NYS DSRIP Program – Independent Assessor Remediation

NYP/Q Remediation Response

PPS #: 40	DY 1 / Quarter 3
Remediation Date: March 1, 2016	Response Due Date: March 16, 2016
Response Submission Date:	

Section	Milestone	Feedback	Documentation Submitted for Q3
Section 4 – Cultural Competency & Health Literacy			
Module 4.1	Milestone #1: Finalize cultural competency / health literacy strategy.	1. The documentation submitted is not adequate. The PPS must submit evidence that Cultural Competency and Health Literacy Strategy was approved by the PPS board as detailed in the Validation Protocols in order to substantiate completion of the milestone. Failure to submit this documentation may impact the PPS' ability to earn the AV.	• CCHL Strategy Document • CCHL Meeting Schedule • CCHL Training Template
		2. The Cultural competency and health literacy strategy as submitted is not adequate. The PPS must resubmit with updates that it has identified priority groups exercising health disparities in order to substantiate completion of the milestone. Failure to submit this documentation may impact the PPS' ability to earn the AV	

Milestone	Remediation Response	Supporting Documentation
Milestone #1 Feedback #1	The CCHL document (v1) was approved by the Executive Committee on December 17, 2015 as reflected on the document and in the meeting minutes. The updated CCHL strategy (v2) was approved by the Executive Committee through an electronic vote. The voting documentation has been submitted to reflect the approval.	• Executive Committee Meeting Minutes 12/17/15 • Executive Committee Electronic Vote 03/14/16
Milestone #1 Feedback #2	The CCHL document has been updated to reflect the priority groups experiencing health disparities based on the CNA and the workforce target groups in the PPS.	• CCHL Strategy v2

NewYork-Presbyterian/Queens
FLUSHING, NY

MINUTES OF THE MEETING OF NYP/Q DSRIP PPS EXECUTIVE COMMITTEE HELD ON DECEMBER 17, 2015

A meeting of the DSRIP PPS Executive Committee of the NewYork-Presbyterian/Queens (NYPQ) was held on Thursday December 17, 2015 at 4:00PM at NYPQ, 56-45 Main Street, Flushing, New York 11355, in The Kurt Weishaupt Board Room and via conference call. This was the seventh meeting of the NYP/Q DSRIP Executive Committee.

The following persons attended the meeting:

Maureen Buglino, Chair
Anthony Somogyi, MD Vice-Chair
Maria D'Urso, Secretary
Frank Hagan, Finance Committee
Lorraine Orlando, Workforce Committee
Michael Tretola, Long Term Care- conference call
Kenneth Ong, MD, IT Committee- conference call
Paul Vitale, CBO- conference call
John Lavin, Behavioral Health – conference call

Excused:

Daniel Muskin, Long Term Care
Faivish Pewzner, Home Care
Ashook Ramsaran, Ex-Officio

By Invitation:

Penina Mezei, Home Care
Kyle Jacobi, VP and Associate General Counsel
Arthur Fried, Epstein/Becker/Green
Amanda Simmons, NYP/Q PMO
Sarah Kalinowski, NYP/Q PMO

I) Welcome

Maureen Buglino, Chair of the Executive Committee, welcomed the committee members, management and invited guests and called the meeting to order at 4pm.

II) Approval of the minutes of the meeting of the Executive Committee held on November 12, 2015

Upon a motion duly made by P. Vitale and seconded by A. Somogyi, MD the Committee voted unanimously to approve the Minutes of the Meeting of the Executive Committee held on November 12, 2015 (Binder: Tab 1).

III) Executive Committee Monitoring

Referring to Agenda item III for the meeting (Binder: Tab 2 A. Simmons reviewed the NYPQ PPS Reporting Process and Executive Performance Dashboard. It includes an Executive, Operations, Workforce, Quality Performance and Financial sections.

Upon motion duly made by F. Hagan and seconded by L. Orlando, the committee unanimously approved the Reporting Process and the Executive Performance Dashboard.

IV) Finance

Referring to Agenda item IV for the meeting (Binder: Tab 3), F. Hagan reviewed the PPS Budget and Funds Flow Model. The incentives are aligned with performance based indicators and were developed by the finance committee with legal guidance. The goal of the PPS is to start to send incentive payments to the partners in January, 2016.

Upon motion duly made by P. Vitale and seconded by A. Somogyi, MD the committee unanimously approved the Reporting Process and the Executive Performance Dashboard.

V) Governance

Referring to Agenda item V for the meeting (Binder: Tab 4), K. Jacobi reviewed the changes made to the Participating Provider Agreements (PPA). Partners were asked to submit their requested changes to the PPA by December 12, 2015. Upon review of the requested changes, the insurance requirements were lowered as requested and the termination clause includes hardship to participate.
The request to decrease the record retention from 10 years to 7 years will remain at 10 years as the statute of limitations is 10 years.
The executive committee will be requested to vote to approve these changes via email vote by 12/18/15.

K. Jacobi and A. Fried reviewed the PPA addendums. They are a translation of the funds flow model reviewed in the previous presentation. It follows the funds from receipt by the PPS through distribution to the partners. The incentive payments are arrived by a formula that includes project participation and metric achievements.

M. Buglino explained that partner payments will be made available after the PPS receives the signed PPA, addendums and DEAA.

Upon motion duly made by P. Vitale and seconded by L. Orlando the committee unanimously approved the PPS Budget and Funds Flow Model and Addendums.

VI) Workforce

Referring to Agenda item VI for the meeting (Binder: Tab 5), L. Orlando reviewed the RFP for a Compensation and Benefits Analysis. This analysis is a DSRIP requirement and due to the sensitive nature of the information, it must be conducted by a third party.

Upon motion duly made by A. Somogyi, MD and seconded by F. Hagan the committee unanimously approved Compensation and Benefits Analysis RFP.

NewYork-Presbyterian/Queens
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MINUTES OF THE MEETING OF NYP/Q DSRIP PPS EXECUTIVE COMMITTEE
HELD ON DECEMBER 17, 2015

VII) Cultural Competency & Health Literacy Strategy

M. Buglino and M. D'urso explained the Cultural Competency and Health Literacy strategy.
It was developed by the Cultural Competency/Health Literacy Committee and leverages the National Quality Forum patient centered approach known as "a culture of one".
The focus is on improved access to care, enhancing provider communication and deploying tools to assist patients with self-management.

Upon motion duly made by P. Vitale and seconded by F. Hagan the committee unanimously approved Compensation and Benefits Analysis RFP.

VIII) Schedule of Executive Committee Meetings

Referring to Agenda item VIII for the meeting (Binder: Tab 7 M. Buglino reviewed the 2016 Executive Committee meeting dates

IX) Confirmation of Next Meeting- January 21, 2016

There being no further business, the meeting was adjourned at 4:45pm.

Respectfully submitted,

Maria D'Urso, R.N.
Secretary

NYP/Q PPS Cultural Competency & Health Literacy Strategy Approval

Please complete this electronic voting form for the resubmission of the PPS CC & HL strategy. Per feedback received from the IA during the quarterly remediation process, the PPS has updated the strategy to include detail regarding the target populations that the PPS will focus on.

* Required

NewYork-Presbyterian Queens

1. **Name** *

2. **Organization** *

3. **Please vote on the approval of the updated Cultural Competency & Health Literacy Strategy** *
   Check all that apply.
   - [ ] Approve
   - [ ] Reject
   - [ ] Other:

NewYork-Presbyterian Queens

NYP/Q PPS Executive Committee
eVote -- CC/HL Strategy (Remediated)

Timestamp	Name	Organization	Please vote on the approval of the updated Cultural Competency & Health Literacy Strategy
3/11/2016 15:56:53	Lorraine Orlando	NYP/Q	Approve
3/11/2016 16:40:17	Paul Vitale	Brightpoint Health	Approve
3/11/2016 16:44:54	Maria Durso	NYPQ	Approve
3/11/2016 16:45:07	Maureen Buglino	NYP/Q	Approve
3/11/2016 18:11:52	John Lavin	MHPWQ	Approve
3/11/2016 20:03:40	Michael Tretola	Silvercrest	Approve
3/14/2016 15:01:36	Kenneth Ong	NewYork-Presbyterian/Qu	Approve
3/15/2016 12:01:30	Faivish pewzner	Americare homecare	Approve
3/15/2016 12:01:48	Anthony Somogyi, MD	NYP/Q	Approve
3/15/2016 13:08:49	Francis Hagan	NewYork-Presbyterian/Qu	Approve

NewYork-Presbyterian
Queens

NewYork-Presbyterian/Queens PPS Cultural Competency & Health Literacy Strategy

PLAN OVERVIEW

Document Title:	NYP/Q PPS Cultural Competency and Health Literacy Strategy
Version	2.0
Purpose:	To provide a comprehensive overview of the PPS wide strategy for integrating cultural competency & health literacy into the cultures of partner organizations.
Approving Committee:	Executive Committee
Approval Date:	TBD

NewYork-Presbyterian
Queens

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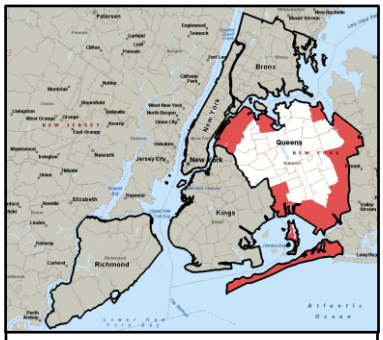
OVERVIEW



The white area of the map represents the NYP/Q PPS service area.

The NewYork-Presbyterian/Queens PPS is located in the New York City borough of Queens and is comprised of 33 of the 52 zip codes in the County. The PPS is led by the NewYork-Presbyterian/Queens hospital and includes over 134 partner organizations; the PPS partners include skilled nursing facilities, behavioral health providers, hospices, pharmacies, practitioners, substance abuse providers and community based organizations (CBOs). The PPS is located in an immensely culturally and ethnically diverse area of New York City. Based on the community needs assessment (CNA), completed in the fall of 2014 by the NYP/Q PPS, the service area covers a population of 1.6M people and of that population, 629k are Medicaid beneficiaries. This population represents diverse races / ethnicities; approximately 24% Caucasian, 14% Black, 26% Asian, 30% Hispanic, and 4% Other. Additionally, the PPS service area has significant geographic disparity of people living in poverty with the rate ranging from 4.6% (Whitestone zip code11357) to 23.8% (Jamaica zip code 11433). In addition to the disparities of poverty across the service area, approximately 1 in 4 residents of Queens County are not a U.S. citizen. This diversity within both Queens County, and specifically the NYP/Q PPS service area, drives significant health disparities in the population. The data on health disparities collected during the CNA informed the NYP/Q PPS project selection for DSRIP. The projects selected aim to reduce health disparities and work towards achieving the triple aim of decreasing cost of care, improving the quality of care provided, and improving patient outcomes illustrated by both performance data and an overall reduction in avoidable inpatient and emergency department admissions for the DSRIP population. To achieve these goals, the PPS selected nine projects specific to the Queens County population:

- 2.a.ii Increase certification of primary care practitioners with PCMH certification and/or Advance Primary Care Models
- 2.b.v Care transitions intervention for skilled nursing facility residents
- 2.b.vii Implementing the INTERACT project for SNF

- 2.b.viii Hospital – Home Care Collaboration Solutions
- 3.a.i Integration of primary care and behavioral health services
- 3.b.i Evidence-based strategies for disease management in high risk/affected populations (Cardiovascular Disease – Adults Only)
- 3.d.ii Expansion of asthma home-based self-management program (Pediatric Only)
- 3.g.ii Integration of palliative care into nursing homes
- 4.c.ii Increase early access to, and retention in, HIV care

A key factor to the success of these programs is ensuring a culturally competent staff and a health literate community. This strategy, detailed below, for the NYP/Q PPS provides a high-level plan for what is required to create the cultural shift for incorporating cultural competency and health literacy into everyday patient care. This strategy will continue to grow and reflect the changes in the PPS and patient populations needs.

GOVERNANCE

The PPS formed a cultural competency and health literacy committee, which reports to the PPS Executive Committee, to complete the two milestones assigned to this DSRIP work stream. The committee is led by a chair and vice-chair with expertise in cultural competency and health literacy and has 14 members from representative PPS partner organizations. The committee has created the overall strategy for cultural competency and health literacy and will begin to create the training strategy for the PPS in alignment with the overall goals of the NYP/Q PPS and DSRIP. Additionally, the NYP/Q PPS is collaborating with the workforce committee and the NYP PPS to create the strategic and training plans, streamline resources, and share potential tools / IT solutions across the PPSs and partner networks.

FOUNDATIONAL CONCEPTS

Both the NYP and NYP/Q PPSs will leverage the National Quality Forum's (NQF)[1] patient-centered approach to cultural competency, known as "A Culture of One". This framework is built for providers across healthcare entities and will be the basis for the NYP/Q PPS strategy.

[1] : A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency, NQF, April 2009

This patient centered approach of this framework aligns with the PPSs goal of achieving Patient Centered Medical Home (PCMH) status at applicable sites in the PPS. At its core, the strategy for cultural competency and health literacy in the PPS is the patient.

DEFINITIONS

To inform the planning and execution of this strategy, the PPS is utilizing the NQF definition of Cultural Competency and the Department of Health and Human Services definition of Health Literacy[2]:

- ***Cultural Competency*** is the ongoing capacity of health care systems, organizations, and professionals to provide for diverse patient populations high-quality care that is patient and family-centered and equitable.
- ***Health Literacy*** is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

CULTURAL COMPETENCY & HEALTH LITERACY STRATEGY

The goal of the Cultural Competency and Health Literacy strategy is to create a comprehensive PPS wide plan to incorporate these philosophies in to the culture of the PPS and the partner organizations. This strategy focuses on respecting diversity, clear communication with patients and patient's families, and understanding the health disparities that arise to differences in culture, ethnicity, spoken language, socio-economic status, religion, gender identity, and sexual orientation. To that end, the PPS will focus on:

1. *Identifying factors to improve access to quality primary, behavioral, and preventive care services*
    a. Through the selected DSRIP projects, the PPS will work to improve access to quality primary, behavioral, and preventative care services at participating partner sites. The NYP/Q service area has a significant shortage of behavioral health

[2] U.S. Department of Health and Human Services 2000. Healthy People 2010.

providers and the PPS will work with partners to increase the availability of these services.

b. The NYP/Q PPS will capture data to refine the cultural competency and health literacy strategy, including (1) disparity sensitive outcomes, (2) measures associated with cultural competency, and (3) participation in relevant training.

2. *Strategically inventorying partners on current cultural competency and health literacy trainings / programs*
    a. PPS will inventory a selection of partners from all DOH provider types on current cultural competency & health literacy trainings, perceived needs for new and/or enhanced training, and community engagement on navigating the healthcare system.
    b. The PPS will determine, with committee chairs and selected members as needed, any project specific needs related to cultural competency and health literacy.
    c. The success of the integration of cultural competency into the culture of the workforce will be measured on an ongoing basis; feedback will be provided to network members to determine the success of the interventions and trainings provided to all participating providers and organizations. These measurements may include employee satisfaction surveys, provider cultural competency pre- and post-training assessments, and patient feedback through patient satisfaction surveys and forums and/or focus groups to assess cultural competency in care delivery.
    d. Inventory partner utilizing the AHQR toolkit on cultural competency and health literacy and investigate the ability to roll out as a best practice to PPS practices, beginning with partner PCMH sites.

3. *Enhancing communication with the community members on services available and techniques to improve communication during interactions with healthcare providers*
    a. PPS partners will provide interpretation services for patients as needed, taking into account sensitivity to gender preferences based on religion, domestic abuse status, or personal comfort level. Additionally, PPS community town hall

meetings and partner CBOs will be utilized to help inform community members on services, such as interpreters, that are available.

4. *Deploying assessments / tools to assist patients with compliance on self-management goals*
    a. The PPS will develop specialized, relevant, multi-lingual content to improve health literacy; this material would include documents such as asthma-related materials for parents of asthmatic children and information about managing multiple chronic diseases for adults. All materials produced will be written at a 4th grade reading level.
    b. The PPS will build on existing community forums, in collaboration with partner CBOs, to conduct outreach to the community around the self-management of conditions in a manner that addresses cultural, linguistic, and literacy factors.

5. *Leveraging community-based interventions to reduce health disparities and improve outcomes*
    a. The NYP/Q PPS, in collaboration with the NYP PPS, will adopt the "Culture of One" framework of cultural competency. This approach is patient centric at its core; it respects that each individual patient's culture is unique and a result of multiple social, cultural, and environmental factors, and avoids racial or ethnic stereotyping.
    b. A training program based on the "Culture of One" curricula will be developed in collaboration with the NYP PPS. This program will train network providers on best practices in cross-cultural communication.
    c. An online eLearning resource on cultural competency, such as Quality Interactions or Healthstream, will be made available to member organizations of the PPS.
    d. Trainings and resources specific to working with LGBT populations will be made available to network members.
    e. Standards for health literacy, both verbal and written, will be developed for PPS members by the cultural competency & health literacy committee. Partners will be trained on health literacy standards and trainings to address any questions that

arise around creation of written materials. Materials / trainings on health literacy techniques for delivering verbal information, such as the Teach Back and AskMe3 methods, will also be made available.

f. The NYP/Q PPS website will be updated to include a cultural competency and health literacy section. This will include materials, trainings, resources, and assessment tools for PPS members and patient specific tools to assist with self-management of conditions.

g. A guidance document for PPS partners which outlines best practices for the provision of cultural and linguistically appropriate care will be developed. Partner organizations and providers will attest to utilizing these best practices in their organizations in line with DSRIP requirements and deliverables.

TARGET POPULATIONS

The PPS will employ both a macro and micro approach as it moves towards development of the training strategy and implementation of the overall strategy. The macro approach for the PPS will ensure an overall understanding of cultural competency and health literacy and will help to drive the fundamental culture shifts that will need to occur across PPS partner organizations. The micro approach will utilize data available to the PPS, both quantitative and qualitative, to target specific segments of the population for engagement and training.

Macro Approach

The PPS will work to ensure that cultural competency and health literacy is a foundational function of all of the project and organizational committees. This will be achieved through presentations from the cultural competency and health literacy committee to the project and relevant organizational committees; the goal of these presentations will be to educate the teams on the strategy and training plan and foster an open dialogue about potential risks and perceived needs. This interaction will continue to inform the progress of the cultural competency and health literacy strategy and training plan and will take into account the high-level needs of:

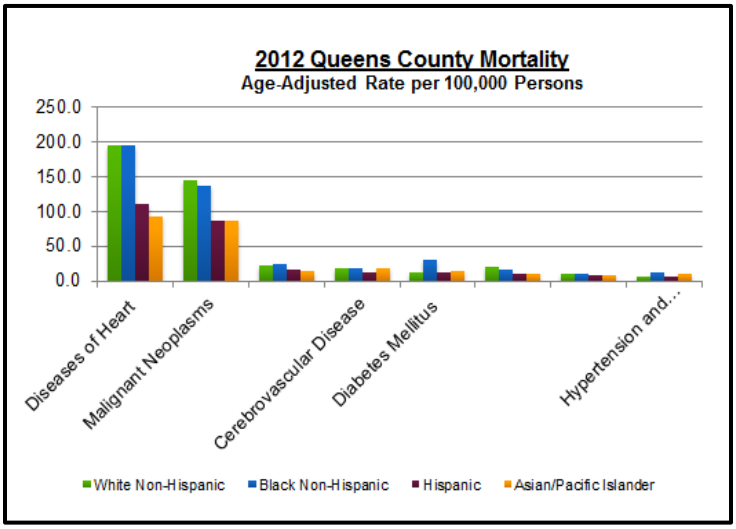
- Partner organizations
- PPS Workforce

- Patient population
- PPS Committees – clinical and organizational

Additionally, the PPS will also present information on cultural competency and health literacy at the ongoing PAC meetings and town hall meetings. These presentations will be conducted on both an annual and adhoc basis to ensure that the committees and stakeholders have an understanding of cultural competency and health literacy and are provided regular updates on changes, successes, and/or lessons learned on the implementation of the strategic and training plan.

This macro strategy for incorporating cultural competency and health literacy will begin to initiate the paradigm shift in culture for the NYP/Q PPS. The goal is for cultural competency and health literacy to become an integral piece of all activities at the PPS level and to expand outward to PPS partners.

Micro Approach



In addition to employing an overall strategy for incorporating cultural competency and health literacy into the philosophy of the NYP/Q PPS, the PPS will also utilize a tactical approach for engaging specific segments of the PPS and population in cultural competency and health literacy. Utilizing the CNA results (quantitative data and qualitative focus groups), the committee has identified several specific areas of the workforce and population to target for cultural competency and health literacy education and training to reduce specific health disparities:

- Racial / Ethnic Specific Patient Populations
    - The PPS will work with CBOs to gain an in depth knowledge of the populations affected by significant health disparities. Based on the 2014 CNA, several populations where identified as having high rates of these prevalent diseases;

these communities include the Black population (hypertension), Asian population (cerebrovascular disease), and the Guyanese population (behavioral health).

- Gender/Sexual Identity
  - The PPS will work to engage both patients and providers in education surrounding the sensitivity of providing care to the LGBT population, especially in regards to behavioral health and HIV/AIDS.
- Behavioral Health
  - The PPS will work to ensure training for both providers and the community on the necessity for behavioral health, the sensitivity of care in this field, the potential barriers to access, and resources available.
- Health Literacy for the Community
  - The PPS will work to engage partners and providers in understanding the importance of health literacy and mechanisms for improvement. Additionally, the PPS will leverage existing resources to engage the community in becoming more health literate.

In addition to these groups identified in the CNA, the PPS will be training segments of the workforce on providing culturally competent care:

- Leadership
  - PPS will provide training to leadership of partner organizations on the importance of cultural competency and how it can be integrated into the organization at every level. The PPS will also discuss what health literacy is and how to encourage the patient population to become health literate.
- Clinical providers
  - Cultural competency will be embedded into the annual competency training for all providers across the PPS. The PPS is looking at various mechanisms, including e-based learning modules, to roll out to partners.
- Front line staff
  - Similar to clinical providers, front line staff will be engaged in annual competency training and provided resources for patients who may have specific cultural or health literacy needs during their healthcare encounter.

The workforce training for cultural competency and health literacy will provide the workforce both an introductory level understanding of what cultural competency and health literacy means and how it affects both their patients and their roles in each practice / organization. Additionally, the PPS aims to provide in depth training, in collaboration with partner CBOs and partners that have expertise in the areas, on specific health disparities, cultural needs of various communities, and how to engage the patients in health literacy.

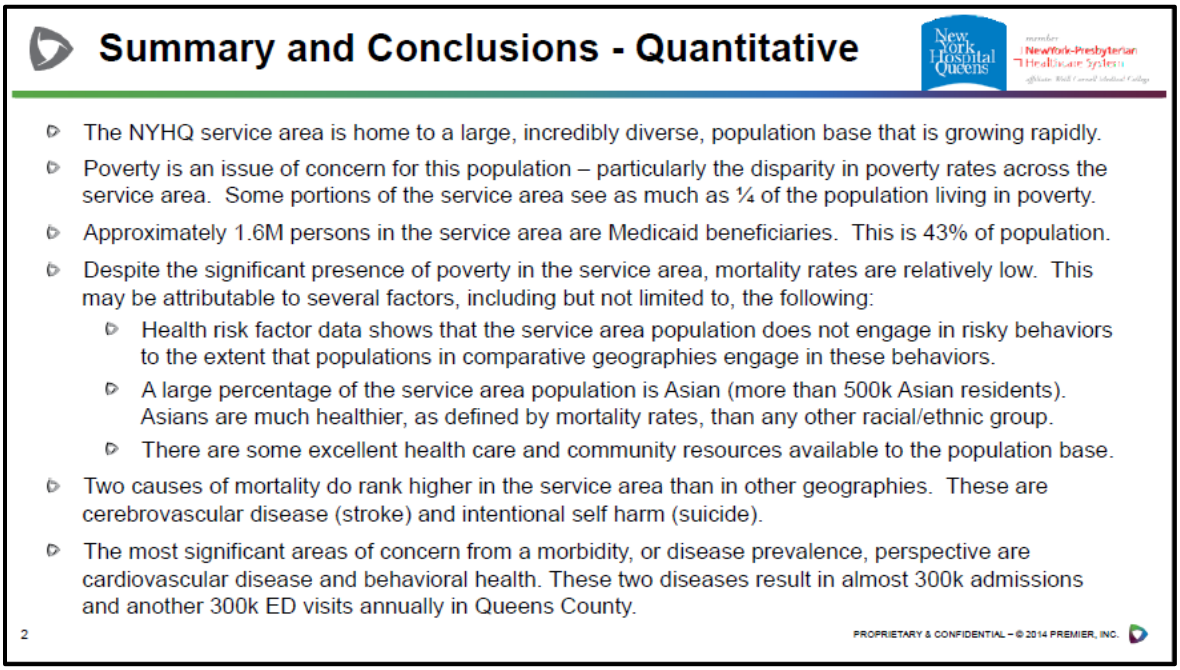
NEXT STEPS

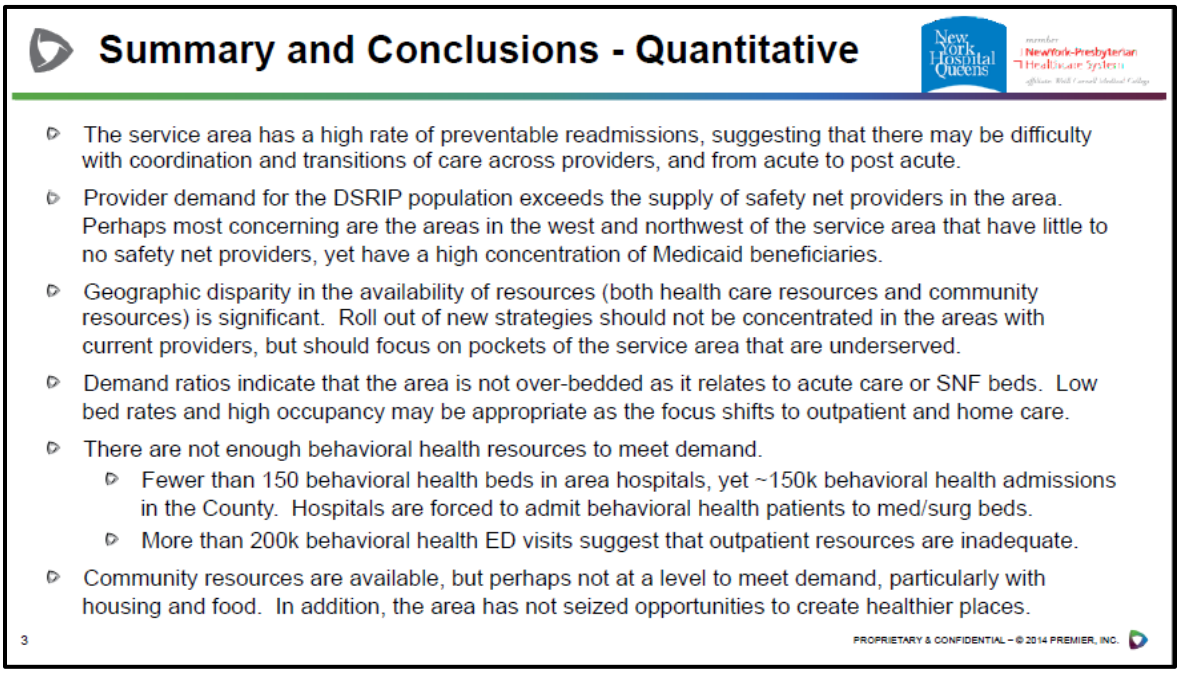
The NYP/Q PPS will utilize this strategy to inform the detailed cultural competency and health literacy training strategy. The training strategy will be developed in collaboration with the workforce committee to ensure alignment of plans for engagement of the workforce across the PPS. Additionally, the PPS will continue to collaborate with PPS partners and the NYP PPS to develop a robust implementation plan. The training strategy will guide the PPS in training both the workforce across partner organizations and community engagement in understanding health literacy and ensuring they are receiving culturally competency care through tools like TeachBack and AskMe3. The strategy presented for cultural competency and health literacy is intended to be both a guide to the PPS and a philosophy that can continue to grow as the PPS experiences both successes and lessons learned in implementation and amasses new data, both quantitative and qualitative, on the population and provider network.

APPENDIX

NYP/Q PPS Community Needs Assessment

The executive summary of the CNA has been included for reference (NYP/Q PPS was formally the NYHQ PPS). The full CNA including the executive summary, quantitative analysis, and qualitative information can be found under the documents tab on the PPS website: http://www.nyhq.org/dsrippps





Summary and Conclusions - Qualitative

- Patrons have a strong interest in community based services that address the needs of residents holistically in order to prevent hospitalization and promote good health.
- Recommendations were made to include community residents when making decisions.
- Physical health issues such as diabetes, hypertension, heart disease, cancer, and HIV are of the largest concern.
- The perception of services include general concerns that providers are more interested in profit than taking care of their health.
- There is a general avoidance of doctors unless something serious, a preference for food as medicine, and an interest in alternative medicine and healing.
- The need for affordable and quality dental care as well as primary care and specialty care doctors in immigrant communities is present (linguistically & culturally competent).
- Mental health is an urgent priority as well as the need to overcome the social stigma of mental illness, particularly in immigrant communities.
- Suicide is considered a major issue with the 2014 CDC report indicating suicidal ideation among Latina adolescents in Queens up from 11% to 20%, and attempts up from 9% to 15%.

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Summary and Conclusions - Qualitative

- There are concerns with tobacco and casino industries targeting Asian Americans.
- Stigmas and the lack of culturally and linguistically services are considered challenges in addressing mental health issues.
- An overwhelming concern is the reduction in the availability of community based mental health services.
- The community supports the concept of Community Health Workers, Care Coordinators / Case Managers, and Health Education.
- Community resources of concern are; access to healthy & affordable food, the need for physical activity with few recreational areas and lack of time, and the fear of public parks due to violence.
- Affordable housing is a concern and transportation is considered inadequate for the growth of the population.
- Special populations outlined in the community include; older adults with multiple chronic conditions, individuals who are hearing impaired, Long Term Care residents who have limited medical options, homeless who have a high utilization of healthcare resources, immigrants, LGBT individuals, and undocumented community members.

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