State Waiver Stakeholder Advisory Group: Presentation on DSRIP

Melissa Stafford Jones
President and CEO
CAPH

February 10, 2011
CAPH 2010 Waiver Goals

Opportunity to improve the health of low-income, uninsured and Medi-Cal patients and prepare public health care safety net delivery system for participation in national health reform:

- expand coverage to low-income Californians
- support and strengthen the health care safety net
- reform the health care safety net delivery system through the further development of medical homes and coordinated care
- contain cost growth
Future-Oriented Waiver

- Reform Principles Now
  - Expanding coverage
  - Delivery System Reform
    - Coordinated, medical–home based, high quality, patient–centered, efficient care
    - Triple Aim Focus
    - Transformation and innovation
  - Financial Risk: Possibility of enhanced Funding tied to improved performance and accountability

- Key Waiver Components for PHHS
  - Low Income Health Program– Coverage Expansion
  - Delivery System Reform Incentive Pool (DSRIP)
  - Opportunity for Enhanced Funding
DSRIP: Leading, Innovating, Transforming

- Purpose
- Opportunity
- P4P Construct
- Financing
- Current Status and Next Steps
- Program Implementation
DSRIP: 4 Categories

- Triple Aim Framework
- Cat 1: Infrastructure Development
- Cat 2: Innovation and Process Re-design
- Cat 3: Population Health
- Cat 4: Urgent Improvements in Care
State Waiver Stakeholder Advisory Group: Presentation on DSRIP

Susan Ehrlich, M.D., M.P.P.
Chief Executive Officer
San Mateo Medical Center
February 10, 2011
SMMC Goals: Pillars

**Financial Stewardship**
Help guide SMMC to be known nationally as a high quality, low cost provider by 2015

**Staff Engagement**
To be the healthcare employer of choice in the region by 2015 for staff who are passionately committed to serving our community

**Community Partnership**
By 2015, all community healthcare resources will be meaningfully committed to meeting the health needs of the underserved

**Patient Experience**
To become the provider of choice by 2015; the medical center to which employees would want to take their loved ones

**Quality & Safety**
To be recognized as the best integrated delivery system in the country by 2015
Category I
Infrastructure Development

**PROJECT**
- Expand primary care capacity
- Collect accurate race, ethnicity and language (REAL) data

**MILESTONES AND METRICS**
- Expand the number of primary care providers.
- Improve ability to accommodate urgent clinical needs by reducing waiting time for appointments.
- Establish data stratification and comparison processes for capturing accurate REAL data and linking it to quality data. Increase the number of patients who have designated REAL data.
Category I
Infrastructure Development

**PROJECT**

- Improve patient experience of care

**MILESTONES AND METRICS**

- Expand national patient experience survey to the ambulatory and emergency settings
- Post results of patient experience survey publicly in the ambulatory and emergency settings
## Category II
### Innovation and Redesign

<table>
<thead>
<tr>
<th>PROJECTS</th>
<th>MILESTONES AND METRICS</th>
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<tbody>
<tr>
<td>• Expand primary care medical homes</td>
<td>• Assign a greater proportion of patients seen in primary care clinics to primary care medical homes</td>
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<tr>
<td>• Redesign primary care</td>
<td>• Establish teams and processes to provide more effective and efficient primary care including reducing and maintaining lower no-show rates in clinics</td>
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Category II
Innovation and Redesign

**PROJECTS**
- Integrate physical and behavioral health according to the four quadrant model
- Improve access to specialty care

**MILESTONES AND METRICS**
- Plan for and develop pilot projects to integrate behavioral care in primary care medical homes, and use PHQ-9 depression screening tool for patients with diabetes.
- Implement electronic specialty care referral system and ensure that bi-directional referrals are made through this system.
Category II
Innovation and Redesign

PROJECTS

• Improve the effectiveness and efficiency of care

MILESTONES AND METRICS

• Train staff and implement LEAN process improvement throughout SMMC.
### Category III

**Population-Focused Improvement**

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<tr>
<td>• Improve chronic disease outcomes of care for at-risk populations</td>
<td>• TBD</td>
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<tr>
<td>• Promote preventive health and improve screening rates of disease</td>
<td>• TBD</td>
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<tr>
<td>• Improve care coordination</td>
<td>• TBD</td>
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Category III
Population-Focused Improvement

PROJECTS

• Improve patient safety and quality

• Improve patient experience of care

MILESTONES AND METRICS

• TBD

• TBD
Category IV
Urgent Improvements in Care

PROJECTS

• Reduce deaths from sepsis

MILESTONES AND METRICS

• Improve sepsis detection and management by implementing and achieving compliance with the Sepsis Resuscitation Bundle.

• Implement Central Line Insertion Practices (CLIP) and reduce incidence of infections from central lines.

• Reduce the incidence of bloodstream infections related to central lines
Category IV
Urgent Improvements in Care

PROJECTS

- Reduce complications related to surgical site infections
- Reduce harm related to falls

MILESTONES AND METRICS

- Reduce the rate of surgical site infections.
- Share data and promising practices related to fall prevention, and eliminate falls with injury.