Lessons learned from our DSRIP experience
State of Reform
November 6, 2015
Mission
To help our clients achieve visionary, market-relevant health care solutions

Vision
Our clients are leaders in adding value for consumers through innovations in population health management, talent development and alignment of financial incentives
Achieving Transformational Change

COPE Health Solutions

- Deliver practical business strategy for all lines of business in gaining complete market share
- Not inhibited by risk-adversity
- Created a transformational space where others continued to fail and left all-payer (safety net) clients without an effective approach to long-term viability
- Proven success with Medicaid (before ACA legislation & national push for value-based payments)

Strategic Planning and Operational Competencies

- Developed unique annuity model through Health Care Talent Innovations that leads to a loyal, long-standing client base eager to share their successes
- Built largest health care talent pipeline in the country (over 20k resources)

Organizational & Workforce Competencies
What we know about DSRIP

• DSRIP changes from state to state but CMS carries over elements as it learns what works

• The purpose of DSRIP is to prepare providers and systems for more accountability in quality and access – with the eventual goal of successful managed care or value-based payment arrangements

• DSRIP incentives transformation – no matter what it is called
Texas and New York DSRIP

High Level Themes

- Collaboration by providers
- Organization of regional structures to determine priorities and projects at the local level
- Identification of DSRIP funding which bases payment on performance
- Federal, state and local accountability
- **Sustainability** by establishment of permanent, sustainable delivery system structures and projects
- Regionally develop DSRIP plans

Common DSRIP Program Plan Elements

- Statement of goals
- Identification of participating providers (participation voluntary)
- Performance assessment including community needs assessment, regional planning, and public input
- Detailed milestones and metrics to set achievement expectations
- Governance structure of the regional organization
- Project attestation and certification
- Learning collaborative commitment
Texas

• First version of DSRIP as we know it today
• Introduces geographic regions for transformation but still individual provider projects
• Payment is split between process milestones (patients seen, clinics opened) and outcome milestones (chronic disease, screening rates)
• Providers are accountable for population health outcomes
New York

• Continuing evolution of DSRIP elements

• Development of Performing Provider System – strong regional partnership with a lead entity. Projects are done throughout the whole PPS

• Less projects but more system-wide transformation expected (public-private partnerships)

• More emphasis on clinical outcomes and less on rewarding process milestones

• Important to have integrated delivery system competencies – HIT, funds flow, provider selection
More about Us
Our View of the Future – US Care and Payment

• Managed Medicare, Medicaid and Exchange continue to be main growth areas

• Less fee-for-service Commercial PPO, Medicaid and Medicare and more risk/capitation – ACOs are just gateways to managed care/capitation, but they’re still of interest.

• Providers, particularly hospitals, still have “one foot in each canoe” with respect to revenue and EBITDA between fee-for-service and value-based payments

• Increasing demand for data-driven decisions and metrics measuring value and driving revenue

• Continued provider and payer consolidations with more integrative relationships

• More rapid migration of care from traditional locations to home and community care, sparked by financial incentives and penalties

• The New York request to administer and coordinate all Medicaid and Medicare services in their state is a leading edge concept that will also transition to other states over time
Our View of the Future – US Health Care Human Capital and Staffing

- Aging, longer living population requiring different types of care interactions, care teams and locations
- New job roles developed, competencies and staffing required as care processes and locations change
- Aging health care providers, staff and leaders leaving the industry and providing a need/opportunity for new generation of leaders, providers and staff
- Ever-increasing gap in skills – need for more non-traditional certificate training programs to supplement traditional degree and licensure pathways
- Continuation of increasing linguistic and cultural diversity in patient/member mix – aging patients/members desiring return to cultural roots
- Interest internationally in our lessons learned on chronic disease management, cultural and linguistic access to care from countries hit by our lifestyle exports and experiencing mass immigration
Our Service Lines

- **Care Coordination Solutions**
  - Care Navigation Training
  - Licensed and Non-Licensed Team Models
- **Clinical Integration**
  - Ambulatory Network Development
  - Physician-Hospital Alignment
  - Federally Qualified Health Centers
- **CMS Demonstrations & State Waivers**
  - Medicaid Redesign, Waivers & DSRIP
  - Medicare & Medicaid ACO Design and Implementation
  - Medicare Demonstration Programs
  - Medicare and Medicaid Coordination – All Payer Strategies
- **Financial Modeling & Analytics**
  - New Company, IPA, Health Plan and Dual Risk Pro-Formas
  - Population Health Analyses
- **Health Care Talent Innovations**
  - Health Scholar
  - Care Coordination Scholar
  - International Health Scholar
- **Managed Care Systems Design**
  - Performance-based Health Plan and Provider Contracting
  - IPA and Health Plan Development
  - MSO Assessments and Development
- **Project Management Office**
  - Client-integrated Implementation
- **Strategic Planning**
  - Strategic Management and Balanced Scorecard
  - Executive Coaching & Board Governance
  - Advanced Performance, Process Improvement, and Quality
### Planning and launch of a new joint venture corporation in Upstate New York

- Aligned two large health systems to manage a Medicaid population of 400,000 across 13 counties with a network of over 600 provider organizations.
- Explored options for gain-share and longer term sub-capitated contacts with health plans through potential build or buy IPA strategy.
- Services Included: PMO, HIT, Strategy, Managed Care and Clinical Re-design support.

### Development of a population health management strategy for Medicaid in New York, NY

- Large multi-hospital health system in New York City targeting over 300,000 lives and contracting with over 600 new providers and support organizations representing thousands of physicians and other providers.
- Facilitated design of new HIT/MSO infrastructure and performance based contracting framework.
- Services Included: Financial, Managed Care and HIT consulting.

### Development of an integrated delivery system via a new joint venture corporation in Austin, TX

- Owned by Seton Healthcare Family and Travis County Health District in Austin, Texas.
- Client-integrated successful launch and implementation of new business, drawdown of dollars for new medical school and AMC.
- Provided significant actuarial and managed care strategy support for IPA-like business model providing coverage to 55,000 members.
- Services Included: PMO support, strategic planning, HIT and clinical redesign.
## Select Experience and Successes

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<tr>
<th>Pacific Northwest health care talent development</th>
<th>Southern California health care talent development</th>
<th>Southern California health care talent development</th>
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<tr>
<td>• For a 5 hospital network, train Health Scholars to provide over 20 FTE of patient care and administrative support within one year of implementation, and growing to 80 FTE within 2 years.</td>
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<td>• Developed and implemented a care navigator training program that provided Medical Group’s care management department with its cadre of navigators</td>
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<td>• Implemented an educational program for local high-school students that connects the hospitals with their community and supports the patient experience</td>
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<td>• Provided approximately 3 FTE of wayfinding and patient and visitor engagement in the hospital lobbies</td>
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<td>• Provide an average 45 FTE of Health Scholar support on a monthly basis for the past 12 years</td>
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<td>• During the nursing shortage created a cohort nursing program that trained 24 Health Scholars annually as registered nurses through a partnership with local college – higher grades and graduation rate than comparison nursing students</td>
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<td>• Collaborated with the health system to develop a nationally recognized nurse residency program called Mentoring and Professional Development (MAP) that led to improved nursing satisfaction and retention</td>
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<td>• Contracted with three of four hospitals in the Southern California network of a hospital system stretching across the Western US</td>
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<td>• Implemented a patient portal engagement solution that resulted in over 10% patient engagement of the 5% required to attest Meaningful Use Stage 2, Phase 2</td>
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<td>• Implemented a workforce development pipeline that has generated 37 hires for one hospital over 3 years, saving an estimated $370,000 in recruitment costs</td>
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<td>• Currently providing approximately 40 FTE and building to 80 FTE of patient care and administrative support across 3 hospitals</td>
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Growing National Reach

*Year represents date of first engagement in region.
Select Current Clients

- Adventist Health Southern California Network
- Community Care Collaborative – Seton and Central Health
- Citrus Valley Health Partners
- Dallas Children’s Hospital
- Finger Lakes PPS – University of Rochester and Rochester Regional
- Greater Rochester Home and Health Network
- Kaiser Permanente Medical Group South Bay and Riverside
- Montefiore Medical Center
- Mount Sinai Health System
- Dignity Health’s California, St Mary and St John’s Medical Centers
- HCA’s Riverside Community Hospital
- Salinas Valley Memorial Hospital
- Swedish Health System
- St. Francis Medical Center
- St. Joseph Health
- University of North Texas
Medicaid Strategy Considerations
Unique Integrated Solution

Medicaid Strategy
- Vision and Planning
- Data Analysis Support
- Care Model Redesign
- Network Development
- Payer Strategy
- Key Partnerships

Clinically Integrated Network and Population Health Infrastructure
- Objective Third Party Advisory
- Governance Structure
- Business Plan of Efficiencies
- Timeline/Work Plan
- Measures of Success
- Policies and Procedures

Consulting Services
- Training and education
- Cadre of scholars and care coordinators
- Local, diverse workforce development

Integrative Project Management
- Leverage established pool of Health Scholars for best-fit workforce
- Care Coordination Scholars to provide added value

Health Scholar Services

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MSO Assessments, Partnerships and Development

We assess the impact of potential partnership, integration and consolidation, as well as develop or partner with Managed Service Organizations (MSOs) that add strategic, operational and financial value.

Integrated Network Development (IPA/ACO/CIN)

We facilitate strategic planning and decision making that includes determining whether to join or create an Independent Physician Organization (IPA) or ACO, as well as how to successfully do so.

Performance-Based Provider Contracting

We work with health systems to help them better align financial incentives around clinical processes in order to capture capitated dollars and make improvements in quality and cost.

We help clients to develop a clear vision, and develop an executable strategic plan.

MSO Assessments, Partnerships and Development

We assess the impact of potential partnership, integration and consolidation, as well as develop or partner with Managed Service Organizations (MSOs) that add strategic, operational and financial value.
Our data team has deep experience analyzing and interpreting complex datasets, whether related to finance, utilization, workforce, insurance claims or quality metrics.

We partner with our clients to develop budgets, forecasts and other scenarios to assist with and advise on Medicaid Strategy.

- Financial Pro Forma and Modeling
- Design Databases and Develop Dashboards
- Data-Driven Strategic Planning and Care Model Redesign
Contact Information

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Executive Team Bios
Allen Miller is the CEO of COPE Health Solutions. He has over 20 years of experience providing strategic planning, business development, operations analysis/improvement consulting services, and leading assessments, planning, development and implementation of integrated delivery networks throughout the US. Under Allen’s leadership, COPE Health Solutions has become the pre-eminent go-to solutions company for health systems and health plans looking to take on a leadership role in population health for Medicaid and the Exchange.

COPE Health Solutions complements its consulting services with the largest health care talent pipeline in the country, known as Health Scholars, providing a unique health care training experience to over 3,500 students annually receiving 8 units of University of California course credit in over 20 hospital and ambulatory sites throughout California and Washington State. Recently, a care navigator, health coach and complex care management training program was developed to train graduates of the program for some of the new roles being created as health system clients develop population health management capabilities and capacity.

A hallmark of COPE Health Solutions’ consulting services is engagement in transformative strategic planning, design and implementation work with large health systems, health plans and others to develop clinically integrated delivery networks, re-design financial incentives and to learn to leverage financial risk to improve quality and reduce costs. Allen and his team are consistently on the cutting edge of work to implement new health care policy, including federal demonstrations and state waivers across the country, by partnering with providers and payers to transform fragmented, acute care “un-systems” of delivery into coordinated systems of care focused on improving the health of populations, while enhancing efficiency and aligning financial incentives.

A graduate of UCLA, both for his Bachelors of Science and his Masters of Public Health in Health Services, Mr. Miller also completed an intensive on International Business at Oxford University in England. Mr. Miller also has extensive teaching and lecturing experience, most notably as a former faculty member teaching orthopedics for the American Academy of Family Physicians and the California Academy of Family Physicians.
Mr. King leads COPE Health Solutions’ Consulting Services and has led numerous complex assessment, strategic planning and transformative implementation engagements throughout California, Texas, Washington, New York and in other parts of the country. As division lead, Mr. King has guided the development of key services to assist our clients and partners in preparing for local, state and federal reform, with a particular focus on clinical integration and alignment of business models between large health systems, hospitals, physicians, community health centers, long term care providers and payers.

Mr. King is one of a handful of people, mostly within COPE Health Solutions, who has led the planning and implementation of numerous a large-scale Medicaid 1115 Waiver Demonstration Projects in California, Texas and New York, successfully establishing new integrated delivery models across the care continuum. Results of projects lead by Mr. King have been recognized and won state and national acclaim for their impact and success in improving efficiency and coordination of care. Within these large-scale projects, in addition to overall planning, design and implementation, Mr. King’s areas of deep expertise include managed care/contracting, health information technology and ambulatory network development.

Currently, Mr. King is leading the health information technology planning and execution for three large Performing Provider Systems in New York City and the greater Rochester Region, while also supporting large joint venture integrated delivery system development projects in Southern and Northern California and Medicaid managed care strategy design in the Pacific Northwest.

Prior to his tenure with COPE Health Solutions, Mr. King consulted for PwC in the Health Advisory practice Western region in the areas of revenue cycle, emergency preparedness planning and mergers & acquisitions. Mr. King is a graduate of the University of California, Los Angeles, where he received Master’s degrees in Latin American Studies and Public Health, Health Services.
Cindy Ehnes, Executive Vice President of Health Care Talent Innovations (HCTI), is an attorney licensed in California and Colorado who served as Gov. Schwarzenegger’s Director of the CA Department of Managed Health Care for seven years, where she oversaw health insurance services for 21 million Californians.

In her role as Executive Champion of HCTI, Cindy provides strategic leadership for educational programs that afford diverse college-age and other students a unique and transformational opportunity to gain hands-on clinical experience in a hospital or clinic setting. To date, 23,000 students have participated in HCTI programs that develop clinical skills and patient care experience through an 8-credit course certified through University of California, Riverside Extension.

Cindy and her team are building the operational platform for the health workforce training program to rapidly expand to new hospital and ambulatory care sites and to bring new opportunities to existing clients, such as options for high school students to participate in similar educational experiences. With Kaiser Permanente and other health systems they are training patient navigators to work with patients on self-care skills and effective use of the health system.

In a continuing role in consulting, Cindy brings her deep expertise in “what works and what doesn’t work” in regulatory, financial, risk contracting and operational mechanics to health plans and delegated providers. Cindy also provides interim health plan CEO capabilities, executive coaching, compliance reviews, as well as strategic consulting for health plans and medical groups. She is advising two hospitals in Northern California on a potential joint venture health plan and Managed Services Organization (MSO), including valuation and design of governance for the new entities.

Cindy is the author of The Prentice Hall ADA Compliance Advisor and was a world class ski racer (still avid and fast!)..
Wells Shoemaker, MD  
Executive Vice President/Chief Medical Officer

Dr. Shoemaker is Executive Vice President and Chief Medical Officer at COPE Health Solutions. He practiced primary care pediatrics on California’s Central Coast for 25 years before entering administrative roles with progressively larger population responsibility. He served as the start-up medical director for the Central California Alliance for Health, the Medi-Cal managed care plan at that time serving Santa Cruz and Monterey Counties. Subsequently he served as medical director for Physicians Medical Group, an ambitious IPA in Santa Cruz County, during which time he also helped to launch the county’s “big tent” Health Improvement Partnership, the Regional Diabetes Collaborative, and an AHRQ-funded community-wide diabetes registry project (PI).

He served as CAPG’s statewide medical director from 2006 through 2013. CAPG’s 160 group members delivered care to approximately 18 million Californians and essentially created the empiric blueprint for the ACO concept in the Affordable Care Act. Dr. Shoemaker authored and conducted CAPG’s novel Standards of Excellence Survey of coordinated care infrastructure for 8 years. In addition, he championed a statewide data sharing proposal, launched a health disparities initiative, designed a novel CalPERS-employer-group employee health improvement demonstration, and created liaisons with 30 different health-related agencies. He led the development of a comprehensively inclusive primary care revitalization institute for its short life in 2012-2013.

As co-chair and faculty with the California Quality Collaborative in engagements with over 100 medical groups, Dr. Shoemaker has observed and taught care coordination strategies for much of this century. He codified the essential infrastructure for Care Management Strategies for CAPG’s Standards of Excellence Survey, in annually escalating criteria, from 2006 to 2014.

He served on the expert advisory panel for Governor Brown’s Let’s Get Healthy California task force in 2012, and in 2013 he co-led the follow up statewide workgroup entitled “Redesigning the Health System for safe, effective, patient-centered care.” (Unfinished business!) He was a founding board member of Latino Physicians of California and currently serves as Secretary of the Coalition for Compassionate Care of California.

Dr. Shoemaker has additional interests in diversity in healthcare workforce, leadership development, employee health, and rational payment alignment.
Dave Salsberry
Executive Vice President

David C. Salsberry, Executive Vice President, Consulting, is a subject matter expert in 1115 Waivers, DSRIP, healthcare finance, and leadership development. He has over 25 years of experience as a healthcare leader and Executive Vice President/CFO with significant experience in population health financial strategy, 1115 Waiver DSRIP transformation, and business process and system optimization.

His experience includes stints as CFO for John Peter Smith Health Network, Baylor College of Medicine, and West Virginia United Health System, as well as financial advisory to Texas Health Resources. He was the lead executive for the planning and implementation of the third largest regional health plan in the state of Texas, Region 10, which has been held up consistently as a model for the state.

Mr. Salsberry has advised several leading media organizations as a healthcare subject matter expert including the Wall Street Journal, New York Times, Washington Post, Health Leaders Media, Modern Healthcare, Dallas Morning News and Hospitals & Health Networks. In 2012, he was recognized as the Healthcare CFO of the Year by the Fort Worth Business Press.
Wren Keber is a Vice President at COPE Health Solutions, who specializes in the development, implementation, and operations of clinically integrated networks (“CINs”) and accountable care organizations. He has assisted hospitals and physician organizations nationwide in achieving clinical integration and success in value-based programs. He has particular expertise in the Medicare Shared Savings Program and the Next Generation ACO offered by the Centers for Medicare and Medicaid Services and has advised CINs in their preparation for and participation in the program.

Mr. Keber also has experience in healthcare information technology (“HIT”) strategy and implementation of HIT solutions. He has expertise in several principal areas of HIT, including health information exchanges and electronic medical records, and patient engagement technology such as personal health records and patient portals.

Before joining COPE Health Solutions, Mr. Keber served as manager for clinical integration and accountable care for The Camden Group, a nationally recognized healthcare management consulting firm. He led strategic planning and development efforts for health systems building clinically integrated networks and partnering with payers for outcomes-based programs.

Prior to The Camden Group, Mr. Keber served as director for healthcare information technology at Fusion Productions in Webster, New York, where he oversaw the HIT division, including project management, sales/marketing, product development, professional affiliations and partnerships, and strategic consulting services. His past clients include Excellus BlueCross BlueShield in Rochester, New York, and two major regional health information organizations in New York. He had also previously served as project manager for online and interactive programs at Fusion.

Mr. Keber earned his bachelor’s degree in technology from SUNY College of Technology at Alfred in Alfred, New York, and his master’s degree in business administration from St. Bonaventure University in Olean, New York.
Sajid Sindha, MBA  
Vice President

Sajid Sindha is a Vice President at COPE Health Solutions, who specializes in strategic planning and execution as well as managing and improving clinical operations. Over the last nearly 20 years, Sajid has led and facilitated dozens of strategic discussions with technology, health care and physician leaders while at Accenture, United Health Group, DaVita and Kaiser Permanente.

Prior to his tenure with COPE Health Solutions, Sajid built and led internal management consulting departments to support Kaiser’s performance improvement, innovation and strategic initiatives for their Southern California medical center teams. He also led multiple innovation business cases and health care transformation projects for Cardiology, Women’s Health, and Primary Care service lines as well as launching an Orthopedics travel surgery program. In addition, he provided clinical operations oversight for laboratory/pathology and occupational health services departments.

Mr. Sindha earned his Bachelor’s degree in Economics from UC Irvine and his Master of Business Administration degree from the Anderson School of Management at UCLA.
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