

November 9, 2015



# DSRIP Project Approval & Oversight Panel (PAOP)



**Carol Tegas**  
**Executive Director**

# Agenda

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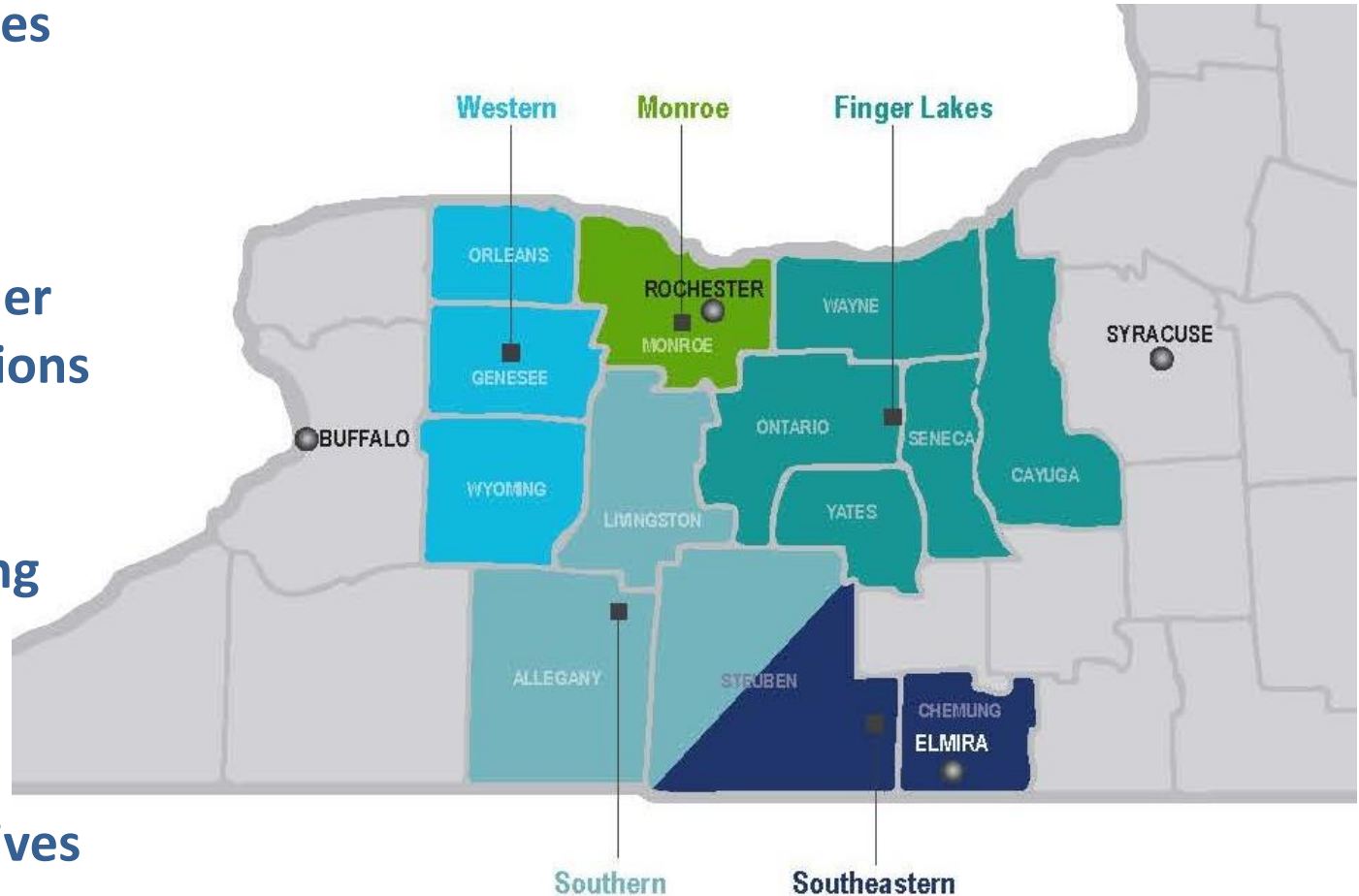
- Partnership Profile & Governance Structure
- Internal/PPS Collaboration
- Best Practices & Challenges
- Workforce
- Primary Care & PCMH
- County Collaboration
- CBO/Cultural Competency
- Questions & Answers



# Partnership Profile

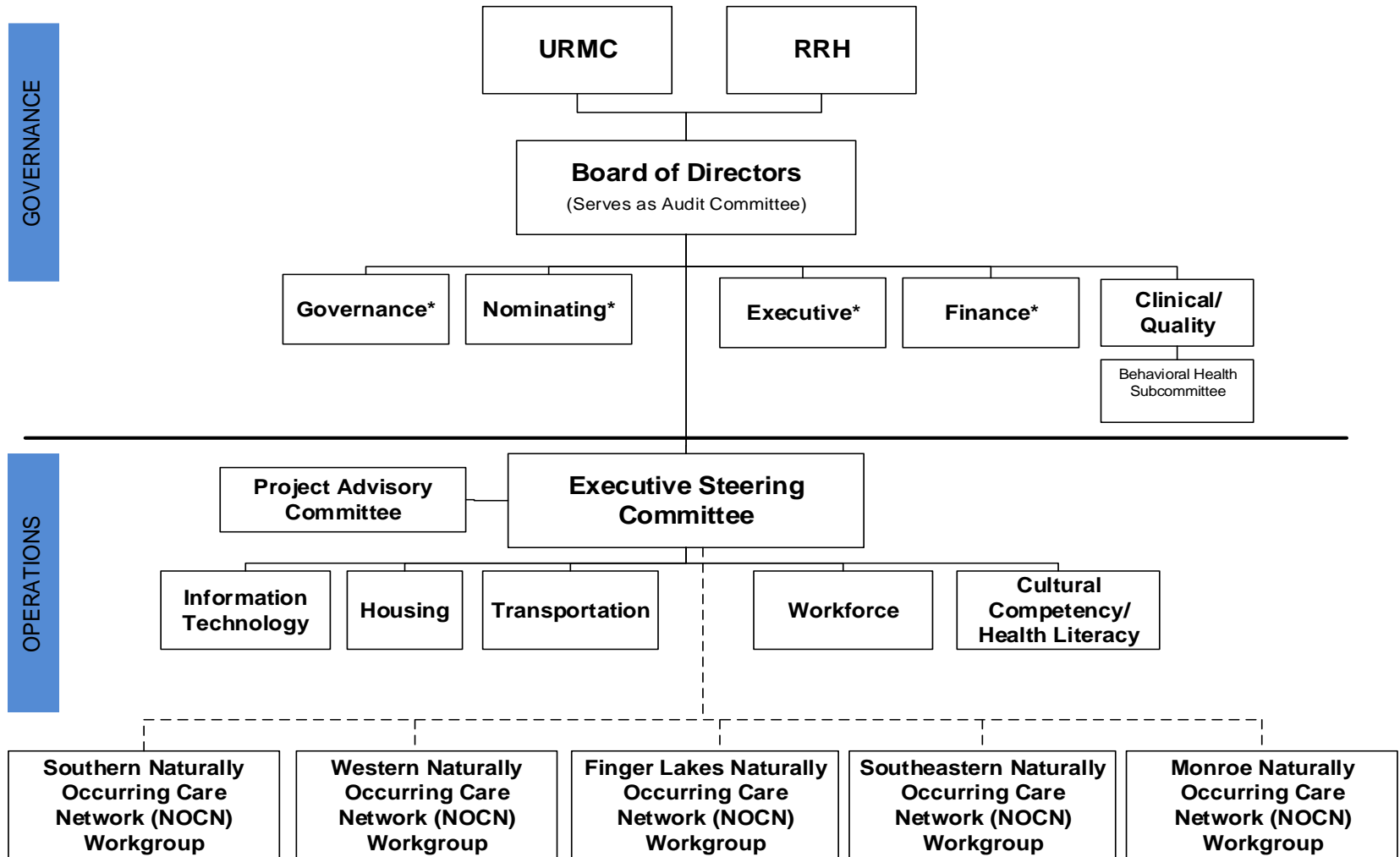
# Finger Lakes Performing Provider System

- 13 Counties
- 5 NOCNs
- 600 partner organizations
- 3,000 performing providers
- Over 300,000 lives



FLPPS Attribution as of March 29, 2015: Medicaid Members: 296,058; Uninsured: 100,414

# Governance Structure



\* - Indicates Board Committee

# Diverse Representation at All Levels

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- Health Care Providers
- Interdisciplinary Clinical Participation
- Rural and Urban Partners
- Patient Perspective
- Community Based Organizations
- County Health Departments
- Clinical Consultants

# CNA & FLPPS Projects

## Community Needs Assessment

- **Need for integrated delivery system to address chronic conditions**
  - Chronic conditions leading cause of Years of Potential Life Lost
  - Chronic disease 85% of potentially preventable hospitalizations
- **Need for integration between physical and behavioral health care systems**
  - 24% of all Medicaid-only discharges for primary BH diagnosis
- **Need to address social determinants of health**
  - Transportation a large barrier
- **Need to support women and children**
  - Infant mortality rate higher than state average

## FLPPS DSRIP

### Workgroups

1. Workforce
2. Cultural Competency/Health Literacy
3. Information Technology
4. Transportation

### Projects

1. Integrated Delivery System
2. ED Care Triage
3. Care Transitions
4. Transitional Housing
5. Patient Activation for Special Populations
6. Behavioral Health Integration
7. Crisis Stabilization
8. Behavioral Interventions in Nursing Homes
9. Maternal/Child Health CHW program
10. Strengthen Mental Health/Substance Abuse infrastructure
11. Increase Access to Chronic Disease Prevention & Care



# Internal/PPS Collaboration



# Partner/Provider Engagement

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## Naturally Occurring Care Networks (NOCN)

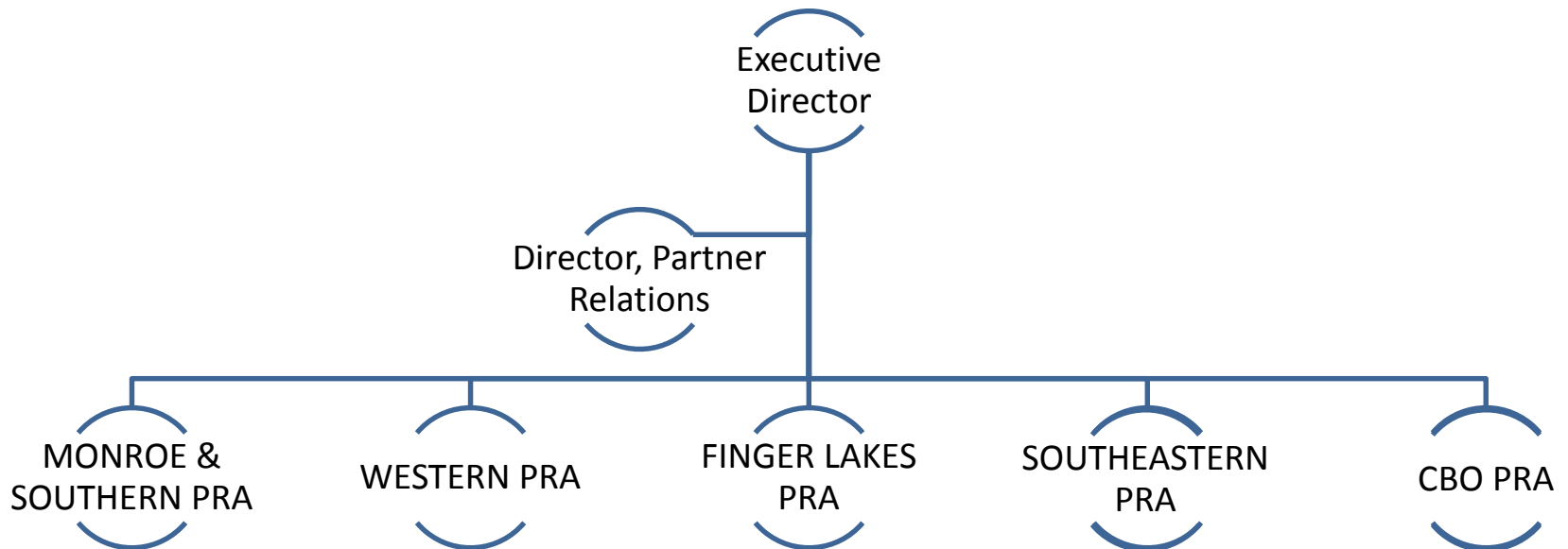
- 5 Geographic Sub-Regions
  - Finger Lakes (5 Counties)
  - Monroe (1 County)
  - Southeastern (1.5 Counties)\*
  - Southern (2.5 Counties)\*
  - Western (3 Counties)
- Represent Full Continuum of Care and Organizational Leadership Within a Shared Geographic Service Area
- Each NOCN Led by Participant Workgroup that Represents Health Care Providers and CBOs in their Area and Supported by a FLPPS Partner Relations Associate
- Workgroups Responsible for Organizing Local Providers by Hosting Collaborative Dialogue and Supporting Project Implementation

\* Steuben split in half because NE and SE portions of county have referral patterns in both NOCNs

# Partner/Provider Engagement

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## Dedicated Staffing Model for Collaboration & Partner Support



# Strong Collaboration with PPS's

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- FLPPS Presentation at All-PPS Collaborative Meeting
- Cross-PPS Collaboration (Millennium, Care Compass, CNY)
- Initiated 2di Patient Activation State Collaborative
- FLPPS 2di Patient Activation Project
- Leading CC/HL State Collaborative
- Information Technology / CIO Forum



# Best Practices & Challenges

# Best Practices

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- Recognized for DSRIP Implementation Expertise
- Naturally Occurring Care Network Model
- Conservative Budget Model
- Partner Contracting Model
- PCMH Approach
- Early Adopters Pilot: Patient Engagement
- Project Design Flowcharting

# Challenges

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- Competitive Marketplace Environment
- Expansive Geography Representing Urban & Rural Communities
- Underdeveloped IT Infrastructure with RRHIO HIE Gaps
- Medical Staffing Shortages
- Social Determinants of Health



# Workforce

# Workforce

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## ➤ Workforce Operational Workgroup

- Inform State Requirements and Plan for Workforce Transformation over five years

## ➤ Engaged Vendor - Deloitte

- Assist with NYS-Required Current State Assessment and Create Strategic Plan
- Quantitative Assessment Pilot with Partnership Beta Group, followed by Entire PPS Partnership
- Qualitative Data Collected with Project Teams and Primary Care and Behavioral/Mental Health Advisory Groups



# Workforce

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## ➤ **Community-Based Providers**

- Represented on Workforce Operational Workgroup and Engaged as Part of Qualitative and Quantitative Data Collection

## ➤ **Emerging Job Categories, Training & Career Ladders**

- Care Managers in Demand
- Training & Career Ladder Approach Informed by Current State Assessment (DY1, Q4)

## ➤ **Training Discussion & Design**

- Ongoing at Workforce Operational Workgroup
- Informed by Quantitative & Qualitative Data Collection
- Informed by Project Committees/Workgroups



# Primary Care

# FLPPS Primary Care Profile

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## 250 Primary Care Practice Sites

- 125 (50%) Recognized 2011 PCMH Standard
- 50 (20%) Have Renewal/Conversion to 2014 Underway

# PCMH Strategy

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## Full Integration Between DSRIP & PCMH

- Develop Risk Stratification Methods to Support both DSRIP and PCMH Care Management Requirements
- Develop Protocols for DSRIP that Support PCMH Process Requirements
- Use PCMH Quality Improvement Requirements to Address DSRIP Goals of Improved Patient Access, Patient Satisfaction & MU Certification
- FLPPS Brokering of Collaborative Supportive Strategies

# PCMH: Strength through Collaboration

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- CMMI Grant with FLHSA
- Practice Transformation Network Grant with FLHSA
- HRSA Grant - Finger Lakes Center for Primary Care Clinician Education (FLC-PCCE)
- Co-Develop 3ai PCP/BH Integration Strategies Between Behavioral Health Providers & Forming PCMH Primary Care Practices

# Resources to Support PCPs in DSRIP

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- 1.5 FTE NCQA PCMH-Certified Content Expert
- Small Group Collaborative Learning Sessions
- Locally-Based Meetings in 13 County Region
- Training on Standards and Guidelines
- Access to Templates & Report Samples to Facilitate Documentation
- Coaching Through the Application Submission Process
- 40 practices with Some Level of Engagement



# County Collaboration

# County Collaboration

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- 13 Counties: Genesee, Orleans, Monroe, Steuben, Allegany, Livingston, Steuben, Chemung, Wayne, Ontario, Yates, Seneca and Cayuga
- County Representation in All Layers of Governance:
  - Two Representatives on Board of Directors
  - Organizational Committees
  - Project Teams
  - NOCNs
- All Counties in PAC Activities
- County Mental Health Directors Fully Engaged with PCP/BH Co-Location
- One County in Early Adopter Pilot for Patient Engagement Measures
- Individual Meetings with LGUs by Partner Relations Team & Project Managers for Education, Engagement and Specific Project Needs
- Future Activities: Subsequent Contracting Periods, Data Sharing, Population Health Activities



# County Contracting

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- Phase I-Performance Period 1 Contracting
- All Counties in Service Area Contracted for Performance, Engagement & Reporting Metrics
- Determined Need for Two Forms of Contracting:
  - Chartered Counties Contracted at County Level
  - Unchartered Counties Contracted at Department Level



# CBO/Cultural Competency

# CBO Engagement

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- Partnering with Two Local CBO Groups to Convene CBO Workgroup
  - CBO Leaders from Government, Faith-Based, and Other Support Service Organizations
- Staff Engaging in Community Outreach Activity
  - Educate Community and Learn about Services Offered and Populations served
  - Assist FLPPS with Developing Strategies for Community Involvement and Patient Engagement
  - Enhance Cultural Competency Skills of FLPPS Central Team
- Develop a Service Directory to Promote Partnerships
- Highlight CBO, Other Organizations and Partnerships on FLPPS Website to Reinforce Significance of CBOs to DSRIP Initiative

# CBO Contracting

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- Safety Nets & Non-Safety Nets
- Distributed 142 Contracts to Safety Net Partners in September
- 49 Safety Net CBO Partner Fully Executed
- Contract with Many of the 150 Non-Safety Net CBO Partners in December
- Input from CBO Workgroup to Develop Non-Safety Net Contracting Strategy

# Cultural Competency

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## ➤ **CC/HL Workgroup Input into Social Determinants of Health**

- Reviewing Data on Vulnerable Populations in FLPPS Regions – Prison Population, High-Risk Medicaid, Disabled, Migrant, Refugees, People of Color, Impoverished
- Reviewing Community Landscape – Resources and Key Issues
- Providing 1:1 Guidance to Project Managers on Integrating CC/HL Considerations and Activities into Project Implementation Plans
- Collaborating with CC/HL Vendor to Inform Provider Dashboard for Performance Metrics and Training Strategy to Address Drivers of Health Disparities

## ➤ **Ongoing FLPPS Central Team CC/HL Training**

- Ensuring all CC/HL Perspectives are Incorporated in DSRIP Work

# Cultural Competency

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## ➤ Gain Insight from Community at Large

- Participate in Community Coalitions and Workgroups Focused on Health Disparities of Vulnerable and Under-Represented Populations, i.e. FLHSA Latino Health Coalition, African-American Health Coalition & The Partnership on the Uninsured
- Utilize CBO, CC/HL and Workforce Workgroups to Help Inform Strategy to Address Social Determinants of Health
- Implement Community Engagement Forums with Stakeholders Across Region on Solutions & Challenges in Addressing Social Determinants of Health
- Participate with Rochester-Monroe Anti-Poverty Initiative

# Cultural Competency

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## ➤ Obtain Patient Perspective on Social Determinants of Health

- Conduct Patient Focus Groups
- Establish Patient Case Studies
- Community Outreach Program for FLPPS Central Team
- Poverty Simulation Workshop for FLPPS Central Team
- Developing Plan for Patient Advisory Council



# Question & Answers