Mohawk Valley PPS (Bassett) (PPS ID:22)

SECTION 1 – EXECUTIVE SUMMARY:

Section 1.0 - Executive Summary - Description:

Description:
The DSRIP PPS Organizational Application must include an executive summary clearly articulating how the PPS will evolve into a highly effective integrated delivery system. This section will also include questions about any application(s) for regulatory relief the PPS is pursuing.

Scoring Process:

This section is not factored into the scoring of the PPS application. This response will be reviewed for completeness and a pass/fail determination will be made.

Section 1.1 - Executive Summary:

***Goals:**
Succinctly explain the identified goals and objectives of the PPS. Goals and objectives should match the overall goals of the NY DSRIP waiver and should be measurable.

#	Goal	Reason For Goal
1	Create an integrated delivery system	Through the implementation of Project 2.a.ii PCMH, the PPS will ensure that all participating primary care providers meet NCQA 2014 Level 3 PCMH recognition by the end of Demonstration Year 3. Under the proposed project, the PPS will ensure that all PPS safety net providers are actively sharing EMR systems with local health information exchange/RHIO/SHIN-NY and that all participating clinical partners share health information.
2	Implement care coordination and transition care programs	Through the implementation of Project 2.b.vii (Skilled Nursing/LTC) and Project 2.b.viii (Hospital Home Care), the PPS will: 1) focus on evidence-based strategies to reduce patient transfers to acute care facilities due to mismanagement of acute changes in their condition, and 2) improve transitional care for patients with chronic conditions by employing a Rapid Response Team to facilitate patient discharge to home and assure needed home care services are in place. Both projects will work together to improve patient management and care across settings.
3	To connect settings and expand access to community-based care	Through the implementation of Project 2.c.i (Navigation Program) and Project 2.d.i (Patient Activation), the PPS will: 1) deploy community health navigators to improve health literacy and to engage patients with community health care services, and 2) find service area residents who are not utilizing health care services and engage them in the PPS to improve their health outcomes. These projects will work together to improve the appropriate utilization of PPS services over the next five years.
4	To implement clinical improvement across disease states and disease management methods	Through the implementation of Project 3.a.i (Behavioral Health), Project 3.a.iv (Ambulatory Detox), Project 3.d.iii (Evidence Based Asthma Management), and Project 3.g.i (Palliative Care), the PPS will take a strategic approach to improve clinical outcomes in four key areas. This will be accomplished by: 1) integrating behavioral health and primary care (a goal shared by multiple DSRIP projects); 2) enhancing patient access to community-based withdrawal management services with linkages to care management; 3) increase asthma management for child and adult patients diagnosed with asthma, or patients with asthma symptoms; and 4) assemble a palliative care support team that will lead the development of clinical and consultation to primary care providers, enabling patients to more effectively manage their end of life care and prevent unnecessary hospitalizations.
5	To promote mental health and prevent substance abuse chronic diseases	Through the implementation of Project 4.a.iii (Strengthen MH and SA Infrastructure) and Project 4.b.i (Smoking Cessation), the PPS will: 1) expand the existing use of Screening Brief Intervention Referral to

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#	Goal	Reason For Goal
		Treatment (SBIRT) across all participating primary care and behavioral health sites, by providing continuing medical education training to an expanded population of health care providers in the PPS; and 2) take a population-based approach to promote smoking cessation through evidenced-based programming, health education, and advocacy; and reach all smokers, including people with disabilities, low SES and mental health issues, during their primary care visits. EMR capabilities will be expanded to bolster interconnectivity and facilitate coordinated care of substance abuse/smoking cessation and MEB disorders.

***Formulation:**

Explain how the PPS has been formulated to meet the needs of the community and address identified healthcare disparities.

PLEASE NOTE: UPON A VOTE OF PARTNERS, THE PPS NAME IS NOW LEATHERSTOCKING COLLABORATIVE HEALTH PARTNERS (LCHP). LCHP was established to represent the geographic, demographic, and service delivery needs of its residents. The PPS includes consumers and providers across the care continuum. LCHP chose the collaborative governance model to reflect the diversity of partners in its geographical area and to foster engagement among said partners. To address equitability of access and service, LCHP will establish a consumer subcommittee to advocate for the target population. Transparency and dialogue among partners and leadership will characterize the decision making process for the organization. Communication to the community with be accomplished through varied channels, including a publicly-accessible website, open meetings and town halls.

AS A MATTER OF EXPLANATION, THE CNA PROVIDES DATA FOR THE STRATEGIC SEVEN-COUNTY AREA SERVED BY BASSETT. THE RECENT PERFORMANCE ATTRIBUTION REMOVED LCHP PARTICIPATION IN TWO COUNTIES (ONEIDA/CHENANGO). LCHP WILL CONTINUE TO SERVE PATIENTS IN THESE COUNTIES AND PARTNER WITH ADJACENT PPS'. PLEASE NOTE THIS UPON REVIEW OF CNA AND PROJECT DATA.

***Steps:**

Provide the vision of what the delivery system will look like after 5 years and how the full PPS system will be sustainable into future.

LCHP will transform its service from a dispersed constellation of unconnected providers into an integrated delivery system providing high-quality, responsive, appropriate and cost-effective care to its residents. Care will be provided using a population-based health management approach, made possible by an interconnected and integrated data-sharing platform. Unnecessary care utilization will be avoided by LCHP's increased capacity to provide comprehensive primary care and integrated behavioral health services. Coordinated care will be conducted by a network of culturally competent community health navigators, representing the communities they serve. Working collaboratively, partners will reduce barriers, as cited in the CNA, including insufficient transportation services, low health literacy, and disengaged patients. LCHP will undergo a transformation by becoming a financially sustainable, risk-bearing entity operating under a value-based payment system that will be characterized by cost effectiveness, accessibility, affordability, high quality, and patient satisfaction.

***Regulatory Relief:**

Is the PPS applying for regulatory relief as part of this application? Yes

For each regulation for which a waiver is sought, identify in the response below the following information regarding regulatory relief:

- Identify the regulation that the PPS would like waived (please include specific citation);
- Identify the project or projects in the Project Plan for which a regulatory waiver is being requested and outline the components of the various project(s) that are impacted;
- Set forth the reasons for the waiver request, including a description of how the waiver would facilitate implementation of the identified project and why the regulation might otherwise impede the ability of the PPS to implement such project;
- Identify what, if any, alternatives the PPS considered prior to requesting regulatory relief; and
- Provide information to support why the cited regulatory provision does not pertain to patient safety and why a waiver of the regulation(s) would not risk patient safety. Include any conditions that could be imposed to ensure that no such risk exists, which may include submission of policies and procedures designed to mitigate the risk to persons or providers affected by the waiver, training of appropriate staff on the policies and procedures, monitoring of implementation to ensure adherence to the policies and procedures, and