DELIVERY SYSTEM REFORM INCENTIVE PROGRAM

CALIFORNIA’S

2010-2015 SUCCESSES TO BUILD ON
In 2010, California’s 21 public health care systems (PHS) took a bold and collective step to transform and streamline their complex delivery systems through a new federal pay-for-performance initiative. This initiative, called the Delivery System Reform Incentive Program (DSRIP), was the first of its kind in the nation. Since then, the Centers for Medicare and Medicaid Services (CMS) have approved DSRIPs in several other states.

The DSRIP was part of the package of programs that comprised California’s 2010 Medicaid Waiver, titled “The Bridge to Reform.”

The word “reform” in this case referred to the changes coming to American health care thanks to the Affordable Care Act (ACA). The waiver included two core components - the DSRIP and the Low Income Health Program (LIHP) - both of which were critical to California’s leadership role in ACA implementation, and both of which had a considerable focus on expanding access to care.

But true reform is not a destination, it is a path. True reform is a much larger and more complicated goal than can be accomplished in five years.

True reform is itself a bridge - leading away from a purely reactive way of doing business and toward a model of integrated care that is high value, high quality, patient-centered, efficient and equitable, with an emphasis on patient experience and a demonstrated ability to improve health care and the health status of populations.

While access is certainly a cornerstone of that bridge, it is still only part of a structure that also includes changes in process and culture and a stronger emphasis on results.

To more fully understand where and how that bridge must take California’s PHS, we must first understand how far we have come. The 2010 DSRIP has enabled California’s PHS to build a solid foundation for continuous delivery system improvement. This brief is intended to help illustrate how California’s DSRIP has already resulted in markedly improved processes and health outcomes for patients.
As an example of how these projects are working together, throughout the course of the DSRIP, all of California’s PHS have decreased the rate of diabetes patients being hospitalized for short term complications by more than 20%, and the percentage of diabetes patients with a diagnosis of “uncontrolled diabetes” dropped from 1% to 0.18% - more than five times smaller than what it had been.

Seven PHS embarked on projects focused on expanding their primary care capacity, including offering more weekend and evening appointments, increasing the number of patients assigned to primary care providers and improving panel management. Compared to the baselines established at the beginning of the DSRIP, these PHS are now seeing a total of almost 113,000 more patients annually in a primary care setting – an increase of 18.5%.

Seven PHS are further strengthening their chronic disease management models through the DSRIP, by improving communication with patients to establish self-management goals, training staff on the chronic disease management model, and offering coaching for diabetic patients. Those that reported self-management goals have increased the number of patients in their chronic disease programs with these goals by nearly 40%.

Five PHS have focused DSRIP projects on expanding specialty care capacity for services like optometry, dermatology, orthopedics, endoscopy, and many others. These five systems are now seeing over 20,000 more specialty-care patients annually for a wide range of services, an average increase of 14%.
All 21 of California’s PHS have used the DSRIP as an opportunity to embrace population health by improving their preventative health programs within a few specific areas of focus, including pediatric weight screening and mammography.

Seven PHS are improving integration of physical and behavioral health with a focus on increasing screenings and co-locating services. Across these systems, 36 clinics have successfully made behavioral health services and physical health services available at the same site. Among systems that report screening for behavioral health, more than 70% of patients who are seen for a specific physical health issue are now also being screened for depression.

Through their DSRIP programs, PHS have generated a 12% increase in pediatric weight screening, with PHS now averaging a screening rate of 81%.

To date, California’s PHS have generated an overall 14.2% increase in mammography screenings, now providing the service to more than 42,000 women who otherwise would not have been screened based on previous rates.

Sepsis-related activities have included educating and training staff, refining internal structures and systems, adhering to reporting guidelines, and increasing application of the “sepsis bundle,” which is a specific set of elements of care, distilled from evidence-based practice guidelines that, when implemented as a group, have an effect on outcomes beyond implementing the individual elements alone.

The typical PHS increased its adherence to the sepsis bundle by 61%, and experienced a 17% decrease in sepsis mortality.

Eleven PHS have also focused on preventing Surgical Site Infections (SSI) and have collectively seen their rates more than cut in half – from 3.4% to 1.4%; well below the most recent national average of 1.9%.
Taking into account the vast improvements that have been made thus far through the DSRIP, it is clear — both from the extensive work being done by these systems, and from the experience of other healthcare organizations across the country that have embarked on system-wide change efforts — that the journey of transformation is one not of just several years of hard work, but rather one that requires a decade or more of continuously focused, intentionally aligned efforts by each public health care system.

The last five years have laid the groundwork for transformation, by proving that delivery system reform incentive programs work, and by doing it in a way that will lead to even stronger outcomes if this momentum is maintained.

The next five years are critical for California’s 21 public health care systems to build on this foundation, and more fully transform California’s PHS into high performing health systems that provide timely access to safe, high-quality, and effective care for the millions of patients who rely on them.

**SUCCESSES TO BUILD ON**

Lays the foundation for delivery system transformation through investments in people, places, processes and technology (e.g., implementing disease management registries to enable more proactive, planned care). Each system selected at least 2 projects from a CMS-approved list of 11 project options.

Piloting, testing and replicating innovative care delivery models (e.g., expanding medical homes to enable more primary and coordinated care). Each system selected at least 2 projects from a CMS-approved list of 14 project options.

All systems are required to report on the same 21 measures spanning the following areas: patient experience; effectiveness of care coordination; prevention (e.g., mammogram rates and childhood obesity); and health outcomes of at-risk populations (e.g., blood sugar levels in patients with diabetes).

All systems are working on reducing sepsis and central line associated blood stream infections, and each has selected at least two additional areas in which to improve inpatient safety.

Systems had the option of focusing on delivering high-quality, coordinated care to low-income HIV patients. Projects in this category were focused on transitioning Ryan White Care Act patients who would become newly-eligible for Medicaid under the Affordable Care Act. These projects only lasted 18 months, and are not included in this report.

**FURTHER BACKGROUND**

The information in this brief was compiled from 4½ years of aggregate reporting and interviews with DSRIP leads at each system.

For more on the impact and programs of the DSRIP in California, visit [www.caph.org/leading](http://www.caph.org/leading) to download *Leading the Way*, our September 2014 brief, and watch a short companion video on our homepage at [www.caph.org](http://www.caph.org).