



**Department
of Health**

**Medicaid
Redesign Team**

Patient Activation:

Panel Presentation

Today's Speakers

Emily Balmer, DSRIP Project Manager, Care Compass PPS

How project 2.d.i. is organized internally and how the PPS is coordinating with CBOs and other partners on effective targeting of harder to reach populations and information sharing strategies

Brian Hooker, Engagement Services Supervisor, Catholic Charities Community Services (Rochester, NY)

How PAM data can (or is) integrated into care coordination efforts, what barriers exist and what plans are for overcoming / further developing capacity to integrate PAM into care management efforts

Doug Wirth, President, AmidaCare

What additional training opportunities exist for CBOs and larger systems using the PAM, how it can be used in working with difficult to reach populations and some success stories from HIV/AIDs outreach efforts

Moderator:

Jackie Treanor Director, Medicaid and Health Care Reform Policy and Analysis



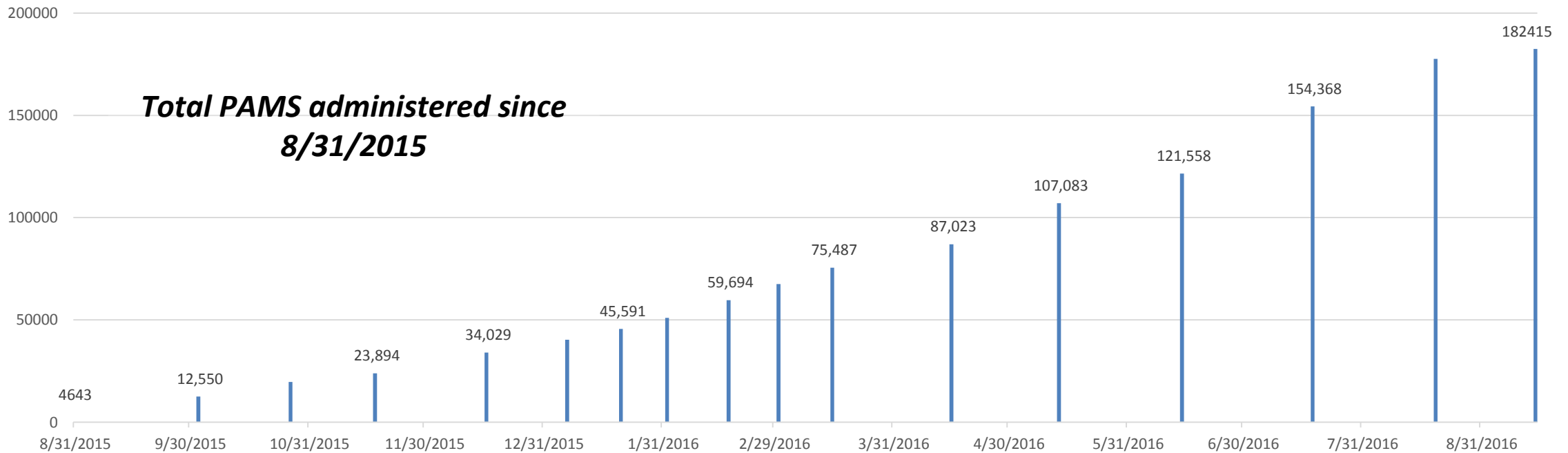
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NY DSRIP's PAM

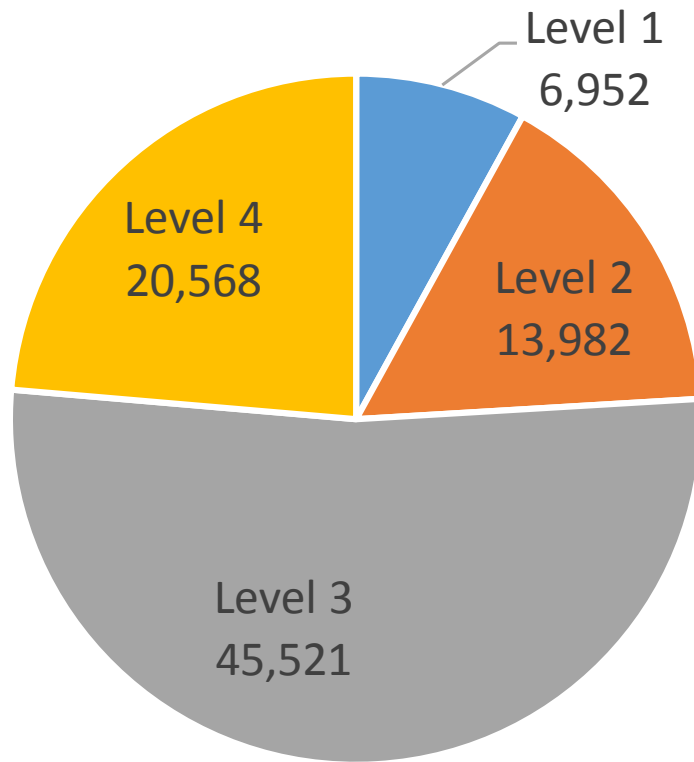
Project 2.d.i. (Patient Activation Measure) will be focused on increasing patient activation related to health care paired with increased resources that can help the uninsured (UI) as well as non-utilizing (NU) and low utilizing (LU) populations gain access to and utilize the benefits associated with DSRIP PPS projects, particularly primary and preventative services.

- DSRIP Project Toolkit

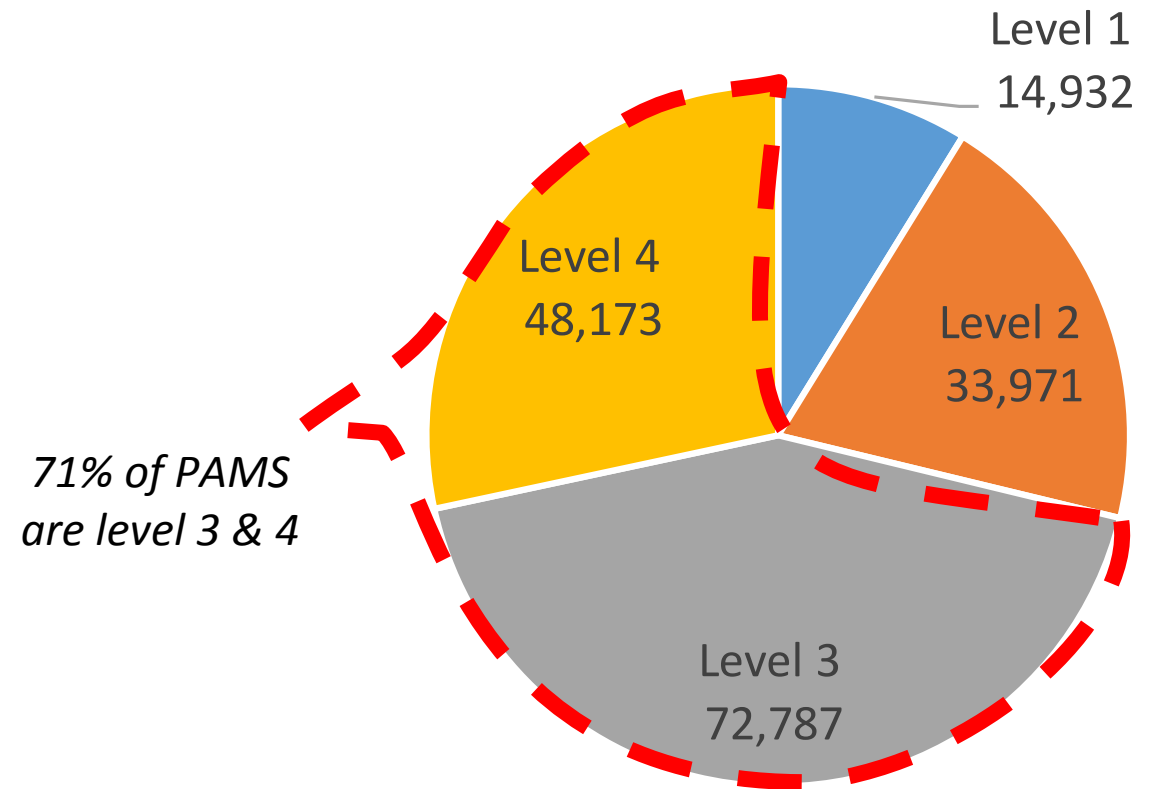


NY DSRIP's PAM

**PAM Score Distribution
as of 3/14/16**

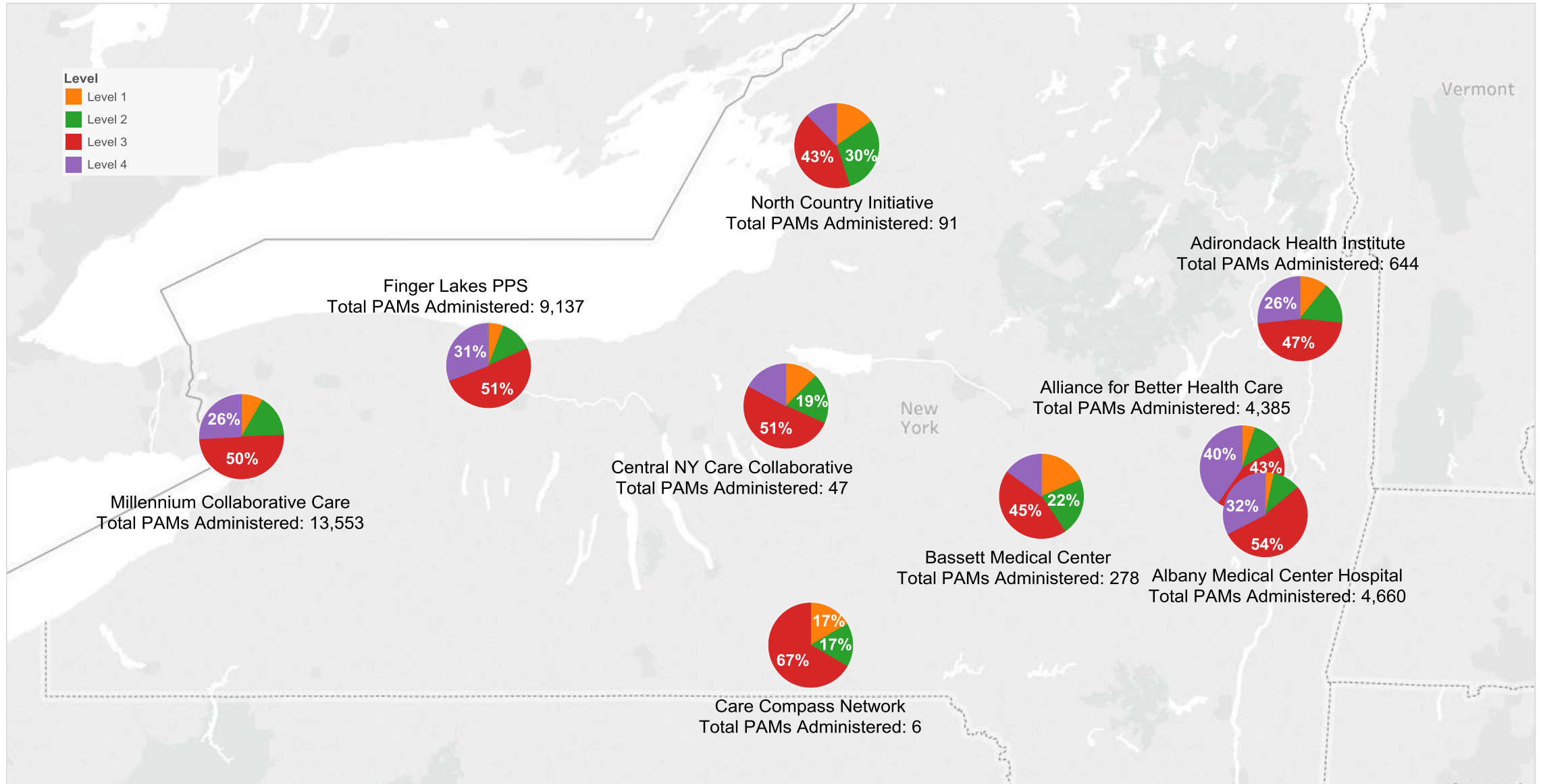


**Current Statewide PAM
Score Distribution**

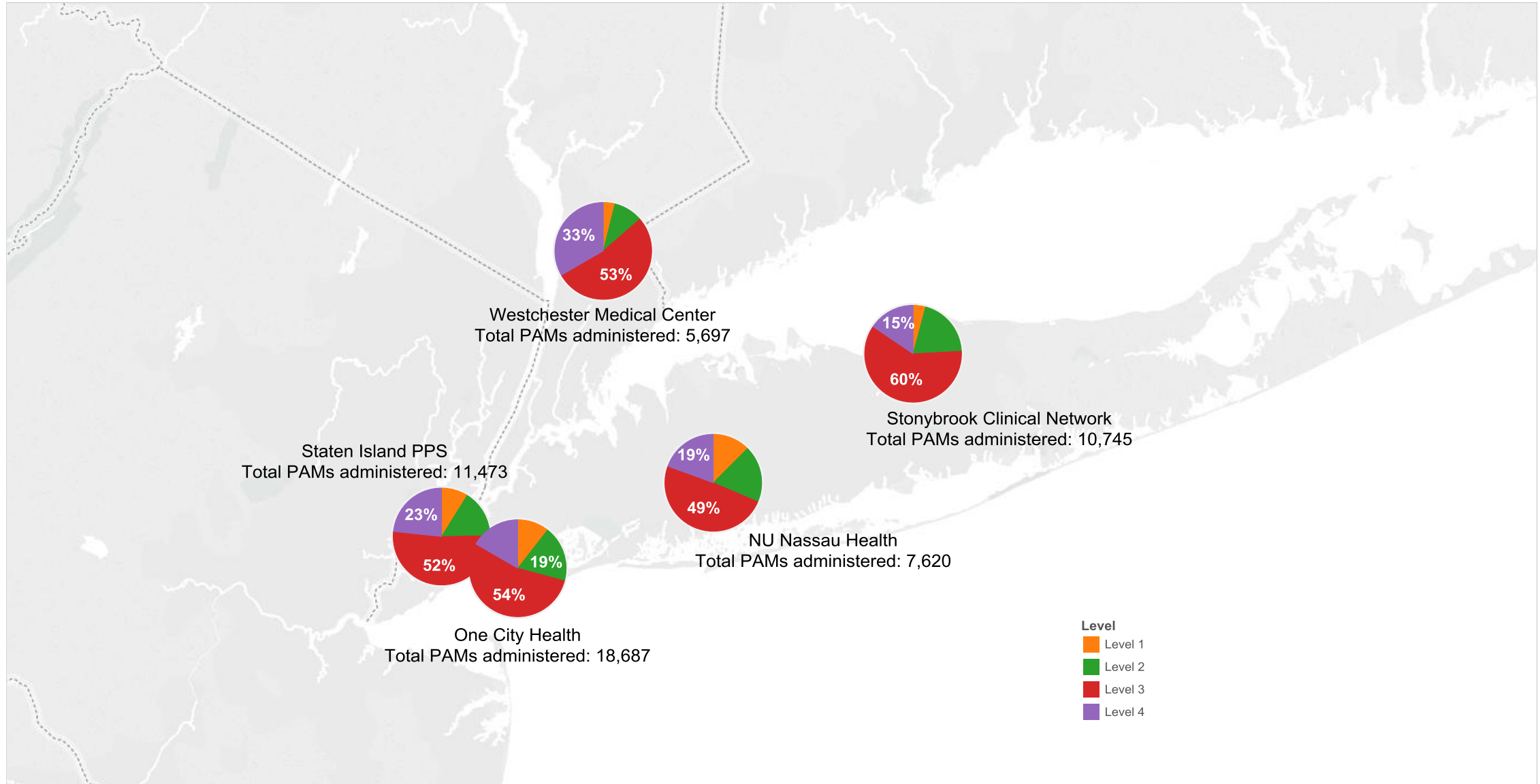


Data as of 9/14/16

Upstate PPS PAM Levels

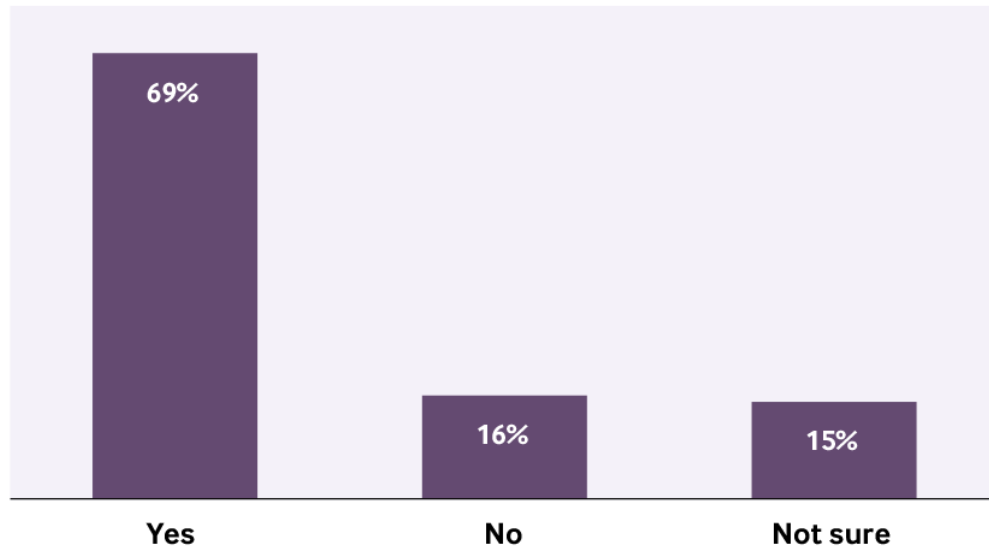


Downstate PPS PAM Levels



Nationally, current state of patient engagement

Use of Patient Engagement Initiatives to Increase Patients' Meaningful Participation in Care

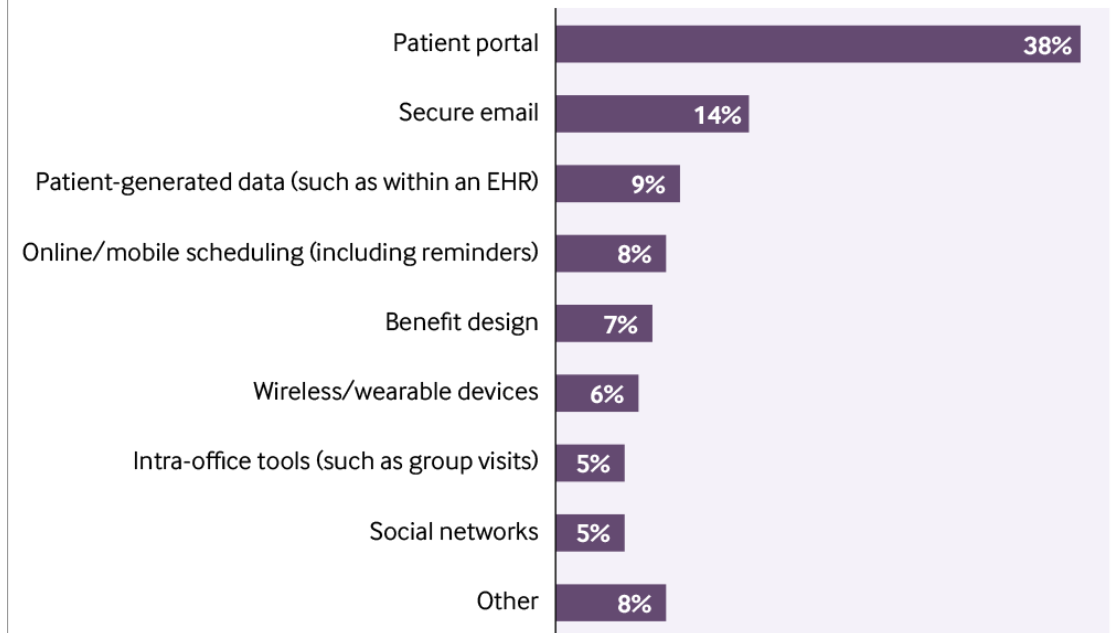


Is your organization currently using patient engagement tools, programs, or technologies to increase patients' meaningful participation in their care?

Sample size = 369

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Most Effective Patient Engagement Initiatives at Increasing Patients' Meaningful Participation in Care



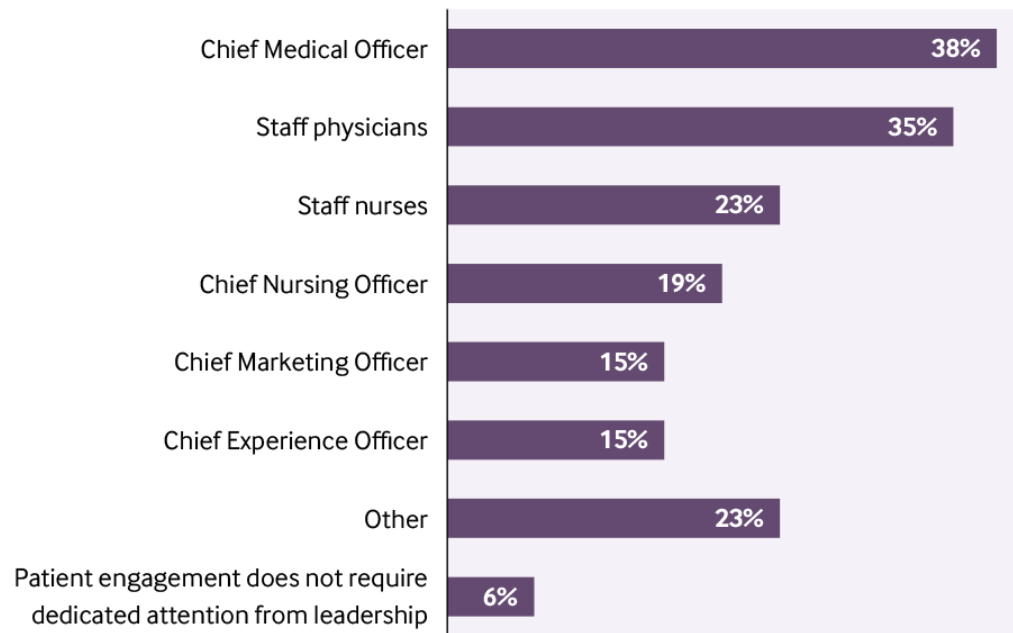
Which of these patient engagement tools, programs, and technologies is most effective at increasing patients' meaningful participation in their care?

Sample size = 369

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Nationally, current state of patient engagement (con't)

Top Positions Leading Patient Engagement

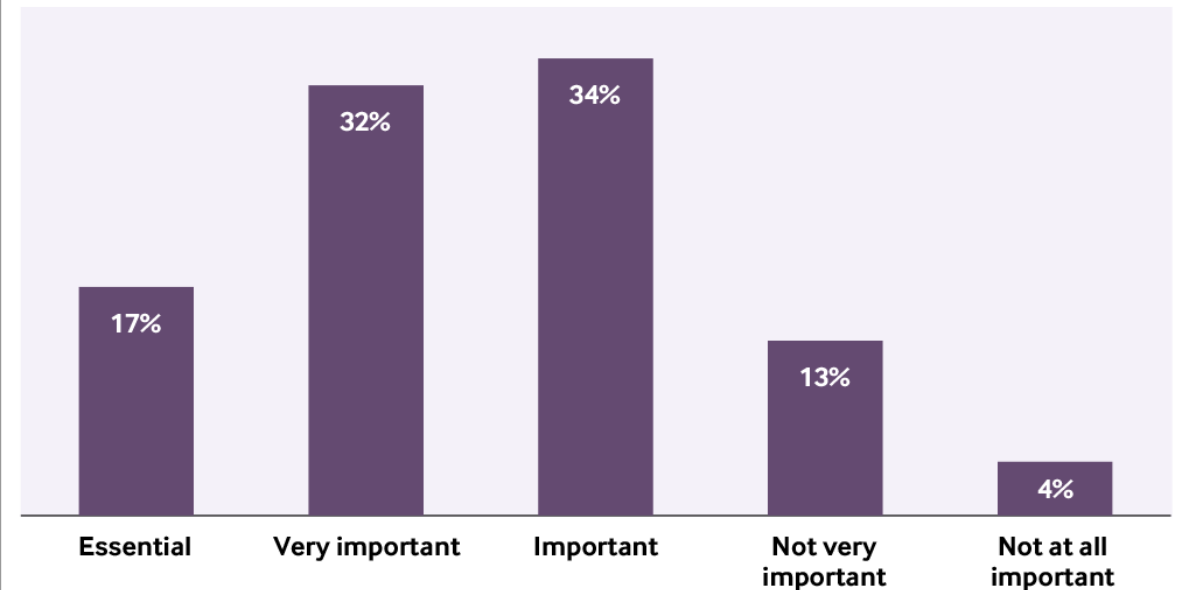


What are the top two positions leading patient engagement efforts within health care organizations?

Sample size = 369

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Importance of Patient Advocacy Structure in Improving Patient Engagement



How important is a patient advocacy structure, such as a Patient & Family Advisory Council, to improving patient engagement within a health care organization?

Sample size = 369

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society



Care Compass Network:

Strategies for 2di Across the PPS

Emily Balmer

CCN Project Manager

Care Compass Network Organization of 2di Team

1. Alignment of Community Based Navigation (2ci) and Patient Activation (2di) Project teams.

Results:

- Reduced monthly partner meetings to address “*DSRIP Fatigue*”
- Meaningful/Aligned roll out of DSRIP programs into CBO’s and the community
- Aligned 2ci and 2di Milestones and Steps, reducing PPS PMO quarterly reporting efforts



*THE CCN REGION
ENCOMPASSES ROUGHLY 12.5
% OF NEW YORK STATE.*

2. Alignment of Community Based Navigation (2ci) and Patient Activation (2di) Clinical Governance

- RPU Based Quality Committee for Onboarding, including 2ci Navigation, 2di Patient Activation, Consenting, RHIO
- Leverages local professionals including: navigators, health home care coordinators, etc.

Care Compass Network 2di Target Populations & Info Sharing Strategies

3. Target Populations

- Hot Spot Analysis
- Contracted directly with 24 CBO's in hot spots
- Creation of "CBO Bundle" to encourage CBO involvement in related programs (e.g., 2ci)
- Reassessed the Onboarding process
- Regional/ Ground Level quality oversight via RPUs (hubs) complimented by PPS-wide Clinical Governance Committee

4. Info Sharing Strategies

- Heavy Partner Education
 - Partner Education on Flourish
 - Development of Required Screening Tool (LU/NU)
 - Overlap PPS Awareness
 - Patient Data Sensitivities
- Maintain Frequent Communication with Two Target Audiences: Master Trainers & Planning Team

PROJECT 2.D.1

IT Delivery
System

ED Care
Triage

**Patient
Activation**

30 Day
Readmission

Transitional
Housing

Co-location

SNIF

Pop-health

JUNE 15

WOW MEETING

JOSH JINKS

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THE CREATION OF PROJECT 2.D.I, A.K.A PROJECT 11, A.K.A P.A.M

- In the beginning of DSRIP... PPS's could sign up to participate in 10 of the 44 NYS DSRIP projects. *And then...*
 - As part of a public comment period on the DSRIP waiver and attachments, advocates strongly encouraged the state to include uninsured members in DSRIP so that this population could also utilize the benefits of a transformed health care system.
 - Also, concerns were raised about outreach and engagement of non-utilizing and low-utilizing Medicaid populations to make sure that these populations benefited from DSRIP.

To address these concerns, CMS and NYS agreed to create a new project. Thus, Project 2.d.i was created.



The slide is titled "DSRIP Update: New Project, Attribution & Valuation" and is dated August 1, 2014. It lists Jason A. Helgerson, Medicaid Director, and Gregory S. Allen, Director of Policy, as presenters. The slide includes the New York Department of Health logo and a presentation overview section. The overview lists "What Has Changed in DSRIP?" with bullet points for "New Project (2.d.i)", "Beneficiary Attribution Logic", and "Project Valuation". It also lists "Next Steps in DSRIP DY0" with a bullet point for "Timeline". The slide features a blue and red color scheme with a decorative border.

DSRIP Update:
New Project, Attribution & Valuation

August 1, 2014
Jason A. Helgerson, Medicaid Director
Gregory S. Allen, Director of Policy
Office of Health Insurance Programs
NYS Department of Health

PRESENTATION OVERVIEW

What Has Changed in DSRIP?

- New Project (2.d.i)
- Beneficiary Attribution Logic
- Project Valuation

Next Steps in DSRIP DY0

- Timeline

PROJECT 2.D.1

- Domain D: *Increasing Outreach Efforts and Expanding Access to Community Based Care for Special Populations*
- Project Name: *Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care.*
 - This project focuses on increasing patient and community activation related to health care, paired with increased resources that can help the uninsured (UI) as well as non-utilizing (NU) and low utilizing (LU) populations gain access to and utilize the benefits associated with DSRIP PPS projects, particularly primary and preventative services.
 - **Partner Requirements**
 - **Trained** in Patient activation techniques, CC&HL, Healthcare connectivity, Primary Care Access
 - Number of individuals trained in: **DY1-225**, **DY2-1276**, **DY3-1276**, **DY4-1276**
 - Screening and Consent to identify the target population
 - **PAM** target population and re-assess low activated PAM scores every 6 months (**ongoing assessments**)
 - Regional PAMing by years, 10,000 ^{PAMS} , 34,000 ^{PAMS} , 55,000 ^{PAMS} , 59,000 ^{PAMS}
 - Link UI to insurance and **LU/NU to primary care**
 - Education on Medicaid compliance process
 - **Community Navigators**
 - Collaboration to have “CBOs” present in hot spots, IE-Emergency Departments.
 - Direct access to Primary Care Providers scheduling departments to assist members with receiving timely access.



TRAINING

NEXT: TRAIN THE TRAINER

JONES MEMORIAL HOSPITAL

JULY 14, 2016 (REGISTER AT

[HTTPS://FLPPS.ORG/PROJECTS/PATIENT-ACTIVATION](https://flpps.org/projects/patient-activation)

Patient
Activation

Flourish
Suite

Motivational
Interviewing

Cultural
Competency

PAM-10

1. When all is said and done, I am the person who is responsible for taking care of my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
2. Taking an active role in my own health care is the most important thing that affects my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
3. I know what each of my prescribed medications do	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
4. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
5. I am confident that I can tell a doctor concerns I have even when he or she does not ask.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
6. I am confident that I can follow through on medical treatments I may need to do at home	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
7. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
8. I know how to prevent problems with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
9. I am confident I can figure out solutions when new problems arise with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
10. I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A

PAMS

PAMI0: Measuring their own activation

Parent PAM: and Care Taker Measuring parent's view of their confidence in managing their dependent's health

Activation Level:

1. Disengaged and Overwhelm
2. Becoming Aware but still struggling
3. Taking Action
4. Maintaining Behavior

▼ Activation Level 1

Diet & Nutrition

Physical Activity

Stress & Coping

Smoking Cessation

Communicating with Providers

▶ Activation Level 2

▶ Activation Level 3

▶ Activation Level 4

▶ Resource Library

Communicating with Providers - Level 1

Select Level: 1 2 3 4

[Contract All](#) | [Expand All](#) | [Print this Page](#)



Goal: Promote awareness of the individual's level of involvement in healthcare and self-care

Possible Action Steps





- Discuss the things the individual does everyday to provide self-care for their health problems (e.g., take medications, check feet, eat a special diet, etc).
- Discuss the things that the individual does everyday to stay as healthy as possible (e.g., take ea walk, talk to a friend, eat a healthy diet, etc).
- Discuss the individual's level of comfort asking questions to doctors. What questions did s/he ask during the last visit to the doctor? Did s/he get a straight answer? Problem solve on how to get questions answered, together.
- Ask individual to recall all prescribed and over-the-counter medications (including supplements); explain dosing directions for each.
- Ask the individual to recall their different health (physical and emotional) problems. Ask the individual to explain the causes/effects of each problem, if possible.

COACHING TOOLS

- **Flourish:**
 - Coaching for Activation
 - Analytics
- **Motivational Interviewing:**
- **CC & HL**

COACHING GOALS

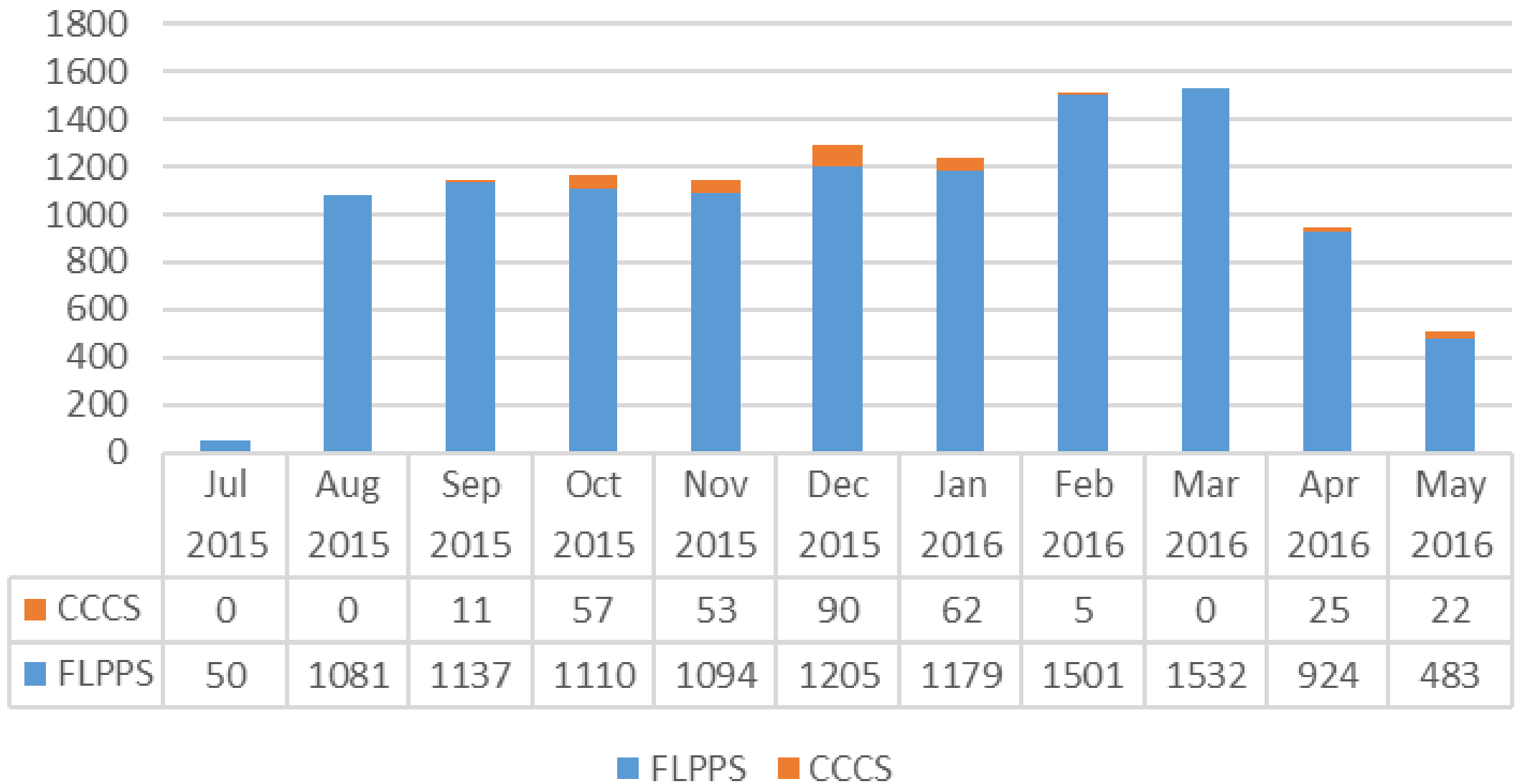
- **Increase Activation Score for low activated PAMs (levels 1 & 2)**
 - **FLPPS Measure goal by Flourish Data**
- **Link UI/LU to PCP**
 - **Partner reports on individuals PAM'd that were linked to a primary care office**
- **Connectivity to Healthcare for UI**
 - **Partner reports on individuals PAM'd and linked to healthcare**

What is my role?	I manage the Flourish Database and provide coaching reports to FLPPS	I train others in PAM and Patient Activation Techniques.	I administer the PAM	I am knowledgeable of clients/patients with community resources	I conduct Coaching for Activation techniques with the patient/client to increase activation	I am contracted to provide community navigation
PAM Site Administer 	✓	✗	✗	✗	✗	✗
PAM Trainer 	✗	✓	✗	✗	✗	✗
PAM Coach 	✗	✗	✓	✓	✓	✗
PAM Community Navigator 	✗	✗	✓	✓	✓	✓

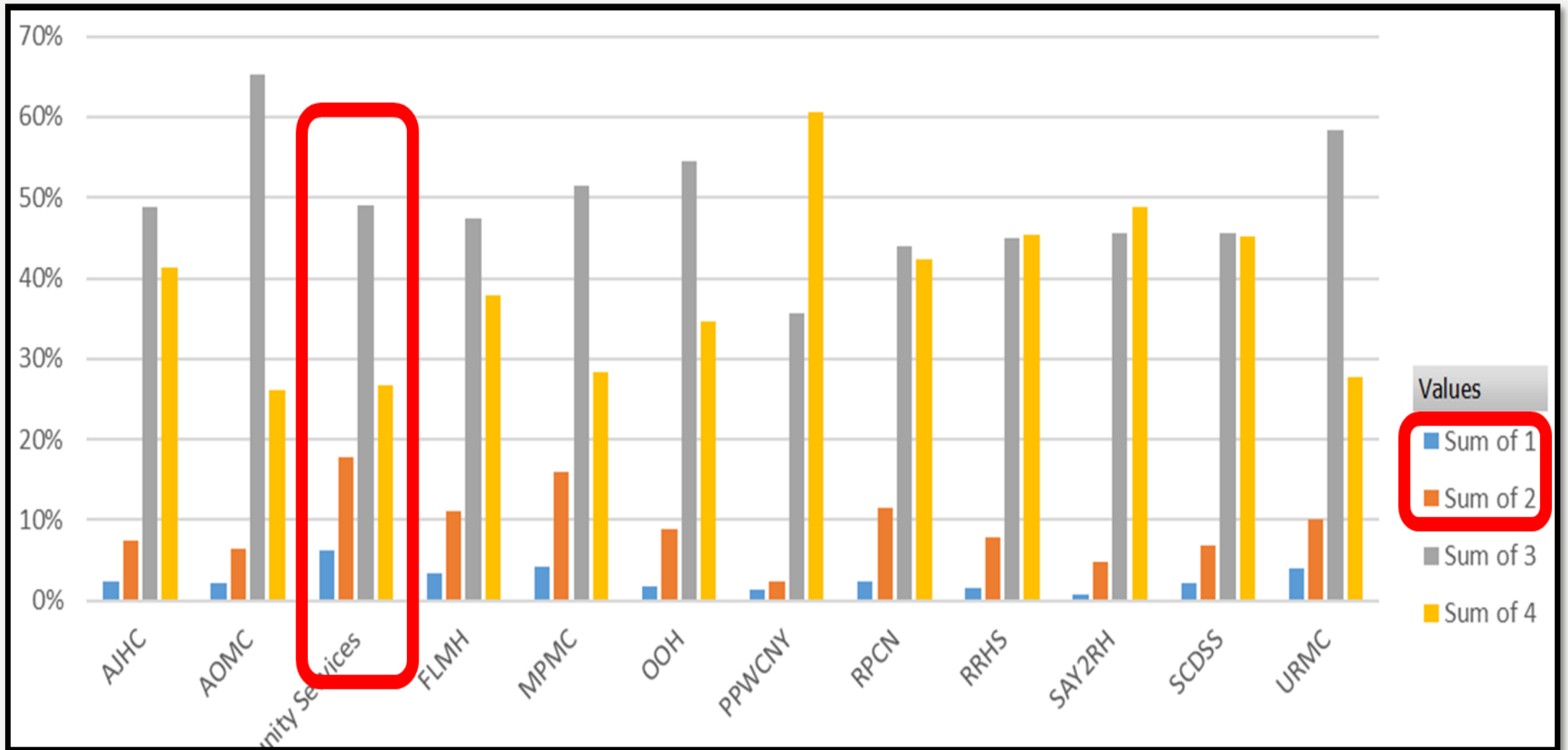
Coming Soon

Coming Soon

COMMUNITY NAVIGATOR (CBOS)



- PAMs (FLPPS vs. CCCS)



Amida Care: The Case for CBO Engagement

Doug Wirth

President / CEO Amida Care

Amida Care: The Case for CBO Engagement

- ▶ CBOs working with people who have chronic health conditions such as HIV and behavioral health disorders and who also experience housing instability, food insecurity, and other inequalities have extensive experience engaging these hard-to-reach populations in care and supportive services.
- ▶ Client engagement strategies:
 - ▶ Use a variety of assessment tools to identify individuals' most immediate need(s):
 - ▶ These needs are not always health care related (i.e. benefits, housing, food, etc.) and can create significant barriers to engagement and retention in care
 - ▶ By addressing these needs, CBOs are able to build trust with the client and establish an on-going relationship
 - ▶ Provide comprehensive care management, coordination, and navigation services
 - ▶ Utilize a workforce of peers and community health workers that are culturally competent and identify with the target population

These strategies enable CBOs to activate and engage clients in community-based care, which can increase decrease costs and inappropriate hospital use.

Amida Care: The Case for CBO Engagement

- ▶ There are not enough CBOs that focus on serving individuals with complex medical conditions involved in Project 11, or they are not aware of the opportunity
- ▶ CBOs will need assistance translating their extensive assessment and linkage to care experience into Project 11 (i.e. they will need training on the PAM)

“Maximizing DSRIP & ETE Resources to Activate & Engage Individuals in Care” Training

- ▶ Intended to follow the initial PAM training conducted by PPSs
- ▶ Target audience is CBOs’ care management supervisors and care managers
- ▶ Will include didactic components, group activities, and role plays to:
 - ▶ Prepare participants to administer the PAM to ensure that staff are able to elicit accurate activation scores
 - ▶ Build participants’ capacity in using the PAM as a tool to facilitate conversations for activation and engagement
 - ▶ Identify resources in the community to support activation and engagement

Questions