

# Mount Sinai PPS, LLC All-PPS Presentation

## A Roadmap of Integration

April 8, 2016

**By: 3ai Team**

Natalie Kil, MPH

Sabina Lim MD, MPH

Lauren Peccoralo MD, MPH

Lolita Silva-Vazquez MA, LMHC

Brian Wong MD, MBA



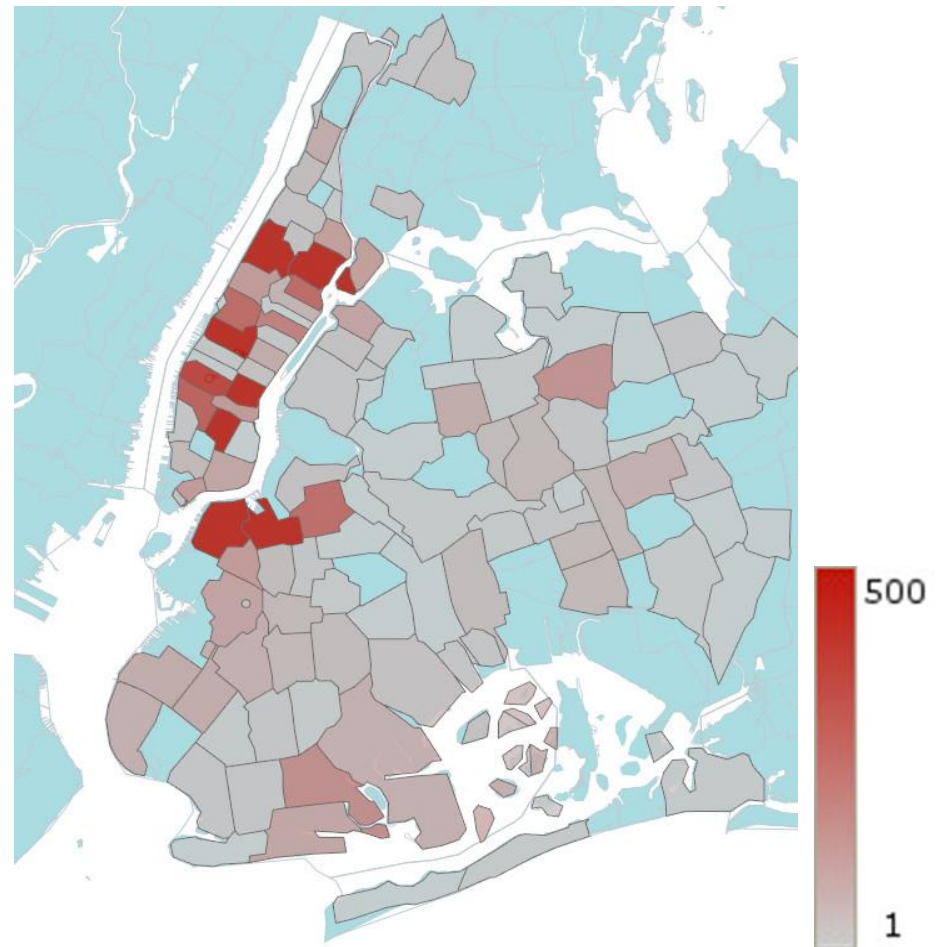
**Mount  
Sinai**

Performing Provider System

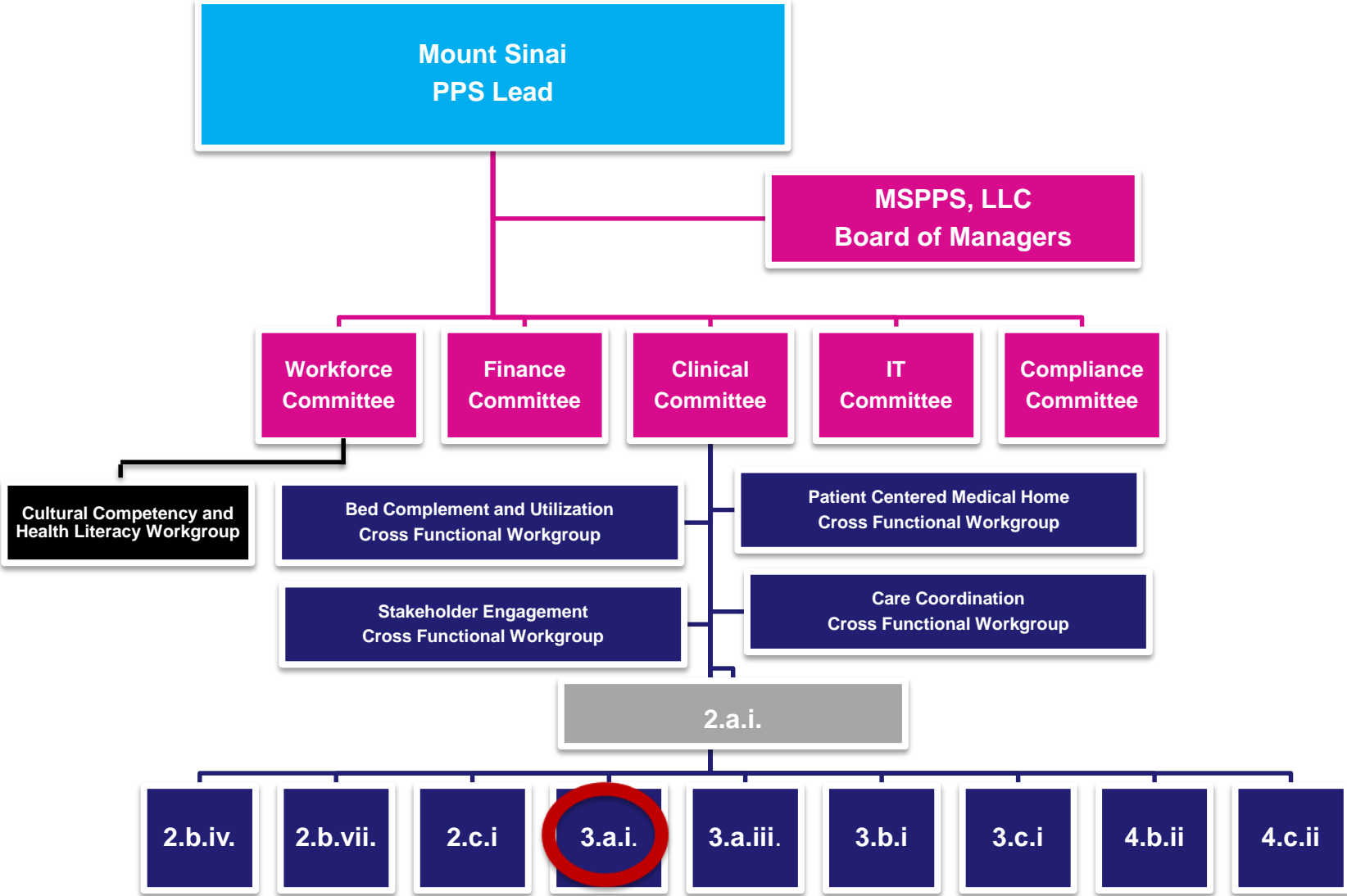
# Mount Sinai Performing Provider System

- **MSPPS includes all 7 hospitals within the Mount Sinai Health System in 4 counties**
- **56 Health Centers/Clinics**
- **58 Care Management Providers**
- **Over 600 Mental Health & Substance Abuse Providers**
- **78 SNF/Rehab Facilities**
- **11 Hospice Programs**
- **53 Community-Based Organizations**
- **Recently added 3 Faith-Based Organizations**

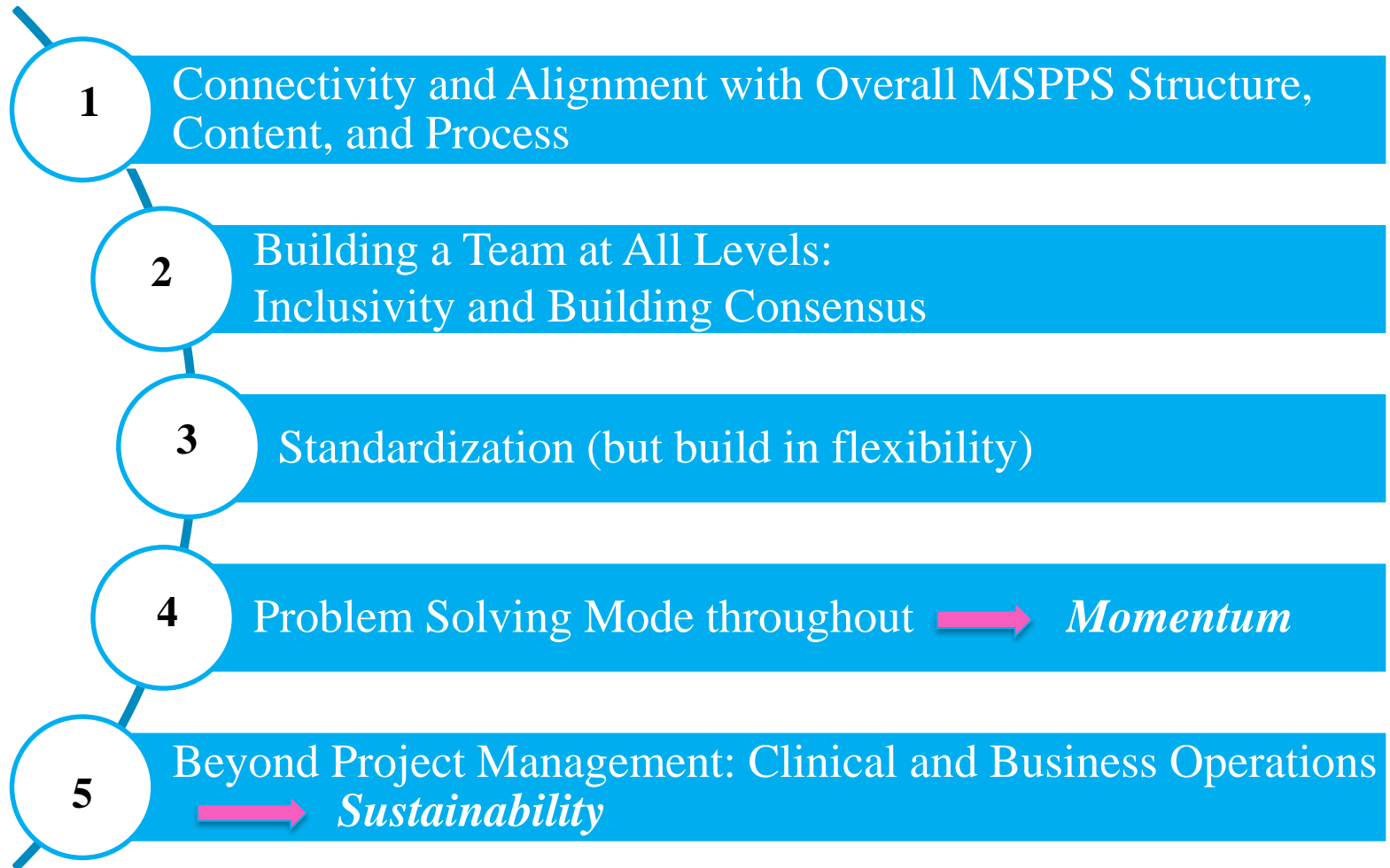
**Provider density by zip codes**



# Mount Sinai PPS Governance Structure



# 3ai 5 - Pronged Strategic Approach



# 1

## Connectivity and Alignment with Overall MSPPS Structure, Content, and Process

- Project Clinical Co-Leads (3) and Project Manager

MSPPS Behavioral Health Lead—

- Project connectivity to overall MSPPS for clinical and administrative matters

- Standardized communication with Partners (surveys, website, etc) and ad hoc communications

- Regular schedule of meetings with in-person/telephonic/virtual options

## 2

# Building a Team at All Levels: Inclusivity and Building Consensus

- Weekly 3.a.i. Leadership Team meetings—building the Leadership Team while working on execution
- Content Sub-Workgroups=Partner members and other content experts working together to build workflows/guidelines
- Formal sharing of roll-out of programs at partner sites
- Learning together and from each other

### 3

## Standardization (build in flexibility)

➤ Process Mapping

➤ Early focus on in choosing Best Practice Guidelines/Protocols

➤ Provide the tools to achieve standardization

4

## Problem Solving Mode throughout → *Momentum*

- Constant review of overall Structure and Work Process
- Pursue all avenues to find answers
- Communicate even (and especially) if we don't know the answer



- Focus on operationalizing the **build of a clinical program** just as much as managing a project
- Focus on non-clinical aspects of running a program—  
Legal/Compliance/Finance/General Administrative
- Clear Master Workplan with concrete milestones;  
second level workplans to achieve milestones
- Regularly review and discuss “Future State” beyond the quarter or the DSRIP year

# Planning, Engagement and Implementation

**Structuring the Foundation**

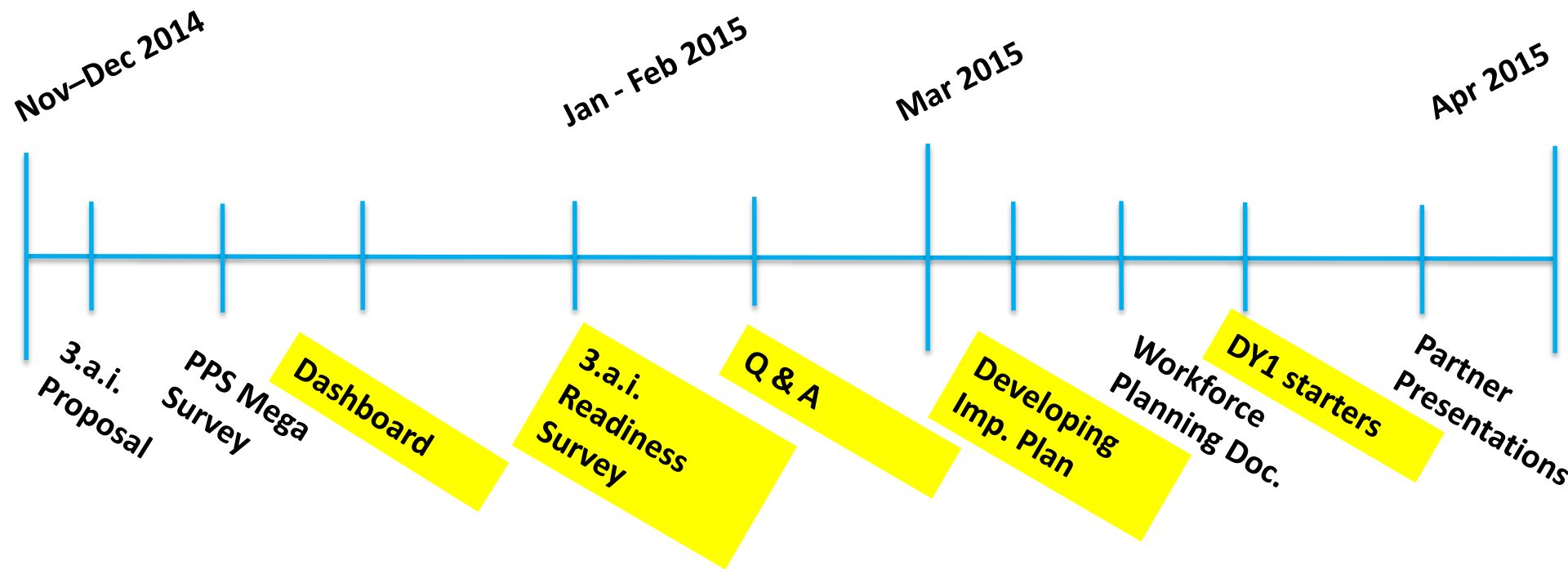
**Identifying/Creating Tools**

**Project Implementation  
Putting the Tools to Work**

**Supplemental Tools**

# Planning Timeline

## Structuring the Foundation



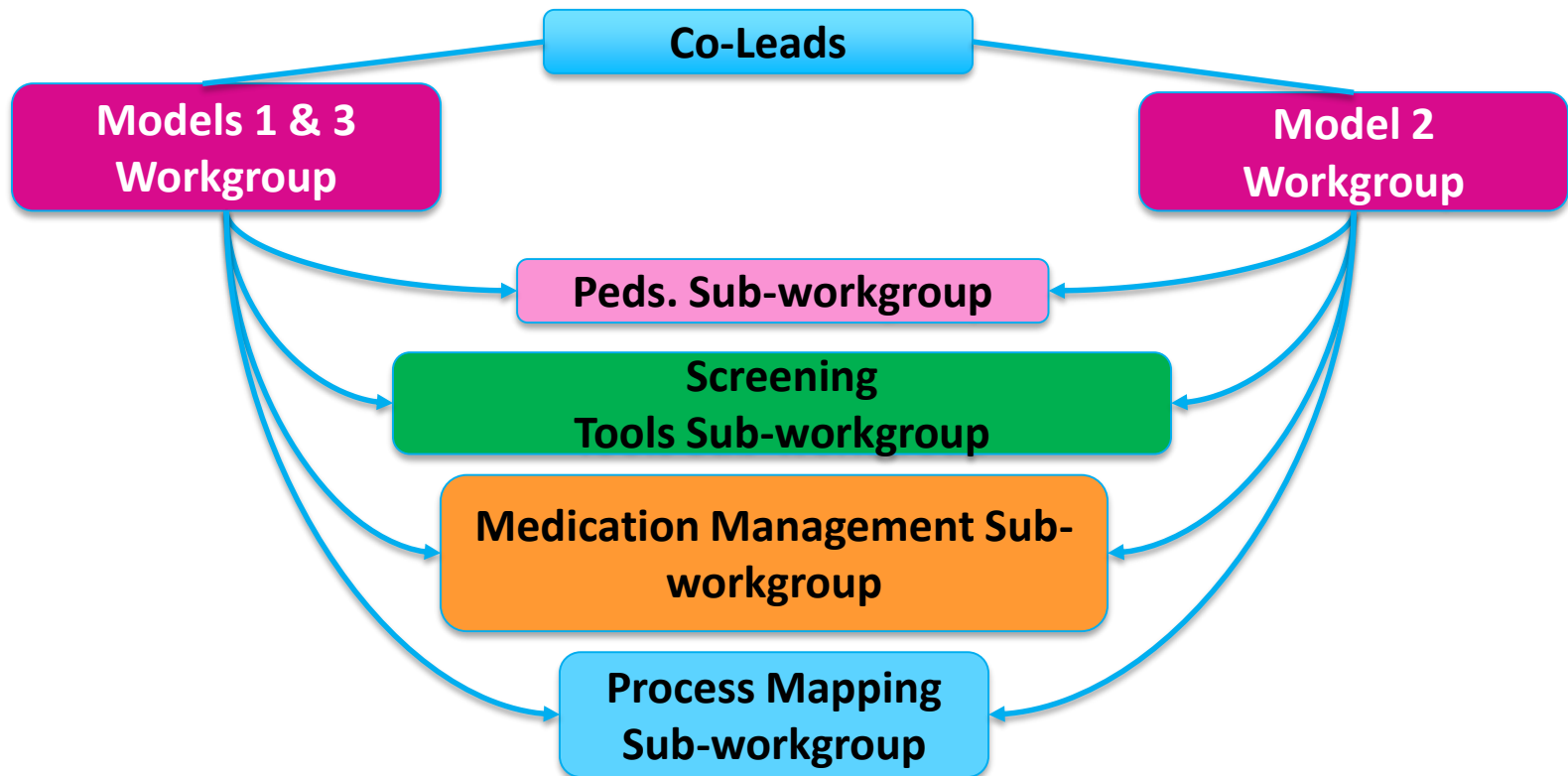
# Engagement

## Partner Engagement

1. Invitation to serve on the clinical committee, then the behavioral health sub committee THEN 3.a.i.
2. Mega Survey
3. Dashboard Created – Index of sites
4. Readiness Survey
5. DYI Starters

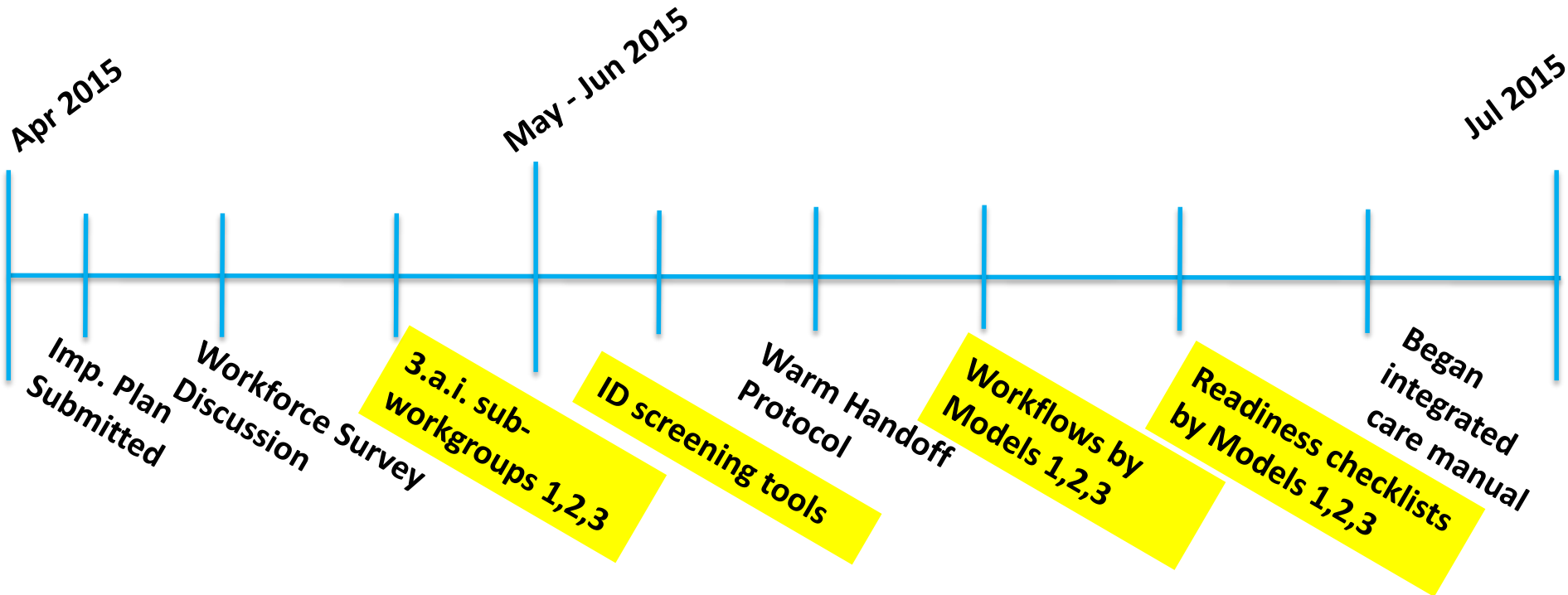
# Planning Structure

## Sub-workgroups by Model and Task



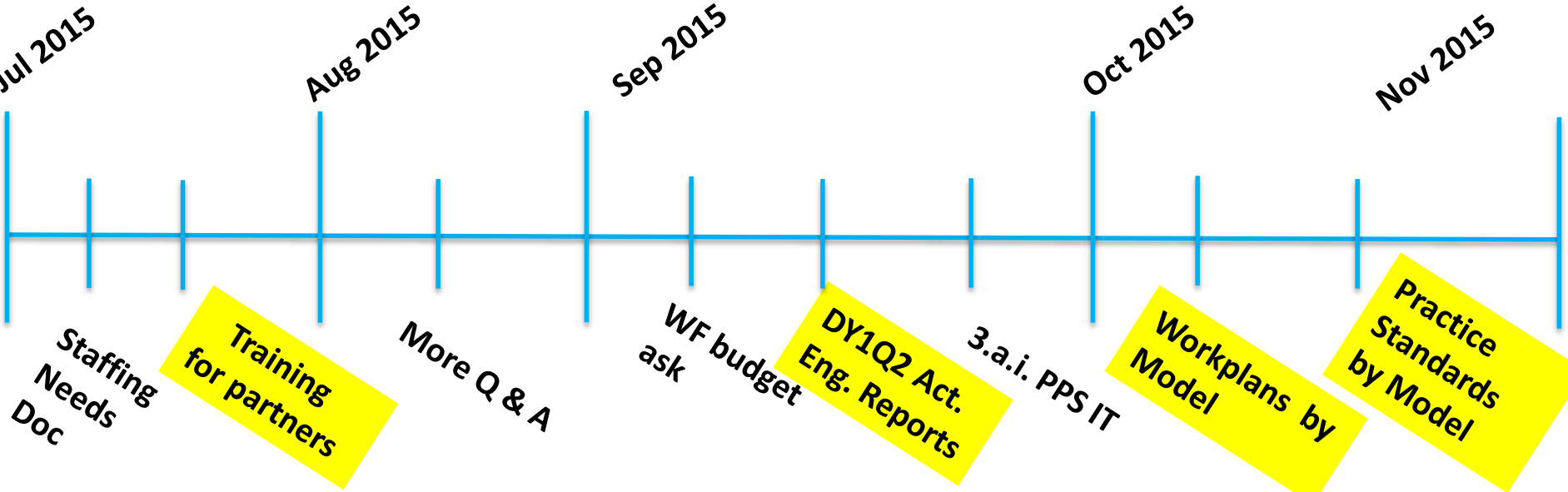
# Planning Timeline

## Identifying/Creating Tools



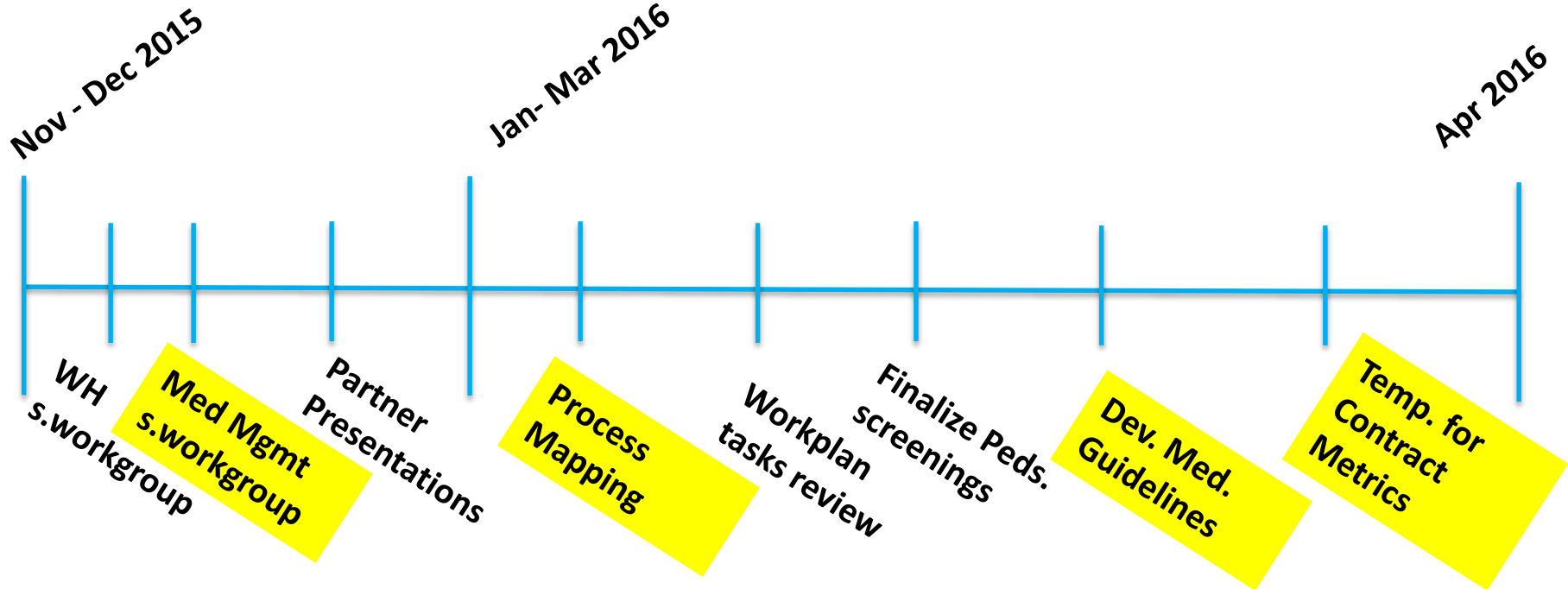
# Planning Timeline

## Project Implementation Putting the Tools to Work



# Planning Timeline

## Supplemental Tools





# Implementation: Integration Tool Box



- **Workflows by Model**
- **Collaborative Practice Standards by Model**
  - Screening Tools for MH, SU, and PH Screenings
  - Readiness Checklist
  - Engagement Protocols
  - Collaborative Care Components
  - Resource Management
  - IT-EHR

# Implementation: Integration Tool Box



- **Medication Guidelines**
  - Depression
  - Anxiety
  - Opioid Use Disorder
  - Alcohol Use Disorder
  - Tobacco Use Disorder
- **Workplans with Milestones and Tasks by Model**
- **Process Maps by Model**

# Actively Engaged Partner Sites As of DY1

## MODEL 1

- Betances
- Brooklyn Hospital Center
- Callen-Lorde
- Children's Aid Society
- CHN—Community Health Network
- Damian Family Care Center
- IFH – Institute for Family Health
- Mount Sinai Hospital-- IMA Primary Care
- Lighthouse Guild
- Ryan Center
- Settlement Health
- University Settlement/The Door

## MODEL 2

- Mount Sinai Beth Israel OTP
- West Midtown Medical Group

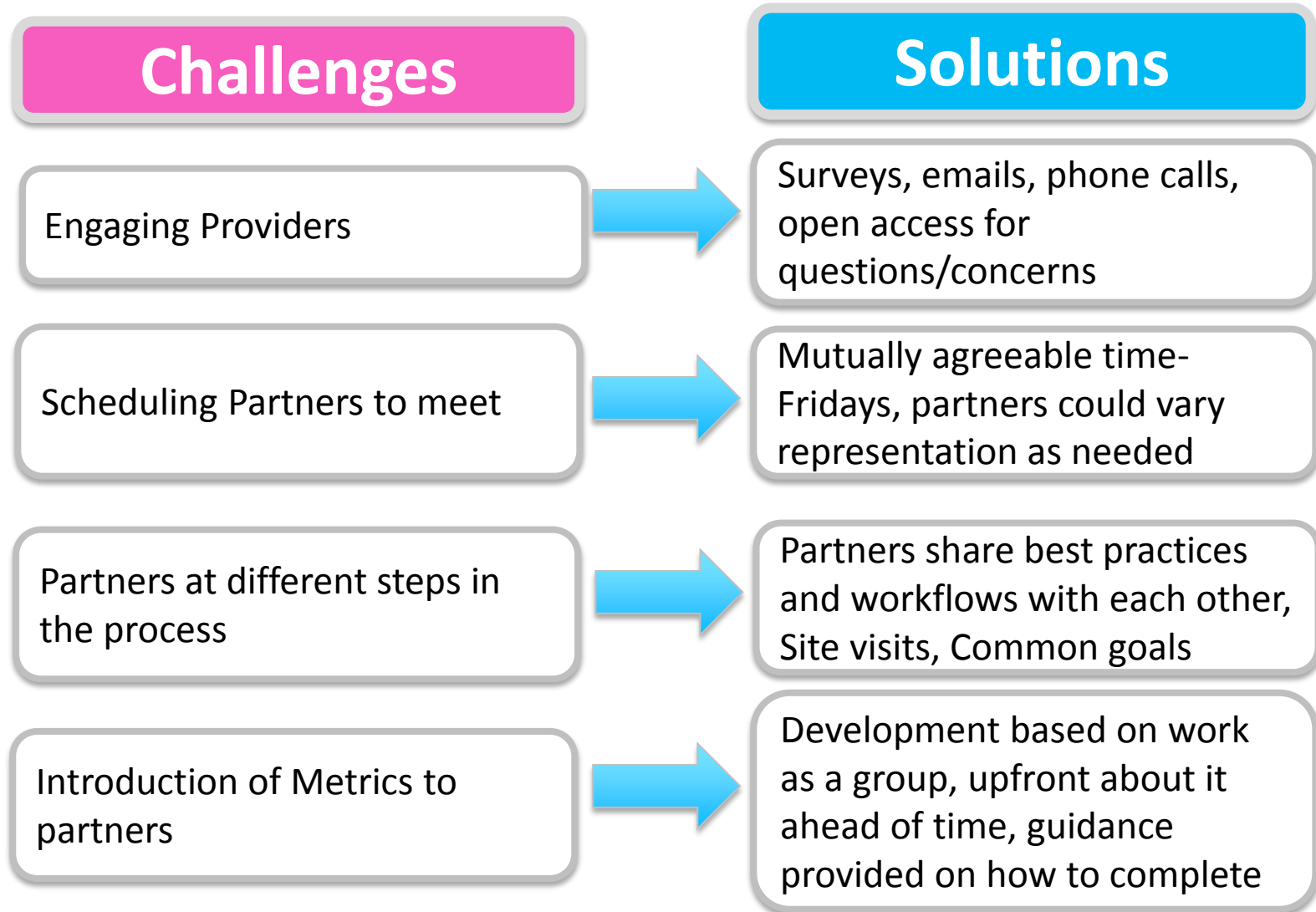
## MODEL 3

- IFH – Institute for Family Health\*
- Mount Sinai Hospital -- IMA Primary Care\*

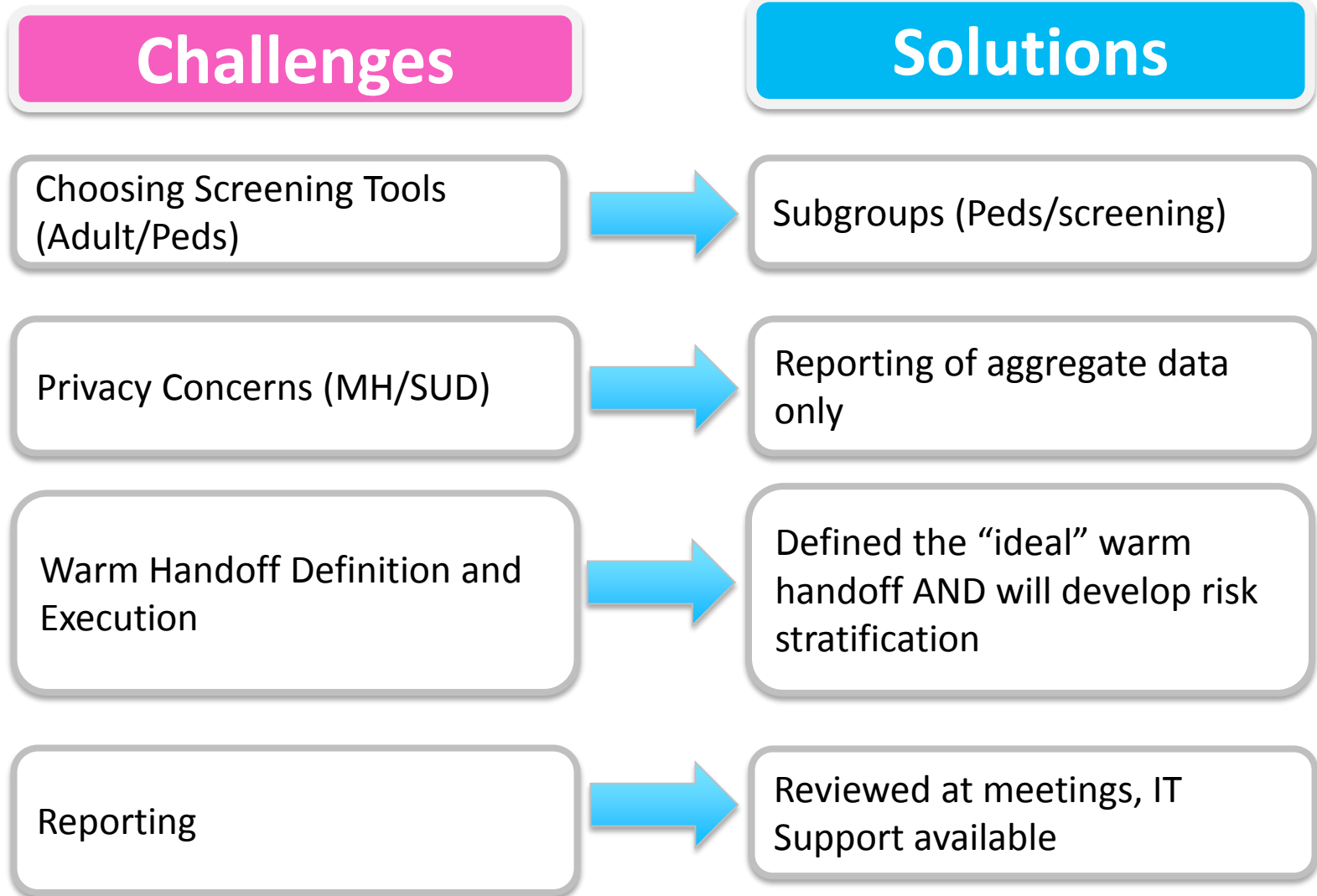
# Challenges

- Planning
- Engagement
- Implementation
- Successes at the workgroup level

# Challenges: Planning



# Challenges: Engagement



# Challenges: Implementation

## Challenges

Space: NYC problem

Staffing

Financial Start Up Costs

Training

Licensure/Billing/Waivers

Developing Clinical protocols

## Solutions

Creative use of current space/shared space

Creative use of current staff and find funds/grants for new hires

Creative use of current resources  
Outside Grants (HRSA, NYSCCM)

3.a.i. Webinars, online resources

Discussions w/ PCG, KPMG and NYS to gain clarity, Summary Document created for partners

Sub-workgroups created

# Overall Successes per Partners

1. **COMMUNICATION:** “Constant communication from you and your team has allowed us to remain focused and informed.”
2. **LEADERSHIP:** Solid leadership on the project: Follow up emails; calendar dates, quick answers to questions provided.
3. **COMMITMENT:** Commitment from Diverse Partners
4. **COLLABORATION:** In person meetings
5. **CROSS-FUNCTIONALITY:** Tying our project into other projects



## 3.a.i: “Next Steps”

- Strategy
- Operation
- Engagement

# Strategic Planning “Next Steps”

## INTEGRATION: Beyond Screening to Next Level of Integration

1. Full onsite integration of PC/BH (advancing in the Integration Spectrum)
2. Integration of MH and SUD with PC, and between MH and SUD
3. Treatment and referral within network

## CONTINUAL ASSESSMENT & IMPROVEMENT: Beyond Standard of Care

1. 3.a.i. Operational Workflow
2. Partners: *themselves and deliverables*  
(Course Correct as Needed)

# Operational “Next Steps”

## DEVELOPMENT

- 3.a.i Partner Roster Growth → Stratification of Partners by Region

## INTEGRATION



- Integration of Claims Data/Metric Results in Processes and Protocols
- Interoperable Integration Between Projects:
  1. Clinical Executive Team
  2. Clinical Quality Committee
  3. PCMH Cross Functional Workforce

# Engagement Enhancement

## COLLABORATION

- Developing/fostering relationships with existing partners while developing new ones
- Successful partners sharing best practices

## TRAINING

- Psychiatrists' Role: *novel and unique*  Offer training and support
- Staff in new roles/New services in clinics  Train the trainer model

# Engagement Enhancement

## Live ToolBox

- Online Tools and Guidelines for Integration (accessible to all within PPS)

## CBO Involvement

- Further integration of CBOs & their services within 3.a.i.— creative approaches

## Continuous Quality Improvement

- Empower and Support Partner QI/QA