



## California's Delivery System Reform Incentive Payments (DSRIP) Program INTRODUCTION TO DSRIP 2.0

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## DHCS Quality Strategy: Three Linked Goals

- Improve the health of all Californians
- Enhance quality, including the patient care experience, in all DHCS programs
- Reduce the Department's per capita health care program costs



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## Seven Priorities

- Improve Patient Safety
- Deliver Effective, Efficient, Affordable Care
- Engage Persons & Families in Their Health
- Enhance Communication & Coordination of Care
- Advance Prevention
- Foster Healthy Communities
- Eliminate Health Disparities



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## 1115 Waiver Objectives

Strengthen primary care delivery and access

Avoid unnecessary institutionalization and services by building the foundation for an integrated health care delivery system that incentivizes quality and efficiency

Address social determinants of health

Use California's sophisticated Medicaid program as an incubator to test innovative approaches to whole-person care



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## 1115 Waiver Framework

- Budget neutrality requirement
- Payment and system redesign
- Innovative sources of Non-Federal share
- Ongoing support for safety net



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## DHCS 1115 Waiver Concepts

- Federal/State Shared Savings Initiative
- Payment/Delivery Reform Incentive Payment Programs
- Safety Net Payment Reforms
- FQHC Payment/Delivery Reform



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## Waiver Concepts (cont'd)

- DSRIP 2.0
- California Children's Services Redesign
- Medi-Cal Shelter/Housing
- Workforce Development



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## Context for 1115 Waiver

- CalSIM
  - Maternity care quality
  - Health homes for complex patients
  - Palliative care
  - Accountable communities for Health
- DHCS ongoing quality initiatives



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## Purpose of DSRIP Workgroup

- To involve stakeholders in developing an innovative DSRIP 2.0 that will improve health and health care
- To identify concepts that may advance a health system within and beyond the 1115 waiver



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## California's DSRIP 1.0- LESSONS LEARNED

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CEO, California Association of Public Hospitals

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## Overview of DSRIP & Public Health Care Systems

- 5-year demonstration project to create enhanced health care systems (infrastructure, outpatient, inpatient, primary and specialty care)
- 17 hospital DSRIP plans from 21 systems



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## Overview of DSRIP & Public Health Care Systems

California's 21 public health care systems include county-owned and operated facilities and University of California medical centers

- Serve more than 2.85 million patients annually
- Provide 40% of all hospital care to the state's uninsured
- Provide 10 million outpatient visits each year
- Run more than  $\frac{2}{3}$  of California's burn centers
- Operate more than half of California's top-level trauma centers
- Operate more than 100 outpatient primary and specialty clinics
- Train 57% of all new doctors in the state
- Are located in 15 counties where more than 80% of the state's population lives



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## History of DSRIP

- Acknowledgement by Obama Administration of inadequate funding for CA's PHS, but no longer an era of pure subsidy: must be earned through system-wide delivery system reform
- Represents some new funding, some replacement funds for declining SNCP funds



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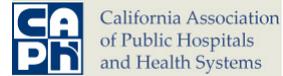


## History of DSRIP, con't.

- 12-19 simultaneous projects across settings, average: 15
- 217 milestones each year per system
- Incentives reached, funding received only after:
  - Milestone achieved
  - IGT made from PHS (No State GF, incl administration, personnel, evaluation)



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## DSRIP Structure

- Category 1—Infrastructure Development
- Category 2—Innovation & Redesign
- Category 3—Population-Focused Improvement
- Category 4—Urgent Improvements in Care
- Category 5—HIV Transition Projects (n=10)



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## DSRIP Project Examples



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## Primary Care Redesign

- 17 systems expanded PCMHs
- Kern Medical Center patient navigator program
- Phone Consultation Clinic (Contra Costa)
- Telehealth patient portal (UCSF)



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## Data Management to Improve Care for Complex Patients

- Chronic disease registry (San Joaquin)
- Complex care program (Alameda)
- Patient navigator pgm (UC Irvine)



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## Promoting Culture of Quality

- 16 service-specific dashboards (SF General)
- LEAN management and EHR flag to triage high-utilizers into management (UC Davis)
- Mental health screening (San Mateo)



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## Patient Safety

- Early sepsis management (Santa Clara Valley Medical Center)
- Reduced surgical site infections (Riverside)
- Central-line associated bloodstream infection rate reduction (Arrowhead)



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## Lessons from 1.0—Summary

- Changing cultures & systems takes time
  - Significant investment needed for system-wide change: time, resources, leadership
- Individual plans lead to individual results. Apples to oranges. Need for greater standardization under a renewal



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## Lessons Learned, con't.

- Importance of learning collaboratives, peer-to-peer learning
  - CA Health Care Safety Net Institute (SNI)
- CA as DSRIP guinea pig: Mid Point Assessment; changes in CMS team



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## Lessons Learned, con't.

- Simultaneous EHR implementation changed data, made milestone achievement even more challenging
- Some measurements, definitions unclear: need for learning, dialogue
- Tensions between innovation and P4P



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## Looking Forward

- CA's DSRIP 2.0 proposal would be the first 5 year renewal approved by CMS
- Greater standardization, outcomes, higher targets
- System transformation and improvement can happen in DSRIP, the 1115 waiver, CalSIM, and beyond



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## CAPH/SNI and DHCS Concepts

- Coordination leading to integration
- Depth required for CMS review process
- Prevention
- Complex patients
- Overuse
- Care transitions
- Efficiency



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## CAPH/SNI and DHCS Concepts (cont'd)

- Patient safety
- Alignment with other initiatives
- Patient/family, community engagement
- Cross-system and center-specific projects
- Technology (e.g., EHR)
- Potential for tiered involvement of District Hospitals



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## For More Information...

- Leading the Way: California's Delivery System Reform Incentive Program  
<http://www.youtube.com/watch?v=zHyJ4DC8zdk>
- Plans & Reports  
<http://www.dhcs.ca.gov/provgovpart/Pages/DSRIP1.aspx>
- Policy & Issue Briefs  
[www.caph.org](http://www.caph.org)

