



DSRIP
PROJECT APPROVAL
& OVERSIGHT
PANEL MEETING

1.22.16

ACP

ADVOCATE COMMUNITY PROVIDERS

ONE YEAR AGO...



WE ARE DIFFERENT.



THE HIGHEST LEVEL OF PERFORMANCE.

PPS Information	
Quarter	DY1, Q2 July 1, 2015 - September 30, 2015
PPS	Advocate Community Providers, Inc.
PPS Number	25

Achievement Value (AV) Scorecard Summary								
Project Link (click on the purple link below to access each individual project report)	AV Data				Payment Data			
	AVs Available	AVs Awarded	AV Adjustment	Net AVs Awarded	Payment Available	Payment Earned	High Performance Funds	Total Payment Earned
Domain I - Organizational (All Projects)	5.00	5.00	0.00	5.00	<i>Organizational funds are embedded within each project's payment</i>			
2.a.i	20.00	20.00	0.00	20.00	\$1,688,926.38	\$1,688,926.38	\$ -	\$1,688,926.38
2.a.iii	21.00	21.00	0.00	21.00	\$1,370,657.30	\$1,370,657.30	\$ -	\$1,370,657.30
2.b.iii	21.00	21.00	0.00	21.00	\$1,195,369.38	\$1,195,369.38	\$ -	\$1,195,369.38
2.b.iv	21.00	21.00	0.00	21.00	\$1,284,855.41	\$1,284,855.41	\$ -	\$1,284,855.41
3.a.i	16.00	16.00	0.00	16.00	\$1,153,373.94	\$1,153,373.94	\$ -	\$1,153,373.94
3.b.i	13.00	13.00	0.00	13.00	\$901,709.08	\$901,709.08	\$ -	\$901,709.08
3.c.i	12.00	12.00	0.00	12.00	\$930,949.20	\$930,949.20	\$ -	\$930,949.20
3.d.iii	10.00	10.00	0.00	10.00	\$951,404.04	\$951,404.04	\$ -	\$951,404.04
4.b.i	14.00	14.00	0.00	14.00	\$740,002.15	\$740,002.15	\$ -	\$740,002.15
4.b.ii	21.00	21.00	0.00	21.00	\$546,958.11	\$546,958.11	\$ -	\$546,958.11
AV Adjustments (Column F)								
Total	169.00	169.00	0.00	672.00	\$ 10,764,205	\$ 10,764,205	\$ -	\$ 10,764,205



AN UNPRECEDENTED LEVEL OF PATIENT ENGAGEMENT.

SPEED AND SCALE			DY0		DY1	
PROJECT	UNIT OF MEASURE		Q1/Q2	Q3/Q4	Q1/Q2	Q3/Q4
2.A.III HEALTH HOMES	Document a Care Plan	Number of Actively Engaged Patients	-	-	30,763	46,145
		Expected # of Actively Engaged Patients	153,818	153,818	153,818	153,818
		% of Patients Actively Engaged	0%	0%	20%	30%
2.B.III ED TRIAGE	Pts presenting at the ED, referred for med screening and redirected to PCP	Number of Actively Engaged Patients	-	-	10,833	18,958
		Expected # of Actively Engaged Patients	54,167	54,167	54,167	54,167
		% of Patients Actively Engaged	0%	0%	20%	35%
2.B.IV CARE TRANSITIONS	Care transition plan prior to d/c not readmitted within 30 days	Number of Actively Engaged Patients	-	150	20,497	32,795
		Expected # of Actively Engaged Patients	81,988	81,988	81,988	81,988
		% of Patients Actively Engaged	0%	0%	25%	40%
3.A.I PCP/BH INTEGRATION	Number of patients screened (IMPACT)	Number of Actively Engaged Patients	-	-	53,836	139,973
		Expected # of Actively Engaged Patients	215,344	215,344	215,344	215,344
		% of Patients Actively Engaged	0%	0%	25%	65%
3.B.I CARDIO-VASCULAR	Dcomented self-management goals in EMR	Number of Actively Engaged Patients	-	-	111,709	159,585
		Expected # of Actively Engaged Patients	319,171	319,171	319,171	319,171
		% of Patients Actively Engaged	0%	0%	35%	50%
3.C.I DIABETES	Number of patients with at A1c test	Number of Actively Engaged Patients	-	-	78,062	111,517
		Expected # of Actively Engaged Patients	223,035	223,035	223,035	223,035
		% of Patients Actively Engaged	0%	0%	35%	50%
3.D.III ASTHMA	Number of participating patients	Number of Actively Engaged Patients	-	-	33,839	84,599
		Expected # of Actively Engaged Patients	169,199	169,199	169,199	169,199
		% of Patients Actively Engaged	0%	0%	20%	50%



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**63% OF NETWORK PHYSICIANS
ALREADY HAVE PARTICIPATING
PROVIDER AGREEMENTS IN PLACE.**

EDUCATE • UPDATE • FEEDBACK

**WE HAVE ESTABLISHED AN ON-GOING
PHYSICIAN ENGAGEMENT FORUM.**

**WE PROVIDE ONE-ON-ONE, ON-SITE TRAINING
FOCUSED ON PROJECT IMPLEMENTATION
AND DOCUMENTATION.**

**TRAINING AND DOCUMENTATION THAT
PAVES THE WAY TO 2014 PCMH LEVEL 3.**

**CONTRACTING WITH MULTIPLE PCMH VENDORS
TO ASSIST IN ACHIEVING CERTIFICATION.**



WORKFORCE

OUR STRENGTH IS OUR CONNECTION TO COMMUNITY BASED PROVIDERS.

WE WORK CLOSELY WITH OUR PHYSICIANS AND THEIR STAFF TO PROVIDE ONGOING TRAINING ON IMPLEMENTATION OF THE PROJECTS USING EASY TO FOLLOW ACP TRAINING MATERIALS.

WE HIRE & TRAIN FROM WITHIN THE COMMUNITY.

WE ARE COLLABORATING WITH THE 1199 TRAINING EDUCATION FUND.

EMERGING TITLES:

CARE MANAGERS AND COORDINATORS
PROJECT MANAGERS
DEPRESSION CARE MANAGERS
COMMUNITY HEALTH WORKERS
PATIENT NAVIGATORS
PHYSICIAN ENGAGEMENT SPECIALIST

WE ARE CURRENTLY CONDUCTING A SURVEY ON THE CURRENT AND FUTURE STATE OF OUR WORKFORCE.

ALBANY, CENTER FOR HEALTH WORKFORCE STUDIES



ACP TRAINING MATERIALS.

- If the subject's pressure is elevated, **measure blood pressure** again additional times, waiting a few minutes between measurements.



III. Precautionary techniques

- Aneroid and digital manometers may require periodic calibration
- Use a larger cuff on obese or heavily muscled subjects.
- Use a smaller cuff for pediatric patients.
- For pediatric patients a lower blood pressure may indicate the p
- **Do Not** place the cuff over clothing.
- Flex and support the subject's arm.

In some patients the Korotkoff sounds disappear as the systolic pressure interval, the Korotkoff sounds reappear. This interval is referred to as a pathophysiologic occurrence can lead to a marked under-estimate of the cuff pressure is not elevated enough. It is for this reason that the pressure cuff to 180mmHg was recommended above. The "auscultation" associated with carotid atherosclerosis and a decrease in arterial compliance increased blood pressure.

IV. Action

- A BLOOD PRESSURE OF 180/110mmHg OR MORE OR MORE
ATTENTION! Bring patient to PCP immediately.
...ing in patient records and note to provider if there

ACP

Million Hearts Campaign

Blood Pressure Reading Manual

This manual serves as a training tool on appropriate procedure for obtaining blood pressure measurements.

All ACP patients with Cardiovascular disease and/or hypertension will be afforded the opportunity to walk into their PCP's office at any time and receive a blood pressure reading promptly free of charge by a member of the staff.



Advocate Community Providers

Advocate Community Providers

5030 Broadway Ste 816

New York NY 10034

844-227-7772

Mi salud, mi comunidad

我的社区, MI健康

Certification of Training

Employee Name: _____ Position: _____ Employee ID Number: ____

Practice Name: _____ Practice NPI Number: _____

Practice Physician Name/s: _____

I _____, do hereby acknowledge that I have received ACP's Million Hearts Campaign Blood Pressure Manual and I have been instructed on proper techniques as per manual training, on how to accurately obtain patient's blood pressure measurements. Proper techniques, instructing patients on self-management and self-blood pressure measurements. To help maintain patient's blood pressure readings below 140/90.

ACP

GOVERNING BODIES

STATE, CITY & BOROUGH OFFICIALS



PUBLIC SCHOOLS



WE ENGAGE OUR COMMUNITY AT ALL LEVELS.

COMMUNITY-BASED ORGANIZATIONS



FAITH-BASED ORGANIZATIONS



THE SOCIAL DETERMINANTS OF HEALTH. **TRUSTED MEMBERS OF THE COMMUNITY.**

RAIN

AMBER COURT

FRIENDS AND FAMILY

GOOD SHEPHERD SERVICE

NEW YORK E COLLABORATIVE

MVP HOUSING

NEW YORK CITY DOH

**GOODWILL INDUSTRIES
OF GREATER NEW YORK &
NORTHERN NEW JERSEY, INC.**

**CATHOLIC CHARITIES
NEIGHBORHOOD SERVICES INC.**

**JEWISH BOARD OF FAMILY
& CHILDREN'S SERVICES, INC.**

EPISCOPAL SOCIAL SERVICES

**MRS. MARY'S PLACE
HEALTH CARE SERVICES, INC.**



THE SOCIAL DETERMINANTS OF HEALTH. TRUSTED MEMBERS OF THE COMMUNITY.

**EAST HARLEM EAST
LIFE PLAN (HELP)**

CAMILLA'S YELLOW HOUSE

HISPANIC FEDERATION

PUBLIC HEALTH SOLUTIONS

THE CHILD CENTER OF NY, INC.

GOD'S LOVE WE DELIVER, INC.

FIRST CARE MEDICAL GROUP

**ELMCOR YOUTH &
ADULT ACTIVITIES INC**

**AIDS CENTER OF
QUEENS COUNTY, INC.**

820 RIVER STREET INC.

**QUALITY SERVICES FOR THE
AUTISM COMMUNITY (QSAC)**

PUBLIC HEALTH SOLUTIONS



CBOs PARTICIPATE IN OUR GOVERNANCE THROUGH PAC & CQC

WORKING CLOSELY WITH COMMUNITY BASED ORGANIZATIONS ON PROJECT PLANNING, DESIGN, AND IMPLEMENTATION.



Working to Reduce Poverty in America.



MONTHLY PROJECT ADVISORY COMMITTEE MEETING.



ACP IS CHANGING THE CULTURE OF BEHAVIORAL HEALTH CARE FOR PRIMARY CARE PRACTICES.

ADOPT AN AFFORDABLE IMPACT MODEL

ACP has selected the IMPACT model of Behavioral Health integration as its main model.

ACP Primary Care Providers are incorporating and administering the PHQ2/9 in their everyday workflow.

ACHIEVE TRUE INTEGRATION

Our Project Management Office has been working with the Office of Mental Health's Department of Collaborative Care to develop the IMPACT model training tools and requirements to utilize office staff at the Primary Care Providers per the American Psychiatric Association's recommendations.

CREATE BEST PRACTICES

We are serving on the NYC Regional Planning Consortium for Behavioral Health.

We are working closely with the NYC Department of Health in order to implement best practices in collaborative care.

PROVIDE LEADERSHIP

ACP has implemented models 1 and 2 via partners who are already integrated and are augmenting these services.

PCPs are being trained on (and incorporating) SBIRT for drug abuse into their daily workflow.



PREVENTATIVE CARE IS AT THE CORE OF OUR MISSION.

ACCOMPLISHMENTS IN OUR FIRST YEAR.

ACP has developed evidence based protocols featuring prevention guidelines and screenings. We are addressing prevention of smoking, cancer, and childhood illnesses.

We have included representatives from the NYC department of health in our Clinical Quality Committee. We have champions within our network who have vast experience working in each focus area.

ACP has already brought all of the major MCOs to the table to discuss coverage for immunizations, smoking cessation products, and other preventive measures.

We are developing data exchanges and patient incentive programs for compliance.

ACP has developed and is distributing “no smoking” signage, in accordance with DOH mandates.



TRI-LINGUAL, TRI-CULTURAL DISEASE PREVENTION MATERIALS



Advocate Community Providers

ACP es una red de médicos comunitarios y proveedores de salud quienes ofrecen servicios a personas que reciben Medicaid en el Estado de New York. Los miembros de ACP proporcionan apoyo a miles de pacientes en los condados del Bronx, Manhattan, Brooklyn y Queens. Los médicos de ACP trabajan día a día para dar respuesta a las necesidades de salud de nuestra gente. Entre los hospitales asociados que forman parte de la red están los hospitales Lenox Hill y Forest Hill, parte del sistema Northshore-LIJ, más los hospitales Jamaica y Flushing que forman parte del sistema MediSys.

Los miembros de ACP tienen una larga relación y una trayectoria de décadas de arduo trabajo con pacientes latinos, asiáticos y comunidades afroamericanas en toda la ciudad de Nueva York. ACP es el único proyecto que está liderado por médicos comunitarios dentro de las doce redes en la ciudad de New York mejor conocidas por sus siglas en inglés como PPS. ACP es financiado a través del programa Delivery System Reform Incentive Payment (DSRIP).

Ramon Tallaj, M.D.
Presidente de la Junta
Henry Chen, M.D.
Presidente
Mario J. Paredes
Director Ejecutivo

ACP
ADVOCATE COMMUNITY PROVIDERS

Nuestras oficinas están localizadas en
5030 BROADWAY, SUITE 814,
NEW YORK, NY 10034

Para más información visítenos en la internet www.ACPPPS.org

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El ABC de su salud

UN MENSAJE A TODAS LAS PERSONAS QUE USAN MEDICAID.

ACP
ADVOCATE COMMUNITY PROVIDERS

Mi salud, Mi Comunidad • 我的社區, 我的健康 • My Community, My Health

¡comience hoy con el ABC de su salud!

“Sea el alimento tu medicina y la medicina tu alimento.”

Ludwig Feuerbach
filósofo y antropólogo Alemán

“Somos lo que comemos.”

Hippocrates
Médico de la Antigua Grecia

¡Su salud es una joya que no tiene precio!

Tómese el tiempo para cuidarla

El Sistema de Medicaid está cambiando para servirle mejor. Los beneficios médicos que usted recibe permanecen inalterables.

La ecuación de la Buena Salud:



Mantenerse saludable es una gran responsabilidad que requiere paciencia y sobretodo ser persistente:



Coma Saludable

Comer saludable es a veces un desafío que sólo usted puede confrontar. ¡Trate de hacerlo! Comience a aumentar el uso de frutas y verduras. Prepárelas como más le guste. Conseguir productos sanos para su familia es el primer paso para comer más saludable. Involucrar a niños y niñas en ese proceso es invertir en una comunidad saludable. Coma alimentos sanos y evite las comidas rápidas.

Ejercitarse Regularmente



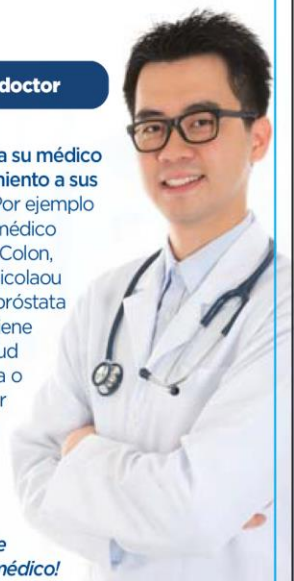
Decidir hacer ejercicios es tan fácil como contar 1... 2... 3 y tiene muchos beneficios. Usted no necesita hacer ejercicios fuertes para mejorar su salud:

¡Camine! ¡Baile!
¡Use las escaleras en su edificio! Cuando usted hace cualquier tipo de actividad física, disminuye el riesgo de un derrame cerebral, de enfermedades cardíacas y de diabetes. El ejercicio también ayuda a perder peso o mantener un peso saludable.

Visite su doctor

Visite regularmente a su médico primario y dé seguimiento a sus recomendaciones. Por ejemplo hágase su chequeo médico anual, el examen del Colon, mamografía y Papanicolaou (mujer), examen de próstata (hombre). Si usted tiene una condición de salud como Diabetes, asma o cardiovascular, ¡hacer cambios saludables en su estilo de vida es imprescindible! médico!

¡Manténgase siempre en contacto con su médico!

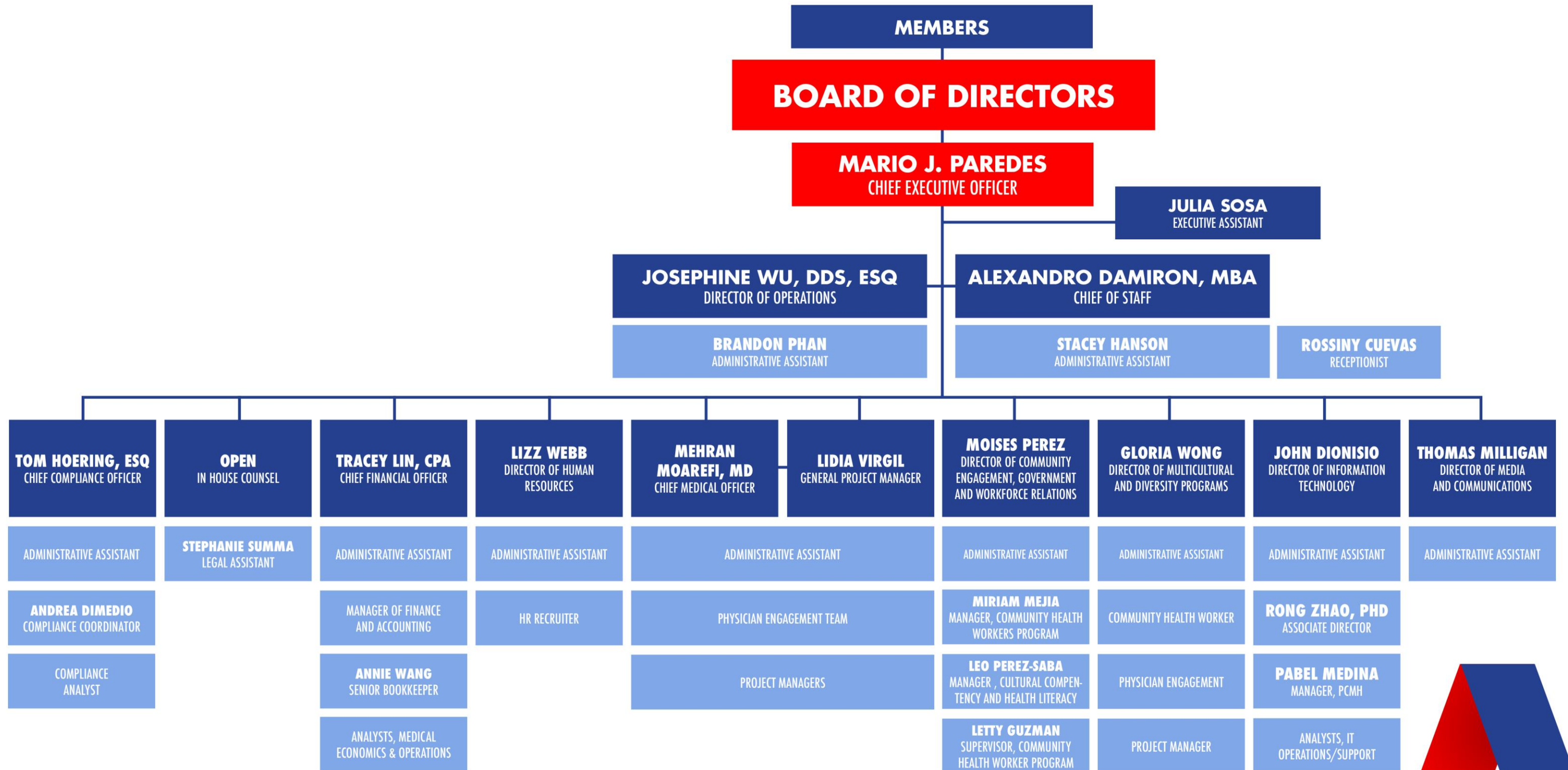


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GOVERNANCE: MEANINGFUL ENGAGEMENT OF OUR COMMUNITY.



OPERATIONAL CHART





BOARD OF DIRECTORS

Henry Chen, M.D.

Ramon Tallaj, M.D.

Oscar Fukilman, M.D.

Vincent Wang, D.O.

Zili He, M.D.

Juan Estevez, M.D.

Jeffrey Kraut

Thomas McGinn, M.D.

NON-VOTING MEMBERS

Howard Gold

Bruce Flanz

Laurence Kraemer

Amanda Li

Fernando Burgos

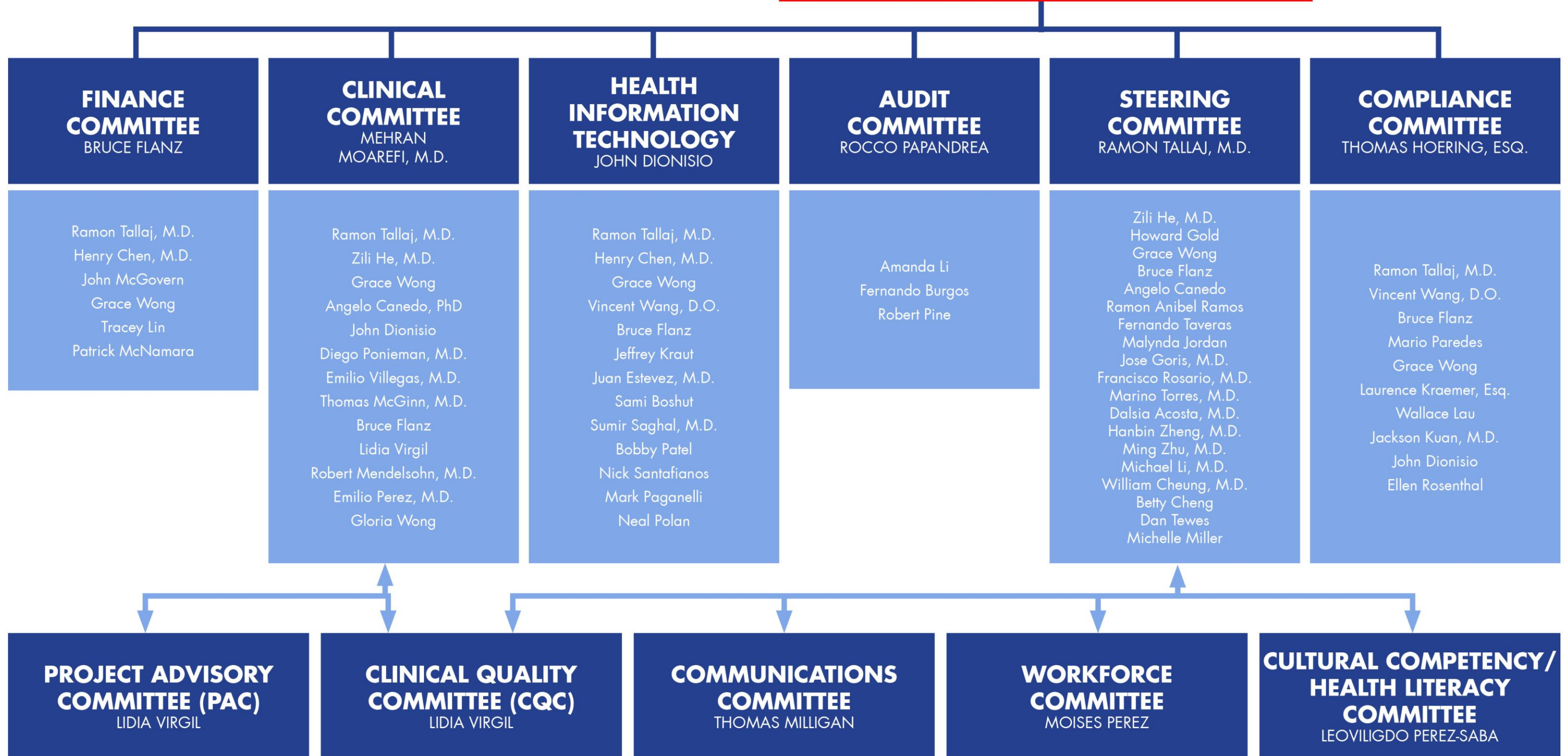
Robert Pine

ACP

ADVOCATE COMMUNITY PROVIDERS

GOVERNANCE

BOARD OF DIRECTORS



WHERE OPERATIONS & POLICY MEET

CLINICAL QUALITY COMMITTEE (CQC)

IDS

Amerigroup
(David Ackman)

Wellcare
(Jeanette Gonzalez)

Sumir Sahgal, MD

Emilio Villegas, MD

Henry Chen, MD

ECW

MDland

Roey Moran

John Dionisio

HEALTH HOME AT RISK

Centers for
Specialty Care
(Isaac Rubin)

Fresenius
(Gregg Miller)

Heritage Health Home
(Alvaro Simmons)

ACMH
(Daniel Johnssen)

Salcare HH
(Elise Hinken)

God's Love We Deliver
(Alyssa Wassung)

Robert Mendelson, MD

Qazi Halim

Candido Norberto, MD

ED TRIAGE

Medisys
(+Angelo Canedo)

Lenox Hill Hospital
(*Josie Guzman)

Balance ACO
(Oscar Fuhilman)

NSLIJ
(Grace Wong)

Geoffrey Doughlin, MD

AT Adebayo

TRANSITIONAL CARE

Rapid Care Solutions
(*Michelle Gonzalez)

Health First
(Susan Beane)

Summit Health Home
(Susan Katz)

Care Next
(Dan Tewes)

Preventive Diagnostics
(Mark Tauber)

Ramon Tallaj, MD

Vincent Wang, DO

Diego Ponienan, MD

COMMUNITY COMMITTEES

CLINICAL QUALITY COMMITTEE (CQC)

BEHAVIORAL HEALTH

Harlem East
(*Joanne King)

Arms Acres
(Roy Wallach)

CBC
(Marcia Holman)

PAC Program
(Lawrence Lang)

Good Shepherd
Services
(Joan Siegel)

Charles B. Wang
(Betty Chang)

Fernando Taveras, MD

Leonardo Vando, MD

Barbara Ponieman, MD

Dalsya Acosta, MD

Stephen Perez, MD

Anthony Maffia

CARDIO- VASCULAR

Canal Radiology
(+Charles Piccinini)

MJHS
(Jay Gormley)

Preventive Diagnostics
(Mark Tauber)

United Buying Power
(Edwin Perez)

Amber Court
(Claire Aiken)

Flushing Manor
(Josh Pollack)

DIABETES

Biorefrence
(Vincent Porcelli)

Friends and Family
(Yelena Schmidt)

Empire State Dental
(Ana Rojas, MD)

Isabella Nursing Home
(David Emmanuel, MD)

Williamsburg PT
(Diana Kurfeld)

Francisco Rosario, MD

Rodolfo Guzman, MD

Alan Roth, MD

COMMUNITY COMMITTEES

CLINICAL QUALITY COMMITTEE (CQC)

ASTHMA

Upper Manhattan
(Alvaro Simmons)

NY Dept. of Health
(Sayone Thihalolipaya)

Nursing Center
(Modupe Fajodi)

Amerigroup
(David Ackman)

eHealth Collaborative
(Paul Wilder)

Housing Development
(Paul Rosenfeld)

SMOKING

Medisys
(+Gregeory Petryk, MD)

NYC Dept of Health
(Christine Johnson)

Community Services
(Deborah Whitman)

Emilio Perez, MD

Richard Ng, MD

Jonathan Tsao, MD

CD PREVENTION

RAIN
(+Anderson Torres, MD)

Good Shepherd Services
(Joan Siegel)

Jamaica Nursing Home
(Tom Younghans)

Catholic Charities
(Phyllis Alvarado)

Washington Heights
Imaging
(Lenin Fernin)

Jose Goris, MD

Sabiha Raooof, MD

Juan Tapia, MD

COMMUNITY COMMITTEES



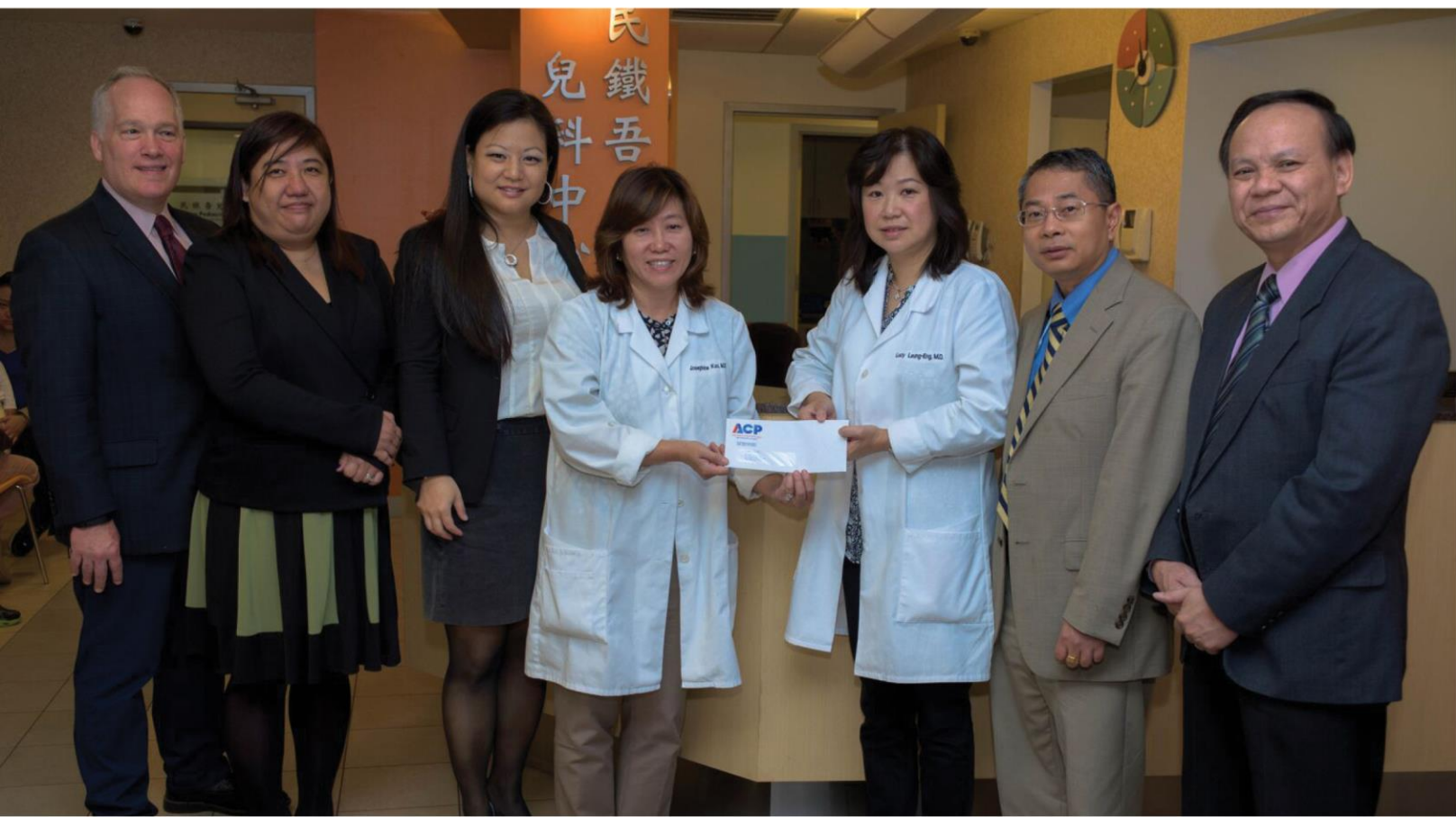
A healthcare professional with curly hair and a stethoscope around her neck is smiling and showing a tablet to a woman. The woman is holding a young child. They are in a clinic setting with educational posters on the wall. The text 'PROGRESS, PROCESS, & GOALS' is overlaid in red, and 'FUNDS FLOW DISTRIBUTION' is overlaid in blue below it.

PROGRESS, PROCESS, & GOALS
FUNDS FLOW DISTRIBUTION





**WE HAVE ACTUALLY DISTRIBUTED FUNDS TO
COMMUNITY PROVIDERS. WE ARE DIFFERENT.**



MAKING THE PEOPLE'S MONEY WORK FOR THE PEOPLE.

TOTAL PAYMENTS MADE TO PROVIDERS:

\$6,846,892.62

(compliance with 5% safety net requirement)

PROVIDERS AND PRACTICES

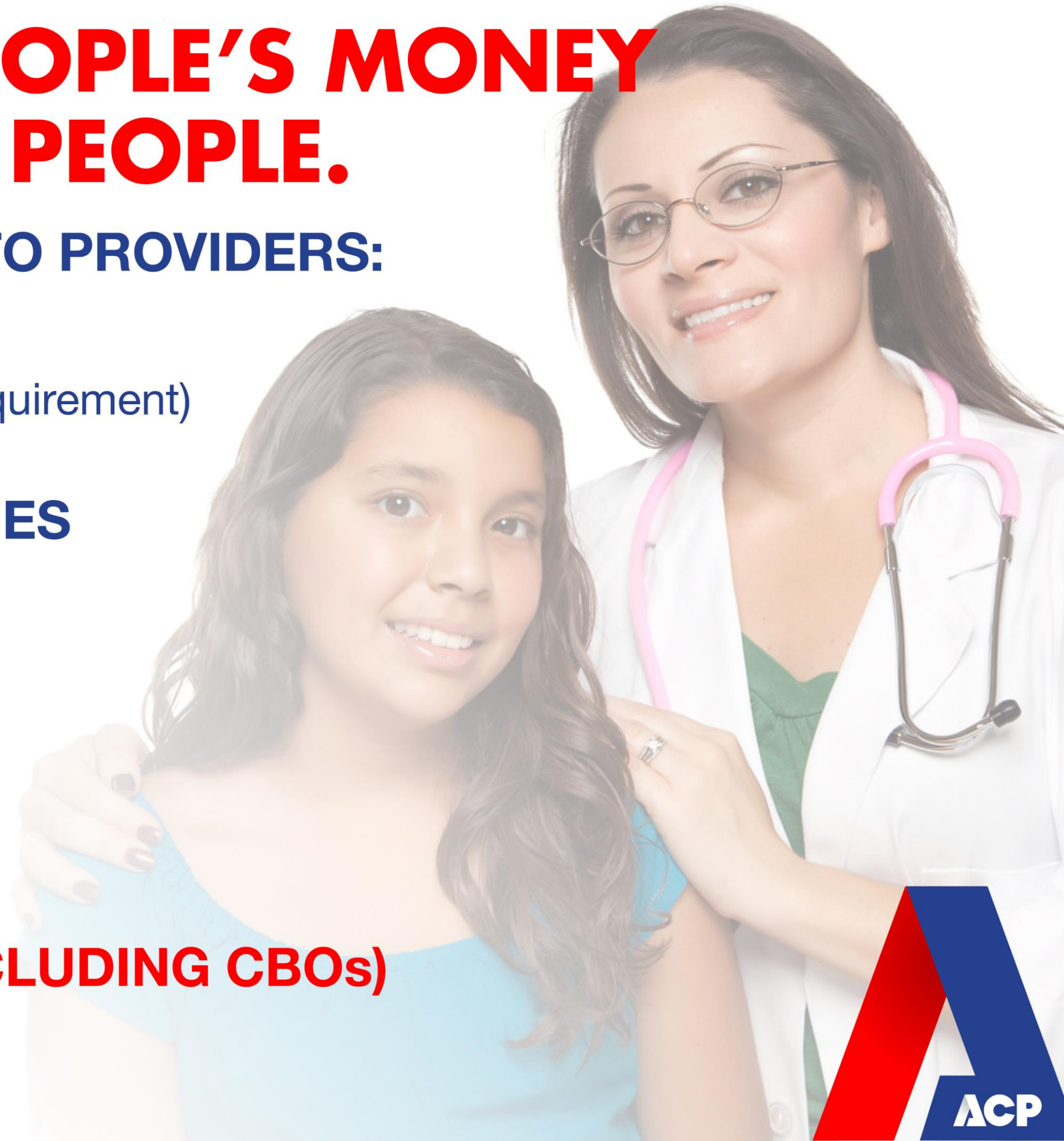
- Safety Net: \$ 3,324,104.93
- Non-Safety Net: \$ 91,208.77

HOSPITALS

- Safety Net: \$3,302,647.17
- Non-Safety Net: \$128,931.75

PARTNERS & OTHERS (INCLUDING CBOs)

- Formula In Progress



FUNDS FLOW DISTRIBUTION

FUNDS FLOW MODEL SUMMARY

PHASE 1

Implementation Funds
Distribution Based on:

- DOH Attribution,
- Participation,
- EHR Connectivity
Preparation
- Workforce preparation

PHASE 2

PCMH Transformation
Funds

- Patient Engagement
& Reporting

PHASE 3 & FORWARD

Performance/Reporting

HOSPITAL & PARTNER INCENTIVE PAYMENTS

11%

- Hospital
- CBOs
- Clinic
- Case Management
- Mental Health
- Substance Abuse
- Nursing Home
- Pharmacy
- Hospice

OTHER
5%

CONTINGENCY
10%

SPECIALISTS
INCENTIVES
5%

PROJECT
IMPLEMENTATION/
ADMINISTRATION
30%

REVENUE LOSS
12%

PCP's
INCENTIVE
PAYMENTS
22%

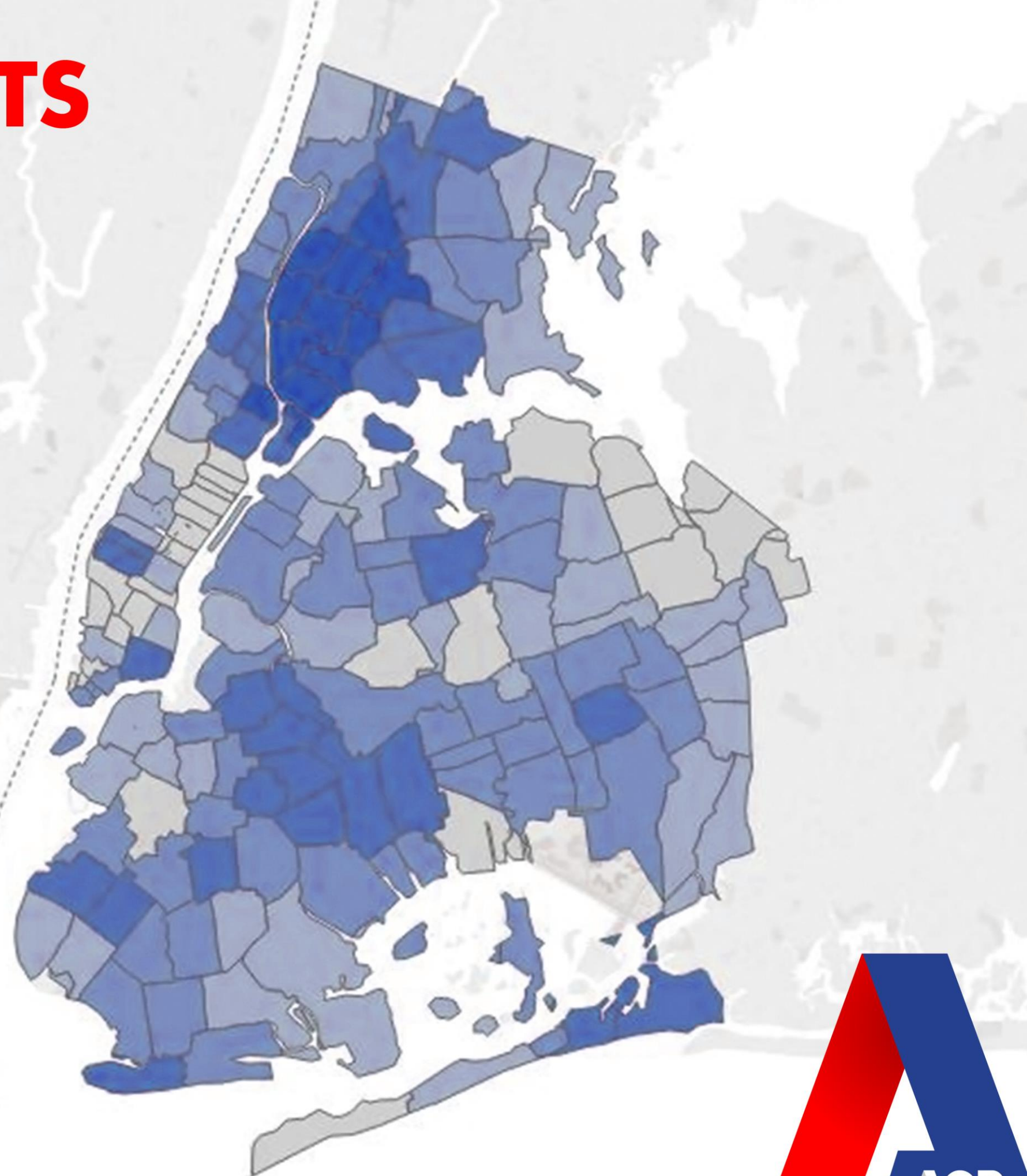
SERVICES
NOT COVERED
5%





PATIENT HOT SPOTS

BOROUGH	PERCENT	LIVES
Bronx	19%	122,360
Brooklyn	20%	128,800
Manhattan	16%	103,040
Queens	45%	289,800
TOTAL	100%	644,000





**ACP REPRESENTS APPROXIMATELY 20%
OF ALL MEDICAID PATIENTS IN NYC.**





**WE REPRESENT 644,000 MEDICAID
LIVES ACROSS DSRIIP HOTSPOTS.**



**WE HAVE AN ACTIVE NETWORK OF
OVER 2,000 COMMITTED PHYSICIANS**





**WE HAVE BUILT AN INFRASTRUCTURE
OF OVER 950 ACTIVE PARTNERS
ACROSS OUR DSRIP REGION.**





**ACP PROVIDERS ARE MULTI-LINGUAL
AND PROVIDE CARE IN A CULTURALLY
SENSITIVE MANNER.**





YES, WE ARE STILL DIFFERENT.





Q&A

ACP

ADVOCATE COMMUNITY PROVIDERS