REGIONAL HEALTH IMPROVEMENT COLLABORATIVES

A New Health Planning Model for New York State

Presentation for NYS Health Foundation
May 8, 2013
Why regional health planning

• Delivery system is under stress.
  • Rapid change in organization, delivery models, and payment;
  • Shrinking public funding.
• Aging population requires access to high-quality services in appropriate settings.
• 1 million New Yorkers to be newly insured.
• Rising rates of chronic disease threaten quality of life, workforce, and the economy.
• Growing recognition of the socioeconomic, environmental, behavioral factors that contribute to health.
• Health care costs threaten to crowd out other public and private spending.
• Multi-faceted challenges demand multi-stakeholder interventions.
• Solutions must be tailored to regional and local needs.
Estimated Number of Deaths Due to Modifiable Behaviors, New York State, 2009

46% of all deaths are attributed to these eight modifiable behaviors

- Tobacco: 26,222
- Poor diet and physical inactivity: 22,021
- Alcohol consumption: 5,071
- Microbial agents: 4,521
- Toxic agents: 3,315
- Motor vehicle crashes: 2,592
- Incidents involving firearms: 1,748
- Unsafe sexual behaviors: 1,206

Estimates were extrapolated using the results published in:
Geographic Variation in Health Outcomes

2013 Health Outcomes - New York

Rank 1-16  Rank 17-31  Rank 32-46  Rank 47-62

County Health Rankings & Roadmaps, www.countyhealthrankings.org
Geographic Variation in Avoidable Hospital Use & Cost

Overall Performance on Potentially Avoidable Hospital Use & Cost Dimension

Source: Commonwealth Fund Scorecard on Local Health System Performance, 2012. www.commonwealthfund.org
Reducing Waste

New York’s Regional Health Improvement Collaborative (RHIC) Regions

Sub-regional and inter-regional activities are expected.
RHIC Governance Principles

• Permit diverse governance structures, based on regional circumstances and stakeholder interests.
• Neutral and trusted entity -- not controlled by any single stakeholder or type of stakeholder.
• Key stakeholders that should be actively engaged and included in the governance of each RHIC include:
  • Consumers, local public health officials, health and behavioral health care providers across the continuum
  • Payers and purchasers, including business leaders and unions
  • Community-based organizations
  • Schools, institutions of higher education, local governments, transportation-related entities, and housing-related entities.
RHIC Mission – Advance Triple Aim

• Better Health for Populations
  • Measure performance of region and sub-populations within the region against Prevention Agenda 2013 metrics and report on them.
  • Convene community stakeholders to select at least two Prevention Agenda 2013 priorities for intervention and one that addresses a health disparity; identify evidence-based strategies to achieve measurable objectives within a defined time period.
  • Coordinate with and support local health department community health assessments and hospital community health needs assessments and improvement plans and community benefit planning activities related to the Prevention Agenda 2013.
RHIC Mission – Advance Triple Aim

- Prevention Agenda 2013-17 is catalyst for action and blueprint for improving health outcomes and reducing health disparities in five priority areas:
  1. Prevent chronic diseases
  2. Promote a healthy and safe environment
  3. Promote healthy women, infants and children
  4. Promote mental health and prevent substance abuse
  5. Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated infections

- Focus of local community health assessment, planning and improvement in 2013

- Regional health planning organizations providing important TA.
RHIC Mission – Advance Triple Aim

• Better Care

  • Activities may include, for example:
    • Measurement of health system performance and publication of quality data based on specified metrics.
    • Organizing, leading and/or supporting regional quality collaboratives.
    • Technical assistance in support of development of patient-centered medical homes (PCMHs).
    • Identifying evidence-based patient and community engagement activities and supporting implementation.
RHIC Mission – Advance Triple Aim

• Lower Overall Cost

• Some examples of appropriate activities include convening, analytics, and technical support for:
  • Analysis of regional experience in health care utilization against benchmarks and identifying higher-than-expected utilization rates;
  • Initiatives to reduce preventable utilization of services;
  • Multi-payer, value-based payment and benefit design initiatives;
  • Publication of quality, cost, and spending data; and
  • Creation and operation of collaborations that improve efficiencies in health care delivery and the financial stability of essential providers.
RHIC Mission – Advance Triple Aim

- Includes strategies to:
  - Reduce health and health care disparities.
  - Address workforce issues.
  - Work with the Regional Economic Development Councils

- May make recommendations regarding state grants, including the 1115 waiver initiatives. Preference will be given to applicants that have the support of regional planning entities.

- May be consulted concerning regional needs that could be addressed through State grants and/or the development of requests for applications.

- PHHPC will consult with the RHICs concerning regional health and health care environments and effective planning strategies and interventions that could be disseminated statewide.
Funding

• MRT Waiver
  • Requested $25 million per year over 5 years.

• Additional support may come from community stakeholders and foundations
Examples from NYS and Other States

- Secure grants and implement care transitions program;
- Report on physician practice and hospital quality using nationally-endorsed measures and measures developed at the regional level;
- Develop a quality and utilization data set to support pay-for-performance incentives;
- Facilitate multi-payer changes in payments physicians to support better care for patients with depression, resulting in improved remission rates;
- Promote the development and dissemination of an electronic decision support tool for advanced diagnostic imaging reduces overutilization, saving tens of millions of dollars;
- Convene major purchasers and providers to support value-based payment and benefit design.
- For more information about activities around the nation, see: www.nrhi.org.