LegalHealth’s Cancer Advocacy Program

November 7, 2014
LegalHealth Over 10 Years

2003 LegalHealth Budget

- Hospitals, 12%
- State Funding, 26%
- Foundations, 62% (General Funding)
Cancer Advocacy Project

- **Referral Sources:** We receive referrals of clients with cancer from social workers and other healthcare professionals from the following non-affiliated hospitals and community-based organizations: Memorial Sloan Kettering Cancer Center, Roosevelt Hospital, Brooklyn Hospital Cancer Center, Methodist Hospital Cancer Center, Staten Island University Hospital, 21st Century Oncology, American Cancer Society (Manhattan & Queens), CancerCare, Gilda’s Club, Metropolitan Jewish Hospice, SHARE, and Shareing & Careing.

- We recently started a Cancer Intake Line.
Cancer Advocacy Project Funding

- The New York Community Trust
- Susan G. Komen
- Pfizer
- NYU Cancer Center
Palliative Care Project

- Provides comprehensive legal services including home, in-patient and hospice visits to patients referred by palliative care specialists. The Project has partnerships at palliative care departments at Mt. Sinai, Beth Israel, Bellevue, King’s County and Lincoln hospitals, and receives referrals from Metropolitan Jewish Hospice.

- Funded by the Y.C. Ho/Helen and Michael Chiang Foundation (Ho/Chiang)
Hospital Contributions and DSRIP

- New York State Hospitals, as well as their community partners, have an opportunity to receive funds through New York State’s DSRIP program.

- The Delivery System Reform Incentive Payment (DSRIP) program allows the state to reinvest over $6 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms in infrastructure and programs for population health management.

- The DSRIP program will promote community-level collaborations and focus on system reform, specifically a goal to achieve a 25% reduction in avoidable hospital use over five years.
Hospital Contributions and DSRIP (con’t)

• Under the DSRIP program:
  – Safety net providers are required to collaborate with community partners to form Performing Provider Systems (PPS).
  – PPSs will develop and implement innovative projects focusing on system transformation, clinical improvement and population health improvement.
• Providers will choose from a menu of CMS and NYSDOH approved projects.
Hospital Contributions and DSRIP (con’t)

- Funding under the DSRIP program:
  - All DSRIP funds will be based on PPS performance linked to achievement of project milestones over 5 years.
  - Additionally, statewide benchmarks must be met, otherwise incentive payments will be reduced equally across all projects regardless of how well any single PPS performed.
  - All funds distributed by the state will be channeled through the safety net provider leading each PPS to the partners.
  - Non safety net provider partners (like LegalHealth) are only able to receive 5% of the performance payments from each project’s total valuation.
Questions?