



California Association  
of Public Hospitals  
and Health Systems



# The California DSRIP: Lessons Learned & Looking Ahead

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December 17, 2014

# Issues We Will Cover

- The Experience of Being First: Pioneer or Guinea Pig?
- Consequences & Reflections:
  - What's worked well, what would we propose to change



# Origins of the DSRIP

- Obama Administration acknowledged underfunding of California's public health care systems and need to prepare for ACA
- Success with 2007-2010 Coverage Initiative; discussions re LIHP
- Coverage expansion + delivery system reform = improved access
- No precedent for a P4P program this size for safety net providers

# Consequences and Reflections

- CMS clear in broad policy goals, but itself just beginning to connect financing with quality improvement in Medicare, not in Medicaid
- Protocols developed with expert research of appropriate projects, metrics
- Many issues left unspecified, e.g., level of detail desired in three reports/year
- Others we thought were clear, weren't, e.g. sepsis

# What's Worked Well: Better Care, Systemwide Transformation

- Examples:
  - Los Angeles Department of Health Services: Patient Empanelment
  - San Francisco General Hospital's Learning Academy
  - San Mateo Medical Center & LEAN

# Key Opportunity: Population Medicine

DSRIP 1.0, Category 3 required reporting for 21 common population metrics

Examples:

- Rate of admissions for uncontrolled diabetes
- Percentage of adults immunized for flu
- Percentage of patients with HTN (controlled)
- Percentage of women receiving mammogram

# Further Reflections

- Wide variation in starting points across 21 systems
  - Some deep into systemwide transformation, others just beginning
- Each developed plans according to their own strategic goals:
  - Set ambitious milestones, but not consistently
  - Selected similar projects, but range of approaches and targets
  - Challenge to compare system performance, though each plan is powerful

# Looking Ahead

- Systemwide transformation, cultural and paradigm shifts, take time: longer than five years
- Vision for all PHS for 2020:  
Models of integrated care that are high-value, high-quality, patient-centered, efficient and equitable, with great patient experience and a demonstrated ability to improve health care and the health status of populations.
- Need to be more standardized, consistently ambitious, and outcomes-oriented
- Support overall 1115 waiver goals
- Link to Natl. Quality Strategy; Let's Get Healthy CA



# Proposed Domains

1. Delivery System Transformation
2. Care Coordination for High-Risk, High-Utilizing Populations
3. Resource Utilization Efficiency
4. Prevention
5. Patient Safety

# Delivery System Transformation

- Advance PCMHs
- Improve specialty care access
- Improve transition from acute care
- Integrate physical and behavioral health



# Improved Outcomes for Specific High-Risk, High-Utilizing Populations

- Improve complex care management for high-risk populations
- Develop health homes for foster children
- Design care transitions from incarceration
- Improve chronic pain management
- Advanced illness planning

# Resource Stewardship

- Improve antibiotic stewardship
- Eliminate inappropriate imaging
- Ensure appropriate use of high-cost pharmaceuticals
- Improve the use and management of blood products

# Prevention

- Advance the Million Hearts Initiative
- Improve breast, cervical, and colorectal cancer screening and follow-up
- Enhance perinatal care

# Patient Safety

- Advance systemwide patient safety improvement using the CMS global measure
- Eliminate the use of inappropriate surgical procedures

# Questions

