



## DOH REVIEW AND EXECUTIVE SUMMARY OF PPS PRIMARY CARE PLAN DECEMBER, 2016

### PPS: BRONX LEBANON PPS – BRONX HEALTH ACCESS

PPS acknowledges disparity and challenges of the Bronx being the lowest, or 62<sup>nd</sup>, ranking in statewide health outcomes. It has overall provider capacity and grants received to support specific Health Professional Shortage Areas (HPSA) and Medically Underserved Area (MUA). Four objectives support the primary care plan: 1) use of Information technology/RHIO /interconnectivity and Care coordination 2) building off current VBP contracting experiences and commitment 3) retain and redeploy workforce to support improved outcomes and 4) address Community Needs Assessment through multi-disciplinary approaches. It is building off current partner relationships with Healthfirst and Affinity Health Plans.

Overall Assessment: The Bronx Health Access primary care plan is strong, integration is already occurring in many areas and partners are committed to and moving forward with VBP efforts.

#### **FUNDAMENTAL #1: Assessment of current primary care capacity, performance and needs, and a plan for addressing those needs.**

- 461 primary care providers (MD, NP and PA) meet overall capacity to serve 133,117 Medicaid members and 126,117 low/non-utilizers members with panel sizes 563-700.
- Several HPSAs and MUA (Mott Haven) with higher panel ratios.
- Significant challenges of poverty, combinations of medical conditions (diabetes, cardiovascular, respiratory-disease, cancer and obesity), socio-economic circumstances, 24 different languages and low literacy lead to low patient engagement and difficulty forging continuous PCP relationships.
- More ambulatory sites needed with non-traditional hours.
- Nine new sites received CRFP funds: integrated primary care (PC) & behavioral health (BH), walk in PC, walk in BH clinic, diabetes retinopathy clinic, a health and wellness auditorium and 8 new exam rooms across four sites.
- Urban Health Plan, key FQHC partner, now RHIO connected, has 108 providers serving 75,000 patients across 25 sites in Mott Haven, Hunts Point, and Morrisania.

#### **FUNDAMENTAL #2: How will primary care expansion and practice and workforce transformation be supported with training and technical assistance?**

- No data on current 2011 vs 2014 PCMH practice recognition provided.
- Insight Management assisting with PCMH 2014 Level 3 recognition. Organized 150+ practices in four waves with surveys and strategic efforts.
- Stakeholder Engagement workgroup facilitates provider communication through newsletter, email broadcasts and website.
- RHIO connectivity with distributed partner assessments and data exchange agreements.
- Using 1199 Training Education Fund through the Bronx HC Learning Collaborative (several PPS partnership), unions, colleges and partners for staff training.
- *Spanish for Health Care workers* and diversity trainings offered to all staff levels.

- Institute for Continuing Ed provides on-site, live-video and webcast to prepare for licensing and certification exams; Technician training, Care Coordination and Patient Centered Care curricula, EMR Skills and upgrade to top of RN licensure trainings.

**FUNDAMENTAL #3: What is the PPS’s strategy for how primary care will play a central role in an integrated delivery system?**

- Sites accessibility to public transportation, open access, PCMH recognition, targeted disease management services and programs, staff training to work at highest level of licensure and culturally diverse provider and care teams.
- Developing Clearinghouse to send alerts, messaging, staff deployment workflows, high risk flags and demographic snapshots and 30 day follow up reports.
- Seeking to fill gaps in care using Clearinghouse through MCO shared data.
- PCP representation on all committees and workgroups.
- Clinical Quality Committee chaired by Bronx Lebanon Hospital Center, ED Dept.
- Workgroup evaluations to ensure and assess patients’ needs, barriers and outcomes.

**FUNDAMENTAL #4: What is the PPS’s strategy to enable primary care to participate effectively in value-based payments (VBP)?**

- VBP agreements begin with PCP.
- Urban Health Plan in full risk with Healthfirst and entered into shared risk with Affinity.
- BL Hospital Center implemented reimbursement methodology for provider engagement in Cultural competency, VBP outcomes and improved managed care performance.
- Improve outcomes using population health strategies for high risk/need/utilizing patients.
- Mt. Sinai Health System championed VBP reforms from DSRIP start.

**FUNDAMENTAL #5: How does your PPS’s funds flow support your Primary Care strategies?**

- Actual DY1 dollars flowed to PC practices is missing in this plan as is explanation how FF reporting may be misinterpreted if any primary care is flowed through hospital.
- Methodology created with partner input. Payments distributed within 60 days of receipt.
- Provider categories, contribution %, project’s distribution and adjustment factor, performance (tested through Clearinghouse & RHIO), and project participation.
- In DY2, \$6m for Project Implementation to cover 10 projects and \$3.5m for training.
- \$368,333 for PCMH Enhancements.
- \$1.4m for IT Enhancements to create HIE and RHIO integration. Upfront financial support to providers/practices to support acquisition of new EMR and once PCMH certification achieved, would reimburse the PPS.

**FUNDAMENTAL #6: How is the PPS progressing toward integrating Primary Care and Behavioral Health (building beyond what is reported for Project 3.a.i)?**

- Model 1 and Model 3 at nine primary care sites.
- CRFP funds used to create new adult integrated PC/BH center with pod layout design elements centered-around NUKA wellness Model of Care.
- \$4.4m in HRSA funding to expanded Substance Use Disorder services at 3 health centers.
- Hiring new staff to support integrated team, use of SBIRT, increased access to Medication adherence, recovery programs, and training on opioid prescribing.
- \$1.7m over 5 years HRSA award supports interdisciplinary training in PCMH principals.
- Critical partners training in Serious Mental Illness and other MH disorders.