



Proposed Focus Areas

Delivery System Reform Incentive Payment Pool

March 29, 2013

Overview of Delivery System Reform Incentive Program (DSRIP) Work in Kansas

Beginning in early 2013, State staff and partners from the two participating DSRIP hospitals (the University of Kansas Hospital and Children's Mercy Hospital) formed a DSRIP project team. The team includes the membership of the Kansas Department of Health and Environment (KDHE)'s Division of Health Care Finance Director Kari Bruffett, Medicaid Director Dr. Susan Mosier, and the Secretary of KDHE, Dr. Robert Moser. Additional project team members include staff from both DHCF and the Division of Health at KDHE. The project team will also utilize input from the State's External Quality Review Organization (EQRO) and actuarial contractors for specific program deliverables. The project team will work to ensure the DSRIP project is implemented on time and according to the requirements of the Special Terms and Conditions (STCs) of Kansas Medicaid's Section 1115 Demonstration Waiver.

The team completed the following initial projects:

- Preparing a timeline of required deliverables for the DSRIP program based on the STCs
- Developing an summary document of the DSRIP program to share with stakeholders and other interested parties
- Brainstorming focus areas and strategies for ensuring meaningful input from a variety of stakeholders.

Development of Draft Focus Areas

Bearing in mind the statewide emphasis of the DSRIP program, the project team considered the three-part aim of the Section 1115 waiver, the goals of DSRIP and how to best align these initiatives with the efforts already in process throughout Kansas. The Healthy Kansans 2020 (HK2020) initiative emerged as an important effort already underway to improve the health and health care delivery system in Kansas.

The Healthy Kansans Steering Committee began meeting in August of 2012. The Steering Committee is comprised of the leaders of more than 35 organizations across the state, and was gathered together to discuss the health issues facing Kansans. The Steering Committee used the Healthy People 2020 objectives as a springboard for discussion, but the primary focus was ensuring that the unique issues facing Kansas in the coming years were addressed. The Steering Committee represents a broad array of stakeholders in Kansas, and includes membership from health care providers, consumer groups, state and local government entities, and other groups. A list of Steering Committee members and their affiliated organizations is provided as Exhibit A to this report.

The result of the Steering Committee's efforts was a document identifying the cross-cutting themes and priority strategies that will be used to drive health improvement initiatives. A copy of this summary document is attached as Exhibit B to this report. Three cross-cutting themes (healthy living, healthy communities and access to services)

were identified by the HK2020 Steering Committee. Eleven priority strategies to drive health improvements in the three cross-cutting areas were selected.

Given the deliberate process, stakeholder engagement, and strategic focus of the HK2020 Steering Committee's work, the DSRIP project team recognized a great opportunity to capitalize on the wealth of knowledge and experience that went into the development of the priority strategies. After consultation with additional DSRIP hospital stakeholders and partners at CMS, the DSRIP project team decided to use the priority strategies as a basis for the proposed DSRIP focus areas. The goal of this approach was to build upon the intentional, focused work that had already been completed in Kansas, and to provide a future path for meaningful integration of DSRIP projects across Kansas communities and the existing health system infrastructure across the state.

Using the priority strategies as a guide, the DSRIP project team then produced a draft list of focus areas to discuss with stakeholders. The draft focus areas attempted to capture the goals and strategies identified by the HK 2020 process, while translating them into a format that could easily be used for the development of actual DSRIP hospital projects in the future.

Stakeholder Input Process from the Healthy Kansans 2020 Steering Committee

After creating the draft focus areas for stakeholder input, the DSRIP project team worked with staff in KDHE's Division of Health to reconvene the HK2020 Steering Committee. The Steering Committee agreed to meet once more, this time with the DSRIP project team. The purpose of this meeting would be twofold: to provide input on the proposed focus areas, and to provide the Steering Committee with an example of how their priority strategies were already being put into practice in the State. To prepare for this discussion, the Steering Committee received information about the DSRIP program, background information on why their input was important and necessary for the program's success, and the draft version of focus areas produced by the project team.

On March 14, 2013, the DSRIP project team met to discuss and receive input from the Steering Committee on the draft focus areas. The meeting included several presentations designed to help participants understand what the DSRIP program is and how it relates to the HK2020 project. Participants heard information from Ms. Kari Bruffett of DHCF, who provided an overview of DSRIP, the program goals, funding involved, and requirements for participating hospitals and the state Medicaid program. Ms. Bruffett also went over the proposed focus areas for DSRIP and described how the HK2020 priority strategies were used in their development. Then each of the participating hospitals presented on past hospital projects that served as examples of how their organizations could produce meaningful impacts on the service delivery system statewide.

Later in the meeting, Steering Committee members broke out into smaller roundtable discussion groups to consider the following questions:

- Given what you have learned about DSRIP today, what is your reaction to the focus areas selected – are they the right ones?
- Does the way we have synthesized HK2020 priorities make sense for DSRIP?
- Are there issues from HK2020 that we should add to the DSRIP focus area list?
- Which of the focus areas is the best fit for DSRIP? Are there clear priorities? Some that do not fit as well?
- What would a quality improvement process, similar to what KU Hospital and Children’s Mercy outlined today look like in your organization? Are you currently using HK2020 priorities in your organization’s QI processes?
- How has your organization used HK2020 priorities to date in other ways (recognizing that the priorities are fairly “new”)?
- What suggestions do you have for KDHE with regard to how to make HK2020 more inclusive and actionable with respect to achieving improved health outcomes (besides DSRIP)?

As evidenced by the discussion questions, the DSRIP project team and KDHE Division of Health staff members not only intended for the Steering Committee to assist in refining the focus areas, but also to consider how the priority strategies for HK2020 could find other practical applications throughout participants’ organizations. DSRIP was an example of how the HK2020 process could provide the basis for actual system reform projects that will impact the health of Kansans.

Summary of Input

The roundtable discussions produced helpful insights and information for the DSRIP project team that was integrated into the proposed focus areas. Some input will also be helpful as the DSRIP project moves forward into the development of protocols and specific hospital DSRIP projects.

The list below summarizes the key areas of input provided by stakeholders. Overall, stakeholder participants expressed excitement over the DSRIP program, and the opportunity to work with the participating hospitals.

- Overall, participants expressed that the alignment and translation of KH2020 strategies into focus areas was appropriate.
- Participants generally expressed satisfaction with the focus areas, noting that they would allow for numerous projects and strategies for health improvement.
- The proposed focus areas were sufficiently broad to allow for innovation by the hospitals to create projects that will produce true reform.
- The focus areas should support the involvement of a variety of community partners, including community health providers, schools, local farmers’ markets and other organizations.

- Disparate populations should not be lost in focus areas or DSRIP projects. Although they are not an explicit area of focus, the needs of these populations should be considered in any and all DSRIP projects.
- The focus areas should allow for projects that improve supports for the social and emotional development of children and families.
- Participants emphasized that the focus areas should allow the hospitals to work in their areas of expertise, and involve community partners for their expertise as well.
- Participants would like to see proposed DSRIP projects work toward eliminating silos in the care delivery system.
- Participants expressed their support for DSRIP projects that truly produce statewide impacts.
- The focus areas should allow for the inclusion of oral health and dental programs.
- Environmental factors (such as clean air and water programs) should be included in focus areas and projects as needed.
- The focus areas should produce projects that help make healthy choices for individuals easier and focus on prevention.

KDHE also sought and received volunteers from among the Steering Committee to advise the DSRIP project team through focused input on the DSRIP planning and funding and mechanics protocols, as well as specific hospital DSRIP plans.

Proposed Focus Areas

The list below comprises Kansas' proposed DSRIP focus areas. The focus areas have been revised according to the stakeholder input received.

- Increase access to services, including primary care and preventive services
- Increase the effective and efficient use of population health management through health information technology (HIT)
- Increase integration of the health care delivery system, including medical, behavioral health, and social services.
- Promote physical activity through encouraging and marketing the benefits of physical activity and expanding access and opportunities for physical activity
- Improve health literacy, including nutrition education and tobacco use prevention and control
- Expand health and wellness programs and develop incentives for participation in these programs
- Expand chronic and complex care management models
- Promote healthy communities, including access to clean air and water and healthy food and lifestyle choices

The DSRIP project team respectfully submits the above proposed focus areas and looks forward to future collaboration with the DSRIP hospitals, CMS partners, and other stakeholders for the DSRIP program.

EXHIBIT A: Healthy Kansans 2020 Steering Committee Members

Sector	Organization	Name
Aging	KS Dept on Aging & Disability Services	Shawn Sullivan
Academia	KU Preventive Medicine-KC	Dr. Ed Ellerbeck
Children & Families	KS Dept for Children & Family Services	Phyllis Gilmore
Clinical Health	KU Cancer Center	Dr. Gary Doolittle
	KS Hospital Association	Leonard Hernandez
	KS Hospital Association	Tom Bell
	KS Medical Society	Dr. Mark Synovec
	KS Medical Society	Jerry Slaughter
	KS Dental Association	Dr. Hal Hale
	KS Dental Association	Dr. Kevin Robertson
	KS Academy of Family Physicians	Dr. Chris Cupp
Commerce	Dept. of Commerce	Pat George
	Public Square Communities	Terry Woodbury
Crime & Justice	Dept. of Corrections	Ray Roberts
	Juvenile Justice Authority	Terri Williams
Disability	KS Commission on Disability Concerns	Martha Gabehart
Disparate Populations	KS Hispanic and Latino American Affairs Commission	Adrienne Foster
	KS Native American Affairs Office	Chris Howell
	KS African American Affairs Commission	Dr. Mildred Edwards
Education	KS Dept. of Education	Dr. Diane DeBacker
	KS Association of School Boards	Dr. John Heim
Food & Nutrition	KS Dept. of Agriculture	Dale Rodman
	KS Rural Center	Julie Mettenberg
	KU Dietetics & Nutrition	Dr. Debra Sullivan
	KU Preventive Medicine-Wichita	Judy Johnston
Health Care Delivery Systems	KS Insurance Dept.	Sandy Praeger
	BCBS (Private Insurance)	Matt All
HIE/HIT	KS Health Information Exchange	Dr. Joe Davison
Housing	KS Housing Resources Corp.	Dennis Mesa
Injury	Safe Kids Kansas	Dr. Jeffrey Colvin
Legislature	KS Senate	Sen. Laura Kelly
	KS Senate	Sen. Vicki Schmidt
	KS House	Rep. Barbara Ballard
	KS House	Rep. David Crum
	KS House	Rep. Don Hill
	KS House	Rep. Brian Weber
Philanthropic	Kansas Health Foundation	Steve Coen
	Sunflower Foundation	Billie Hall
	REACH Healthcare Foundation	Brenda Sharpe
	United Methodist Health Ministry Fund	Kim Moore

EXHIBIT A: Healthy Kansans 2020 Steering Committee Members

Physical Activity	KS Recreation & Parks Assoc.	Doug Vance
Public Health	KDHE	Dr. Robert Moser
	Kansas Health Institute	Dr. Robert St. Peter
	KS Assoc. Local Health Depts.	Michelle Ponce
	Urban Health Dept.	Claudia Blackburn
	Rural Health Dept.	Gina Frack
	Consultant	Shirley Orr
Transportation & Planning	KS Dept. of Transportation	Mike King
	Sedgwick County Board of Commissioners	Tim Norton

EXHIBIT B: Healthy Kansans 2020 Cross-Cutting Themes and Priority Strategies

HEALTHY KANSANS 2020		
Working together, working smarter to routinely connect state and local partners across disciplines and sectors to enhance implementation of innovative systems and strategies, and improve individual and community well-being in Kansas by 2020.		
Cross-cutting Themes and Priority Strategies		
Healthy Living	Healthy Communities	Access to Services
<ul style="list-style-type: none"> • Promote physical activity (encourage and market the benefits of physical activity, expand access to public places for physical activity, expand opportunities for physical activity in schools and child care settings) 	<ul style="list-style-type: none"> • Promote access to healthy foods, and support policies that promote healthy food choices (label healthy vending and menu options, encourage farmers' markets and expand access to target seniors and low income Kansans) 	<ul style="list-style-type: none"> • Improve access to services that address the root causes to poor health (food insecurity, homelessness, low education, income and health literacy)
<ul style="list-style-type: none"> • Promote healthy eating (provide nutrition education to address low health literacy, encourage healthy eating through marketing materials, promote availability of healthy local foods) 	<ul style="list-style-type: none"> • Support policies that make the default choice the healthy choice (policies that influence/support the adoption of healthy lifestyle behaviors, reduce prevalence of chronic disease, injury and rates of infectious disease, and support the quality and availability of child care) 	<ul style="list-style-type: none"> • Effectively and efficiently use population health management through health information technology (HIT) (optimize use of electronic health records (EHR's) and health information exchange (HIE))
<ul style="list-style-type: none"> • Develop incentives for Kansans to participate in health and wellness programs (smoking cessation, weight loss, nutrition classes, chronic disease self-management) 	<ul style="list-style-type: none"> • Promote environments and community design that impact health and support healthy behaviors (ensure access to clean air and water, promote adoption of complete streets designs, promote walking trails, bike trails and ensure safe housing free of lead, mold and radon) 	<ul style="list-style-type: none"> • Promote integrated health care delivery, including integrated behavioral health, social services and medical care (patient-centered medical home, trainings for health professionals)
<ul style="list-style-type: none"> • Promote tobacco use prevention and control (cessation, policy and education) 		
<ul style="list-style-type: none"> • Improve supports for the social and emotional development of children and families (healthy home visitors, mental health, bullying, parents as teachers, breastfeeding education and prenatal care) 		
<p>Kansans equipped to take an active role in improving their health and supporting their families and friends in making healthy choices.</p>	<p>Kansans working together to impact the natural as well as human-formed conditions that influence health and/or risk for injury.</p>	<p>Kansans ready access to information and health and social services to achieve the best health outcomes.</p>