

What's DSRIP, Anyway?

A Conversation with Christina Jenkins, MD for *The HHC Insider*

Dr. Jenkins is Sr. Assistant Vice President, Quality, Performance + Innovation, HHC's Division of Medical & Professional Affairs, and the Project Lead for implementation of the New York State Delivery System Reform Incentive Payment (DSRIP) Program. The Insider asked Dr. Jenkins to introduce this new program and to describe what it can mean for HHC's patients and the organization.

dsrip
Working together for a healthier NYC



There has been a lot of discussion about a new program called DSRIP. What is it?

DSRIP stands for Delivery System Reform Incentive Payment, a complicated name for a program that will fund and support HHC

initiatives that reshape the way care is delivered in our system. The DSRIP process will distribute money that comes from a Federal grant called a Medicaid 1115 waiver, \$8 billion awarded to New York State with the mandate that it to be reinvested to carry out Medicaid reform.

Back in 2011, shortly after he took office, Governor Andrew Cuomo signed an Executive Order that would do something about our super-size Medicaid program. The order created a Medicaid Redesign Team (MRT) that was charged to find ways to rein in the state's Medicaid spending, which is the largest in the nation. It spends upwards of \$53 billion a year to serve five million people.

DSRIP is about implementing the MRT's recommendations for more efficient Medicaid-supported programs, programs that also reflect HHC's transformation to care delivery that better reflects the needs of our communities and patients and helps focus on primary care rather than inpatient hospital care.

So that's the short story of why DSRIP was born.

Can you be a little more specific about how it is set up?

DSRIP is a five-year program to foster and reward comprehensive Medicaid reform efforts. It provides incentives to create a collaboration among Medicaid providers and community groups that successfully improves patient and population health. In DSRIP, the collaboration with other partners is referred to as a Performing Provider System, or PPS. A PPS demonstrates its success and earns revenue by completing a set of state-guided health improvement projects.



What kinds of projects do you have to do?

There are several from which you can choose. Project choices are being selected based on what our local community needs in order to improve community health and the delivery of local healthcare services.

The emphasis of all the DSRIP projects is on health care, rather than sick care. All projects emphasize the access improvement and care coordination efforts that HHC is already familiar with through our work with Patient-Centered Medical Home (PCMH), Health Homes, ED Care Management, the Outpatient Access Improvement Project, and others. The overarching goal of all DSRIP projects is to reduce avoidable hospital use by 25%.

WHAT IT'S ALL ABOUT:

New York's Medicaid program is the largest in the nation. DSRIP provides funding for projects that successfully keep New Yorkers healthy and transform the way care is delivered.

So you get paid to do projects?

Yes, but DSRIP payments are all performance-based. That means that we have to prove – using patient data – that we are managing health needs across the continuum of care, and we must demonstrate improved health outcomes for your Medicaid patients. So it's risky: if you fail, you won't get paid.

Who gets to do these projects?

As I mentioned earlier, several billion dollars is potentially available for Medicaid and safety net providers across the state. This is a very powerful revenue incentive for HHC and others to improve health outcomes for Medicaid patients.

Do we have to participate?

DSRIP is a great opportunity for HHC in many ways. By supporting patient-centered, high quality care for all New Yorkers, DSRIP fits squarely into HHC's mission. And it will be more important than ever for us to better engage, satisfy, and retain our patients.

From a financial perspective, we can't afford not to participate. Healthcare reimbursement is quickly moving to models that emphasize health and wellness. Our ability to provide care services that keep people healthy will determine the fiscal health and future viability of our entire organization.

Where are we in the process?

A Steering Committee comprising leadership from across the enterprise has been hard at work with groups from each facility. Planning is well underway to assess the healthcare

needs of the communities HHC serves, along with the projects under DSRIP that would best meet those needs. An enterprise-wide structure for oversight and management of the DSRIP program is under consideration.

HHC must submit an application outlining our intentions to the state by Dec. 16, and the DSRIP program will commence in the spring of 2015. In the interim, we will make sure to keep everybody informed about DSRIP planning activities and developments.

So it's all just starting?

Yes, and we're still determining the projects we will look to do and the partners we will work with. DSRIP will represent a big change for all of HHC. We'll keep explaining its complex parts as we move from step to step, to all of HHC and to our patients and communities. We already know that it's going to be something that poses both challenges and risks, but it is also an exciting opportunity for HHC and partners to transform an outmoded delivery system, and lead the way toward a healthier NYC.

We welcome your feedback! Send us your questions, comments, or story suggestions to InternalCommunicationsGroup@nychhc.org