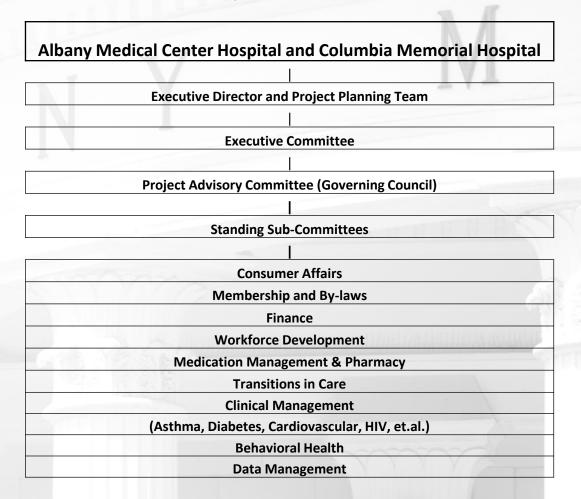
- Organizational
  - Management
  - Union
  - Worker
- Sub-Committee Chair
- Consumer
- Ex officio Project Executive Director and Deputy Director



# DSRIP Structure - Planning Phase

**Proposed DSRIP Structure** 

Phase I Project Planning





## Structure and Responsibilities

#### Project Executive Director and Planning Team

- Overall responsibility for the preparation and submission of the project application
  - Completion of the community needs assessment
  - Management of the necessary structure
  - Selection of projects
  - Identification of resource needs and tasks



### Structure and Responsibilities

#### **Executive Committee**

- No more than 21 members
- Provide advice and direction to the Planning Team
- Establish policy, review contracts and budgets
- Sub-committee chairs are members
- Others selected based on a rank ordering of Medicaid claims, based on DOH data



# Structure and Responsibilities

#### Provider Advisory Council (PAC)

- Governing Council
  - Approve membership for the sub-committees
  - Approve committee reports
  - Actively participate in project activities
  - Approval of the project application to the DOH
  - Consumer and sub-committee chairs will be voting members



# Standing Sub-Committees

- Consumer Affairs
- Membership & By-laws
- Finance
- Medication
   Management and
   Pharmacy
- Workforce
   Development
- Data Management

- Management of Asthma
- Management of Diabetes
- HIV/STI Prevention and Treatment
- Transitions of Care / Long Term Care
- Columbia and Green Transformation



### Sub-Committee Membership:

- Sub-committees serve at the discretion of the PAC (8-12 members)
- Comprised of subject matter experts from geographic service areas
- Health and social service providers.
- Elect a chair to represent their interests on the PAC
- Membership is voluntary and is noncompensable



#### Consumer Affairs:

- Represents the interests of Medicaid beneficiaries and the uninsured
- Members provide feedback regarding the unique needs of consumers and how to best meet those needs
- To encourage participation, funds will be provided for stipends and transportation for eligible participants



### Membership and By-laws:

- Manages the operating principles, by-laws, structure, and governance of the PAC
- Coordinate with outside legal counsel
- Certify / credential members of the PAC
- Ensure membership is diverse, inclusive and representative of the community
- Securely manage member information and contact lists



#### Finance:

- Provide oversight of the project budget
- Chaired by lead applicant
- Review attribution methodology
- Quantify savings
- Facilitate distribution of funds among and between eligible member organizations
- Assist with project reporting.



# Medication Management and Pharmacy:

- Includes behavioral health experts and licensed pharmacists
- Focus on behavioral health interventions and community-based supportive services
- Provide medication education and support to improve adherence and clinical outcomes for selected chronic illnesses



## Workforce Development

- Focuses on workforce issues
- Addresses staff training, development, shortages, staff deployment and workload considerations
- Works on a system level
- Attention paid to re-deployment of staff impacted by shifts in where care is provided over time



# Data Management

- Ensures data integrity
- Assists the PAC and the other subcommittees in collecting, storing and analyzing data; data and security access controlled
- Tracks data reporting requirements and ensures compliance



# Clinical Management Sub-committees

- Separate sub-committees including clinical experts on asthma, diabetes, cardiovascular disease and HIV/STI; others may be created or these may be changed based on needs assessment
- Focus of sub-committees is on development of realistic, affordable project plans to address DSRIP triple aim goals



#### **Transitions of Care**

- Hospital, home health care and long term care coordination and planning to reduce avoidable re-admissions
- Based on needs assessment data, focus on finding solutions to biggest factors



#### Columbia and Greene

- Geographically based sub-committee focused on unique issues of two county area
- Lead by Columbia-Memorial Hospital but integrated into total project design and implementation



## Sub-Committee Membership

- Highest priority is to empanel each committee
- Self-nomination process, as well as finding experts to serve on committees
- Particularly the clinically focused committees
- Send nominations to:
  - George Clifford cliffog@mail.amc.edu



# Community Needs Assessment

- Activities are underway, but much more work needs to be done
- KPMG analyzing data which will be provided in next few weeks
- Vendor selection not yet finalized
- Critical next steps in overall project management

