



# REGIONAL HEALTH IMPROVEMENT COLLABORATIVES

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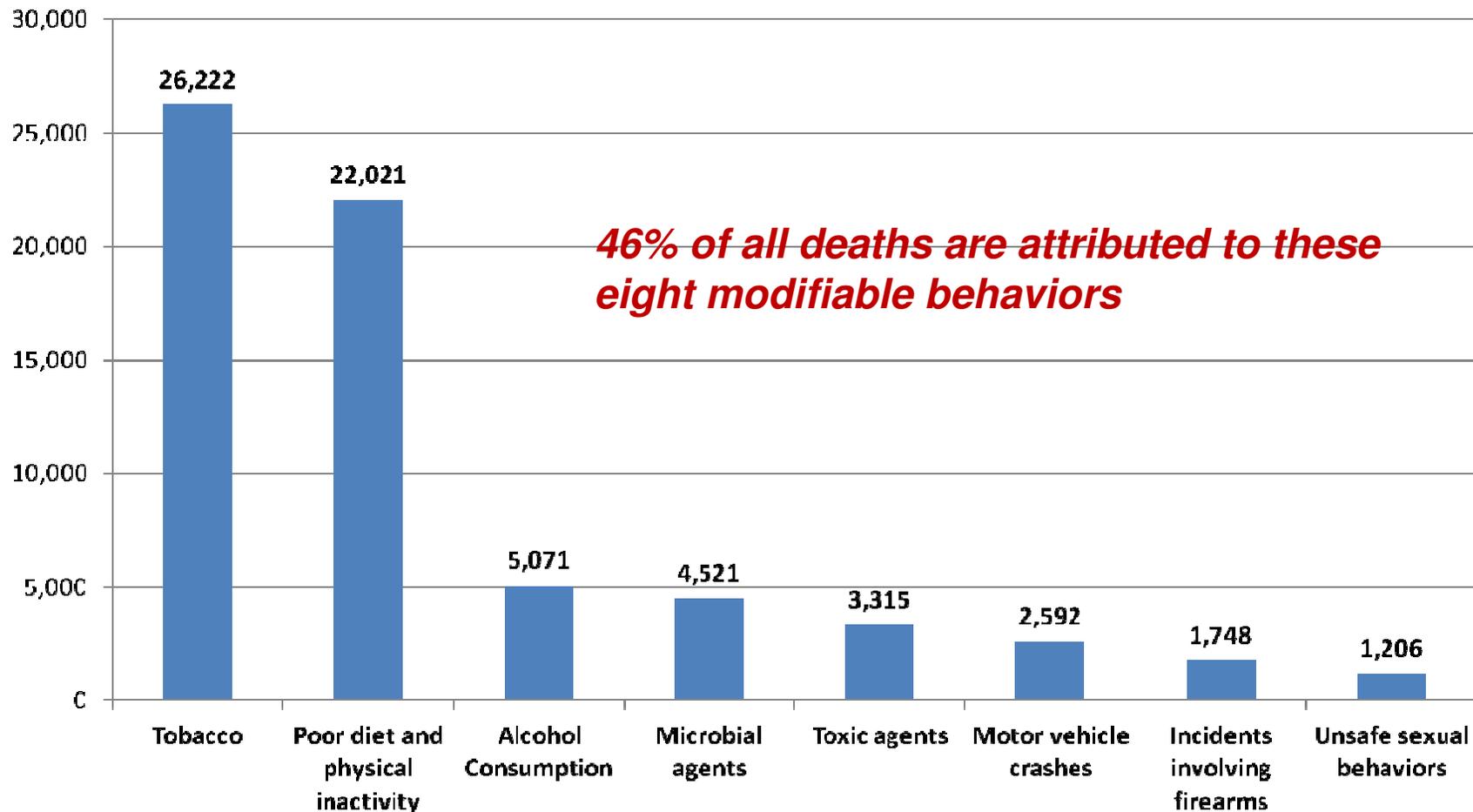
A New Health Planning Model for New York  
State

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



Estimates were extrapolated using the results published in:

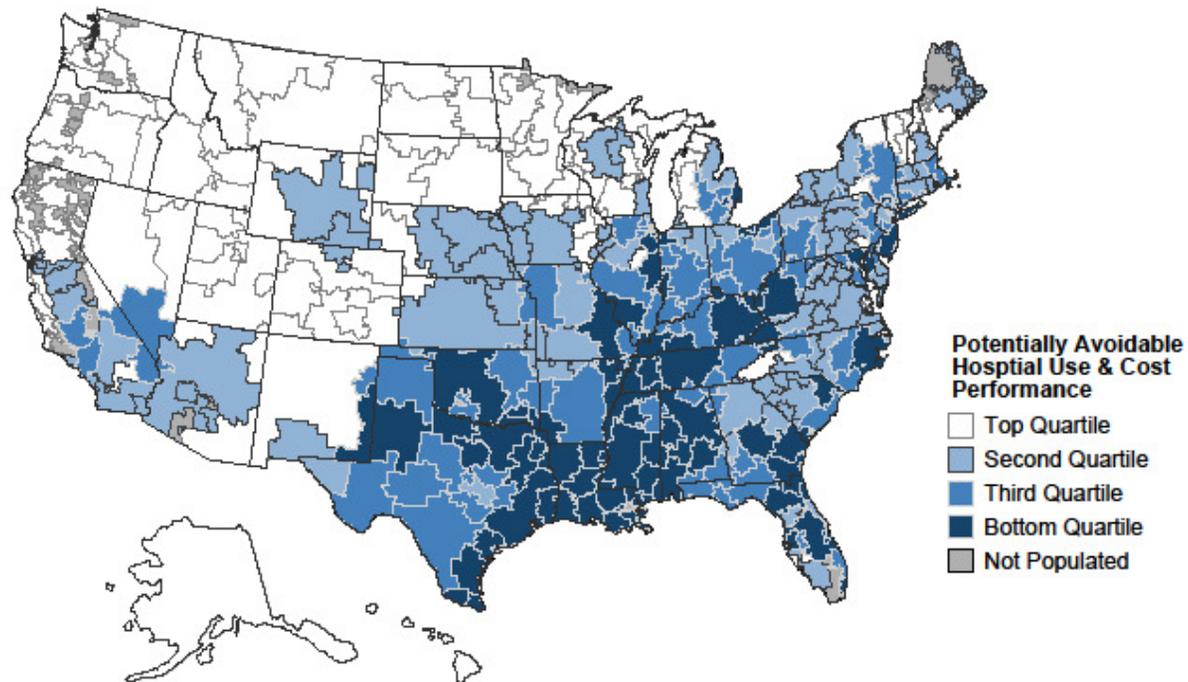
"Actual Causes of Death in the United States, 2000", *JAMA*, March 2004, 291 (10) and NYS 2009 death data



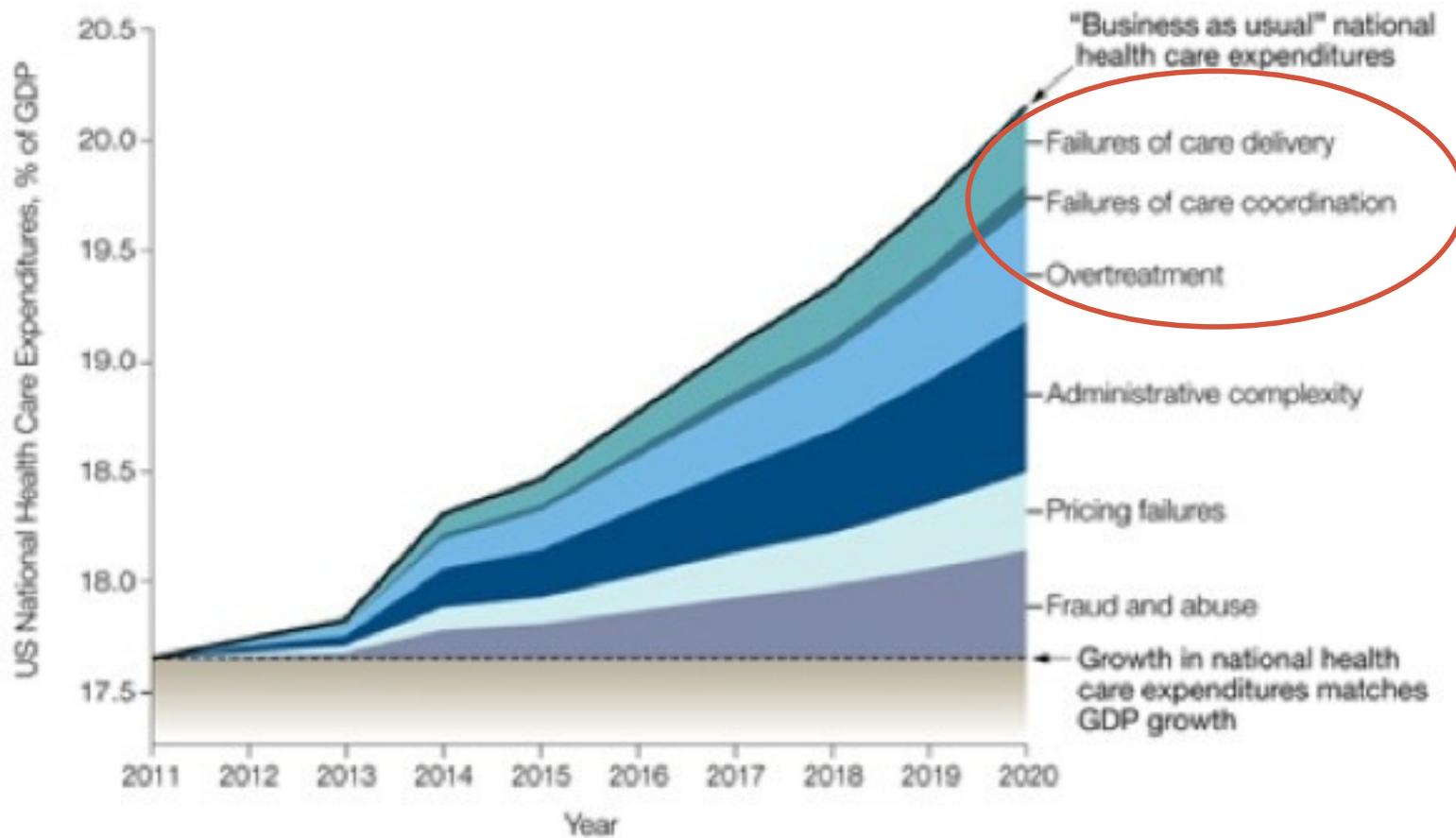
# Geographic Variation in Avoidable Hospital Use & Cost

POTENTIALLY AVOIDABLE HOSPITAL USE & COST

Overall Performance on Potentially Avoidable Hospital Use & Cost Dimension



# Reducing Waste





# 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](http://www.nrhi.org) .