



**Department
of Health**

**Medicaid
Redesign Team**

New York State DSRIP Downstate REGIONAL LEARNING SYMPOSIUM

Session Notes

MAY 3, 2016

9am-4pm

SHERATON NEW YORK TIMES SQUARE HOTEL

811 Seventh Avenue, New York, NY 10019

Workshop A. Cultural Competency and Health Literacy Training (CC/HL) Strategies

Subject Matter Expert:
Don Kao, *Project Reach*

PPSs can expect this workshop to help identify strategies to address the top needs of their group relating to CCHL training strategies including focused conversations on:

- Cross-PPS collaborations addressing strategies for deploying CCHL training as well as workforce recruitment and training issues
- Discussions of how to engage Community Based Organization (CBO) partnerships and funding concerns

Key Takeaways:

1. Integrating CC/HL into workforce planning and training strategies
 - a. Cross walking CC/HL training and strategy across project work streams to determine overlap and opportunity for integration
2. Very few standardized CC/HL training strategies
 - a. Need to clearly define CC/HL as related but different when differentiating between training in clinical practice
 - b. Need to develop strategies that will cross over provider types
 - c. There is a need to deploy electronic training opportunities
3. Defining a metric for success
 - a. Still early in the process and are consistently looking to adapt and change over time
 - b. Start with an assessment of training implementation and fidelity
 - c. Separate CC/HL from patient satisfaction

Workshop B. Strategies for deploying the Patient Centered Medical Home (PCMH) model across the PPS

Subject Matter Expert:
Deborah Johnson Ingram, *PCDC*

PPS can expect this session to help identify strategies for coordinating PCMH& Advanced Primary Care (APC) across their PPS network Primary Care network including focused conversations on:

- Identification of solutions to challenges with PCMH certification, such as standards, meeting requirements for care coordination, and training
- Engaging PPS partners

Key Takeaways:

1. Engaging Providers
 - a. Collaboration is needed at PPS and Provider level on both training and PCMH process management on top of development efforts
2. Supporting PCMH and ACP certification efforts through alternative incentives such as
 - a. Improved Business Modeling showing ROI at the practice level
 - b. Technical Assistance
 - c. Medicare Access and CHIP Reauthorization Act (MACRA)
 - d. Transforming Clinical Practice Initiative (TCPI)
 - e. PCMH & APC Orientation and training
3. Effectively using data
 - a. Demonstrating use of data and analytics at the practice level using reporting tools
 - b. PPS stakeholder engagement strategies include invitations to partners to participate in learning session that explore measures, metrics and analytics
4. Action Items
 - a. SBH to share crosswalk of linking PCMH requirements to their project implementation plans, and to the pay-for-performance measures
 - b. GNYHA to share crosswalk linking PCMH, DSRIP, TCPI requirements
 - c. PPS action: determine how best to utilize initiative support, PPS aware they cannot receive support for the same initiative twice

Workshop C. How to roll out effective Health Information Technology (HIT) management to PPS partners

Subject Matter Expert:
Brett Johnson and Roy Gomes, *New York eHealth Collaborative*

PPS can expect this session to help identify effective RHIO integration strategies, standardization of HIT across partners and how to facilitate data sharing across diverse partners. Specific topics for conversation will include:

- Managing HIT roll-out across the PPS, including the strategy for deploying technology to PPS partners who are still operating in a manual environment
- Training and use of Regional Health Information Organizations (RHIOs), such as the strategy for getting providers to sign up with the local RHIO
- Working with the local RHIO, Health Information Exchange (HIE), Data Warehouse to ensure the functionality needed for DSRIP success

Key Takeaways:

1. Understand the HIE/HIT gaps in your PPS network
 - a. PPS using centralized reporting management software for deploying HIT/HIE current state survey and maintaining network profiles
 - b. Next step for PPS is to use the results to determine HIE/HIT strategy roll-out and provider stratification plan
 - c. PPS using gaps assessments to support EHR and RHIO subscription reduction rates
 - d. PPS are dedicating resources for PPS education, training and support for implementation of EHRs and RHIO integration
 - e. Prices for vendors is a barrier for partners at \$225-250/hour; partners are moving towards cloud based solution
2. Effectively integrating data
 - a. PPS utilizing central data warehouses to collect data from CBO and other providers not connected to RHIO
 - b. Encouraging participation in care coordination technology, EMR, EHR, RHIO depending on the provider services and technology investment capabilities

- c. PPS implementing methods for standardizing data prior to data exchange
- 3. Consent process is inefficient
 - a. Patient level consents are a barrier to data sharing across an Integrated Delivery System (IDS)
 - b. PPS encouraging community consent across network and looking for a solution regarding updating the community consent
 - c. Consent is largely a paper based process
- 4. Action items:
 - a. PPS requesting RHIO transparency including a detailed list of current versus future capabilities
 - b. PPS requesting resource list of all statewide HIE/HIT incentive programs including participation criteria and financial/technical opportunities
 - c. PPS requesting EHR resource list of EHRs capable of connecting with RHIOS including interface criteria
 - d. The state to assist in convening an EHR vendor meeting

Workshop D. Funds Flow and Financial Modeling

Subject Matter Expert:
Meggan Schilkie, *Health Management Associates*

PPS can expect this session will focus on solutions to complexities of their specific partnership/financial structures. Topics for discussion will focus on:

- Strategies for establishing effective processes for funds flow with partners
- Methodologies for financially incentivizing providers and CBOs and approaches that have been most effective to date
- Creative solutions to complex funds flow restrictions

Key Takeaways:

- a. Defining the methodology for funds flow
 - a. Defining the goals of funds flow needs to be seen as the baseline for defining the operations of funds flow
 - b. Bringing the baseline of capabilities up consistently across PPS partners is a goal before heading into performance based funds flow
 - a. PPS taking various approaches to funds flow methodology including models such as: attribution, LOE, project participation. Most PPS develop funds flow methodology based on a split between implementation and performance (lots of 60/40 splits), smaller PPS are more focus on implementation, larger / decentralized PPS are more focused on performance, few PPS disregard attribution totally
 - i. Much of funds flow is still driven on a cost-basis however
- 2. Very little risk-based contracting at this point
 - a. The shift to P4P is significant when considering implementation planning and actual metrics – this methodology is still undefined across PPS
- 3. CBO engagement
 - a. PPS encouraged to think about stratifying the level of CBO when talking through this (levels 1 & 2 and 3 separately) as capabilities varies wildly
 - b. PPS determining payment models based on incentives, planning and performance
- 4. Effectively using data
 - a. Real-time data flows can be leveraged in defining future funds flow basis
 - b. Lacking benchmarks makes it difficult to identify who inside of networks is driving success
- 5. Need to continually learn
 - a. Models are still early in the process and are consistently looking to adapt and change over time to eventually become performance based
 - b. PPS need to help CBOs with their own vision of how they fit in with the overall goals of the PPS
 - c. Bake transparency into all relationships and continue to communicate clear expectations and upcoming changes.