Implementing NYS Healthcare Reform Initiatives: DSRIP Update and Key IT Initiatives

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MRT Waiver Amendment: NYS DSRIP Program overview
NYS DSRIP Program: Key Goals

- Transformation of the health care safety net at both the system and state level
- Reducing avoidable hospital use and improve other health and public health measures at both the system and state level
- Ensure delivery system transformation continues beyond the waiver period through leveraging managed care payment reform
- Near term financial support for vital safety net providers at immediate risk of closure
# DSRIP Program Principles

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Patient-Centered</td>
<td>• Improving patient care &amp; experience through a more efficient, patient-centered and coordinated system.</td>
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<tr>
<td>Transparent</td>
<td>• Decision making process takes place in the public eye and that processes are clear and aligned across providers.</td>
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<td>Collaborative</td>
<td>• Collaborative process reflects the needs of the communities and inputs of stakeholders.</td>
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<td>Accountable</td>
<td>• Providers are held to common performance standards, deliverables and timelines.</td>
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<tr>
<td>Value Driven</td>
<td>• Focus on increasing value to patients, community, payers and other stakeholders.</td>
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NYS DSRIP Plan: Key Components

- **Key focus on reducing avoidable hospitalizations by 25% over five years.**
- Statewide initiative open to large public hospital systems and a wide array of safety-net providers
- Payments are based on performance on process and outcome milestones
  - Providers must develop projects based upon a selection of CMS approved projects from each of three domains
- Key theme is collaboration! Communities of eligible providers are required to work together to develop DSRIP Project Plans
PERFORMING PROVIDER SYSTEMS (PPS): Local Partnerships to Transform the Delivery System

Partners should include:
- Hospitals
- Health Homes
- Skilled Nursing Facilities
- Clinics & FQHCs
- Behavioral Health Providers
- Home Care Agencies
- Community Based Organizations
- Practitioners and
- Other Key Stakeholders

Responsibilities must include:
- Community health care needs assessment based on multi-stakeholder input and objective data.
- Building and implementing a DSRIP Project Plan based upon the needs assessment in alignment with DSRIP strategies.
- Meeting and reporting on DSRIP Project Plan process and outcome milestones.

Currently there at 25 Performing Provider Systems across the State of New York.
NYS DSRIP Program: Key IT Support Initiatives for PPSs

1. Data Protection: System Security Plans
2. RHIO Integration
3. Target Operating Models
4. Technologies to Support Transformation
## Recent National Breaches

<table>
<thead>
<tr>
<th>Breach</th>
<th>Description</th>
<th># Records</th>
<th>Suspected Root Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anthem</strong></td>
<td>Criminal attackers obtained data from compromised servers. Stolen data will likely be sold on black market and used for Phishing attacks on individuals.</td>
<td>80 M</td>
<td>State sponsored attack suspected, Phishing, fake domains “we11point.com”. Lack of awareness.</td>
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<tr>
<td><strong>Federal Office of Personal Services</strong></td>
<td>One of the largest breaches of federal employee data. Personal information and security clearance data stolen. Undetected for a year. Hackers obtained administrative permissions.</td>
<td>18 M</td>
<td>State sponsored attack, zero-day tool against existing vulnerability. Sensitive data stored unprotected.</td>
</tr>
<tr>
<td><strong>Premera Healthcare</strong></td>
<td>Company breached and then slow to respond and is now being sued by 5 groups.</td>
<td>11 M</td>
<td>Malware on systems, insufficient controls.</td>
</tr>
<tr>
<td><strong>Carefirst</strong></td>
<td>Initial breach discovered last year, company assumed it was resolved; however, 10 months later data was still being lost.</td>
<td>1.1 M</td>
<td>Lack of awareness to Phishing attacks.</td>
</tr>
</tbody>
</table>
Healthcare Related Breaches & Trends

• Premeditated criminal attacks are the new leading cause of data breaches in healthcare

• According to the Washington Post and CMS since 2009:
  • Data on over 120 million people has been compromised in more than 1,100 separate breaches at organizations handling protected health data

• Healthcare data is being targeted because it has a long shelf life compared to credit card data. Where new cards are re-issued after a breach, individual’s private data losses cannot be so easily repaired
System Security Plan Overview and Importance

- GOAL: PROTECT, PROTECT, PROTECT Sensitive Information
- Provides a framework for a secure IT environment that meets DOH requirements
- Intended to serve as a tool for the DOH and business associates in determining requirements and documenting implementation of required security controls
- Divided into separate sections, based on the 18 control families in NIST SP 800-53 Rev. 4 that contain:
  - CMS Moderate-Baseline “minimum” control requirements
  - Additional requirements, commensurate with NYS policies and standards (“Moderate Plus”)
  - References to published documentation
  - Control assessment procedure
SSP Workbook Submission Dates and Areas of Focus

• Set 1 – Due October 31, 2015
  • IA – Identity and Authentication
  • SC – System and Communications Protection
  • CM – Configuration Management
  • AC – Access Control

• Set 2 – Due January 31, 2015
  • AT – Awareness and Training
  • AU – Audit and Accountability
  • IR – Incident Response
  • PE – Physical and Environmental Protection
  • PS – Personnel Security

• Set 3 – Due April 30, 2016
  • CA – Security Assessment and Authorization
  • RA – Risk Assessment
  • SI – System and Information Integrity
  • MP – Media Protection

• Set 4 – Due July 31, 2016
  • PL – Planning
  • PM – Program Management
  • SA – System and Services Acquisition
  • CP – Contingency Planning
  • MA – Maintenance

Once completed the SSP will allow for a PPS to have a comprehensive Data Security and Confidentiality plan/program that adheres to DSRIP standards.
NYS DSRIP Program: Key Support Initiatives for PPS

1. Data Protection: System Security Plans
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Importance of connectivity

✓ Improving the efficiency and quality of healthcare decreases the cost of care

✓ Efficient delivery of high quality healthcare requires team work and collaboration:
  – Holistic action plans to stabilize and maintain the health and well-being for vulnerable members of society
  – The plans should apply leading practices grounded in a sound understanding of the needs of the patient
  – Treatment plans should target all of a patient’s needs, for example: transportation, nutrition, and mental health
  – Every team member needs to understand the plan and their role in the plan

✓ Team work requires timely and precise sharing of information. This includes:
  – Reliable near real-time information exchange
  – Standard information structure and vocabulary
  – Automatic, yet discrete information sharing

✓ The RHIO/QE and SHIN-NY IT infrastructures are the core components that enable the healthcare delivery teams to share the information needed to support the efficient delivery of high quality healthcare
The RHIO/QE provides a valuable service supporting the DSRIP programs as their infrastructure, both technically and from a policy perspective, is established to support data exchange and protect patient information.

<table>
<thead>
<tr>
<th><strong>Participation Agreement</strong></th>
<th>Require RHIO/QE participants to comply with SHIN-NY Policy Standards</th>
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<tbody>
<tr>
<td><strong>Consent Management</strong></td>
<td>Ability to track that a patient has given express consent for access by their treating providers to their clinical Protected Health Information (exceptions apply)</td>
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<tr>
<td><strong>Authorization</strong></td>
<td>Process for determining whether a particular individual within a Participant has the right to access Protected Health Information via the SHIN-NY governed by a RHIO/QE</td>
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<tr>
<td><strong>Authentication</strong></td>
<td>Verifying that an individual who has been authorized to access information via the SHIN-NY is who he/she claims to be</td>
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<tr>
<td><strong>Access</strong></td>
<td>Access controls govern when and how a patient’s information may be accessed by Authorized Users through a RHIO/QE’s participant</td>
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<td><strong>Audit</strong></td>
<td>Oversight tools for recording and examining access to information through a RHIO/QE (who accessed what data and when) and are necessary for verifying access controls</td>
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<tr>
<td><strong>Breach</strong></td>
<td>Minimum standards RHIO/QEs and Participants will follow in the event of a breach</td>
</tr>
<tr>
<td>List of Minimum Core Services*</td>
<td></td>
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<td>--------------------------------</td>
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<tr>
<td><strong>Patient Record Lookup</strong></td>
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<td>Provides Authorized Users with the ability to search for existing patient records within the local RHIO/QE, across all other RHIO/QEs statewide</td>
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<td><strong>Secure Messaging</strong></td>
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<td>Secure messaging services provide Authorized Users with the ability to send peer-to-peer messages between two trusted Providers</td>
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<tr>
<td><strong>Consent Management</strong></td>
<td></td>
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<tr>
<td>Provides the ability to track patient consent according to New York State law and other requirements defined pursuant to the Statewide Collaboration Process for the SHIN-NY</td>
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<td><strong>Notifications (Alerts)</strong></td>
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<tr>
<td>Notification services allow Authorized Users to establish subscriptions to pre-defined events and receive notifications when those events occur. These services are subject to consent requirements established pursuant to the Statewide Collaboration Process</td>
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<tr>
<td><strong>Identity Management and Security</strong></td>
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<tr>
<td>Identity management and security services provide for secure access and ensure patient privacy through the authentication of all requests by individuals and organizations to view protected health information accessible through the RHIO/QE</td>
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<tr>
<td><strong>Provider and Public Health Clinical Viewer</strong></td>
<td></td>
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<tr>
<td>The RHIO/QE will make available to qualified Providers and Public Health Authorities the ability to securely access individual patient records from all available local, statewide, and other data sources accessible by the RHIO/QE</td>
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<tr>
<td><strong>Public Health Integration</strong></td>
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<tr>
<td>Route required public health reporting information from primary sources to New York State and New York City Public Health Agency (PHA) designated aggregation points and return response messages from the respective PHAs to the originating Provider</td>
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<tr>
<td><strong>Results Delivery</strong></td>
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<tr>
<td>Deliver diagnostic results and reports back to ordering Providers and others designated to receive results</td>
<td></td>
</tr>
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Critical Next Steps for PPSs and RHIOs

What PPSs/RHIOs Should Do:
✓ PPS and RHIO to work together to determine the right connectivity models
✓ Continue to increase adoption among providers

What DOH is Doing:
✓ Assess the security and policy requirements for the RHIO to merge claims data with clinical data
✓ Pilot clinical/claims integration plans to better support the PPS
NYS DSRIP Program: Key Support Initiatives for PPS

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In addition to the vast array of provider types that make up a Performing Provider System, there are a number of external partners, suppliers, clients and governing entities to that must be accounted for in their future state designs.
Target Operating Model Development

To navigate the feedback from key stakeholders, the DOH has produced an IT TOM toolkit. More than just a Gap Analysis tool, it is a collaborative methodology for designing target operating models and defining system requirements.

**COLLABORATIVE WORKSHOPS**

- Patient-centered scenarios as they navigate through the PPSs integrated delivery system.

**TARGET OPERATING MODELS**

- Both business operating models and system architecture diagrams are included.

**SYSTEM REQUIREMENTS**

- Requirement traceability matrices (RTM) align system requirements with business processes.
Benefits to Collaborative Methodology

Through our pilot program, multiple benefits have been identified for following this collaborative approach.

- Provides a methodological starting point
- Promotes collaboration between multiple entities including CBOs and MCOs
- Achieves stakeholder buy-in
- Identifies enablement opportunities
- Identifies implementation areas to prioritize
- Performs gap analysis
- Identifies key partners to engage

Contact us for more information:
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The DOH will help PPSs reach DSRIP goals through the use of several IT tools.
DSRIP Performance Dashboards in MAPP

• The dashboards which PPSs will have access to through MAPP will be capable of highly directive, interpretive, consumable views

• MAPP Dashboards have been designed to provide insight and actionable information to help PPSs manage performance
MAPP Dashboards – Track Gap to Goal for Performance Measures
Filter on Accountable Providers:
- PCP
- Health Home
- Care Management Agency
- MCO
MAPP Dashboards – Member-Level Info

Note: This document contains fabricated data and does not include personal health information.
MAPP Dashboards – Monitor Project Requirements
MAPP Dashboards – Keep Track of PPS Progress
MAPP Dashboards – Population Insight
MAPP Dashboards – Network Composition & Utilization

Network as of DEC. 30, 2015

Visits In and Out of PPS

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<th></th>
<th>In PPS</th>
<th>Out of PPS</th>
<th>Total</th>
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<tbody>
<tr>
<td>Primary Care</td>
<td>13,522</td>
<td>1,432</td>
<td>14,954</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>1,223</td>
<td>122</td>
<td>1,345</td>
</tr>
<tr>
<td>Inpatient</td>
<td>115</td>
<td>2</td>
<td>117</td>
</tr>
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Provider Counts

- Classification
  - Non-DPC/PCCM: 442
  - Primary Care Provider (PCP): 300
  - Behavioral Health: 100
  - Case Management/Health Homes: 100
  - Hospital: 90
  - Pharmacy: 145
  - Substance Abuse: 144
  - Clinic: 81
  - Institutional Setting: 81
  - MBS: 70

- Provider Count
  - Total: 442
Questions?

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