NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

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

PPS NAME: NEW YORK PRESBYTERIAN-QUEENS (NYP/Q)

Per the Community Needs Assessment (CNA), the service area of the NYP/Q PPS consists of 60 clinics and 17 FQHC's and FQHC look-alikes serving a population of 43% Medicaid beneficiaries. The CNA cited 247,000 PPVs translating to an estimated 61,750 (25% reduction) additional outpatient visits for its provider network. PPS network includes a HPSA-designated FQHC, BrightPoint Health, and an Article 28 clinic, Jackson Heights.

PPS has 244 PCPs, with 72% of PCPs in 2 or more PPS. NYP/Q PPS is committed to ongoing analysis of its network and community needs, focused to Primary Care gaps. 12% of PCPs have PCMH 2011 Level 2 or 3 certification and 2.4% have PCMH 2014 Level 2 or 3 certification.

Overall Assessment: PPS has a focused strategy to expand primary care access and to support PCMH transformation for 36 PC practices. PPS is not doing the Integrated Delivery System project. To date, limited funds have flowed directly to Primary Care.

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

- Queens County has 98.4 PCPs per 100,000 compared to the NYS rate of 120.
- Limited number of practitioners offering after-hours care (34.2%) and the average total care hour/week for a PCP is 29.
- 94% of PCPs are accepting new Medicaid members.
- Expanding Primary Care Access at Behavioral Health (BH) sites at 9 clinics affecting 15 PCPs and 50 BH providers.
- Offering open access scheduling to patients seeking care.
- PPS has committed to 36 Primary Care practices achieving 2014 Level 3 PCMH certification.
- Identifying potential needs for telehealth programs based on needs of patient and/or providers.

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

- Contracted with Healthcare Association of New York State (HANYS) to provide implementation services for PCMH certification for 36 community-based and institution-based practices.
- Built the funds flow model to incentivize PC transformation inclusive of PCMH transformation and engaged patient activity.
- Utilizing a PPS website, network emails, committee meeting agenda items, PAC updates, and Town Hall agenda items to communicate with PCPs and other network partners.

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

- The NYP/Q PPS chose project 2.a.ii – Implementation of PCMH, as opposed to project 2.a.i – Integrated Delivery System
- Strengthening the continuum of primary care and ensuring linkages to secondary and tertiary services via: RHIO connectivity; co-location of behavioral health providers into primary care clinics; implementation of IT tool *Cureatr* for event notifications to PCPs; care coordination trainings; and implementation of PPS Best Practices and Evidence Based Medicine Protocols.
- Collaborative governing system that offers committee appointments to all provider types based on their project commitments.
    - PCPs are members of both organizational and project committees.

FUNDAMENTAL #4: What is the PPS's strategy to enable primary care to participate effectively in value-based payments?

- Partnering with the NYP PPS on Value Based Payment to outline strategy and roadmap.
- VBP PPS survey is currently in process for all partners and will define the next steps of developing an education-based strategy for roll-out to include:
    - Educational opportunities
    - Partner quality analysis
    - Access to statewide resources focused on VBP

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

- Funds flow incentivizes PCPs to engage in DSRIP activities and allows for reimbursement for non-covered services, such as RHIO Pilot, MAX series, TOM series, and the state-wide HIV collaborative.
- To date, the NYP/Q PPS has paid out $515,000 to partners (not specified if PCPs).
- PCPs have access to PPS training program, which allocates $517,000 dedicated to workforce spending based on clinical needs.
- Healthstream tool purchased by the PPS to provide web-based access to all providers for database of healthcare education.

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

- Implementing 3.a.i Models 1 and 2
- Co-locating primary care and behavioral health services at a pediatric site to address the largely unmet needs of pediatric behavioral health in the community.
- Contracted with CBO partner, Elmcor, to develop a curriculum for substance use screening in the primary care setting.
- Engaged internal legal counsel to assist with determining proper regulatory and billing procedures for the integrated sites of care.
- In the process of facilitating collaboration between partners to staff primary care and behavioral health physicians at reciprocal sites.