

WMCHHealth PPS

Presentation to DSRIP Project Approval and Oversight Panel

November 10, 2015

June Keenan

Senior Vice President, Delivery System Transformation
Executive Director, Center for Regional Healthcare Innovation

Janet (Jessie) Sullivan, MD
Vice President
Medical Director
Center for Regional Healthcare Innovation

Deborah Viola, PhD
Vice President
Community Health & Public Policy
Center for Regional Healthcare Innovation

Presentation Overview

TOPIC
I. Governance, Contracting and Funds Flow
II. Integrated Care Across the Continuum: DSRIP in Action
III. Workforce
IV. Collaboration Across the Region: Local Deployment of DSRIP
V. Behavioral Health Integration
VI. Patient Centered Medical Home

Our Guiding Principle

To develop community driven, regionally focused care transformation that is:

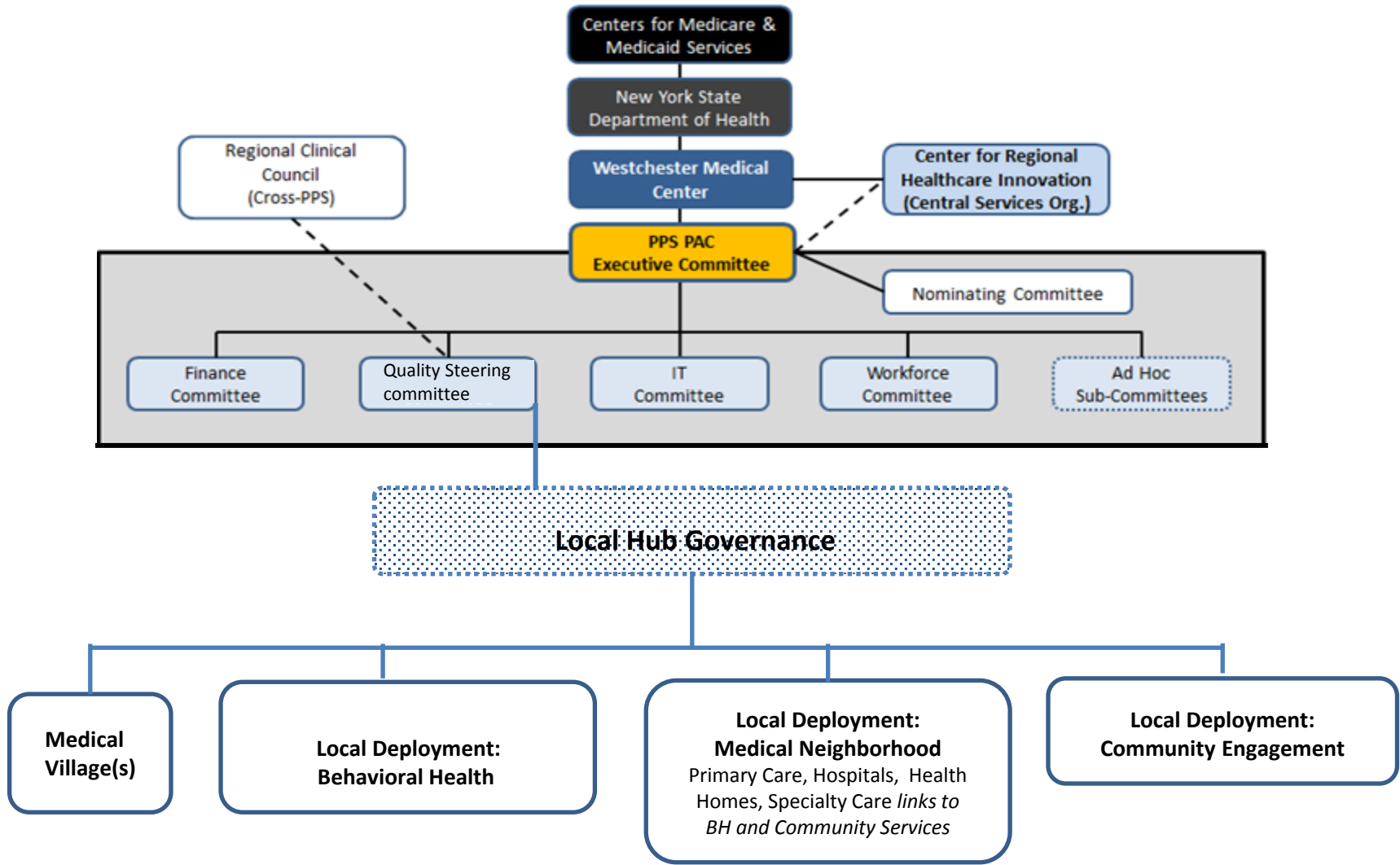
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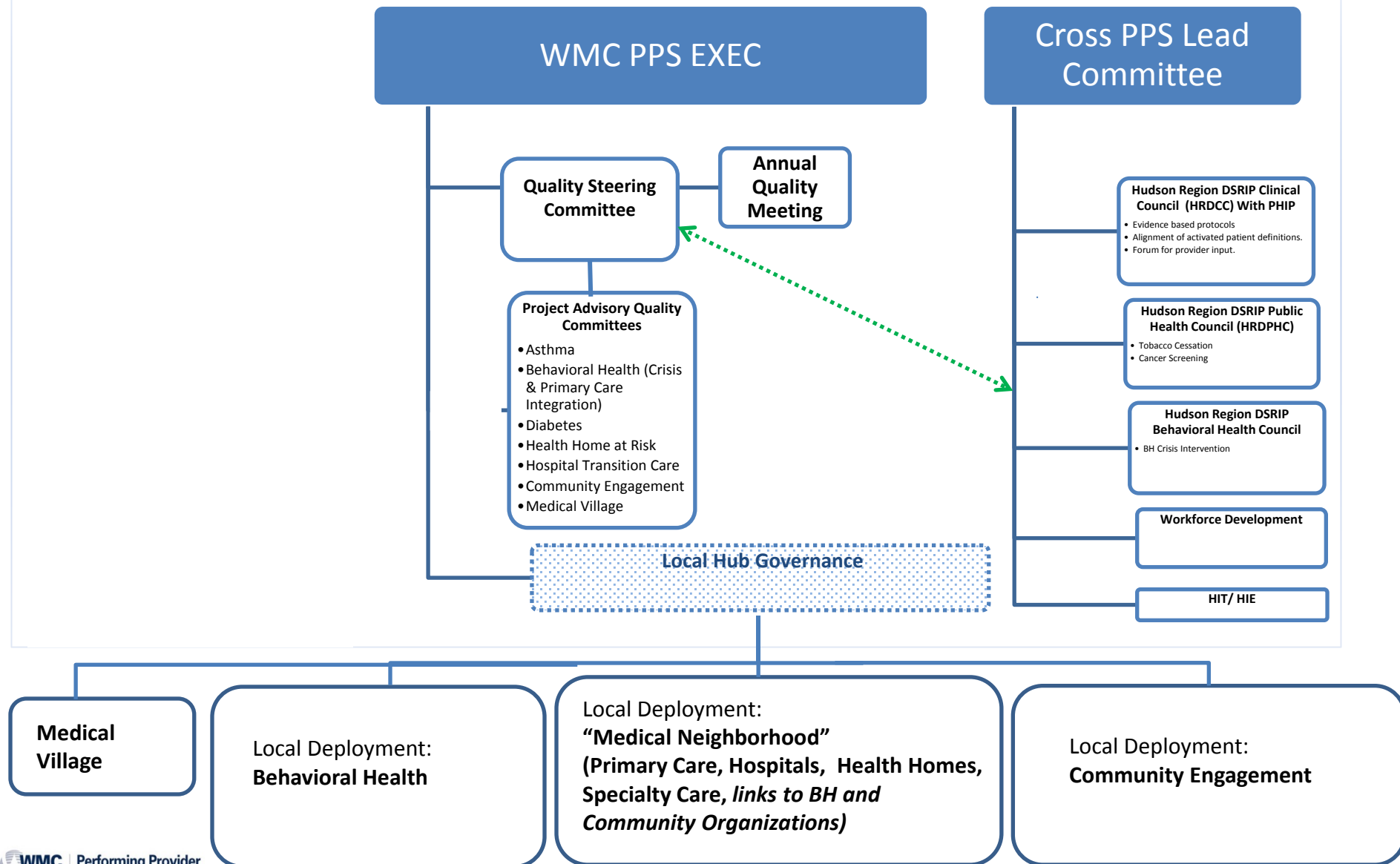
Patient and Family Focused

and fosters a culture of continuous learning and improvement.

WMCHealth PPS Governance Overview



WMCHHealth PPS: Clinical Governance



Governance in Action




Performing Provider System (PPS)
Westchester Medical Center Health Network

NOVEMBER 5 2015

WESTCHESTER MARRIOTT
 670 WHITE PLAINS ROAD
 TARRYTOWN, NEW YORK 10591

WMCHEALTH PPS DSRIP Summit AND Quality Meeting

AGENDA	
8:30 AM	SUMMIT REGISTRATION & CONTINENTAL BREAKFAST MRT Innovation eXchange Overview and Demonstration
9:30 AM	MORNING SESSION Welcome and Opening Remarks <small>LOCATION: Grand Ballroom</small> Building a Health Literate and Culturally Competent Health Care Workforce <small>SPEAKER: Terri Parnell, Health Literacy Partners</small>
10:45 AM	BREAK
11:00 AM	WMCHEALTH PPS QUALITY MEETING Review of WMCHealth PPS Projects <small>MODERATOR: Dr. Jonathan Nasser, Chair WMCHealth PPS Quality Steering Committee</small>
12:10 PM	BREAK
12:25 PM	LUNCH SESSION Moving from Pay for Volume to Pay for Value <small>SPEAKER: Deirdre Baggot, Camden Group</small> Community Care North Carolina: Helping Practices to Help Patients <small>SPEAKER: Denise Levis-Hewson, Community Care North Carolina</small> Q&A and Comments
2:25 PM	BREAK
2:35 PM	Workshop: DSRIP in Primary Care <small>LOCATION: Tarrytown Ballroom (Salons I-IV)</small> <ul style="list-style-type: none"> • DSRIP and Primary Care • Taconic Pro – Support for achieving Patient Centered Medical Home • HealthLink NY – Support for health information exchange connectivity • Health Homes and Primary Care • Building the “Medical Neighborhood”
4:00 PM	SUMMIT CONCLUDES

CRHI@WMCHealth.org | 914.326.4200 | crhi-ny.org





Contracting and Funds Flow

Master Services Agreement “MSA” Process

- 187 organizations have signed agreements for network participation
- Representing commitments from ~ 140 Community Based Services Organizations, 14 Hospitals, 6 FQHCs, 566 PCPs, 27 Health Home/Care Management organizations, 620 Behavioral Health/Substance Abuse Providers (including OMH, OASAS, & OPWDD operated services), and LGUs representing 4 counties (with others in process)
- 163 Provider Organization Partners have received contracts for initial Provider Participation
- Community Safety Net Provider - \$250,000 to date committed, contracted and paid
- \$1.5M estimated to be distributed by the end of DY1 Q3
- WMCHHealth PPS Project Management and Network Development costs of \$9.0M for DY0-DY1 (Sept '13 – Mar '16)

PPS Network Contracting Process Issues

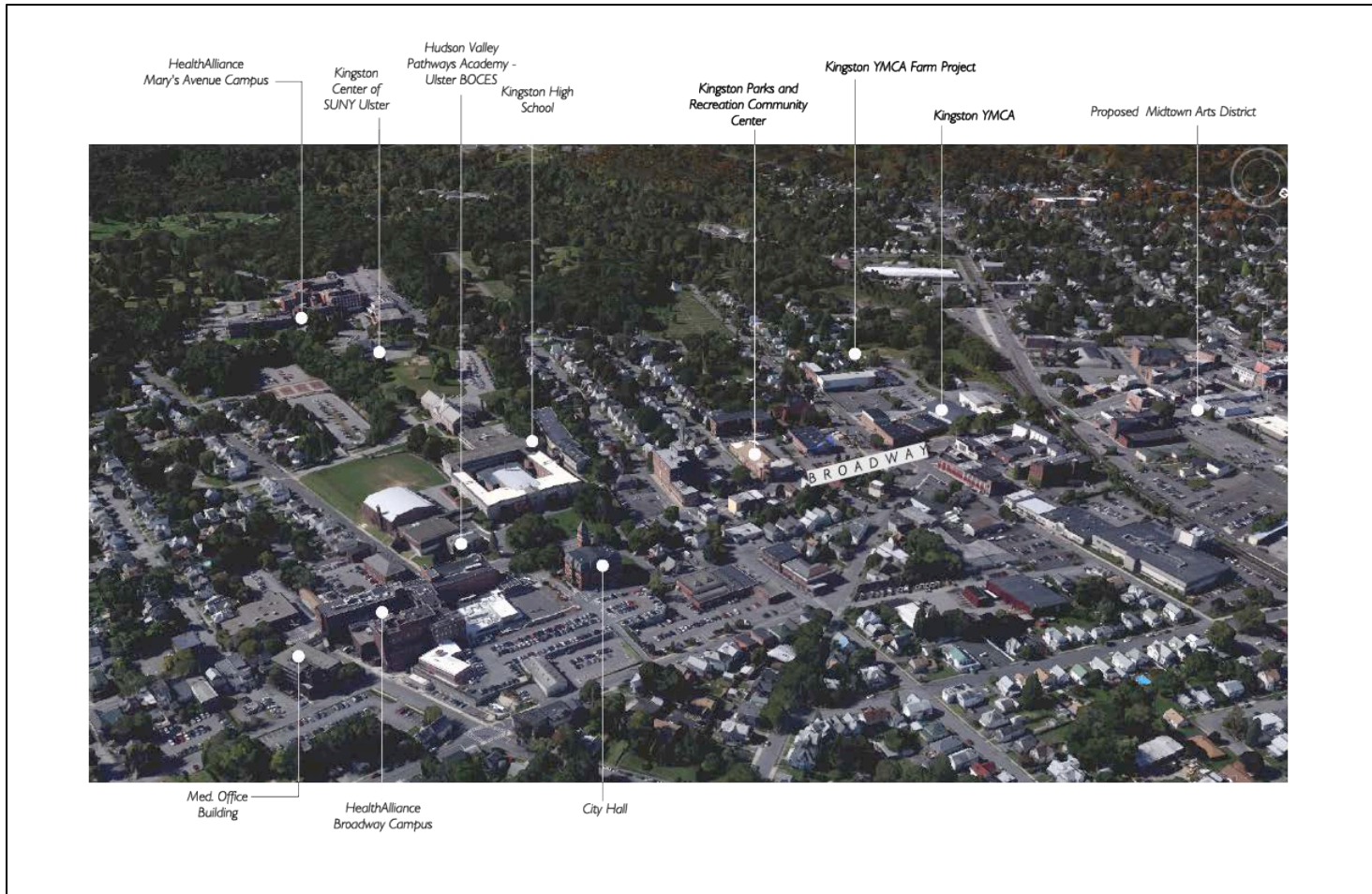
- **Contract templates**

- PPS time & expertise to develop – no available templates
- Different provider types & licensed entities
- Varying ownership structures
- Legal restrictions

- **Funds Flow to Network Partners**

- Based on project deliverables, time and resources required
- Funds may not fully cover all costs associated with project implementation
- Different partners, different needs
- Need to educate partners

Kingston Before Transformation (DSRIP)



DSRIP In Action- Process for Transformation

- HealthAlliance of the Hudson Valley/CRHI engaged national consultant experienced in helping healthcare providers design/develop Healthy Villages
 - 6 month community engagement and planning process
 - 135+ stakeholder interviews

Definition of a Healthy Village:

The purposeful design, development, financing and management of real estate projects composed of partners, which, in their aggregate, improve individual health, achieve better outcomes and reduce costs for the populations served. In all cases, they are designed with healthcare reform, economic development and neighborhood revitalization in mind.

Stakeholder Interviews Conducted

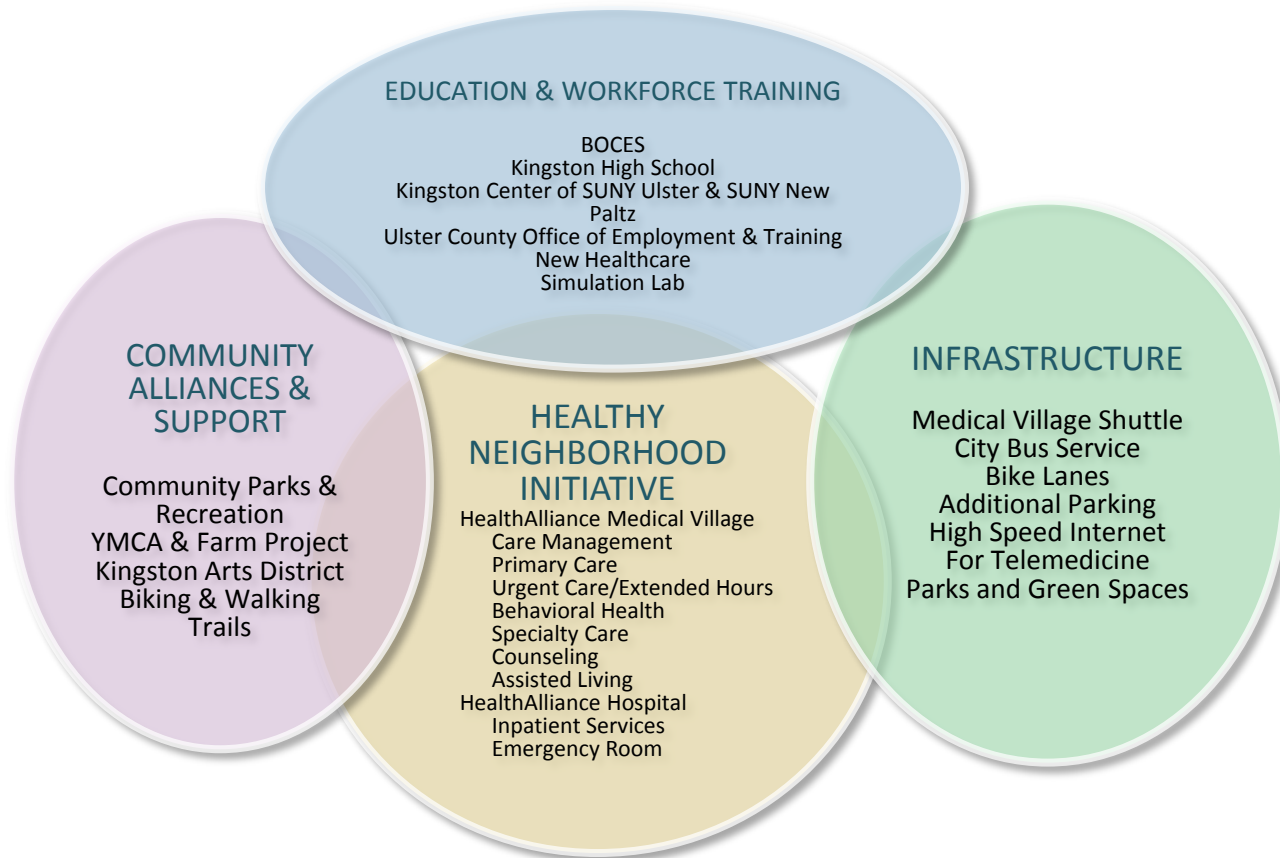
- **HAHV Internal Management/Staff/Boards**
- **Politicians/Governmental Departments and Agencies**
 - Office of County Executive
 - Ulster County Departments and Agencies
 - Office of the Mayor City of Kingston
 - City of Kingston Departments
 - Supervisor, Town of Ulster
- **Health Providers**
 - FQHC
 - Primary Care Physicians
 - Behavioral Health Organizations
 - Seniors Services

The image displays three overlapping spreadsheets titled "Interview List Health Alliance of the Hudson Valley (2019-2020) - Kingston, NY". Each spreadsheet lists interviewees with columns for "Interviewee Name", "Title or Position", and "Area of Expertise".

#	Interviewee Name	Title or Position	Area of Expertise
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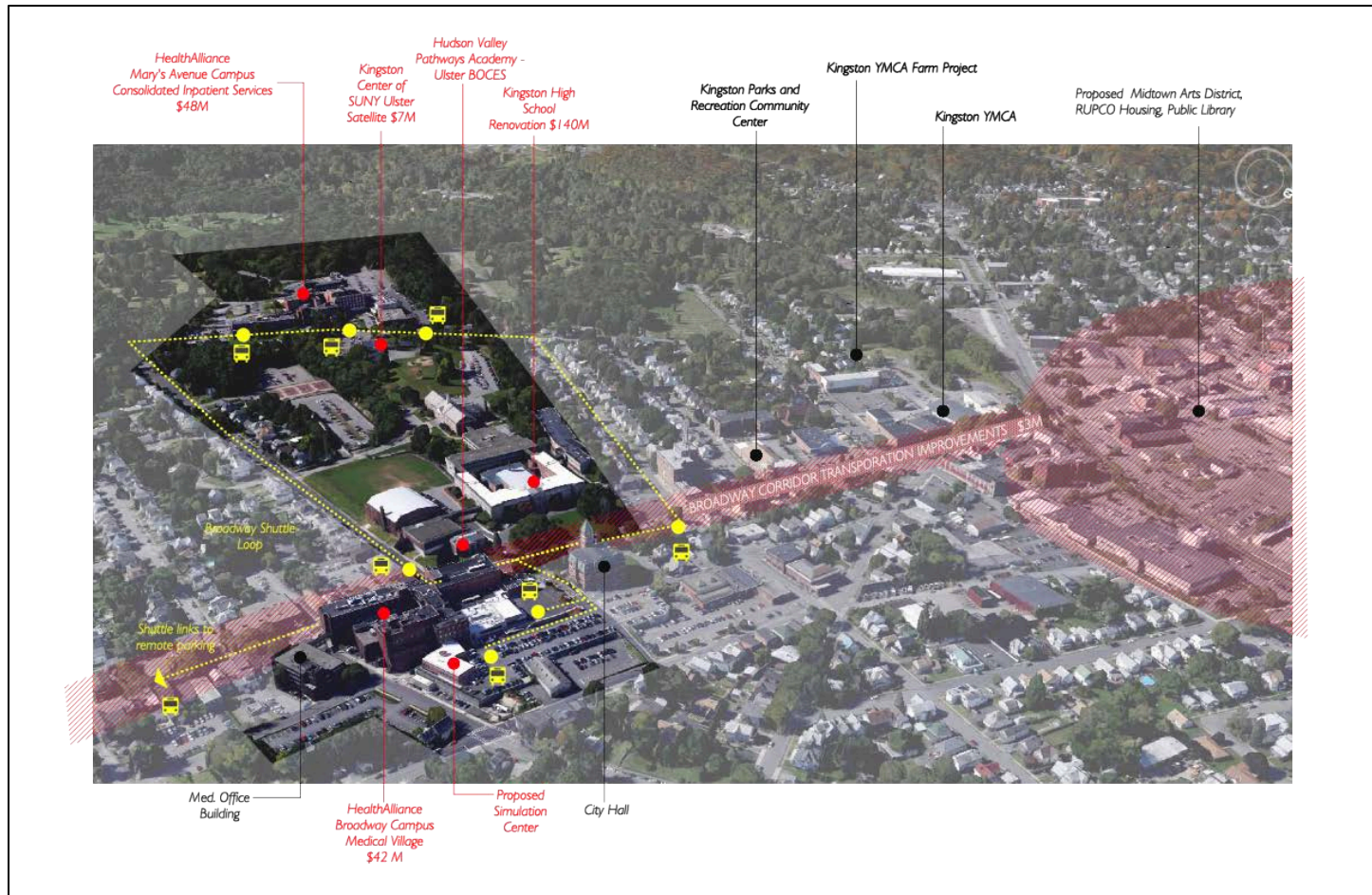
Program Design Based on Stakeholder Input

HEALTH AND EDUCATION INNOVATION DISTRICT



Health and Education Innovation District

Training the next generation of health care workers



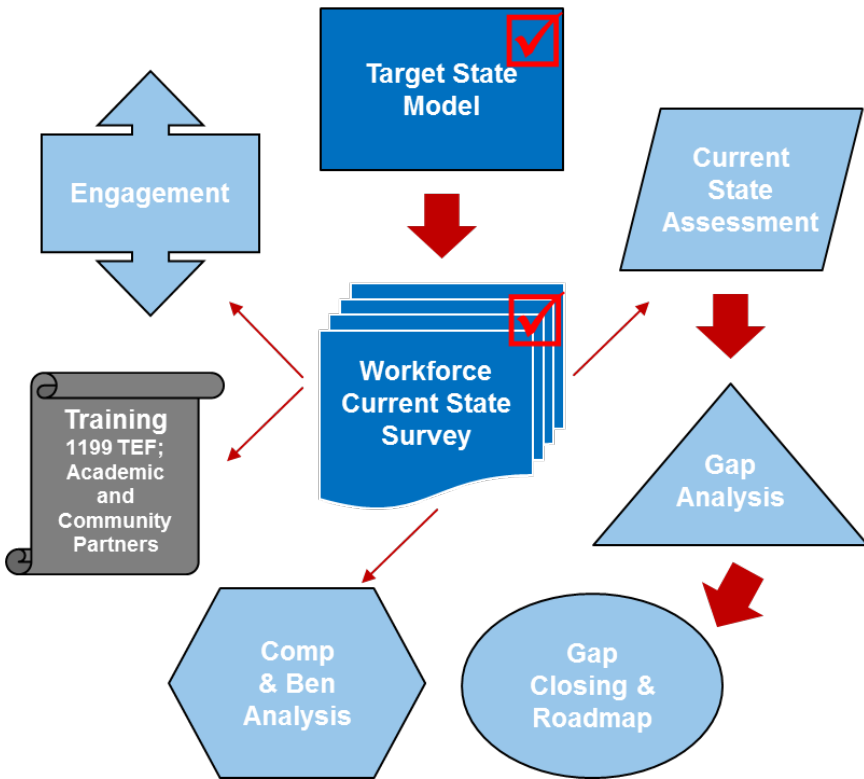
Workforce Development

The WMCHHealth PPS will plan and support relevant and targeted training and workforce development to equip providers and the workforce with tools to achieve care transformation that is patient focused, supports excellence and fosters a culture of continuous learning and improvement.

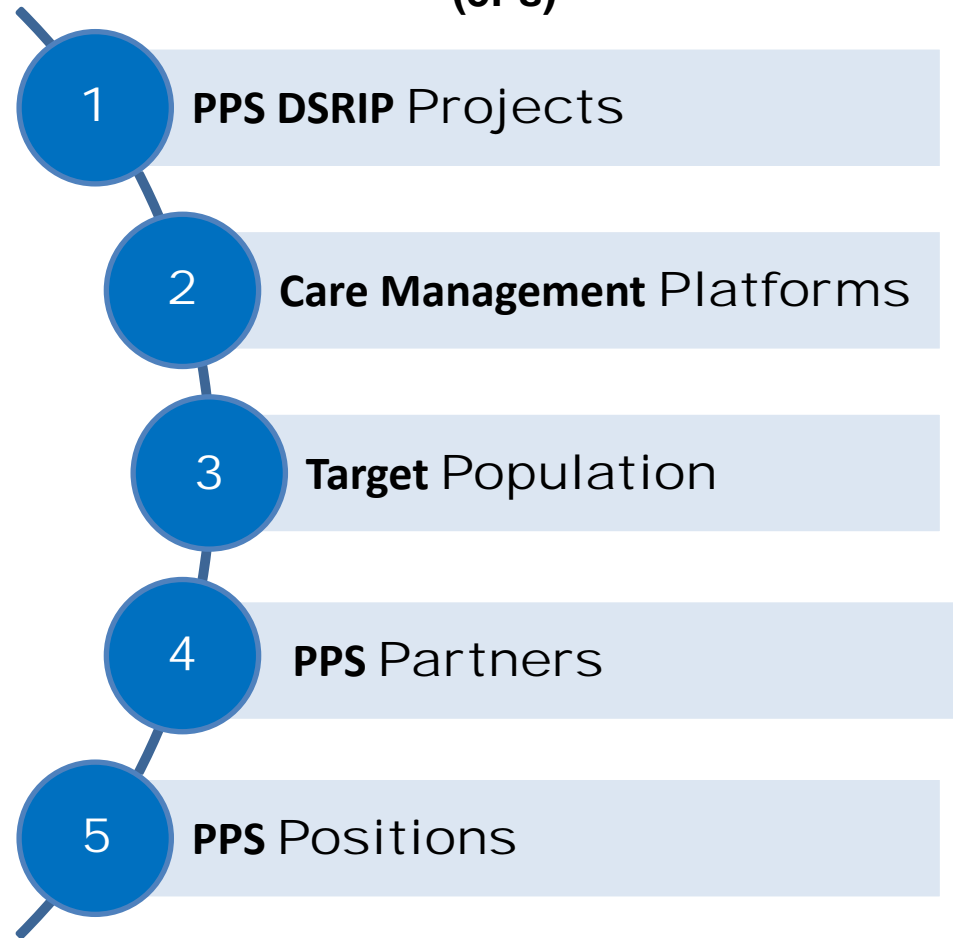
The purpose of our Cultural Competency and Health Literacy Strategy is to enhance culturally and linguistically appropriate awareness, education and inter-professional collaboration of all providers in our network, in an effort to foster an organizational culture that promotes the provision of equitable, person-centered health care and services for all members of our communities.

Workforce Strategy & Planning

DSRIP Workforce Requirements
 Work In Progress



Projects to Positions Framework
(5Ps)



Collaborations Across the Region- Local Deployment of DSRIP

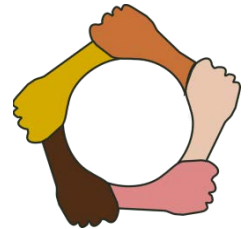
County Collaboration

- Regular Hudson Valley Health Regional Officers Network Meeting Updates
- Community Engagement Sessions



CBO Cultural Competency

- Community Engagement Quality Advisory Committee
- Resources Website
- Patient Engagement



Domain 4: Public Health Council

- Three PPSs
- ~25 Local CBOs, LGUs, stakeholders
- Current initiative: Smoking Cessation



Behavioral Health Integration

- Hudson Region DSRIP BH Crisis Leadership Team
- Planning Sessions With Hudson Valley County Mental Health Directors
- Provider Sessions in Hudson Valley Counties



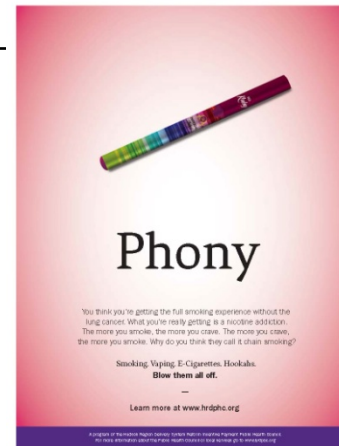
Collaborations Across the Region- Prevention Agenda: Tobacco Use Cessation

Goal: To reduce the use of cigarettes, e-cigarettes, hookah sticks and vape pens among youth in our region.

The Hudson Region DSRIP Public Health Council, working through county-wide organizations, will disseminate media campaigns in November 2015, April 2016 and November 2016 and evaluate the impact on youth tobacco use from baseline and one year follow-up using data from the OASAS Youth Development Survey.

The rates of youth use of e-cigarettes, hookah sticks, and vape pens have begun to surpass the use of cigarettes in some communities. In addition, recent research has shown that e-cigarettes are a gateway substance for regular tobacco use by youth.

Key Initiative: Two part media campaign. One part of the campaign will target the approximately 116,860 students attending the 137 public high schools in the eight county region which includes Delaware, Dutchess, Orange, Putnam, Rockland, Ulster, Sullivan, Westchester counties. The other part will target their parents. Each campaign is geared toward reducing the risk factors that impact youth vaping, e-cig, hookah, and tobacco use: perception of risk, perception of parental disapproval, and perception of peer disapproval.





Phony

You think you're getting the full smoking experience without the lung cancer. What you're really getting is a nicotine addiction. The more you smoke, the more you crave. The more you crave, the more you smoke. Why do you think they call it chain smoking?

Smoking. Vaping. E-Cigarettes. Hookahs.
Blow them all off.

Learn more at www.hrdphc.org

Our county-wide distribution is being facilitated by:

Delaware: Alcohol & Drug Abuse Council of Delaware

Dutchess: The Council on Addiction Prevention & Education (CAPE) of Dutchess County, Inc.

Orange: Alcoholism & Drug Abuse Council of Orange County, Inc.

Putnam: National Council on Alcoholism & Other Drug Dependencies/Putnam, Inc.

Rockland: Rockland Council on Alcoholism & Other Drug Dependence, Inc.

Sullivan: Catholic Charities Community Services of Orange County Recovery Center

Ulster: Ulster Prevention Council

Westchester: Student Assistance Services Corporation

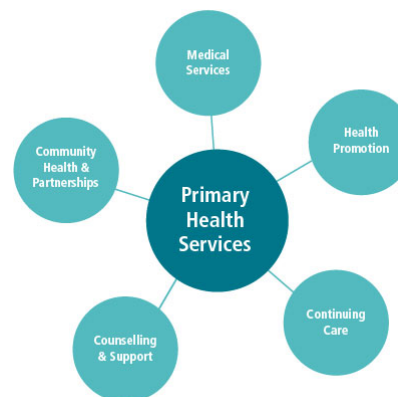
Collaborations Across the Region- Social Determinants of Health

Goal: Enhance the capacity of CBOs to identify their service delivery strengths, costs of services and target populations to develop strategies to engage in the evolving healthcare environment.

We have been awarded with our vendor, Markowitz Consulting, a grant from Westchester Community Foundation that will in part cover costs for this pilot; our PPS is providing the rest of the funding.

Key Initiative: Ten Westchester community-based organizations that partner with our PPS will be chosen through a Request for Application (RFA) process to participate in a series of Learning Lab sessions with a site visit and interim assignments. This Lab will also serve as a pilot for developing an online version for additional community-based organizations located throughout WMC PPS's eight-county region.

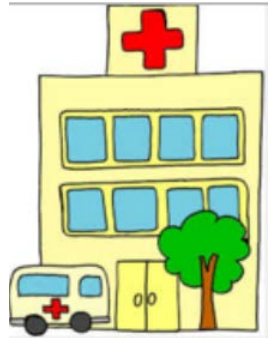
An individual's medical and non-medical needs must be met in order to achieve optimal health outcomes. One of the challenges has been how to connect these two spheres of needs when organizations are limited in their ability to negotiate and position their services as part of the overall health care delivery network.



Integrating Care Across the Continuum- Local Deployment of DSRIP

Hospital

- Risk assessment
- Discharge planning: links to primary care & health homes
- 30 day follow up



Patient Centered Medical Home

- EHR and MU
- HIE (QE & Direct)
- Medication Reconciliation
- Medical Neighborhood: links specialty, BH, social services
- Care coordination- Health Home



Health Homes

- Closely linked with hospitals & primary care
- Care Navigators
- Home Visits



WMCHHealth PPS DSRIP

- Advanced Analytics
- Project Management
- Medical Village
- Health Information Technology and HIE



Behavioral Health

- Crisis Stabilization
- Links to Medical Care
- Links to Health Homes
- Links to Social Services



Community Engagement

- Community Based Organizations
- Patient Engagement for the Uninsured














Behavioral Health Integration

3.a.i Model 1: Behavioral Health Integration in Primary Care at 30* sites in 7 Counties

Bon Secours: Rockland Pulmonary & Medical Associates	Suffern, West Nyack
Community Medical & Dental	Monsey, Spring Valley
Crystal Run Health Care	Middletown, Newburgh, Nyack, Rock Hill
Greater Hudson Valley Family Health Center	Newburgh
Haverstraw Pediatrics	Haverstraw
Institute for Family Health	Hyde Park, Ellenville, Port Ewen, Kingston, New Paltz
Middletown Community Health Center	Middletown, Port Jervis, Washingtonville, Pine Bush
Mount Vernon Neighborhood Health Center	Mount Vernon, Greenburgh, Yonkers
Open Door Family Medical Center	Ossining, Port Chester, Sleepy Hollow, Mount Kisco, Brewster
Westchester Medical Center	Vallhalla

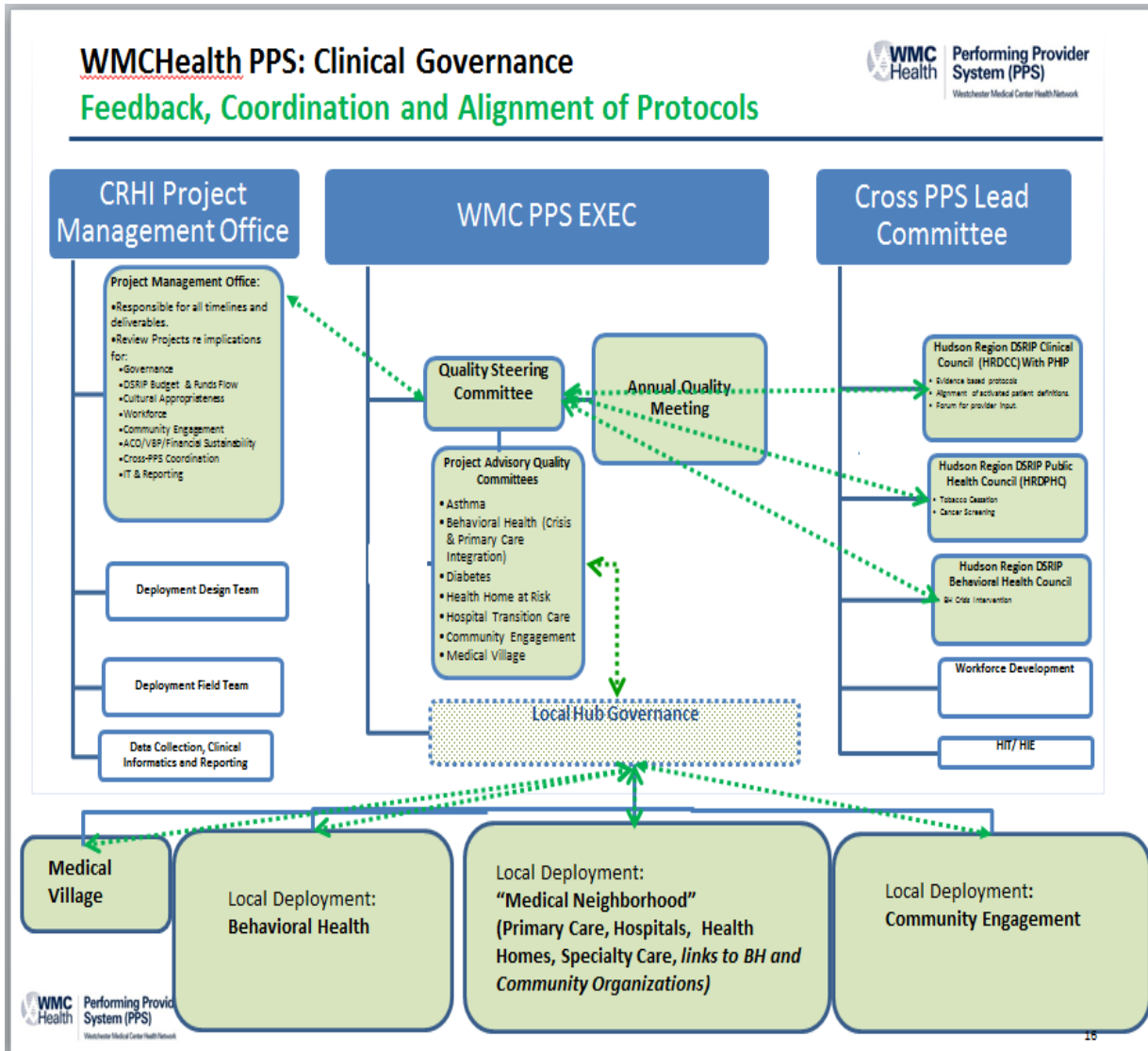
*Application Goal: 22 sites; recruiting additional sites particularly in Sullivan and Delaware Counties .

Integrating Behavioral Health into Eleven Projects

	2ai Integrated Delivery System*	An integrated delivery system will build the analytical and care management infrastructure for Population Health Management.
	2.a.iii Health Home At Risk*	An integrated Care Plan alerts BH providers to medical concerns; helps primary care to incorporate patient centered goals.
	2.a.iv Medical Village*	Co-located Medical, behavioral and social services will create opportunities for training workforce in integrated care delivery.
	2.b.iv Hosp Transitions*	Adapt evidence based practices like Medication Reconciliation to address medical re-admissions following BH discharges.
	2.d.i Patient Activation*	Connect patients to regular source of care and to options for insurance coverage; provide links to social services.
	3.a.i BH/PC Integration*	BH professional services at PC site, "warm transfer" of patients who screen positive or need BH services, BH notes in PC record.
	3.a.ii BH Crisis Stabilization*	Improve BH crisis stabilization services throughout seven counties in the PPS service area.
	3.c.i Diabetes*	BH medications exacerbate diabetes; protocols adapted to different practice settings support disease management for all.
	3.d.iii Asthma*	Asthma medications can precipitate anxiety attacks; training BH & HH on asthma treatment to reduce anxiety related ED visits.
	4bi Tobacco Cessation*	A focus of the tobacco cessation work is the BH population including development of training for BH staff.
	4bii Cancer Screening*	BH patients often fail to get routine medical preventive care. Population Health Management tools will help patients, families and BH and primary care to be aware of gaps in care.

*includes TRAINING for partner staff and/or development of new positions

Behavioral Health Integration- Measures of Success



Project KPIs (Key Performance Indicators)

- On Nov 4, 2015 the chair of the WMHealth PPS Quality Steering Committee charged each project advisory committee to adapt, adopt or develop KPIs to monitor the success of each project.
- KPIs will be in addition to implementation plan milestones, activated patient reporting as defined by IA and quality measures as defined in Appendix J.

Helping practices to help patients --

- **Technical assistance** for PCMH, MU and QE connection
- **Care managers** at the primary care site
- Support for data analysis and reporting (**pay for reporting**)
- Consideration **participation** (attending meetings, etc)




Implementing PCMH

Vendor Selection Process

- RFI process began August 2015
- Aligns with PPS vision of integrated care in Medical Neighborhoods aligned with healthy communities and ongoing support for primary care
- PCMH vendor selection based on qualifications & experience

Taconic Professional Resources

- PCMH NCQA recognition of 350 PCPs at 64 sites – 100% level 3, Regional Faculty NY Region for CPCi Advanced Primary Care Transformation program, 74 practice sites with >350 physicians
- Partner with PPS Staff to incorporate CSA results into PCMH work
- Scope of work to include practice transformation at over 25 practice sites in FQHCs, large multispecialty practices and smaller privately owned PCP sites including hospital based

- 
- **Pre-Assessment:** effective and relevant pre-screening; incorporating PPS current state assessment
 - **Onsite Assessment:** Assess first hand the practice's leadership, project commitment, processes and role based workflows
 - **Gap Analysis and Action Plan:** Create a site specific analysis and Action Plan
 - **Onsite Gap Analysis and Action Plan Review:** Review of the plan with the practice and sign off of the plan and timeline
 - **Work Plan for Transformation:** Site specific plans
 - Onsite: 1 month, 3 months, quarterly and PRN
 - Bi-weekly calls
 - Online University
 - Self-paced curriculum
 - Transformation tools
 - Monthly and quarterly reporting
 - **NCQA Submission and Recognition:** Level 3

Learn more about our PPS

The screenshot shows a web browser window with the URL <http://www.crho-ny.org/center-for-regional-healthcare-innovation/cultural-competence>. The page features a dark navigation bar with links: Home, About Us, Executive Staff, CNA, DSRIP Projects, Resources, Press Room, and Contact Us. Below this is a blue header with the text "Cultural Competence and Health Literacy" and a breadcrumb trail "Home / Cultural Competence and Health Literacy". The main content area includes a graphic of colorful hands with hearts, a sub-header "CULTURAL COMPETENCE AND HEALTH LITERACY", and a paragraph explaining the purpose of the strategy. A sidebar on the right contains a "About Us" section with links to "About Our PPS", "About DSRIP", "Partner Portal", and "eNewsletter".

Cultural Competence and Health Literacy

Home / Cultural Competence and Health Literacy

CULTURAL COMPETENCE AND HEALTH LITERACY

The purpose of the WMCHealth PPS cultural competence and health literacy strategy is to enhance culturally and linguistically appropriate awareness, education and professional collaboration of all providers in our network, in an effort to foster an organizational culture that promotes the delivery of equitable, person-centered health care and services for all members of our communities throughout the Hudson Valley. We encourage you to utilize the resource links below to learn more about cultural competence education and health literacy.

CULTURAL COMPETENCE AND HEALTH LITERACY GENERAL INFORMATION

(1) National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice (2013)

The following national standards issued by the U.S. Department of Health and Human Services' (HHS) Office of Minority Health (OMH) relate to culturally and linguistically appropriate delivery of effective health care services for all people. These

<http://www.crho-ny.org/center-for-regional-healthcare-innovation/cultural-competence>