

# Using Data to Improve Services and Demonstrate Value

CCSI

Loeb and Troper

The Arc of Ulster Greene

# Overview of Presentation

- Introductions
- Brief Review of Transition to Value-Based Programs
- Agency Self-Assessment
- Example: Arc of Ulster-Greene
- Operating a Business
- Q&A

# Questions for Consideration

- When you think about the services your agency provides to assist those in need, what are you especially proud of?
- How do you measure the benefit of those services?

# Payment Reform : Menu of Options

- MCO and PPS different shared savings/risk arrangements
  - Total care for the total attributed population
  - Integrated service for specific condition (acute or chronic): maternity care; diabetes care
  - Integrated Advanced Primary Care (APC)
  - Total care for a subpopulation

# Medicaid Redesign Team (MRT)

- Key Components of MRT Reforms
  - Global Spending Cap
  - Care Management for All
  - Patient-Centered Medical Homes and Health Homes
  - Targeting the Social Determinants of Health

**Result – MRT initiatives have reduced Medicaid spending per beneficiary to 2003 levels**

# Delivery System Reform Incentive Payment (DSRIP)

- Obtain 1115 Waiver which would reinvest MRT generated Federal savings back into Health Care in New York
- NY State Reinvest \$8 Billion of \$17.1 Billion in Federal savings generated by MRT reforms
- \$6.4 Billion is for Delivery System Reform Incentive Payment Program (DSRIP)

# Value-Based Payment (VBP)

- Transformation of Medicaid payment system, shifting away from volume (FFS) and rewarding value
- Developed Advisory Groups
- Development of VBP arrangements (episodic, chronic and subpopulations)
- By DSRIP Year 5 (2019), all Managed Care Organizations must employ non fee-for-service payment systems that reward value over volume for at least 80%--90% of their provider payments

# I/DD and DSRIP

- DSRIP focus on triple AIM
  - Improve health
  - Lower costs
  - Improve access and provide better care
- DSRIP commits to managed care for all Medicaid recipients
  - DD will transition to managed care (e.g., OPWDD FIDA)
- DSRIP inclusive of I/DD



# Outcomes Data

- Healthcare and MH outcomes are defined within PPS
  - Use of ER
  - Avoidable Hospitalization
  - Preventive health screenings
  - Timeliness of service
- DD specific outcomes – yet to be determined
  - Person centered delivery
  - Community integration and least restrictive setting
  - Informed choice

# OPWDD Transformation

- The OPWDD system is evolving, for two simple reasons: more people require supports and the needs of the people we serve are changing
- Strategies
  - Build on the successes of the current system in helping individuals participate in the community wherever possible
  - Offering support for the family members and the direct support professionals who are the foundation of our systems of care, and
  - Involving individuals and families in planning for these changes

# OPWDD Focus

- Changing complex systems is never easy or fast, but in managed care and value-based payments we have models based on the simple idea that **rewarding good outcomes** and **containing costs** in a measurably effective system works for all if we can preserve the essence of the OPWDD service delivery system

# OPWDD Key Priorities

- **Community:** People with DD will be accepted as part of our communities, living the lives they choose while experiencing good health, growth, and personal relationships
- **Outcomes:** The focus is on the quality of the person's experience and the outcomes the people we support have told us they want, which includes living and working in the community while directing their own services and supports
- **Flexible Service Delivery Platforms:** Integrated, quality services must be supported by networks of high-performing providers with the flexibility to meet people's needs. All service delivery platforms, including managed care, should measurably further this vision

# Agency Self Assessment

- Value Proposition:
  - Understanding impact of service with a focus on OPWDD priorities
  - What makes you unique and essential?
  - How are you aligning services with the Triple Aim?
    1. Demonstrating responsiveness
    2. Contributing to positive health outcomes
    3. Saving money

# Where to Begin with Data

- Agenda for OPWDD and CMS
  - Person centered delivery of services
  - Choice of where, with whom, when
  - Choice on how you spend your day focusing on employment
  - Meaningful relationships
  - Free from abuse/neglect
  - Have good health
  - Most integrated setting must be focus of supports

# Agency Considerations

## Leadership

- Understanding and communicating the regulatory, business, and service-delivery considerations of this new environment
- Incorporates culture change into strategic planning
- Addresses potential need for policy change

# Agency Considerations (cont'd)

## Strategic Planning

- Measuring the impact of the service delivery through comprehensive analysis
- Elements of the plan: program options, time frames, objectives, and responsible people
- Has Strategic Plan approved by the Board of Directors

## Staffing

- Educated all on the measurable impact of service delivery
- Has plan to train workforce in new skills and EBPs
- Measures outcomes with a fidelity to EBP model



# Agency Self Assessment (cont'd)

## Health Information Technology

- Leadership has the tools to generate performance reports
- Staff have necessary HIT tools and resources to perform duties

## Continuous Quality Improvement Process

- Identified metrics, performance goals, and methods of analyzing data
- Outcome measures for participant goal achievement; emphasizing employment
- Communicates results at all agency levels



***The Arc***<sup>®</sup>

*Ulster-Greene*

*NYSARC, Inc.*

## WHO WE ARE:

- 60 Years Experience
- CQL Accredited
- Large Organization (Supporting 1300 people)
- Support growing geriatric population
- Support Medical Frail People



## PREPARING FOR MANAGED CARE:

- CQI Accreditation
- Worked with Laurie Kelly, Director of Special Needs Consulting, Loeb and Troper
- Working collaboratively with local Arc's
- Working collaboratively with community resources



Targeted Outcome	Source	Baseline 2015 Q3 – Q4	Goal	Reporting Frequency	Who	Q1 2016	Q2 2016
Hospitalizations	RN tracking	31.18 %	<5%	2015; quarterly 2016	Faydra	18.81%	21 .0%
Avoidable hospitalization	RN tracking	Data not collected in 2015	2016 Develop bench mark.	quarterly 2016	Faydra	57.89%	42.85%
ER Visits	RN tracking	* 98.48% * Not all EMS calls resulted in ER visit.	Decrease from 2015 by <5%		Faydra	98.01%	99%
911 Calls	RN tracking	44.87%	Decrease from 2015 by <5%		Faydra	53.46%	59.%
Referral/admission to SNF	RN tracking	1.14%	<1%		Faydra	0%	0%
Best Possible Health	POM's	2015 – 75 ppl interviewed  85.33% Outcome  84.00 % Support	Increase interviews by 5% And Stabilize Supports to the level of 2015.	2013: 32 ppl interviewed  2014: 43 ppl interviewed  2015: 75 ppl interviewed  Quarterly in 2016	Mandy	2016- <u>Jan- March</u> 6 POM Interviews	2016- <u>April-June</u> 20 POM Interviews
Leases for residential	Lease agreement	0	Create boilerplate by 6/1/16; complete 25% a quarter		Melissa/Mandy		

## RESOURCES:

- Staffing
- Finance
- Information Technology



## Our CQL Team

- People Supported, Families, Community Members, Direct Support Staff, Nursing, Psychology, MSC and Management at all levels.





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**“Treat us like adults and not like babies”**







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# Best Possible Health Data

	Outcomes 2013	Supports 2013	Outcomes 2015	Supports 2015
CQL National Averages			73.4%	65.8%
NYSARC 2015			68.7%	74.5%
The Arc of Ulster Greene	69.99%	88.45%	94.74%	98.7%



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What's next for us!  
Employment.....



# Employment Data



## Data we have:

- 2015: 163 people competitively employed
- Age range of employees 18-62
- POM Data
- 19.7% of work age adults are competitively employed
- Pathways to employment referrals (2014-3) (2015-7)
- SEMP Referrals: (2015-90) (2016-110)
- SEMP Job Placements per month.

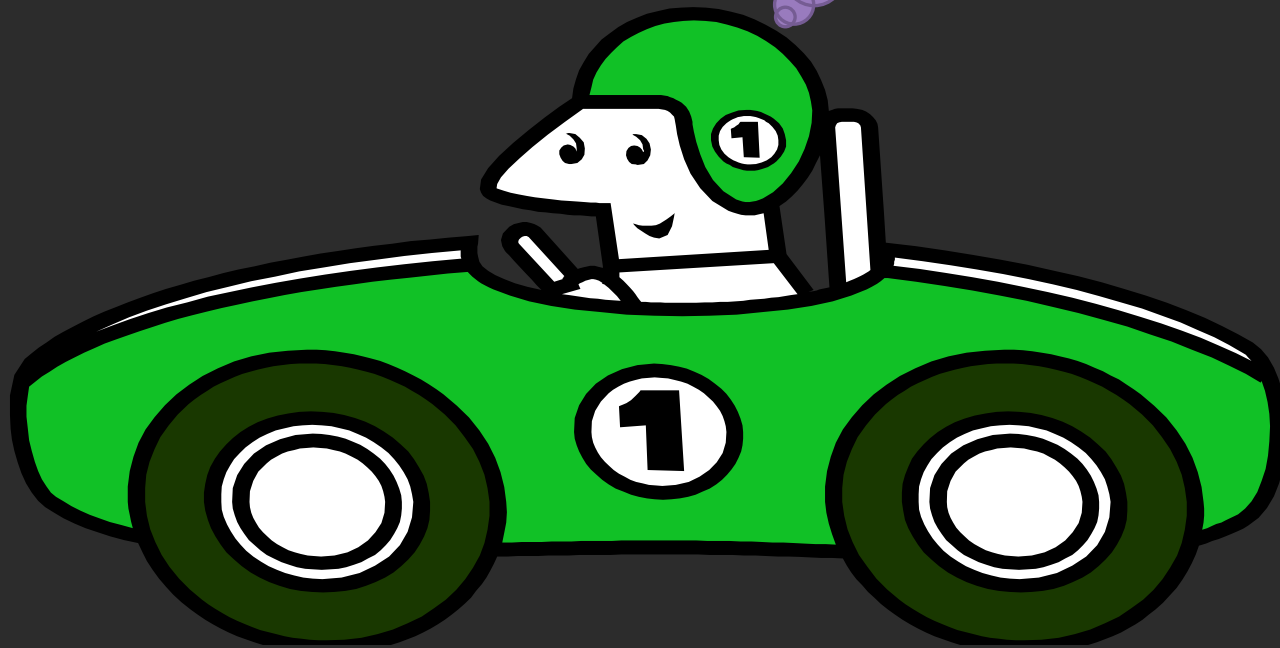
## Data we need:

- Are people satisfied with their work
- Length of employment for people currently working.
- How many days and hours per a week person is working
- Rate of pay
- Number of people seeking for employment

# People Choose Where They Work

	Outcomes 2013	Supports 2013	Outcomes 2015	Supports 2015
CQL National Averages			35.2%	35.1%
NYSARC 2015			37.4%	38.7%
The Arc of Ulster Greene	40.6%	40.6%	38.7%	40.0%

How's it  
going?



# Questions?

