

2019

# Delivery System Reform Incentive Payment (DSRIP) Program

Independent Evaluation

Annual Performing Provider System (PPS) Report  
for **Community Partners of Western New York PPS**

DSRIP Demonstration Year 0 – DSRIP Year 4

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# Overview of Report

The objective of this report is to share interim results of the New York State Delivery System Reform Incentive Payment (NYS DSRIP) program evaluation with the Performing Provider System (PPS) to inform implementation, operations, and quality improvement efforts. This report is focused on the Community Partners of Western New York PPS. Assessments of the implementation, operation, and patient care as shared by the study participants of the Community Partners of Western New York PPS will be reflected in this report and within the soon to be released 2019 Statewide Annual Report. These findings will be supported by representative quotations and descriptive statistics.

This is the second annual PPS report based on the independent evaluation of the NYS DSRIP program. Last year's 2018 PPS Annual Report provided results from the first research cycle conducted by the Independent Evaluator which examined early years of DSRIP program implementation and process. This 2019 report includes results from the first and second research cycles and covers the period from Demonstration Year 0 through half of Demonstration Year 4. **It does not include specific PPS analyses of administrative performance data because the DSRIP data available on performance measures was limited during research cycle 2.** However, readers should reference the soon to be released 2019 Statewide Annual Report by the Independent Evaluator which includes a preliminary analysis of available performance measures. Next year's 2020 PPS report will include results from the third research cycle of the implementation and process study and analyses of performance data.

Data sources for this 2019 report include PPS key informant interviews, partner surveys of health care providers, and patient surveys. Partner focus groups will be conducted in the Community Partners of Western New York PPS region during research cycle 3.

The report is organized into the following sections:

## Section I. Background Information

1. Background and Statewide Evaluation Approach
2. Description of Methods and Data Sources for this PPS Annual Report

## Section II. Community Partners of Western New York

3. Community Partners of Western New York PPS Brief Overview
4. Community Partners of Western New York PPS Findings
5. Recommendations for Community Partners of Western New York PPS
6. Conclusion and Plans for Future Research

# Section I.

## Background Information

### 1. STATEWIDE EVALUATION APPROACH

#### 1.a. Independent evaluation approach

The Research Foundation of the State University of New York at the University at Albany is conducting a statewide evaluation of the DSRIP program. The evaluation employs quantitative and qualitative methods to:

- Assess program effectiveness on a statewide level with respect to the Medicaid Redesign Team (MRT) Triple Aim of improving care, improving health and reducing per capita costs;
- Obtain information on the effectiveness of specific projects and strategies selected by the PPS and the factors associated with program success; and
- Obtain feedback from stakeholders, including New York State Department of Health (NYS DOH) staff, PPS administrators and providers, and Medicaid members served under the DSRIP program regarding the program's planning and implementation, and on the health care service experience under DSRIP reforms.

The Independent Evaluator is using a mixed methods strategy to meet the project objectives. Mixed methods approaches offset the weaknesses inherent in single method approaches, and allow evaluators to confirm, cross-validate, and corroborate the findings (Creswell, et al., 2003; Teddlie and Yu, 2007). In the final stage of the analysis, findings from the different analyses and sources will be triangulated to develop an integrated analysis.

The evaluation consists of three components: (1) an implementation and process evaluation, (2) a time series evaluation; and (3) a comparative analysis. Each evaluation component is summarized below.

#### 1.b. Implementation and process evaluation

The implementation and process component of the evaluation provides context regarding the health care infrastructure existing prior to the DSRIP program, process factors (e.g., communication, leadership) that shaped each PPS, and program implementation and operations strategies utilized by each PPS. Data sources include:

- Focus groups with DSRIP-engaged partners conducted annually in different regions of the state;
- Semi-structured key informant interviews with PPS senior leadership and PPS project administrators;
- Electronic surveys of DSRIP-engaged partners (Partner Survey); and
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys of patients.

Further detail on these methods is provided in the "Description of Methods and Data Sources for this Report" section below.

#### 1.c. Time series evaluation

The statewide impact of the DSRIP program is being evaluated using an interrupted time series design to examine trends in the DSRIP domain-specific performance measures used for PPS valuation and payment. This component of the project looks at health care service delivery, health improvements, and cost to the Medicaid program at the state level during the study period. The data source for the time series analysis is the DSRIP Dataset, an administrative dataset prepared by the NYS DOH for the purpose of the DSRIP program and made available to the Independent Evaluator. The DSRIP Dataset contains information on DSRIP performance measures and PPS characteristics, such as PPS member attribution, provider networks, project selection, and project service area.

## 1.d. Comparative analysis

The comparative analysis applies quantitative techniques to assess relative PPS performance on domain-specific metrics over time also using the DSRIP Dataset. Specifically, the comparative analysis examines how PPS characteristics are associated with changes in performance overall, and whether PPS with different characteristics have divergent changes after the initiation of the DSRIP program. The qualitative data emanating from the implementation study will be used to further contextualize the findings of both the time series analysis and the comparative analysis.

## 2. DESCRIPTION OF METHODS AND DATA SOURCES FOR THE PPS ANNUAL REPORT

Exhibit 1 summarizes the data sources in the PPS-specific reports from the first two research cycles. The last row shows the final sample sizes for the Community Partners of Western New York PPS. Following the exhibit are further details about the methods used to collect these data.

*Exhibit 1. Data Sources for the PPS Annual Report*

	<b>PPS Key Informant Interviews</b>	<b>Statewide Partner Survey</b>	<b>Patient Survey (Clinician &amp; Group CAHPS Survey version 3.0)</b>	<b>Regional Partner Focus Groups</b>
<b>What</b>	Semi-structured telephone interviews to collect information on PPS organizational development (cycle 1), project implementation (cycle 2), and perceived performance (cycles 1 and 2).	Web-based survey of project-associated partners to collect information on the functioning of individual projects.	Mail and phone survey of Medicaid members to collect information on patient perspectives of health care providers and services.	In-person focus groups of project-associated partners to collect information on their perceptions of the DSRIP program.
<b>Who</b>	Cycle 1: PPS administrators and staff at each of the 25 PPS who were most knowledgeable about DSRIP start-up, implementation, administrative components, and challenges in Demonstration Years 0-3. Cycle 2: PPS administrators and staff directly responsible for launching and overseeing project implementation in Demonstration Years 0-4.	Partners engaged in PPS projects.	Medicaid members ages 18-64 who were attributed to one of the 25 PPS and had at least one visit with a primary care provider in the PPS network.	Cycle 1: Partners engaged in PPS projects from the Capital District and Adirondack regions. Cycle 2: Partners engaged in PPS projects from the New York City and Long Island areas.
<b>When</b>	Cycle 1: July – August 2017 Cycle 2: June – August 2018	Cycle 1: September – November 2017 Cycle 2: September – October 2018	Demonstration Year 1: September 2015 – December 2015 Demonstration Year 2: September 2016 – November 2016 Demonstration Year 3: September 2017 – December 2017	Cycle 1: November 2017 Cycle 2: August 2018
<b>Final Sample Size at Community Partners of Western NY</b>	<b>Cycle 1: 10</b> <b>Cycle 2: 6</b>	<b>Cycle 1: 66 (response rate of 22%)</b> <b>Cycle 2: 109 (response rate of 46%)</b>	<b>Demonstration Year 1: 561 (response rate of 40%)</b> <b>Demonstration Year 2: 323 (response rate of 32%)</b> <b>Demonstration Year 3: 442 (response rate of 35%)</b>	<b>Cycle 1: n/a</b> <b>Cycle 2: n/a</b>

Abbreviations: Demonstration Year (DY), Consumer Assessment of Healthcare Providers and Systems (CAHPS)

## 2.a. Key informant interviews

Two cycles of key informant interviews with PPS administrators and staff have been conducted by the Independent Evaluator, using purposive sampling to identify key informants at each of the 25 PPS (Bryman 2012; Creswell 2013; Patton, 2002). During the first cycle, interviews were conducted from July through August 2017 with PPS administrators and staff identified at each of the 25 PPS who were most knowledgeable about PPS formation and structural configurations, DSRIP program start-up, implementation, ongoing processes, administrative components, and challenges in the first two DSRIP program years. If a single person did not possess the necessary knowledge and background in these areas, additional people were included in the interview. Generally, in the first cycle the sample included one or more of the following individuals:

- Chief Executive Officer
- Chief Operating Officer, or the individual currently responsible for all operations
- Someone with authority who was involved in PPS startup
- Fiscal officer or individual involved in financial transactions
- Others identified by either the NYS DOH or the PPS who were vital to the ongoing operations of the PPS

During the second cycle, interviews were conducted from June through August 2018 with individuals who were directly responsible for launching DSRIP projects and overseeing project implementation. These were typically project managers during the implementation phase. By Demonstration Year 4, most PPS had restructured, and many project managers were phased out. Thus, the key informants for the second cycle had a variety of titles.

The interviews for both cycles were guided by an overarching interview protocol that was designed to address the following topics in both cycles:

- Early operations
- Challenges and successes
- Perceived outcomes and recommendations

Development of the interview guide for both cycles included identification of major topics that were within the scope of the research questions of the implementation and process study. The final guide included questions approved by the New York State Department of Health. Prior to each interview, the interview guide was tailored to individual roles and PPS organizations once participants were identified. For example, for the second research cycle some PPS had legacy staff who were with the project since initial formation and other PPS experienced full turnover. As such, questions were developed to be flexible within the knowledge scope of interview participants. Prior to each interview, the interviewers prepared by reviewing publicly available documents such as PPS Quarterly Reports and the Mid-Point Assessment Reports to understand the context of each PPS. For the second research cycle, the key informants received a pre-interview survey. These brief surveys collected information about each participant's role in project implementation to help prepare evaluation staff for the interview.

Interviews were conducted by telephone, with at least two interviewers participating in each interview to improve reliability. Interviews were recorded and subsequently transcribed by one of the researchers. The interviewers supplemented the audio files with hand-written notes. Finally, the interviews were organized into major themes and coded.

Interviews were conducted with ten key informants from Community Partners of Western New York in the first research cycle and six key informants in the second research cycle. To ensure participant confidentiality interview findings are not included in this report, but de-identified quotes will be included in the soon to be released 2019 Statewide Annual Report.

See Appendix 1 for the Key Informant Interview Guides.

## 2.b. Statewide partner survey

To gather uniform information about perceptions of the DSRIP program and the functioning of individual projects, an electronic survey was administered to project-associated providers. To identify respondents in the first survey cycle, the evaluation team built unique contact lists of providers for each of the 25 PPS by merging provider network lists from the Provider Export/Import Tool (PIT)/Provider Export/Import Tool-Revised (PIT-R) with corresponding contact information from the Medicaid Analytics Performance Portal (MAPP). The list reflected PPS networks in Demonstration Year 2. The contact lists were sent to the PPS for review and to identify “engaged providers” who were contractually involved in PPS projects. Engaged providers were defined as providers or organizations that were participating in one or more of the PPS’s projects. As this survey was focused on agencies who were involved with a DSRIP project, rather than all partners who provide services, the sample was defined narrowly. A PPS may have many more partner agencies or individual practitioners than were included in the survey sample.

A similar approach was used to identify respondents in the second survey cycle. A new list of partners, based on PPS networks in Demonstration Year 3, was obtained from the NYS DOH’s vendor that manages the Medicaid Data Warehouse and houses the PPS updated network lists. The new lists were compared to the lists used in the first survey cycle to identify any new providers. Each PPS was asked to review the updated list that included engaged partners identified the previous year as well as new providers, identify additional engaged partners that were not yet on the list, and indicate if any partners were no longer engaged.

The survey questions in each cycle covered the following topics:

- Service provision and project operations
- Factors that helped or hindered their implementation
- Level of satisfaction with project operation
- Reflections on what worked well and less well
- Overall perception of the DSRIP program
- Overall perception of DSRIP projects
- Preparations for value based payment

Most survey items were kept consistent across cycles to allow for interpretation of changes over time. Some questions were modified in the second cycle, based on feedback from the first cycle and emerging topics. Changes included adjusted time frames, dropping questions about early implementation, and adding items about the specific resources needed to transition to value based payment.

For the first cycle, the survey launched in September 2017 on the Qualtrics online survey platform and closed in November 2017. In the Community Partners of Western New York PPS, the survey was sent to 295 email addresses and 66 responses were received, generating an estimated 22% response rate in the first cycle. For the second cycle, the survey launched in September 2018 and closed in October 2018. The survey was sent to 238 valid email addresses and 109 responses were received from the Community Partners of Western New York PPS, generating an estimated 46% response rate in the second cycle. Please note that because the survey was sometimes forwarded to additional people, it is not possible to calculate the exact response rate.

For this report, Partner Survey data were cleaned by the evaluation team and then analyzed using SPSS software for respondent characteristics and respondent perceptions of project evaluations, DSRIP benefits, benefits by project type, benefits by organization type, value based payment, and DSRIP effectiveness.

Quantitative and qualitative results from the Partner Survey are included in this report. Representative quotes received from respondents to the Independent Evaluator’s 2017 and 2018 Partner Survey were minimally edited for clarity, but not for grammar.

See Appendices 2 and 3 for further details about Partner Survey methodology and copies of the instruments.

## 2.c. Focus groups

Partner focus groups were not conducted in the Community Partners of Western New York PPS region in research cycle 1 or 2. Focus groups will be conducted during research cycle 3 in this area. Aggregated responses from Focus Group activities in research cycle 1 and 2 are included in the 2018 and soon to be released 2019 Statewide Annual Reports.

## 2.d. Patient survey (CAHPS survey)

Patient perspectives were assessed via the Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) (version 3.0) survey, administered annually by DataStat, Inc. The CG-CAHPS (version 3.0) survey is a nationally vetted tool designed to assess the performance of clinicians and medical groups, with items addressing many domains of patient experience, such as receipt of timely care, communication with doctors, and overall satisfaction with their provider. In addition, the survey included 18 supplemental questions of particular interest to NYS DOH concerning health literacy, health promotion, and care coordination.

The surveys were administered to a sample of Medicaid members, aged 18 to 64, who were attributed to a PPS and had at least one visit with a primary care provider in the PPS network from January to June prior to the survey administration. Each year's survey targeted 1,500 adults from each of the 25 PPS in New York. Surveys were sent to 37,500 members following a combined mail and phone methodology (three mailings, with a phone call follow-up to non-responders).

The CG-CAHPS data presented in this report were collected in Demonstration Years 1, 2, and 3. The Demonstration Year 1 survey was conducted between September 14, 2015 and December 7, 2015. In the Community Partners of Western New York PPS, a total of 561 responses were received in Demonstration Year 1 resulting in a 40% response rate (after excluding ineligible participants). The Demonstration Year 2 survey was conducted between September 16, 2016 and November 30, 2016. A total of 323 responses were received in Demonstration Year 2, resulting in a 32% response rate. The Demonstration Year 3 survey was conducted between September 18, 2017 and December 3, 2017. A total of 442 responses were received in Demonstration Year 3, resulting in a 35% response rate.

# Section II.

## Community Partners of Western New York PPS

### 3. COMMUNITY PARTNERS OF WESTERN NEW YORK PPS BRIEF OVERVIEW

Readers are encouraged to refer to Section 3 of the 2018 Community Partners of Western New York Annual PPS Report for a brief general overview of DSRIP PPS, as well as the attribution, valuation, and project selection information for the Community Partners of Western New York.

### 4. COMMUNITY PARTNERS OF WESTERN NEW YORK PPS FINDINGS

The Community Partners of Western New York PPS is a network of the Catholic Health System plus five community hospitals; more than 100 health, human service, and education organizations; and over 1,000 physicians from across the region. It focuses on transforming the delivery of health care in Chautauqua, Erie, and Niagara counties. Its goals are to:

- Improve clinical care and services to the Medicaid population and

- Achieve a measurable reduction in its population's burden of illness, while achieving the New York State target of a 25% reduction in avoidable hospital use over a five-year period.<sup>1</sup>

This report contains interwoven data findings from data collected in the Community Partners of Western New York partner survey and patient survey during research cycles 1 and 2. As noted in Section 2, representative quotes from the Key Informant Interviews are not included in this report but are included in the soon to be released 2019 Statewide Annual Report. This report highlights both the successes and challenges faced by participants in the implementation and operation of the DSRIP program. In both data collection periods, special attention was taken to collect retrospective data, as well as current implementation and process data up to the time period concurrent with the data collection. Thus, research cycle 1 findings reflect Demonstration Year 0 up to the first half of Demonstration Year 3 while research cycle 2 findings reflect Demonstration Year 0 up to the first half of Demonstration Year 4.

Findings are organized into six sections:

- Community Partners of Western New York partner perceived effectiveness of the DSRIP program
- Community Partners of Western New York partner perceived benefits and changes due to the DSRIP program
- Community Partners of Western New York partner perceived effectiveness of and satisfaction with projects
- Community Partners of Western New York partner perceptions of value based payment readiness
- Community Partners of Western New York patient perceptions of care
- Community Partners of Western New York partner DSRIP program improvement recommendations

#### 4.a. Community Partners of Western New York partner perceived effectiveness of the DSRIP program

Most partner survey respondents (84% in 2017; 71% in 2018) reported the DSRIP program to be at least moderately effective (Exhibit 2). These were slightly higher than the statewide percentages.

**Exhibit 2. How effective do you perceive DSRIP to be overall?**

	2017		2018	
	CPWNY (N=56)	NYS (N=764)	CPWNY (N=107)	NYS (N=942)
<b>Extremely effective</b>	14%	9%	9%	9%
<b>Very effective</b>	27%	25%	24%	25%
<b>Moderately effective</b>	43%	40%	38%	36%
<b>Slightly effective</b>	11%	20%	19%	23%
<b>Not at all effective</b>	5%	5%	9%	7%

Source: Authors' analysis of the 2017 and 2018 statewide partner survey.  
Abbreviations: Community Partners of Western New York (CPWNY), New York State (NYS)  
Note: Percentages do not total 100% due to rounding.

In 2017, 64% of respondents believed that DSRIP programs positively affected population health in their service area. This increased to 73% in 2018 (Exhibit 3).

<sup>1</sup> This information was obtained from the website of the PPS, <http://wnycommunitypartners.org/>



**Exhibit 3. Do you believe DSRIP has changed any aspect of population health within your service area?**

	2017		2018	
	CPWNY (N=55)	NYS (N=771)	CPWNY (N=109)	NYS (N=946)
<b>Very positive change</b>	15%	8%	16%	14%
<b>Some positive change</b>	49%	47%	57%	60%
<b>No change</b>	16%	23%	19%	18%
<b>Some negative change</b>	0%	<1%	3%	<1%
<b>Very negative change</b>	0%	0%	<1%	<1%
<b>I don't know</b>	20%	22%	5%	8%

Source: Authors' analysis of the 2017 and 2018 statewide partner survey.

Abbreviations: Community Partners of Western New York (CPWNY), New York State (NYS)

Notes: The 2018 Statewide Annual Report did not include the "No change" response in analysis of this item. Percentages do not total 100% due to rounding.

A total of 73% of survey respondents in 2017 said that patients were experiencing positive change in care. This increased to 81% of respondents in 2018 (Exhibit 4).

**Exhibit 4. In your view, are patients experiencing better care since the launch of DSRIP?**

	2017		2018	
	CPWNY (N=55)	NYS (N=772)	CPWNY (N=109)	NYS (N=952)
<b>Very positive change</b>	9%	9%	17%	15%
<b>Some positive change</b>	64%	54%	64%	60%
<b>No change</b>	13%	18%	11%	14%
<b>Some negative change</b>	0%	<1%	3%	1%
<b>Very negative change</b>	0%	0%	<1%	<1%
<b>I don't know</b>	15%	19%	5%	9%

Source: Authors' analysis of the 2017 and 2018 statewide partner survey.

Abbreviations: Community Partners of Western New York (CPWNY), New York State (NYS)

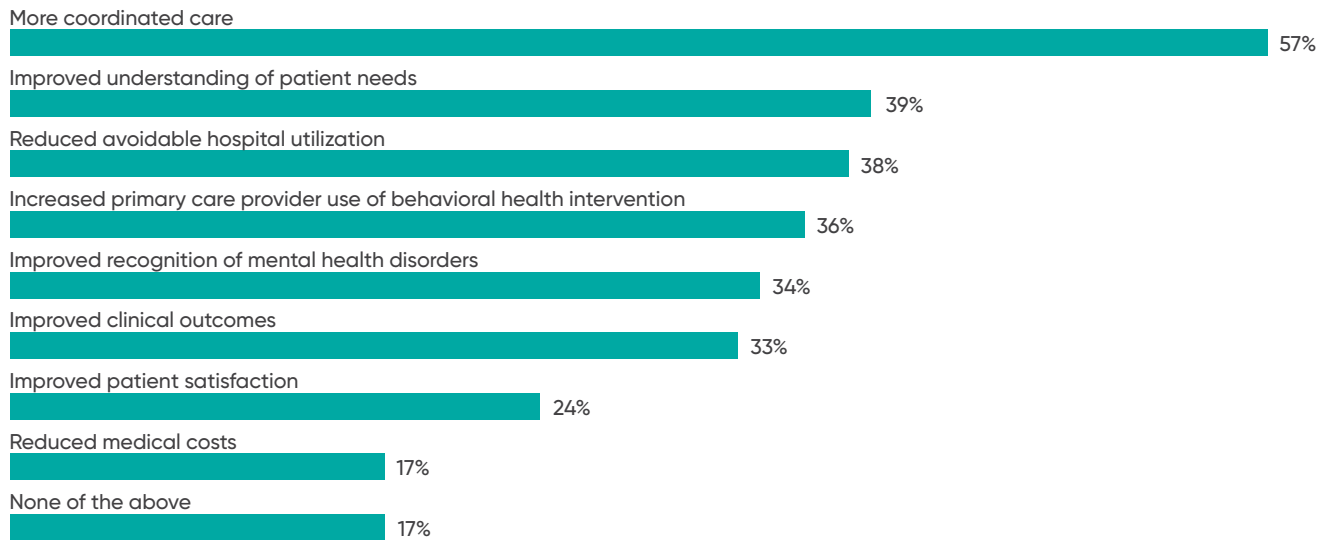
Notes: The 2018 Statewide Annual Report did not include the "No change" or "I don't know" responses in analysis of this item. Percentages do not total 100% due to rounding.

## 4.b. Community Partners of Western New York partner perceived benefits and changes due to the DSRIP program

Survey participants were asked if they observed any of the following benefits from the DSRIP program (Exhibit 5). In 2018, more than half perceived more coordinated care. Approximately one-third saw improved understanding of patient needs, reduced avoidable hospital utilization, increased primary care provider use of behavioral health intervention, improved recognition of mental health disorders, and improved clinical outcomes.

A similar item in the 2017 survey generated similar responses (data not shown). However, in 2018, more partners observed improved clinical outcomes.

**Exhibit 5. Benefits attributed to DSRIP program (N=109)**

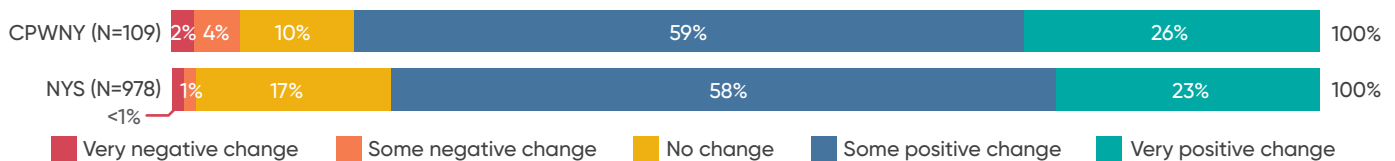


Source: Authors' analysis of the 2018 statewide partner survey.  
 Note: Percentages do not total 100% because respondents could select more than one item.

In 2018, respondents who selected each benefit were asked whether they expected that benefit to continue after DSRIP program funding ended. Of these, at least 62% believed that each of the benefits would continue, and 85% believed that increased primary care provider use of behavioral health intervention would continue.

In the 2018 partner survey, 85% of respondents reported that the services or clinical care at their organization had changed for the better since the DSRIP program was initiated (Exhibit 6).<sup>2</sup>

**Exhibit 6. How have the services or clinical care at your organization changed since DSRIP was initiated?**



Source: Authors' analysis of the 2018 statewide partner survey.  
 Abbreviations: Community Partners of Western New York (CPWNY), New York State (NYS)  
 Note: Percentages do not total 100% due to rounding.

Partner survey participants noted a number of changes due to the DSRIP program in their open-ended responses. In particular, stakeholder collaboration and funding that did not exist prior to the DSRIP program gave providers additional resources to improve patient care and outcomes.

*DSRIP funding has allowed for the implementation of programs and services that would otherwise not be funded, which impact the ability to control avoidable ER visits and hospital admissions.*  
 - 2018 partner survey respondent

<sup>2</sup> Direct comparison to the 2017 Statewide Partner Survey is not possible for this survey item due to wording changes to improve clarity.

*DSRIP is bringing together stakeholders that might not have worked together in the past; i.e., health systems working with CBOs, primary care providers working with behavioral health agencies.*

*- 2018 partner survey respondent*

*Physicians are paying more attention to the needs of their patients. - 2018 partner survey respondent*

*We have better systems in place to monitor patient needs. - 2018 partner survey respondent*

*In our practice, the biggest change has been further increasing primary care contact with our patients, especially for preventative care measures. - 2018 partner survey respondent*

*Engaging with community organizations to get better understanding of patient needs and delivery of patient-centered services. - 2018 partner survey respondent*

#### 4.c. Community Partners of Western New York partner perceived effectiveness of and satisfaction with projects

The partner survey asked providers about their experiences with individual projects as well as their experiences with the DSRIP program overall. In 2017, respondents had the opportunity to provide feedback about up to three projects they worked on, and 92 project-specific responses were collected from Community Partners of Western New York. In 2018, respondents could provide feedback about all of their projects, and 260 project-specific responses were collected.

In both years, participants were asked how effective they perceived the project to be at meeting its intended goals. A total of 85% of responses in both 2017 and 2018 rated projects to be at least moderately effective (Exhibit 7). These percentages were higher than those statewide.

**Exhibit 7. Community Partners of Western New York project effectiveness ratings**

	2017		2018	
	CPWNY (N=78)	NYS (N=1,456)	CPWNY (N=231)	NYS (N=3,177)
<b>Extremely effective</b>	26%	12%	18%	16%
<b>Very effective</b>	27%	28%	33%	28%
<b>Moderately effective</b>	32%	33%	34%	36%
<b>Slightly effective</b>	12%	19%	12%	15%
<b>Not at all effective</b>	4%	7%	3%	6%

Source: Authors' analysis of the 2017 and 2018 statewide partner survey.

Abbreviations: Community Partners of Western New York (CPWNY), New York State (NYS)

Note: Percentages do not total 100% due to rounding.

Partners were also asked to rate the degree to which they perceived each of their projects were changing patient care. (Again, survey respondents were able to answer separately for each project in which they participated.) Most responses indicated that projects were leading to positive change; 85% in 2017 and 84% in 2018. (See Exhibit 8.)

**Exhibit 8. Please indicate the degree to which you perceive the project is changing patient care**

	2017		2018	
	CPWNY (N=80)	NYS (N=1,573)	CPWNY (N=232)	NYS (N=3,189)
<b>Very positive change</b>	31%	19%	24%	24%
<b>Some positive change</b>	54%	55%	60%	55%
<b>No change</b>	15%	26%	14%	19%
<b>Some negative change</b>	0%	<1%	<1%	1%
<b>Very negative change</b>	0%	0%	<1%	<1%

Source: Authors' analysis of the 2017 and 2018 statewide partner survey.

Abbreviations: Community Partners of Western New York (CPWNY), New York State (NYS)

Note: Percentages do not total 100% due to rounding.

Partners' satisfaction ratings of their projects are shown in Exhibit 9. In 2017, survey participants were asked about their satisfaction with project implementation, operations during Demonstration Years 0-2, and current operations (Demonstration Year 3 at the time of the survey) of each project. In 2018, participants were asked about their satisfaction with operations of the project over the past 12 months (Demonstration Year 4 at the time of the survey). More than three-quarters of responses from Community Partners of Western New York partner survey participants indicated that they were somewhat or very satisfied with project implementation and operation. These percentages were higher than those statewide.

**Exhibit 9. Community Partners of Western New York project satisfaction ratings**

	Satisfaction with project implementation		Satisfaction with project operations Demonstration Year 0-2		Satisfaction with project operations Demonstration Year 3		Satisfaction with project operations Demonstration Year 4	
	CPWNY (N=88)	NYS (N=1,628)	CPWNY (N=85)	NYS (N=1,537)	CPWNY (N=88)	NYS (N=1,622)	CPWNY (N=233)	NYS (N=3,147)
<b>Very satisfied</b>	50%	28%	44%	27%	50%	26%	40%	33%
<b>Somewhat satisfied</b>	35%	39%	42%	43%	36%	40%	38%	38%
<b>Neither satisfied nor dissatisfied</b>	15%	23%	13%	25%	13%	24%	14%	19%
<b>Somewhat dissatisfied</b>	0%	6%	0%	0%	0%	6%	6%	6%
<b>Very dissatisfied</b>	0%	3%	1%	5%	0%	2%	3%	5%
<b>Not applicable</b>	0%	1%	0%	0%	1%	2%	0%	0%

Source: Authors' analysis of 2017 and 2018 statewide partner survey.

Abbreviations: Community Partners of Western New York (CPWNY), New York State (NYS)

Note: Percentages do not total 100% due to rounding.

Partner survey respondents noted particular success with Project 3.g.i (Integration of palliative care into the PCMH Model) and 2.c.ii (Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services).

*DSRIP has given patients a funding source to be able to access palliative care in the community which is where it is needed to prevent avoidable ER/hospital stays. Previously we could not serve this population of patients, which is unfortunate because they have high needs in terms of palliative care in the community setting. - 2018 partner survey respondent*

*We have done a remarkable job with reducing overall costs by reducing ER and ambulance usage through telemedicine. Currently it's being funded through DSRIP but once that ends, we would not be able to continue the services without funding. The patients we serve, along with their families, have demonstrated a*

*high degree of satisfaction and enjoy avoiding the ER trip, which results in increased cost, time spent away from home, and overall uneasiness. - 2018 partner survey respondent*

### 4.d. Community Partners of Western New York partner perceptions of value based payment readiness

As shown in Exhibit 10, a significant majority of respondents characterized themselves as “somewhat knowledgeable” or “very knowledgeable” of value based payment (89% in 2017; 80% in 2018).

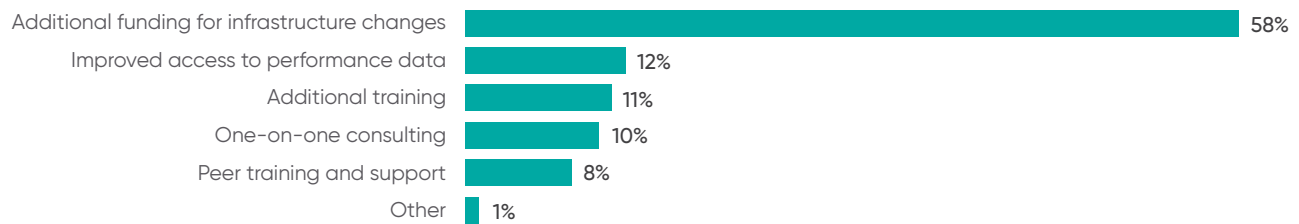
**Exhibit 10. How do you characterize your understanding of value based payment?**

	2017		2018	
	CPWNY (N=56)	NYS (N=768)	CPWNY (N=108)	NYS (N=941)
<b>Very knowledgeable</b>	34%	23%	36%	28%
<b>Somewhat knowledgeable</b>	55%	59%	44%	51%
<b>A little knowledgeable</b>	7%	15%	18%	19%
<b>Not at all knowledgeable</b>	4%	3%	2%	2%

Source: Authors’ analysis of 2017 and 2018 statewide partner survey.  
Abbreviations: Community Partners of Western New York (CPWNY), New York State (NYS)

In 2017, 89% of respondents reported that their organizations had made changes to prepare for value based payment, while in 2018, that increased to 94%. However, most respondents still said they required more resources to facilitate the shift to value based payment (83% in 2017; 74% in 2018). In 2018, those who reported this were asked which resource would be most helpful. More than half said that they most needed additional funding for infrastructure changes (Exhibit 11).

**Exhibit 11. Which of these resources would be MOST helpful to your organization’s shift to value based payment? (N=73)**



Source: Authors’ analysis of the 2018 statewide partner survey.

### 4.e. Community Partners of Western New York patient perceptions of care

The CAHPS surveys completed by 561 Community Partners of Western New York patients in Demonstration Year 1, 323 patients in Demonstration Year 2, and 442 patients in Demonstration Year 3 showed that in general, patients were satisfied with their primary care providers. Over 80% gave their provider a high rating and received good care coordination. At least 90% felt their provider was a good communicator and experienced helpful, courteous, and respectful office staff. More than 85% received timely appointments, care, and information. Exhibit 12 displays these figures, as well as those for all PPS.

**Exhibit 12. CAHPS survey: Community Partners of Western New York patient satisfaction with providers, DY1, DY2, and DY3**

Demonstration year	Rated provider 8 or above	Getting Timely Appointment, Care, and Information	How Well Doctors Communicate with Patients	Care Coordination	Helpful, Courteous, and Respectful Office Staff
DY1 CPWNY	85%	90%	93%	87%	93%
DY1 All PPS	84%	85%	92%	84%	90%
DY2 CPWNY	85%	90%	91%	87%	94%
DY2 All PPS	82%	83%	91%	83%	89%
DY3 CPWNY	85%	89%	92%	87%	93%
DY3 All PPS	84%	86%	93%	84%	90%

Source: Authors' analysis of the Clinician & Group CAHPS 3.0 survey.

Abbreviations: Community Partners of Western New York (CPWNY), Demonstration Year (DY), Performing Provider System (PPS)

An established relationship with a primary care provider has been shown to improve health outcomes, reduce the cost of care overall by providing preventive interventions, facilitate access to the rest of the health care system, and reduce preventable hospital visits (Starfield, Shi, & Macinko, 2005). Thus, the CAHPS survey included items about continuity of care. Exhibit 13 presents these findings for Community Partners of Western New York, as well as those for all PPS. About three-quarters of respondents (73% in DY1; 74% in DY2; 85% in DY3) reported that the provider from whom they received care was the provider they usually saw if they needed a check-up, wanted advice about a health problem, or got sick or hurt. Over three-quarters (81% in DY1; 79% in DY2; 79% in DY3) were seeing this provider for at least one year. More than one-third were seeing the provider for five years or more (39% in DY1; 36% in DY2; 38% in DY3. Data not shown in Exhibit 13). Between DY1, DY2, and DY3, there were small changes in some of these scores, but until more years of data are collected and it is possible to see a trend over a longer period of time, it is not possible to say whether these changes were meaningful.

**Exhibit 13. CAHPS Survey: Community Partners of Western New York patient relationship with provider, DY1, DY2, and DY3**

Demonstration year	The patient saw usual provider	Patient had been seeing provider for at least one year
DY1 CPWNY	73%	81%
DY1 All PPS	79%	74%
DY2 CPWNY	74%	79%
DY2 All PPS	81%	76%
DY3 CPWNY	85%	79%
DY3 All PPS	87%	78%

Source: Authors' analysis of the Clinician & Group CAHPS 3.0 survey.

Abbreviations: Community Partners of Western New York (CPWNY), Demonstration Year (DY), Performing Provider System (PPS)

## 4.f. Community Partners of Western New York partner DSRIP program improvement recommendations

Partner survey respondents were asked to share suggestions for improvements to the DSRIP program. Many Community Partners of Western New York partners expressed challenges with increasing patients' utilization of their primary care providers. One suggested that encouraging patients to choose their own provider may increase likelihood of engagement.

*Patients continue to use ER for issues that they could easily see PCP. Patients just don't seem to mind going to ER, even if they have to wait a long time to be seen, for the care they seek. And then when an appointment is scheduled with a PCP (if they don't have one, for example), they no-show 99% of the time, and return to the ER for their next episode of illness. – 2018 partner survey respondent*

*Don't auto-assign patients to providers. Make patients think about a provider they want to choose and make them a part of that decision. They may be more apt to initiate a relationship.*

**- 2018 partner survey respondent**

*Partners hoped that initiatives showing success would either become reimbursable or receive funding to continue once the DSRIP program ends, so they will be able to maintain staffing and remain focused on work that drives and assesses quality care.*

*It would be nice if funding could be sustained or insurance payments established for programs such as Nurse Family Partnership. Great program with vast improvements and coordination of care for our prenatal patients. May be tough to sustain. - 2018 partner survey respondent*

*When/if the time comes where we lose the funding, we will have to cut staff. We will not have the resources necessary to place the same emphasis on quality measures, tracking, reporting, etc.*

**- 2018 partner survey respondent**

*Improvements to further integrate data and information systems and provide increased access to timely patient data were also suggested. Partners wished to see more data showing how effective their efforts were in reducing patient emergency department utilization and improving outcomes.*

*Integrated medical records are a must to improve integrated care. Live access to a client's records with alerts to concerns, while the client/patient is present, is the only way to effectively integrate care, reduce waste and address potential concerns. - 2018 partner survey respondent*

*It's difficult to gauge the effectiveness because we don't get any data from Medicaid to demonstrate whether, for example, the patient for whom we made an appt on discharge from the ED, has that decreased their usage of the ED? It seems that very specific data should be available; we submit the patient data, but get nothing back. - 2018 partner survey respondent*

*Respondents recommended that hospital-based PPS entities have less control over funding and resources, expressing concerns with funds flow to downstream providers. They suggested that PPS continue to improve engagement and collaborative efforts with providers, so providers feel more included and have a clearer understanding of their roles and expectations.*

*The PPS were "effective" in their outreach to CBOs early because the CBOs believed that DSRIP dollars would be coming their way, therefore hundreds of CBOs officially signed on to be PPS partners, but the actual level of meaningful engagement between PPSs and CBOs in WNY has been dismally low.*

**- 2018 partner survey respondent**

*...neither PPS in WNY has made significant efforts to engage CBOs. I hear about PPS in other regions that have provided funding and engaged CBOs in major projects. Here, they have hoarded the resources at the hospital level. CBOs were inundated with surveys and paperwork, and have received virtually none of the benefit... - 2018 partner survey respondent*

## **5. POSITIVE OBSERVATIONS AND SUGGESTED RECOMMENDATIONS FROM PARTNERS AND FROM RESEARCH FINDINGS FOR COMMUNITY PARTNERS OF WESTERN NEW YORK PPS**

### **5.a. Community Partners of Western New York PPS positive observations**

Community Partners of Western New York PPS activities and stakeholder feedback indicate the PPS is making progress towards reaching its goals. Overall, Community Partners of Western New York partners observed a number of positive

changes due to the DSRIP program and perceptions tended to be more positive in 2018 compared to 2017, although direct comparisons between the two research cycles were not always possible. Highlights of these positive changes based on the findings presented in Section 4 are summarized below.

- **Impact of the DSRIP program on population health and patient care:** In 2018, 73% of Community Partners of Western New York partners reported that DSRIP has positively impacted population health in their service area and 81% reported a positive impact on patient care, increases from 64% and 73%, respectively, in 2017.
- **Clinical care and service benefits of the DSRIP program:** In 2018, 85% of Community Partners of Western New York partners surveyed reported that services or clinical care at their organization had changed for the better since DSRIP was initiated.<sup>3</sup> They also reported observing several benefits to patient care due to the DSRIP program. In 2018, more than half of Community Partners of Western New York partner survey participants perceived more coordinated care and more than one-third of participants observed improved understanding of patient needs, reduced avoidable hospitalizations, increased primary care provider use of behavioral health interventions, and improved recognition of mental health disorders.

Comments from Community Partners of Western New York providers supported these findings of positive changes to clinical care in their service areas and emphasized bringing together stakeholders who have not previously worked together, including engaging with community organizations to deliver more patient-centered care. (See partner comments following Exhibit 6.)

- **DSRIP projects effectiveness:** In both 2017 and 2018, about 85% of Community Partners of Western New York partners reported that projects were at least moderately effective and that projects were leading to positive change in patient care.
- **Value Based Payment:** The majority of Community Partners of Western New York partners described themselves as at least somewhat knowledgeable about value based payment in both survey years (89% in 2017; 80% in 2018). Organizations also appear to be increasing their efforts to prepare for value based payment. In 2018, 94% of Community Partners of Western New York survey participants reported that their organizations had made changes to prepare for value based payment compared to 89% in 2017.

## 5.b. Suggested recommendations from partners and from research findings for Community Partners of Western New York PPS

- **Continue to support the shift to primary care utilization:** Many partners reported they continued to face challenges increasing patient utilization of primary care physicians, with patients continuing to rely on the emergency department for non-emergent health issues. Community Partners of Western New York may consider continuing to support shifts to primary care, including using relationships with community-based partners to obtain better access to some of the hardest-to-reach patients and examining the most appropriate ways to assign primary care providers to members.
- **Continue commitment to community-based organization inclusion:** Partners emphasized that community-based organizations are an important part of system transformation, but collaboration with non-hospital based partners has not reached its full potential in the Community Partners of Western New York PPS. Some partners also reported the belief that DSRIP funds were being funneled to hospitals in place of community-based organizations. The Community Partners of Western New York PPS may want to continue efforts to engage and integrate community-based organizations in initiatives, to clarify partner roles and expectations, and to continue to communicate its funds flow approaches with partners.
- **Continue data integration and sharing efforts:** Partners recognize that Community Partners of Western New York has worked to integrate data and information systems and provide partners with timely patient information to support their efforts. Partners would like these efforts to continue, especially as providers try to gauge the effectiveness of the

<sup>3</sup> Direct comparison to the 2017 Statewide Partner Survey is not possible for this survey item due to wording changes to improve clarity.



program on patients and the health care system. Community Partners of Western New York may consider continuing to seek approaches to ensure partners have timely access to data.

## 6. CONCLUSION AND PLANS FOR FUTURE RESEARCH

The Community Partners of Western New York PPS activities and stakeholder feedback from Demonstration Years 0 through the middle of Demonstration Year 4 indicate that the PPS is making progress towards meeting its goals and transforming health care. Overall, Community Partners of Western New York partners' perceptions of the impact of the DSRIP program and projects on population health and patient care. One subsequent Community Partners of Western New York PPS-specific report will be provided in 2020 (covering the second half of Demonstration Year 4 and a portion of Demonstration Year 5).

The Community Partners of Western New York PPS and its stakeholders should also reference the soon to be released 2019 Statewide Annual Report by the Independent Evaluator for the New York State DSRIP program. This report includes summaries of major DSRIP program evaluation findings statewide to highlight areas of success and areas in need of improvement and provides preliminary findings on some DSRIP program performance metrics. A similar statewide DSRIP Interim Evaluation Report has been submitted to the Centers for Medicare and Medicaid Services (CMS) as required by the Special Terms and Conditions in the summer of 2019 and is under CMS review. A final statewide Summative Evaluation Report will be published in 2021.

Plans for future research within each of the Independent Evaluator's research components are described below.

### Implementation and process evaluation

The implementation and process evaluation team's data collection activities for research cycle 3 which is the next, and final, year will include:

- **Key Informant Interviews:** In the summer of 2019, the Independent Evaluator will again conduct telephone interviews with PPS senior leadership. These will function as updates to their interviews regarding Demonstration Year 0 through Demonstration Year 3 that were conducted in research cycle 1. Questions will focus on shifts to payment for performance, as well as other DSRIP-related changes within Demonstration Year 5.
- **Partner Focus Groups:** The Independent Evaluator will organize the remaining focus groups with project partners in Western New York, Central New York, and the Southern Tier.
- **Partner Survey:** The electronic survey of approximately 2,400 engaged partners will be administered again in the final research cycle. The PPS will be contacted to assist in updating lists of DSRIP-engaged partners for the survey.
- **Patient Data:** Secondary analysis of the CG-CAHPS survey will be conducted for the final research cycle.

### Time series analysis

The time series analysis team acquired access to the DSRIP Dataset in 2018 and have begun examining how DSRIP performance metrics have changed in the early years of the program for the NYS Medicaid population attributed to DSRIP. In the next year, the team will examine additional performance measures and additional years of data, as they become available.

### Comparative analysis

The comparative analysis team acquired access to the DSRIP Dataset in 2018 and have begun assessing relative PPS performance over time and will continue this work over the next year. This work will be supplemented by qualitative data emanating from the implementation and process study to further contextualize the findings.

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# Appendices

## APPENDIX 1: KEY INFORMANT INTERVIEW GUIDES

Appendix 1 includes the guides used for the key informant interviews in each research cycle completed to date. Key informant interviews were conducted by telephone and lasted between 60 and 90 minutes.

### Project Leader Key Informant Guide 2018

1. What are some of the biggest challenges your PPS experienced (during years 0–present) of project implementation?
2. What are some of the biggest successes that you experienced during project implementation?
3. What data are being collected by your PPS and/or NYS DOH that you believe to be the most important to understanding overall DSRIP project success?
4. From your perspective, how valuable is the support provided by NYS DOH and its consultants (i.e. KPMG, PCG– IA, ASTs)?
5. What have you done to prepare for the shift to value-based payment?
6. In your view, have DSRIP projects changed the health care system?
7. Is there anything you would like to comment on regarding DSRIP in general?

### PPS Executive Team Key Informant Interview Guide 2017

1. *(If knowledgeable about PPS development)* How was your PPS initially formed? *(If not knowledgeable about PPS development)* How did you get involved with DSRIP teams or projects?
2. What are some of the biggest challenges your PPS experienced during the early phases (e.g., years 0–2) of project implementation?
3. What are some of the biggest successes that you have experienced during the early phases (e.g., years 0–2) of project implementation?
4. Please tell us about PPS committees that are related to its governance and about the effectiveness of your PPS' committees in meetings its goals and objectives.
5. What data are being collected by your PPS and/or NYS DOH that you believe to be the most important to understanding overall DSRIP program success?
6. From your perspective, how valuable is the account support provided by NYS and its consultants? How valuable is the project implementation support?
7. In your view, has DSRIP changed the health care system?
8. Is there anything you would like to comment on regarding DSRIP in general?

## APPENDIX 2: STATEWIDE PARTNER SURVEY METHODOLOGY

The section below expands on the methodology for the statewide Partner Survey presented in Section 2.b. Numbers provided are New York statewide. The number of surveys received and the response rate for this PPS are described in Section 2.b.

### Sampling, Recruitment, and Data Collection Procedures

Annual electronic partner surveys collected information about perceptions of the DSRIP program and the function of individual projects. The key informant interviews and focus groups had flexible interview guides designed to allow participants to elaborate on topics for a deeper understanding, and used purposive sampling. In contrast, the surveys were designed to collect information about representative viewpoints through a uniform survey (i.e., all participants received an identical survey) and invitations for all PPS engaged partners to participate.

To identify respondents in the first survey cycle, the Independent Evaluator built a unique contact list of partners for each of the 25 PPS by merging the Medicaid Analytics Performance Portal (MAPP) network tool with the Provider Export/Import Tool (PIT)/ Provider Export/Import Tool-Revised (PIT-R). The list reflected PPS networks in DY2. Each PPS primary contact was sent the list of partners generated for their PPS and asked to: (1) identify which partners were engaged with projects, and (2) provide contact and engagement status information for any additional partners engaged with projects. Twenty-four of the 25 PPS responded and returned an updated list of engaged partners. For the remaining PPS, survey invitations were sent to all partners in the DSRIP DY2 network list.

A similar approach was used to identify respondents in the second survey cycle. A new list of partners, based on PPS networks in DY3, was obtained from the NYS DOH's vendor that manages the Medicaid Data Warehouse. The new lists were compared to the lists used in the first survey cycle to identify any new providers. Each PPS was asked to review the updated list that included engaged partners identified the previous year as well as new providers, identify additional engaged partners that were not yet on the list, and indicate if any partners were no longer engaged. All 25 PPS responded for research cycle 2 and returned an updated list of engaged partners.

A survey invitation was sent to each email address corresponding to an engaged provider, with a personalized link to the survey in Qualtrics. In total, survey links were sent to 2,794 email addresses in the first cycle, and 2,171 valid email addresses in the second cycle. Fewer invitations were sent in the second cycle because PPS were better able to specifically identify engaged partners and all PPS returned an updated list of engaged partners. As some partners were part of several PPS, in the first data collection cycle they received multiple requests for the survey. These multi-PPS partners were asked to respond to one survey only. Simultaneously, contacts at each PPS were encouraged to alert their provider network to the survey and encourage completion. This partner survey reminder was shared via PPS newsletters, Project Advisory Committee meetings and other PPS events. As an incentive to complete the Independent Evaluation survey, participants in the first cycle were informed that three respondents would win a \$100 Amazon gift card.

Providers could be individual practitioners or organizations. In some cases, only one email address was available for multiple providers (e.g., a medical practice may have provided one contact email for multiple staff doctors, or a community-based organization with multiple involved staff members may have used one business email). Because of this, participants were allowed to forward the invitation to other members of their organization. As such, there is no direct correspondence between email address and individual respondents.

For the first cycle, the survey launched in September 2017 on the Qualtrics online survey platform and closed in November 2017. Potential participants who had not completed the survey were sent eight reminders over the response period; some PPS also elected to send reminders of their own. A total of 1,235 completed surveys from unique individuals were returned. A total of 315 respondents opened the survey but did not answer any questions, and 23 more were determined to be unusable for various reasons (e.g., two participants did not provide a coherent response in any text box, including their name). These methods resulted in 897 usable responses, for a final response rate of 32.1%. Individual respondents could answer project evaluation questions for up to three projects, resulting in a total of 1,689 project-based evaluations.

For the second cycle, the survey launched in September 2018 and closed in October 2018, with eight reminder emails. A total of 1,071 completed surveys from unique individuals were returned, for a final response rate of 49.3%. For this cycle, individual respondents could answer project evaluation questions for all the projects they were actively involved with, rather than just three projects as in the first cycle. This resulted in a total of 3,621 project-based evaluations.

## Survey Design

The partner survey (see Appendix 3) was developed to gather information on progress within individual projects, barriers and facilitators to project implementation, perceived effectiveness of the projects, and the DSRIP program overall. The NYS DOH provided feedback on and final approval for the Independent Evaluator's designed survey. Most questions were Likert scales, with supplemental open-ended questions where participants could elaborate on their responses.

Survey topics included:

- Service provision and project operations
- Factors that helped or hindered their implementation
- Level of satisfaction with project operations
- Reflections on what worked well and less well
- Overall perception of the DSRIP program
- Overall perception of DSRIP projects
- Preparations for value based payment

Each respondent was allowed to select projects to evaluate individually. Thereafter, they received a battery of questions corresponding to each project they selected. This yielded more project-based responses than number of participants.

Most survey items were kept consistent across cycles to allow for interpretation of changes over time. Some questions were modified in the second cycle, based on feedback from the first cycle and emerging topics. Changes included adjusted time frames, dropping questions about early implementation, and adding items about the specific resources needed to transition to value based payment (see Appendix 3).

## Data Analysis

Survey responses were first de-duplicated. In each cycle, about 100 respondents opened the survey multiple times. In the case of multiple responses from one person (same name and organization provided), the more complete response was kept (e.g., if a participant opened the survey but did not complete anything past entering his or her name, and then reopened the survey later and completed it, the second entry was used), but if they completed similar amounts each time, the first response was kept. If a participant in the first cycle had multiple survey entries and responded about different projects in each, the first three evaluations were kept. For example, if a participant responded about two DSRIP program projects in one survey entry, then retook the survey and answered regarding another different project, the responses from the second survey were added to those of the first, and the second survey record was deleted.

Response data quality was then examined by PPS and project. In the first cycle, of the 1,753 potentially usable individual project evaluations received, 265 (15.1%) were for a project that had not been implemented in the selected PPS. For example, across the sample, 70 (4.0%) responses were received for Project 2.a.ii in PPS that were not implementing 2.a.ii. When possible, these responses were recoded.

Respondents were first assumed to have selected the correct PPS but the wrong project: if the organization or PPS was involved in a similar project in the same subdomain or grouping, the response was recoded. If the selected PPS was not involved in a similar project but the participant had also responded about another PPS which was involved in that project, the PPS name was corrected. Using these procedures, 201 responses were corrected. A total of 64 responses were unable

to be recoded and so these were not included in any further analyses, leaving 1,689 project-based responses, inclusive of all 25 PPS.

The final set of 1,689 project-based evaluations in cycle 1 covered all DSRIP projects and included all 25 PPS across New York. There was a wide range in the number of responses a PPS received. On average, PPS received about 68 responses each (standard deviation of 37). There were no project responses for Projects 3.b.ii, 3.d.i, 3.h.i, 4.c.iii, and 4.c.iv, as they were not implemented by any PPS. A total of 3,621 project-based evaluations were received in cycle 2; on average PPS received about 145 responses each (standard deviation of 79). A total of 34 of these responses were for a project that the selected PPS was not implementing. These responses were recoded as described above.

Survey responses were summarized descriptively as means and the percentage of respondents selecting each item in the five-point scales. The “do not know” responses were not combined with the neutral response (e.g., “did not improve or worsen”) because conceptually, they are distinct.



## APPENDIX 3: STATEWIDE PARTNER SURVEY INSTRUMENTS

### Statewide Partner Survey Instrument 2018

The Independent Evaluator of the New York State Delivery System Reform Incentive Payment (DSRIP) program is conducting a survey of project partners. The survey includes questions about your perceptions of DSRIP and how DSRIP has affected organizations and patients.

Your feedback will help improve programs by letting the Department of Health and your PPS know which aspects of DSRIP have been effective and which have not. Evaluating these changes each year helps determine whether improvements are taking place over time.

#### 1. What type of organization do you work for?<sup>4</sup>

- Community-based organization
- Primary care provider
- Non-primary care practitioner
- Clinic
- Hospital
- Behavioral health organization
- Substance use treatment organization
- Skilled nursing facility/ nursing home
- Hospice/ palliative care center
- Home care agency
- Government office
- Pharmacy
- Health home/ care management program
- Other (specify)

*The next items ask about your perceptions of DSRIP overall. The survey will ask about your specific projects in a later section.*

#### 2. How have the services or clinical care at your organization changed since DSRIP was initiated?

- Very positive change
- Some positive change
- No change
- Some negative change
- Very negative change

#### 3. Have you observed any of the following benefits from DSRIP? (Please select all that apply).

- More coordinated care
- Improved recognition of mental health disorders
- Increased primary care provider use of behavioral health intervention
- Improved understanding of patient needs
- Improved patient satisfaction
- Improved clinical outcomes
- Reduced avoidable hospital utilization
- Reduced medical costs
- None of the above

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<sup>4</sup> This is a partner self-selected category type.

**4. [Skip if 3= none of the above] Do you expect these benefits to continue after DSRIP funding ends?**

[List each benefit respondent selected above with yes/no/ I don't know options for each]

**5. In your view, are patients experiencing better care since the launch of DSRIP?**

- Yes, very positive change
- Yes, some positive change
- No change
- No, some negative change
- No, very negative change
- I don't know

**6. Do you believe DSRIP has changed any aspect of population health within your service area?**

- Very positive change
- Some positive change
- No change
- Some negative change
- Very negative change
- I don't know

**7. How effective do you perceive DSRIP to be overall?**

- Extremely effective
- Very effective
- Moderately effective
- Slightly effective
- Not at all effective

**8. In what ways do you feel that DSRIP is working well?****9. Please share any suggestions you have for program improvements for DSRIP.**

*The next set of questions will ask about value based payment.*

**10. How do you characterize your understanding of value based payment?**

- Very knowledgeable
- Somewhat knowledgeable
- A little knowledgeable
- Not at all knowledgeable

**11. Has your practice or organization made changes to prepare for value based payment?**

- Yes
- No

**12. Do you require more resources to facilitate the shift to value based payment?**

- Yes
- No

**13. [If 12=yes] What types of resources would help your organization shift to value based payment?**

- Additional training (specify training topics: \_\_\_\_\_)
- One-on-one consulting
- Additional funding for infrastructure changes
- Peer training and support
- Improved access to performance data (specify data types: \_\_\_\_\_)
- Other (specify: \_\_\_\_\_)



**14. [If any responses selected in 13] Which of these resources would be MOST helpful to your organization's shift to value based payment? [List all selected in 10]**

*The following section will ask for your perceptions of DSRIP projects.<sup>5</sup>*

**15. Please select each PPS you work with on projects.**

**16. Below is a list of [PPS] projects. Please select each project with which you are actively involved. [List customized by PPS] [Repeat per PPS]**

**17. Please indicate your level of satisfaction with the past 12 months of operation of <Project> at <PPS>.**

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Not applicable

**18. Please indicate the degree to which you perceive the project is changing patient care.**

- Very positive change
- Some positive change
- No change
- Some negative change
- Very negative change

**19. How effective do you currently perceive the project to be at meeting its intended goals?**

- Extremely effective
- Very effective
- Moderately effective
- Slightly effective
- Not at all effective

*[#17,18, 19 repeated for each PPS's projects]*

**20. [After all projects] Is there anything else you would like to share about DSRIP?**

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<sup>5</sup> Partner responses were limited to up to 3 projects in the 2017 survey. There were no such limitations in the 2018 survey; partners could provide responses about all projects with which they participated.

## Statewide Partner Survey Instrument 2017

1. What is your name?
2. What is the name of your organization?
3. What is your position?
4. How many PPS-selected DSRIP projects are you involved with and knowledgeable about?

If you are involved with more than 3 DSRIP related projects at your organization, please think of the 3 projects with which you are most involved. The project(s) may be within one PPS or several projects across multiple PPS depending on your service area and involvement.

5. Using the drop-down menu below, please indicate the first project you are involved with and the corresponding PPS.

PPS:

Project:

6. Please indicate your level of satisfaction with <Project> implementation as related to working with <PPS>.

Very satisfied (1)

Satisfied (2)

Neither satisfied nor dissatisfied (3)

Dissatisfied (4)

Very dissatisfied (5)

Not applicable (6)

I don't know (7)

7. Please indicate your level of satisfaction with the current operation of <Project> as related to working with <PPS>.

Very satisfied (1)

Satisfied (2)

Neither satisfied nor dissatisfied (3)

Dissatisfied (4)

Very dissatisfied (5)

Not applicable (6)

I don't know (7)

8. How satisfied were you with <Project> operations at your organization overall during Demonstration Years 0-2 (2014-2017)?

Very satisfied (1)

Satisfied (2)

Neither satisfied nor dissatisfied (3)

Very dissatisfied (4)

Not applicable (5)

I don't know (6)

9. What would you change about current operation of the project within <PPS>?

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10. What would you change about the current operation of the project within your organization?

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11. Please indicate the degree of change to which you perceive the project is changing patient care.

Very positive change (1)

Positive change (2)

No change (3)

Negative change (4)

Very negative change (5)

**12. How effective do you perceive the project to be at meeting its intended goals currently?**

- Extremely effective (1)
- Very effective (2)
- Moderately effective (3)
- Slightly effective (4)
- Not effective at all (5)
- I don't know (6)

**13. Why do you feel this way?**

*<Items 5 through 13 were repeated up to three times for respondents participating in more than one project.>*

**14. One focus of DSRIP was to integrate primary, specialty, and behavioral health care. Has the clinical care at your organization changed since DSRIP was initiated?**

- Yes, very positive change (1)
- Yes, positive change (2)
- No change (3)
- No, negative change (4)
- No, very negative change (5)
- I don't know (6)
- Not applicable, my organization does not provide clinical services (7)

**15. Have you observed any of the following benefits to primary care and behavioral health services integration? (Please select all that apply).**

- Improved communication leading to more coordinated care (1)
- Improved recognition of mental health disorders (2)
- Increased primary care providers (PCPs) use of behavioral health intervention (3)
- Decreased stigma of mental health conditions (4)
- Improved understanding of patient needs (5)
- Improved patient and provider satisfaction (6)
- Improved clinical outcomes (7)
- Reduced avoidable hospital utilization (8)
- Increased productive capacity (9)
- Reduced medical costs (10)
- Other (please specify): (11) \_\_\_\_\_
- N/A (12)

**16. In your view, are patients experiencing better care since the launch of DSRIP?**

- Yes, very positive change (1)
- Yes, positive change (2)
- No change (3)
- No, negative change (4)
- No, very negative change (5)
- I don't know (6)

**17. Another focus of DSRIP was population health interventions. Do you believe DSRIP has changed any aspect of population health within your service area?**

- Yes, very positive change (1)
- Yes, positive change (2)
- No change (3)
- No, negative change (4)
- No, very negative change (5)
- I don't know (6)

**18. Has DSRIP changed the way your organization provides services?**

- Yes (1)
- No (2)
- I don't know (3)

**19. If yes, in what ways has DSRIP changed the way your organization provides services?**

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**20. How do you characterize your understanding of value based payment?**

- Very knowledgeable (1)
- Somewhat knowledgeable (2)
- Only at a little knowledgeable (3)
- Not at all knowledgeable (4)

**21. Have you made changes to your practice or organization to prepare for value based payment?**

- Yes (1)
- No (2)
- I don't know (3)

**22. Do you require more resources/knowledge for the shift to value based payment?**

- Yes (1)
- No (2)
- I don't know (3)

**23. How effective do you perceive DSRIP to be overall?**

- Extremely effective (1)
- Very effective (2)
- Moderately effective (3)
- Slightly effective (4)
- Not effective at all (5)

**24. In what ways is it effective or ineffective?**

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**25. Please share any suggestions you may have for state-level changes or program improvements for DSRIP as a whole.**



# 2019

## Delivery System Reform Incentive Payment (DSRIP) Program

Independent Evaluation

Annual Performing Provider System (PPS) Report for  
**Community Partners of Western New York PPS**

DSRIP Demonstration Year 0 – DSRIP Year 4

