



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

### PPS NAME: WESTCHESTER MEDICAL CENTER HEALTH (WMCHEALTH)

WMCHHealth Performing Provider System (PPS) spans eight counties in the Hudson Valley region (Westchester, Rockland, Putnam, Dutchess, Orange, Ulster, Delaware, and Sullivan). The PPS is anchored by WMCHHealth network, with ten hospitals and a network of partners including over 240 partner health care organizations and 2,500 physicians. Hispanic and Asian populations are the fastest growing minority populations, with 74% and 64% growth, respectively, across the region since 2000. WMCHHealth PPS outlines 3 separate but interrelated objectives in its Primary Care Plan:

- (i) Expand access to primary care in high need communities through Medical Villages;
- (ii) Enhance capacity of current primary care providers to deliver high quality, patient-centered care and prepare for Value Based Payments (VBP) through Patient Centered Medical Home (PCMH) transformation;
- (iii) Link primary care to other providers and community resources via Medical Neighborhood

Overall Assessment: PC Plan incorporates a strong commitment to PCMH model/practice transformation, medical villages, medical neighborhoods and BH integration. Plan does not state how PPS will support practices in VBP contracting. Dollars flowed to support Primary Care activities is not stated.

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

- WMCHHealth PPS engaged Healthcare Association of New York State (HANYs) to conduct a Current State Assessment to understand the capacity, readiness and overall preparedness for transformation.
- 39% of the total 669 PCPs from the PNDS (state managed care provider database) have already achieved some level of NCQA PCMH recognition.
  - 12.9% of the total PCPs have already achieved PCMH 2014 Level 3 recognition
- Engaged Taconic Professional Resources (Taconic Pro) to assist 45 PC practices, a mix of large FQHCs, hospital-based medical groups, and large, medium and small size privately held practices, in PCMH transformation.
- Received CRFP awards for Medical Villages for Kingston (Ulster County) and Port Jervis (Orange County).

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

- Workforce trainings are delivered using traditional classroom settings, online or a combination of both.
- Taconic Pro supporting 45 practices to transform to PCMH 2014 Level3 standards.
- For medical groups affiliated with network hospitals, the transformation needs will be primarily sourced around staffing needs.

- Provider education and training occurring on VBP, Cultural Competency, Health Literacy and other DSRIP project-related trainings.

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

- Medical Neighborhoods are the organizing principle through which WMCHHealth is integrating its delivery system, deploying DSRIP projects and resources, and informing its Primary Care Plan.
  - Planning 4 Medical Neighborhoods to help link PCPs with other clinical services, secondary and tertiary specialty care and with community resources.
- Executive Committee has 7 out of 24 total members representing Primary Care.
- Quality Steering Committee has 7 out of 14 members who represent Primary Care.
- Primary care perspective is represented within each Project Advisory Quality Committee.
- Quality Committee and PC providers have input in project development & oversight.

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

- Supporting PC providers’ readiness for VBP by providing centralized services on care coordination/management, care transitions, BH integration, cultural competency, & process improvement.
- VBP Learning Lab series was developed and delivered to community-based providers within its network.

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

- Funds flow model includes contracts for Actively Engaged Patients (AEP)/Pay for Reporting (P4R) as well as Threshold contracts, Implementation contracts for RHIO connectivity, Committee Leadership, IDS/PCMH, and, for certain providers, Patient Activation Measure (PAM).
- PPS has allocated in-kind service agreements for technical assistance with PCMH transformation.
- Funds flow strategy is discussed, but no dollar amounts supporting Primary Care are provided in the plan.

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

- Approaching BH integration from three perspectives of primary care, behavioral health, and the community.
- Integration from PC side includes:
  - Project 3.a.i - Integration of Primary Care and BH, embedded BH at PC sites;
  - Identifying and addressing needs for training and support around management of BH conditions; and
  - Improving “warm” hand-offs from primary care to BH for specialty care.
- Developing/Implementing protocols in BH outpatient clinics to identify patients at increased risk of DM &/or CV disease; screen/co-manage other medical conditions.
- Planning for Dutchess County Crisis Stabilization Center and participated with the MAX pilot project with Ellenville Hospital and the Institute for Family Health.