

About the Delivery System Reform Incentive Pool Plan (DSRIP)

The goal of the DSRIP is to improve quality of care by enhancing infrastructure, capacity, quality, and performance, while meeting the requirements of health care reform and the needs of our patients and community.

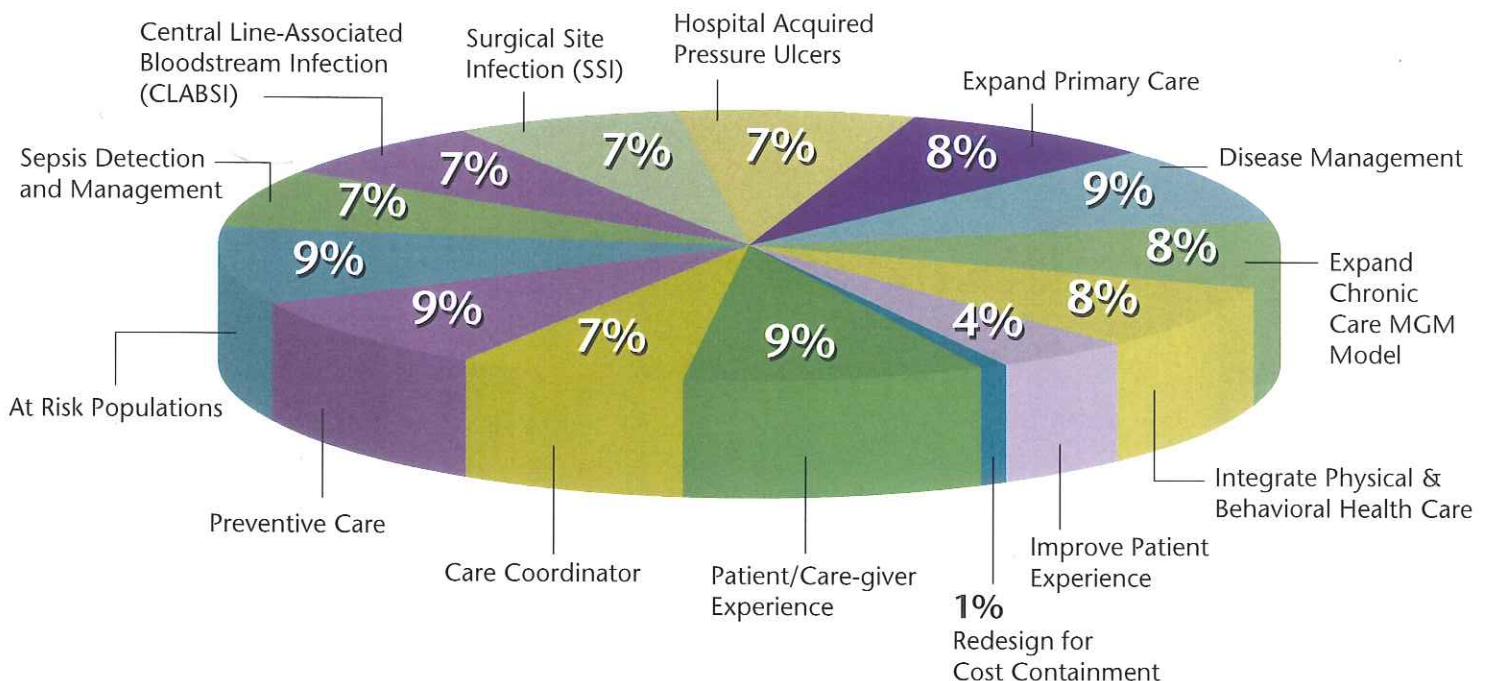
Funded by Center of Medicare and Medicaid Services (CMS), DSRIP is a comprehensive five-year undertaking that involves multiple departments across Santa Clara Valley Health & Hospital system. It will conclude in 2014. Santa Clara Valley Medical Center (SCVMC) is currently in Year 2 (FY 11-12) of its five-year plan. There are significant financial incentives tied to successfully completing the project, for example \$114 million just for FY 11-12.

Divided into four improvement areas, SCVMC has committed to focus on 14 categories, with each category having its own specific work plan. SCVMC

focus areas include: Category 1-Expanding primary care; Implementing and utilizing disease management registry functionality; Category 2-Expanding chronic care management models; Integrate physical and behavioral health care; Enhancing patient experience; Redesigning for cost containment; Category 3-Patient/care-giver experience; Care coordination; Preventive care; At-risk populations; Category 4-Severe sepsis detection and management; Central line associated bloodstream infection prevention; Surgical complications care processes; Hospital acquired pressure ulcer prevention.

This chart illustrates the funding that can be acquired by meeting the improvements in the DSRIP work plans.

Percentage of DSRIP dollars that may be brought in reflected as percentage *\$115,761,125 of potential income for an average of Years 2-5



* Total dollar value shown is the average of all potential income across all focus areas, averaging estimated potential for Year 2 to Year 5.

Integrate Physical and Behavioral Health

The Integrate physical and behavioral health care is one focus area of Category 2 Improvement Area. Table 1 lists the goals for Years 2–5. These goals were created by MHD in 2009, when SCVMC applied for the funds.

TABLE 1: INTEGRATE PHYSICAL AND BEHAVIORAL HEALTH			
Goals			
Year 2 (FY 11–12)	Year 3 (FY 12–13) (Additional goals)	Year 4 (FY 13–14) (Additional goals)	Year 5 (FY 14–15) (Additional goals)
Implement IMPACT training in 4 primary care settings	Expand pop. served in integrated behavioral health to 2 additional medical homes	50% of diabetic patients will be screened with PHQ-9	75% of diabetic patients will be screened with PHQ-9
500 primary care patients will be provided behavioral health services.	Utilization of PHQ-9 depression screening in two clinics	Expand pop. served in integrated behavioral health to 1000	25% of patients with a PHQ-9 \geq 10 will have reduced score by 5 or more points within 6-12 months
Design, test, and finalize protocol for patient referral			

Table 2 lays out the allocated funding for our effort.

TABLE 2: CATEGORY II: INNOVATION AND REDESIGN				
Funding Allocation by Category and Year				
Focus Area	Year 2 (FY 11–12)	Year 3 (FY 12–13) (Additional goals)	Year 4 (FY 13–14) (Additional goals)	Year 5 (FY 14–15) (Additional goals)
Expand Chronic Care MGM Model	\$14,500,000	\$12,000,000	\$6,000,000	\$2,500,000
Integrate Physical & Behavioral Health Care	\$14,500,000	\$12,000,000	\$6,000,000	\$2,500,000
Improve Patient Experience	\$5,000,000	\$5,000,000	\$4,000,000	\$2,500,000
Redesign for Cost Containment	\$3,511,000	\$1,596,000	\$644,000	\$568,000