NEW YORK STATE | Department of Health

DSRIP Mid-Point Assessment – PPS Primary Care Plan

Primary Care Plans will be an annual submission to DOH. PPS will submit the first iteration of Primary Care Plans, consistent with project narrative formatting, by August 31, 2016 for review within the Midpoint Assessment.

PPS Name: Millennium Collaborative Care

Assessment of current primary care capacity, performance & needs, & a plan for addressing those needs:

Industry wide, there is an acknowledgement of the growing shortage of primary care physicians (PCPs). This shortage becomes more and more taxing on primary care practices that are being asked to take a greater role in patient care as they transform in to Medical Homes. While there are national statistics that quantify these shortages on a large scale, interpreting these statistics regionally has been a challenge.

Millennium Collaborative Care, like other Performing Provider Systems (PPSs), participated in a Community Needs Assessment (CNA) in 2014. The assessment provided a broad set of information about the primary care workforce, including the high ratio of Medicaid patients to primary care doctors and the low percentage of mid-level practitioners supporting primary care. However, throughout this report, the true shortage of primary care providers was never clearly stated.

Organizationally, Millennium has sought additional information from New York State in hopes of getting more specific figures, however this has largely been unsuccessful.

In the absence of specific regional figures, Millennium has open, ongoing dialogue with primary care practices through their affiliation with Safety Net Association of Primary Care Affiliated Providers of Western New York (SNAPCAP) and practice transformation efforts with individual practices. Millennium's partnership with SNAPCAP includes the 5 FQHCs within the PPS and some of the largest safety net primary care sites within the region.

Millennium meets with SNAPCAP quarterly. Our organization uses a combination of HPSA census data for applicable practices, state data from the MAPP tool, and practice supplied rosters to validate the number of patients that are currently attributed to these sites.

These patient attribution lists are compared against the primary care providers that are employed at each of these sites. We've utilized a simplistic formula, of 1500 to 1 (number of patients to providers) to get a rough determination of the primary care shortage at each site.

In addition, in our quarterly meetings and as part of the onsite report these practices receive, SNAPCAP practices report out their wait times to see a new Medicaid patient for primary care. This information feeds 2 key projects where access is a dependency; ED Care Triage & Patient Activation Measure (PAM)

With these anecdotal data sources, Millennium has developed a three-pronged approach to expanding current capacity:

- Increase efficiency of primary care practice partners by infusing Patient-Centered Medical Home (PCMH) principles of team-based care and population health
- Capitalize on opportunities to educate high school students, medical students, and residents about primary care as an attractive career option
- Support organizations with strong recruitment efforts aligned with University at Buffalo Medical School to encourage students to choose primary care

The first tactic, to increase efficiency of existing primary care practices, is the quickest way to expand capacity in the short term. Millennium has developed a comprehensive toolbox of PCMH resources that are available to all primary care practice partners. These tools support true transformation versus "checking a box" to achieve recognition.

Millennium has experienced practice transformation staff in its organization who bring these tools to primary care practices in the form of project management, training, coaching, and reinforcing culture change. These staff members teach and implement team-based care, which enables non-physician staff on a care team to be more accountable for patient care. This can, in turn, free up the physician to focus on the highest risk, high-need patients.

Secondly, Millennium transformation staff support practices with implementing sustainable population health strategies around prevention and chronic disease management. Teaching practices to proactively engage patients to complete needed services prior to visiting the office frees up care teams to focus on current medical needs.

The PTS staff has a very specific, organized approach in which encounters with assigned primary care practices are tracked. Each primary care practice has a project tracker that Millennium provides and jointly manages with their designated contact at each practice. Within this tracker, Millennium makes regular updates to the practice roster, documents PCMH progress, and captures meeting dates. Long term, the PPS is evaluating opportunities to automate this reporting detail in to a tool such as Salesforce or SharePoint. An example of this tracking tool is provided below:

Worksheet for Managing PCMH 2014 Progress	Critical Factors	Status	Start Date	Target Due Date	Actual Date Completed	Uploaded to ISS Tool	Available Points	Points Completed
PCMH 1 - Patient Centered Access							5.5	
Element B - 24/7 Access to Clinical Advice		Not Started		12/30/2016		☐ Yes ☐ No	3.5	
Factor 1 - Providing continuity of medical record information for care and advice when office is closed		Not Started		12/30/2016		☐ Yes ☐ No		
Factor 2 - Providing timely clinical advice by telephone		Not Started		12/30/2016		☐ Yes ☐ No		
Factor 3 - Providing timely clinical advice using a secure, interactive electronic system		Not Started		12/30/2016		☐ Yes ☐ No		
Factor 4 - Documenting clinical advice in patient records		Not Started		12/30/2016		☐ Yes ☐ No		
Element C - Electronic Access		In Progress	11/2/2016	12/30/2016		☐ Yes ☐ No	2	
Factor 1 - More than 50% of pts have online access to health information within 4 business days		In Progress	11/2/2016	12/30/2016		☐ Yes ☐ No		
Factor 2 - The capability to view, download or transmit their health information to a third party		In Progress	11/2/2016	12/30/2016		☐ Yes ☐ No		
Factor 3 - Clinical summaries are provided to patients/families/caregivers upon request		In Progress	11/2/2016	12/30/2016		☐ Yes ☐ No		
Factor 4 - The capability to send a secure message		In Progress	11/2/2016	12/30/2016		☐ Yes ☐ No		
Factor 5 - Patients have two-way communication with the practice		In Progress	11/2/2016	12/30/2016		☐ Yes ☑ No		
Factor 6 - Patients can request appointments, prescription refills, referrals and test results		In Progress	11/2/2016	12/30/2016		☐ Yes ☐ No		
PCMH 2 - Team-Based Care							5	
Element B - Medical Home Responsibilities		In Progress	11/2/2016	12/30/2016		☐ Yes ☐ No	2.5	
Factor 1 - The practice is responsible for coordinating patient care across multiple settings		In Progress	11/2/2016	12/30/2016		☐ Yes ☐ No		
Factor 2 - Instructions for obtaining care and clinical advice during office hours and after hours		In Progress	11/2/2016	12/30/2016		☐ Yes ☐ No		
Factor 3 - Providing a complete medical history and information about care obtained outside the practice		In Progress	11/2/2016	12/30/2016		☐ Yes ☐ No		
Factor 4 - Care team provides evidence-based care, patient/family edu and self-management support		In Progress	11/2/2016	12/30/2016		☐ Yes ☐ No		
Factor 5 - Scope of svcs available w/in the practice including how behavioral health needs are addressed		In Progress	11/2/2016	12/30/2016		☐ Yes ☐ No		

NEW YORK STATE | Department of Health

PRACTICE NAME	Size	PRACTICE ADDRESS		EMR	PCMH YEAR, LEVEL	RENEWAL		OFFICE PHONE	OFFICE FAX
Jericho Rd. Ministries	Large	184 Barton St, Buffalo, NY 14213		Medent	PCMH 2014, Level 3	2018		716-881-6191	716-881-6247
Jericho Rd. Ministries		1609 Genesee St., Buffalo, NY 14211		Medent	PCMH 2014, Level 3	2018		716-892-2775	716-597-0554

ID	SAFETY NET PROVIDER	PRIMARY PROVIDER NAME	TITLE	NPI		SAFETY NET PROVIDER	PRIMARY PROV	TITLE	NPI
7028	Safety Net Provider	REBECCA JEAN BEARDSLEY	NP	1891138988		Not Safety Net Provider	Shanjuana Day	PA, CDE	1285947002
~~5616~~	~~Safety Net Provider~~	~~COMERFORD EMILY ANNE~~	~~NP~~	~~1285862847~~		Not Safety Net Provider	Katherine Fox	FNP	1508224833
~~7110~~	~~Not Safety Net Provider~~	~~CRUZ DESSIALIS~~	~~PA~~	~~1982920898~~		Not Safety Net Provider	Jewell Henley	MD	1972700888
5925	Safety Net Provider	GLICK MYRON LYNN MD	MD	1730256942		Not Safety Net Provider	Alma Ireland	CNM	1073901815
5562	Safety Net Provider	IP VICKI MD	MD	1215193214		Not Safety Net Provider	Allana Krolikows	MD	1821386673
5487	Safety Net Provider	LEONARD TAKESHA	FNP	1063744209		Not Safety Net Provider	PJ Pitts	RPH	1689909160
5549	Safety Net Provider	THURLOW (MACIEJEWSKI) JULIANE M	MD	1194814004		Not Safety Net Provider	Luther Robinson	MD	1740363183
5720	Safety Net Provider	NIXON ELEANOR BRIDGET	FNP	1457413528		Not Safety Net Provider	Kiadum Cletus S	PA	1255595138
5676	Not Safety Net Provider	NOWAK HEIDI	FNP	1396185971		Not Safety Net Provider	Lidia Yemchuck	PA	1588098909
5975	Safety Net Provider	QUINN HEATHER ANN	FNP	1811124209					
5519	Not Safety Net Provider	SAFARZADEH-AMIRI SARA	MD	1134455330					
~~5889~~	~~Safety Net Provider~~	~~SARAVANAN ROHITH~~	~~MD~~	~~1700015096~~					
5449	Safety Net Provider	SCIRTO KIRK ANTHONY	MD	1023031200					
5948	Safety Net Provider	VIOLANTI PAUL JOSEPH	PNP	1750469110					

KEY CONTACTS

Last Name	First Name	Address		Phone	Email
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Mossop	Jessie	166 Barton St., Buffalo, NY 14213	Info Sv	716-348-3000 x419	jessie.mossop@jrchc.org

Date	Items Discussed
2/29/2016	Group would like to be included in the Health Home data sharing meetings
2/29/2016	JRCHC would like to consider creating a dept to field ED are Triage and PAM communications
3/22/2016	
4/26/2016	Group will be working with The National Witness Project for outreach & PAMing
10/18/2016	Discussed Project Tracker/ DY2 project requirements & timeline

Millennium has the opportunity to interface with residents completing rotations at the clinics of many key primary care partners. At these clinics, the residents are provided with information about DSRIP and PCMH to demonstrate the statewide investment in primary care. This is an excellent opportunity to motivate Internal Medicine residents to reconsider primary care as a career option before making a final choice.

These opportunities are at the request of the clinics, however the PTS team recommends periodic training and presentations to all residency clinics that are engaged with the PPS. As an example, a hospital based residency clinic set up 30 minute presentations for 5 consecutive Wednesdays to catch all the residents that do one week rotations. This will resume once the new crop of residents start at that clinic location. Currently, the team has presented to half of the safety net residency clinics and will continue to look for opportunities at the remaining sites

Lastly, the PPS has strong partnerships with the University at Buffalo Medical School and many of the practices that take their residents, and also with 2 local AHECs With respect to the medical school, there are a few programs in place that encourage graduates to stay local and serve primary care practices in the community with loan forgiveness, such as the HRSA award to the UB Medical School, the General Scholars Program, and the Primary Connections Program.

The AHECs that Millennium has partnered with are also very involved in work with high schools across the region. These organizations encourage students to consider careers in healthcare; specifically as primary care physicians or mid-level practitioners given the statewide demand.

Periodically, physician recruitment and the efficacy of these programs is an agenda item for the Physician Steering Committee.

The PPS has a diverse portfolio of engaged primary care practices that include Federally Qualified Health Centers (FQHCs), independently owned smaller practices, and practices owned by partner hospitals. Each type of practice has their own set of unique challenges with managing their Medicaid patient panel. Millennium recognizes these challenges and has the ability to offer a level of support based upon the needs of the practice.

Millennium assigns a Practice Transformation Specialist (PTS) to work closely with practice leadership and practice staff to develop and implement strategies to improve efficiency. When providing support, these individuals take into account the size of the staff, staffing structure, electronic medical record (EMR) capabilities, and patient population. As part of this strategy, our team also helps practices quantify the dollars available for achieving PCMH that can be used to add staff if needed. This helps to ensure that the changes put in place are sustainable.

While the tactics deployed for community-based PCPs are different from institution-based PCPs, both are offered onsite support for practice transformation for DSRIP deliverables.

How will primary care expansion & practice & workforce transformation be supported with training & technical assistance?:

Millennium has rolled out a comprehensive, detailed strategy to work with its primary care partners. Primary care practices were categorized in to three priority "buckets" based on their Medicaid volume and willingness to participate. Once this exercise was completed, we identified approximately 100 primary care sites, which translated to about 45 practices/organizations.

As an initial phase, Millennium hired a consulting group to conduct readiness assessment for each of these organizations and their affiliated primary care sites. Multiple teams went onsite and conducted in-person interviews with various staff to assess their PCMH readiness, IT readiness, and DSRIP project readiness. The PPS received a report for each location assessed that included PCMH areas of needed focus, EMR interoperability, and up-to-date clinician rosters.

The information obtained from these assessments helped Millennium devise an outreach and support strategy. This strategy included the prioritization of engaged safety net practices and engaged high Medicaid volume non-safety net practices. Practices were grouped in to Tiers 1-3, with the following criteria:

- Tier 1 practices: Highly engaged, working closely with the PPS since the onset of DSRIP, first group to receive monetary contracts
- Tier 2 practices: Safety net practices that are willing to work with Millennium on PCMH and DSRIP projects, may not have been engaged early on but are now actively meeting with a practice transformation specialist to achieve DSRIP deliverables
- Tier 3 practices: High Medicaid volume non-safety net practices that could potentially qualify for safety net status when the opportunity to apply arises, offered PCMH support and regular DSRIP communication.

These buckets translated to approximately 45 organizations that our teams in the field work with today.

These 45 organizations were each assigned a PTS who serves as a liaison for implementation of all DSRIP deliverables, including PCMH/Advanced Primary Care (APC). These deliverables were categorized by project and due date in a

detailed project plan/project tracker. The PTS is responsible for meeting with each practice on a regular basis to help implement and complete project requirements as defined by the tracker.

There is acknowledgement for practices that have already partially or fully completed certain projects by way of their regular practice operations. For example, there are practices that have been doing cardiovascular disease management and outreach; therefore the assigned PTS would work with the practice to collect substantiation that project requirements are met.

For practices that have not yet achieved PCMH 2014, achieving Level 3 Recognition of the 2014 Standards is the top priority. The Millennium practice transformation staff are all experienced in helping practices to achieve recognition. As with other aspects of DSRIP project implementation, practices are provided regular onsite support and a robust set of PCMH tools to help them through the process.

As part of these services, practices are offered training on population health, care teams, care coordination, and care transitions. These training programs were developed by Millennium staff to support PCMH and overarching DSRIP goals.

The training offered to primary care practices are available in different venues to provide partners with flexibility to complete various programs. Besides the onsite support, primary care partners have access to an online training system called HWAPPS, where currently training is being developed and catalogued by project and by workstream. Examples of available training include Cardiovascular Disease/Million Hearts Implementation training, Cultural Competency & Health Literacy, and any presentations that have been given to primary care offices, such as the Millennium DSRIP overview.

In addition to the online training system, Millennium has launched a series of webinars to engage primary care partners in DSRIP year 2 deliverables. This is outlined in a training strategy that was approved in September by a few of Millennium's governing committees upon delivery of the DSRIP Year 2 contracts. A sample of topics scheduled can be viewed below:

DSRIP Project	Communication Vehicle	Details	Target Date
N/A-General Communication	Email	• "Welcome to DY 2" • Targeted to key PCP contacts • Provide overview of outreach strategy • Encourage practices to reach out to their assigned transformation specialist • Encourage practices to visit website for Reference Guide & PCP project tracker	ASAP (week of 10/3)
2ai (HeL Specific)	Webinar	• Overview of PCP HeL deliverables • Describe CI dependencies, Cerner, etc • HeL functionality updates-summary of enhancements • Next steps for practices-reach out to their HeL rep (provide rep list by practice)	Week of 10/31
CVD	Webinar	• Updated Million Hearts kickoff	Week of 11/14

		• Project specific details around available sample policies • Q&A	
PAM	Webinar	• PAM project overview (MCC requirements) • Technical "requirements" (PAM score in EMR) • Coaching for activation overview-link to more resources	Week of 11/28
N/A-High Performance Measure Strategy	Webinar	• Overview of High $ value measures • Impacts to Millennium & partner funding • Strategy for distribution to impacted practices (TBD) • Expectations for practices to initiate addt'l outreach	TBD
Behavioral Health Model 1	In person only-customized approach by practice	• Secure participation in BH Integration workgroups • Ensure screening protocols are being followed • Help to identify a BH partner	Ongoing

A final vehicle for training will be developed as a result of Millennium's Best Practices Workgroups. These workgroups represent subcommittees of local physicians within the Millennium footprint that are tasked with helping the PPS identify Standards of Care for project deliverables. Currently, workgroups are assigned to support the CVD, Maternal & Child Health, Behavioral Health, and Crisis Stabilization.

The workgroups are responsible for identifying appropriate channels to deliver this information once it is finalized. Several channels are being explored such as utilizing the website, CME, the PTS team, and HWAPPS.

Millennium has identified key primary care partners for transforming to PCMH/APC. There are approximately 30 practices that have not yet achieved this deliverable. Given the staffing model that is currently in place, all practices that need PCMH recognition can be supported by internal resources, which minimizes the need to utilize other statewide resources.

None of the Millennium primary care partners have expressed interest in pursuing APC in lieu of PCMH, especially given the limited information about the program including how the monthly Medicaid incentive for PCMH would be addressed.

The other two relevant programs, CPC+ and Practice Transformation Effort (PTN), were explored thoroughly. The first program, CPC+, was recently awarded in the capital district and is not available to primary care practices in Millennium's region.

The second program, PTN, is available through New York eHealth Collaborative. This organization presented to Millennium staff and provided information about included services and eligibility requirements. The current primary care practices that are engaged with the PPS are receiving support and funding, therefore they are ineligible for these additional services. However, Millennium intends to put information on its website about accessing these services for lower Medicaid volume non-safety net practices who are not receiving support or funding from the PPS.

NEW YORK STATE | Department of Health

What is the PPS's Strategy for how primary care will play a central role in an integrated delivery system?

Since the onset of DSRIP, Millennium has acknowledged and planned for primary care playing a central role in the development of an integrated delivery system (IDS). From a staffing and organizational chart perspective, the most staff is dedicated to primary care development, as compared to the other partner types. Currently six staff members (including the Chief Medical Officer) are actively working with primary care practices in the Millennium network.

During the first year, Millennium focused work efforts on the identified 11 projects with project managers responsible for one or two projects. However, it quickly became evident that the projects overlap, as do the DSRIP partner organizations. To align with a more integrated environment, the PPS shifted from a "project" perspective to a "relationship management" perspective where Millennium staff provides expert resources for its partners to help translate how DSRIP deliverables impact their work. This resulted in development of an internal Clinical Integration Team, which enabled Millennium to focus more on partner organizations and their needs, as opposed to project outcomes. In addition, Millennium is actively involved with both of its neighboring PPSs—Finger Lakes PPS and Community Partners of Western New York PPS (CPWNY)—on projects that are shared.

The strategy for the development of an IDS includes embedding strong care coordination, care management, and care transitions within primary care practices to effectively link to other sites of service within the network and community. This is being accomplished in a few ways:

- Expecting all primary care practices to meet and/or adopt standardized care coordination protocols as defined by the 2.a.i. project manager
- Ensuring that standardized protocols include maximizing use of technology via the practice's EMR, the regional health information organization (RHIO), and Millennium's population health solution
- Educating other partner types of the role of primary care and helping them develop workflows that support better communication with primary care practices

Millennium has a care coordination workgroup that meets regularly to create and refine care coordination workflows for all sites of service, and every one of them includes an important role for primary care. The common theme for these workflows is that primary care must be proactive when a patient is either coming from or going to another setting, —whether a hospital, emergency department (ED), home care, skilled nursing, or community-based organization.

Technology needs are also addressed by this workgroup. Western New York is fortunate to have a strong RHIO partner in HEALTHeLINK, who is actively involved with both Millennium and CPWNY. Utilization of the RHIO is robust in this region, however in order to build out a true IDS, it must get stronger. Patient checkpoints within the RHIO are being incorporated in the care coordination protocols developed by Millennium, with specific information on how to utilize this data to support care coordination and care transitions.

The PPS is also actively implementing a clinically interoperable population health solution which intends to merge the workflows and the data. This solution is a result of an IT assessment that was completed by all partner types, including primary care. Provider scorecards will be provided through this solution (Cerner HealtheIntent) that will provide performance information on key metrics of subscribed projects. HealtheIntent will also risk stratify patients and provide 22 chronic disease patient registries that identify gaps in care, enabling organizations to provide required services for optimized performance and outcomes.

These critical workflows will be rolled out to all primary care partners utilizing the onsite support of the Millennium practice transformation team and the online learning system that is available for all DSRIP partners. For practices that

currently have strong care coordination in place already, the PTS will validate that minimum standards are being followed consistently. For practices that are not consistently or effectively doing care coordination, resources are provided in onsite training and facilitation.

Some of this facilitation comes in the form of Millennium bringing outside partners together with primary care to have open dialogue on how to better manage mutual patients. This has been particularly effective for behavioral health integration, which will be further discussed in section six.

One of the more prevalent opportunities to bring partners together is around maximizing the role of health homes in the community. Monthly meetings have been established to bring together the area health plans, leading health homes, and CPWNY. All stakeholders have agreed to support improved quality of care of the health home community and ensure health homes are aligned with primary care. Early identified opportunities include centralizing processes such as referrals, communication, and education.

Lastly, and perhaps most critical, is the education of other DSRIP partners of how to effectively interact with primary care. This includes reinforcing the importance of good communication and data sharing. As with primary care, this is most easily accomplished through consistently maximizing the use of HEALTHeLINK so patient data can be readily accessed by the primary care doctors. The project managers responsible for overseeing other DSRIP partners are leading this effort. Currently, Millennium has project managers over the following sites of service:

- Ambulatory Care
- Acute Care
- Post-Acute Care
- Behavioral Health
- Community-Based Organizations

Primary care also plays an important role in the governance of the PPS. Millennium has strong primary care representation in its governance and clinical quality committees. This representation includes PCPs and administrators from primary care partners. Below is a summary of that representation:

Committee	# of PCPs
Physician Steering Committee	8 PCPs
Board of Managers	2 PCPs
Project Advisory Committee	3 PCPs
Clinical Quality Committee	2 PCPs
IT Data Committee	Primary care administration
Finance Committee	Primary care administration

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

Millennium Collaborative Care is currently developing its Value Based Payment (VBP) plan for its partners. In the early phases of this plan development, the following actions are happening currently:

1. VBP readiness assessment: A detailed questionnaire was distributed to a subset of the PPS that represent all partner types, including primary care. This assessment is designed to identify an organization's experience with VBP, including quality incentives, pay for performance, and bundled payments. In addition, survey recipients were asked to describe any current VBP arrangements they are participating in, organizational preparedness for VBP, and clinical data readiness via EMR and utilization of the RHIO. Following the completion of the survey, Millennium will be meeting with each identified partner, whereby the results of readiness assessments will be reviewed, and a VBP transition plan will be constructed for each organization. The plan will include the targeted VBP arrangements, achievable timelines, gaps in achieving goals, and mitigation strategies to reduce such gaps. The plan will also address organizational administrative capacity, "buy-in", clinical integration, and technology capabilities to create an individual organizational roadmap to achieve the PPS VBP goals.
2. Educational materials for VBP: Millennium has launched an educational section on its website dedicated to VBP. Currently there are webinars and links to DOH resources posted, soon to expand to a VBP course catalog on a variety of topics geared to support partners in the transition.
3. Formation of and regular meetings with VBP workgroups. These workgroups have primary care representation. Current workgroups include:
    a. Communication
    b. Education
    c. Payment models and partner readiness
    d. Managed Care Organization (MCO) strategy

In addition to these plan components, the Physician Steering Committee, comprised of eight PCPs, serves as an unofficial workgroup for VBP. Millennium's Director of Finance is on the agenda at least once per quarter to provide updates and solicit feedback for VBP transition. Recommendations have already been made for tools that would be considered helpful for primary care, such as financial modeling to help predict future state revenue streams for practices.

To support data needs for success within a VBP environment, Millennium intends to leverage its population health solution that was briefly mentioned in the previous section. This solution, planned for a first release in December 2016, will integrate clinical data from Millennium partners to provide a comprehensive view of each Medicaid member of the PPS. This level of transparency for complete clinical care will support organizations in their ability to budget and manage risk of their patients.

How does your PPS's funds flow support your Primary Care strategies?

Millennium Collaborative Care's funds flow supports primary care in two ways:

First is through the staffing structure of the organization. In an earlier section of the primary care plan, there was a description of the dedicated human resources in the PPS who support primary care. Currently, there are six individuals at the organization that are responsible for practice transformation, PCMH, physician engagement, and

clinical integration. This is significantly greater than any other resource allocation towards other partner types in the PPS.

All safety net primary care practices are offered robust support from Millennium staff to engage in DSRIP deliverables and transform their practices. In addition to the tactical support, significant time and resources are expended on engaging the PCP workforce in DSRIP deliverables, including offsite Continuing Medical Education (CME) credits and attending other organizations' meetings.

Secondly, funds flow to primary care is supported through the Master Participation Agreements (MPAs). This is the process by which Millennium has contracted with its partners to complete DSRIP deliverables. This is an evolving process, however this has been the most powerful strategy to engage our partners in project completion and improved outcomes.

Each partner "category" (hospital, home care agencies, primary care, behavioral health, skilled nursing facilities, and developmental disabilities) is allocated a portion of contract dollars annually. Within that bucket, funds are divided among individual organizations based on the Medicaid population it serves. The funds allocated to primary care are tied directly to project requirements and demonstration of clinical integration. Understanding the importance of primary care, and the impact of project/transformation requirements, a more significant portion of funding is allocated to Millennium's safety-net primary care partners.

Millennium has developed primary care reference guides that translate project requirements and milestones to a primary care organization. These primary care tasks roll up to categories of funding with detailed explanations of what needs to be produced in order to substantiate payment. Primary care has the opportunity to self-serve or take the support of a PTS in order to complete these requirements to earn their money.

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

Millennium chose 3.a.i. Behavioral Health "Model 1" as its chosen model for integrating behavioral health services within primary care offices. As part of the primary care assessments that were completed, the PPS was able to collect baseline information on the level of behavioral integration that existed in the network. As expected, with PCMH recognition and current staffing structures, many primary care practices already have a level of integration that is consistent with Model 1 requirements.

However, Millennium has acknowledged that in many instances, this will not be enough to truly move the needle and improve outcomes for primary care patients with behavioral health needs. To support development of an integrated network with strong behavioral health services, Millennium has developed a strategy based on two core foundational elements:

1. Ensure all primary care partners have sufficient access to behavioral health services for their patients identified with mental health diagnoses.
2. Provide robust education to primary care physicians and their practices to better manage their behavioral health patients in the office.

For the first element, the Millennium practice transformation staff engages in ongoing dialogue with their practices around their current level of behavioral health integration vs. their needs. With the exception of FQHCs and practices supporting a true collaborative care model, primary care practices in the Millennium network have expressed a need for better access to outside behavioral health resources coupled with better information about their patients who are

being treated externally. These requests for better access included primary care practices that may be partially integrated and have a social worker/behavioral health case manager on staff.

In response to these needs, Millennium is working with its behavioral health organization partners to better support primary care practices in the PPS. Behavioral health partners will be asked to commit to providing adequate access for primary care patients based on mutually agreed upon standards of care. Millennium has begun facilitating those discussions and developing workflows between organizations. In addition, behavioral health organizations have dollars tied to supporting this level of integration in their MPAs.

As a secondary tactic, Millennium has made available several different SBIRT training modules on the HWAPPS learning tool for practices that are positioned to expand their substance abuse programs.

For the second element, the goal is to increase the level of confidence in treating patients with behavioral health diagnoses in the primary care office, thus reducing the need to send them for an external referral. This is centered around physician education and comfort with prescribing psychotropic medications. There is significant variance across the PCP network in how they care for patients who need to be treated medically for behavioral health disorders. For practices that are less comfortable, that can result in a lengthy wait for a psychiatry appointment, which can be dangerous for a patient.

To address these educational gaps, Millennium is partnering with a local psychiatrist with a strong background in collaborative care. This physician has developed and implemented collaborative models with primary care practices in the community. The deliverable will be training and education around medication management, patient screening, and care coordination. This will be an ongoing effort that will span DSRIP and include a library of available resources for primary care.

A primary care/behavioral health focus group was planned as a first activity to develop targeted training and education. This focus group was facilitated by the above-mentioned local psychiatrist, in conjunction with the University for research purposes. The focus group was attended by safety net primary care practices that did not have a strong collaborative care model in place. The following topics were universally identified as impactful to the care of behavioral health patients within primary care:

- Lack of confidence on medication management
- Lack of information about patients once they are referred to a behavioral health partner due to patient consent issues
- Inability to help patients that are not eligible for inpatient but are unable to be seen in a reasonable amount of time via a behavioral health referral.

Millennium's training, education, and workflow development must address these topics as part of the Behavioral Health Integration project in order to provide real value to its primary care practice partners.