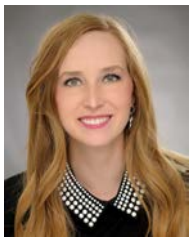
New York DSRIP: Planning and Implementation Critical Success Factors and Competencies

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Transitioning from Planning to Execution

Well on its way into implementation, the New York Delivery System Reform Incentive Payment (DSRIP) Program is nearly halfway through the first performance year. While many of the planning activities continue to carry over from demonstration year zero, Performing Provider System (PPS) leads are pivoting to execute on plans to maximize performance, impact patients, and collaborate with "partners" *(note that providers, county agencies and community based providers engaged in DSRIP in New York are all called partners)* across the care continuum in the first performance year. This initial heavy lift is happening in conjunction with ensuring their overall trajectory is on track for population health infrastructure development, clinical integration and network provider readiness and capacity to impact clinical metrics and outcomes in years three, four and five.

There are several critical areas of focus in the short-term which will impact the long-term success of the NY DSRIP pioneers. These competencies include, but are not limited to: 1) Performance data management (identify, collect, validate, monitor, process and report partner performance data); 2) Financial and predictive modeling to inform strategic business decisions, value-based payment strategies and population health models; 3) Clinical project design, including workflow documentation, business requirements development and change management processes for extensive provider networks with a wide range of baseline readiness; 4) Partner funds flow and performance-based contract development; and 5) HIT/HIE systems design for clinical integration. In this article we focus on partner relations.

One of the most critical short-term competencies a PPS needs to acquire is the ability to rapidly organize, educate, understand and engage partners for early DSRIP planning and performance for year one. Those PPSs that either leverage existing partner relations capacity, perhaps previously developed for an ACO or even traditional hospital fee for service line of business development, or build this capability early on will be best positioned to effectively establish trusted relationships with partners, extend the effective reach of the PPS lead at the practice level and enable the deep level of engagement necessary to ensure a strong partner network foundation for demonstration years two through five. Much like traditional network development, competition for top quality, cost-effective providers whose business strategy and patient care delivery philosophy aligns with the

triple aim objectives, will rapidly increase over time. PPSs investing in this capability at the forefront will demonstrate a commitment to understanding and addressing the complex realities and concerns of their current and prospective partners – setting the foundation for DSRIP success.

Core Components of Proven "Partner" Relations Strategies

While the activities and respective competencies of partner relations must address specific DSRIP-related issues that will add an additional layer of complexity, the core capacity and value required for partner relations within PPSs is consistent with those roles and functions developed and refined in managed care settings. Given the "newness" and changing nature of DSRIP, partner relations will play a particularly important role for PPSs to bridge the current gap between PPS-level planning and partner-level adoption and execution. Breaking the work into three areas of people, process and technology, each equally important, what is essential is the ability to set and manage expectations, demonstrate and deliver on value and to understand how value is defined by partners.

People: Utilizing dedicated resources within the PPS lead organization (or resourced within partner network) that are responsible for the on-the-ground engagement, education and contract deployment (negotiation) with partners is a critical factor for success. Partner relations staff have the unique role and position of interfacing on behalf of the PPS with providers. As with any network development staff, their primary role is customer relationship management, bringing and receiving feedback, problem solving and hearing the voice of the customer to ensure provider partners have a consistent, trusted liaison who understands their business needs, operating realities and pressing issues, and is trusted to manage these concerns up to governing and decision making bodies. This insight is critical to the relationship as much as it is to implementation planning that will lead to successful adoption of interventions, clinical standards and population health models. While DSRIP focuses primarily on Medicaid patients, partner relations staff must understand and be able to speak to the implications of DSRIP for all lines of business and value (and future opportunities) the PPS will bring in return.

Process: Network development formalizes the mechanism by which the PPS learns about its network partners both from a broader population health perspective, as well as a targeted focus on ability to perform within DSRIP expectations and timelines. To the extent the PPS is able to consistently capture, document and organize partner information and data through a common set of tools, outreach, education and engagement, the PPS will have the advantage of being able to systematically learn about itself, triage partners and projects on a continuous basis to inform resource, performance (and partner role) and risk mitigation strategies. Partner relations staff will play a vital role in crafting communications, assessment tools and performance-based contracts that will ensure partner engagement and network management strategies are effective, responsive and timely. Partner relations will create the active link for feedback and effectively extend the reach of PPS leadership and project management staff who will continuously need to manage performance at the partner level.

Technology: From a technology standpoint there is not yet a single, turn-key solution, particularly when the requirements of DSRIP management are taken into consideration, to enable the desired Customer Relationship Management (CRM) functionality sought by PPS leadership and partner relations staff. Regardless of the platform or vendor, this capability is essential to enable partner relations teams the ability to engage in a data-driven process to understand, evaluate, document and manage the complex partner network, utilizing discrete data points (clinical, process, financial, workforce, compliance, demographic, etc.) to create partner profiles, manage performance and proactively identify and address risk. The underlying CRM platform will facilitate assessment and survey distribution, targeted communications, contract administration and performance

tracking, as well as providing the direct or indirect (via portal) interface for PPS partners. One of the single most critical partner relations milestones, yet seemingly impossible to attain, is a definitive and comprehensive PPS partner list, documenting parent organization-partner relationships, site-level information and respective NPIs/MMIS identifiers[1].

While a resource intensive activity, establishing the CRM platform and investing the upfront time to validate partner lists and build partner profiles will significantly streamline contract performance management and partner reporting. As the ultimate goal is for the PPS to engage in value-based payment arrangements, and to potentially establish IPAs and/or similar networks for the purposes of taking risk and managing population health, this investment and effort taken to learn about partners and develop mutual trust and shared performance will be essential to long-term success post-DSRIP.

Leveraging Partner Relations for Long-term Success

PPSs that are able to provide consistent, transparent and meaningful information, guidance and expectations to partners in their respective regions will likely perform best within DSRIP, and more importantly, translate these relationships to all lines of business and value-based payment arrangements. Keeping in mind that DSRIP is a means to an end is a critical underlying assumption for many of these target areas. Sustainability and practical value must be at the top of mind for PPS leads building or bolstering delivery networks in their region. Partner relations staff and tools must address immediate short-term needs of partner profile development and performance tracking, with the longer-term PPS business requirements that will enable PPS leadership to augment services, partner roles and performance incentives with the continuously evolving network and partners.

Bridging the Gap

COPE Health Solutions has deep expertise in network development for all payer (safety net) systems and we understand the complex Medicaid waiver implications for health system lead agencies and partners. Our team has unparalleled experience and a proven track record of successes from planning to implementation to measurement with 1115 Medicaid Waivers in New York, Texas and California. Our subject matter experts can help your system move toward its long-term strategic goals, using the waiver as a path to success.

For more information about how COPE Health Solutions is helping clients across California, New York, Washington and Texas prepare for and improve reporting practices, please contact: DSRIP@copehealthsolutions.org.

[1] National Provider Identifier (NPI) are associated with both organizations and individuals, Medicaid Management Informa Systems (MMIS) are generally associated with organizations.