

NORTH  
COUNTRY  
HEALTH  
SYSTEMS

REDESIGN  
COMMISSION

**WELCOME**

January 21, 2014

Watertown | New York

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NORTH  
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COMMISSION

# INTRODUCTIONS

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Dan Sisto, *Chair*

*North Country Health Systems Redesign Commission*

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**REDESIGN  
COMMISSION**

**LOCAL  
PHYSICIAN  
COLLABORATIONS**

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Joel Duhl, Executive Director  
North Country Physicians Organization, PLLC

NORTH COUNTRY PHYSICIANS  
ORGANIZATION, PLLC

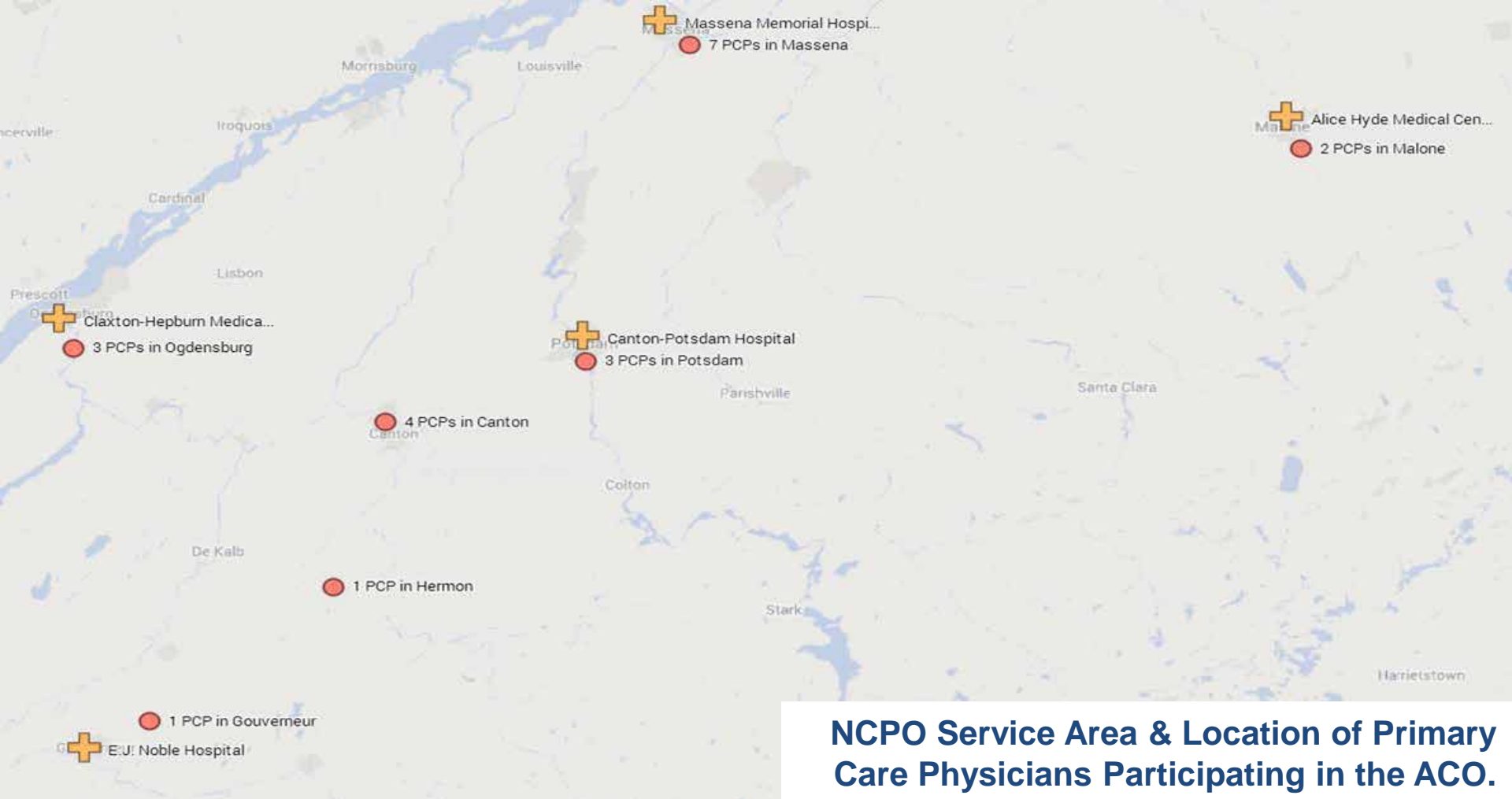


ACCOUNTABLE CARE COALITION  
OF THE NORTH COUNTRY, LLC

**The North Country's original ACO**

# North Country Physicians Organization, PLLC - Background

- § North Country Physicians Organization, PLLC (NCPO) was formed in 1995
- § Membership is 181 physicians including 73 primary care physicians and 108 specialist.
- § Fletcher Allen Health Care has participated with NCPO since 2000.
- § NCPO participating physicians practice in St. Lawrence County and the upper half of Franklin County.



**NCPO Service Area & Location of Primary Care Physicians Participating in the ACO.**

# NCPO Services and Business

- § NCPO provides assistance to its membership to help meet the demands of the constantly evolving medical business. Many NCPO member practices are small and do not have the resources that are often available to larger practices. NCPO fills this void.
  
- § Payor Contracting and Assistance
  - NCPO agreements
  - Individual practice agreements
  
- § Practice Management Services
  - Accounts receivables
  - Fee analysis
  - General business advice
  - Some legal services
  
- § Education
  - 1-2 programs per year on current issues, e.g. ICD-10 and the impact of the Affordable Care Act on practices.

# NCPO Services and Business

- Annual coding boot camp since 2004. Certified approximately 150 coders.
  - 15 free online courses on compliance and practice management.
  - All education provides physicians CME and certified coders CEU.
- § Assistance with current issues concerning practice management such as achieving meaningful use and changes in the Health Insurance Portability and Accountability Act (HIPAA).



# NCPO Challenges

## § Physician turnover (from NCPO Membership Statistics)

- Last three years, recruited: 81
- Last three years, retired, deceased or left area: 55
- Ratio of population per 1000 to primary care physicians 2011-2012
  - Overall in New York 1,222:1
  - National Benchmark 1,067:1 (90<sup>th</sup> percentile)
  - Franklin County 1,395:1
  - St. Lawrence County 1,897:1

<http://www.countyhealthrankings.org>

# Other NCPO Business

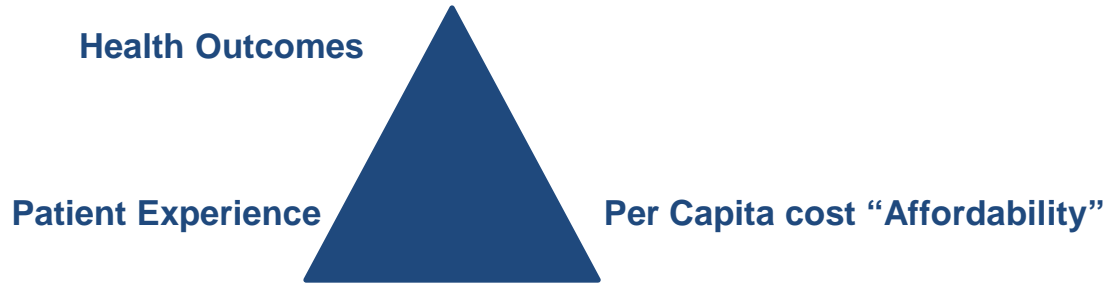
- § Independent Practice Association authorized by the New York State Department of Health
- § Third party administration business
  - 7,284 Covered individuals under self insured plans.
- § 15,854 Covered lives under Direct NCPO Agreements
- § Accountable Care Organization. Initially 5,000 beneficiaries. Expect between 6,000 and 8,000 this year.

# What is an Accountable Care Organization (ACO)

- § An ACO is a group of doctors, hospitals, or other healthcare providers who come together voluntarily to coordinate care for individuals with Original Medicare (often referred to as “Medicare” or “Medicare Fee-for-Service”).
- § An ACO provides care to Medicare Fee-For-Service beneficiaries (beneficiaries) with Original Medicare who are assigned by the Centers for Medicare & Medicaid Services (CMS). There is a three-year commitment with annual reporting requirements.
- § There are two tracks, one risk and one non-risk. This is the direction both the government and commercial payors are headed over the next few years.
- § If an ACO succeeds in both delivering high-quality care (there are 33 quality measures) and reducing the cost of that care below what would otherwise be expected, it will share in the savings it achieves for Medicare.

# What is an Accountable Care Organization ACO

- § Achieving the goals of the “Triple Aim” of the ACO requires fundamental changes in data collection, analytics, and accountability.
- Triple Aim = Improved Outcomes, Lower Cost & Patient Satisfaction.



- **Patient Experience** in a safe environment, equitable to all who seek it, and available when needed
- **Improved Health Outcomes** accomplished through prevention and chronic care management
- **Lower Per Capita Costs** intended to reduce the trend of cost increases associated with the Medicare Fee For Service population

<http://www.healthpartners.com/public/about/triple-aim>

# Accountable Care Coalition of the North Country, LLC (ACCNC) - Startup

- § NCPO has had a close working relationship with Universal American, a publicly traded company that provides Medicare Advantage health insurance products.
- § In 2011 Universal American approached NCPO about doing a joint venture to form a company and file an application with the Centers for Medicare and Medicaid Services (CMS) to be recognized as an ACO under the Medicare Shared Savings Program (MSSP).
- § NCPO and Universal American, through one of the Universal American subsidiaries, Collaborative Health Systems (CHS), formed the Accountable Care Coalition of the North Country, LLC and filed an application with CMS.
- § On April 1, 2012 the ACCNC became an Accountable Care Organization and was subsequently approved by the state of New York as a state certified Medicare Only ACO.
  - In the first group of 27 approved ACO's.
  - Began with a small subset of NCPO members to help the startup of the ACO to be more manageable.
  - Approximately 5,000 beneficiaries attributed to the ACO.
- § Collaborative Health Systems/Universal American is providing management, systems, and care management support.

# Accountable Care Coalition of the North Country, LLC - Startup

- § During most of the remainder of 2012 and the beginning of 2013 ACCNC concentrated on infrastructure, including:
  - required beneficiary notification,
  - establishing compliance programs,
  - development and implementation of policies and procedures,
  - recruitment of three RN Care Managers,
  - training of physicians and the care coordination team and,
  - formation of corporate structure and committees.
- § Care Coordinators began transition of care and follow-up with beneficiaries in the fall of 2012.
- § Claims data providing analytical information began being distributed in the end of 2012.

# ACCNC - Challenges

- § Timely and complete claims information to use for analytics.
- § Changes in practice behavior by physicians.
- § Meeting deadlines.
- § Beneficiary buy-in.
- § Meeting the requirements of the Quality Measures and reporting.

# ACCNC - Successes

- § Physician participation.
- § Beneficiary acceptance and engagement.
- § Development of programs that improve quality and potentially reduce costs.
- § Final financial results are still pending.



# ACCNC/NCPO - Plans Going Forward

## § Care Coordination plans for 2014

- Care Coordination team will be concentrating on coordinating education and treatment of chronic obstructive pulmonary disease (COPD) and pneumonia which represents 51% of the potential avoidable beneficiary hospital admissions and a large percent of emergency room visits.
- Reduction of Emergency Department visits through expanded resources provided to beneficiaries.
- ACCNC will be providing an after-hours nurse triage service for its beneficiaries.
- Continued transition of care services where appropriate.

## § Integration of physician/hospital/other provider systems using technology that is available in the area.

## § Contracting with other providers.

- Specialists and hospitals
- Additional primary care physicians to increase the number of ACO beneficiaries attributed to the ACO.

## § Apply for a commercial ACO state certification.

- Begin developing relationships with commercial payors.

## § Expanding the ACO services to NCPO's TPA customers.

- Expanded to 21 primary care physicians, locations can be found on slide 3.

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**MENTAL  
BEHAVIORAL  
SUBSTANCE ABUSE  
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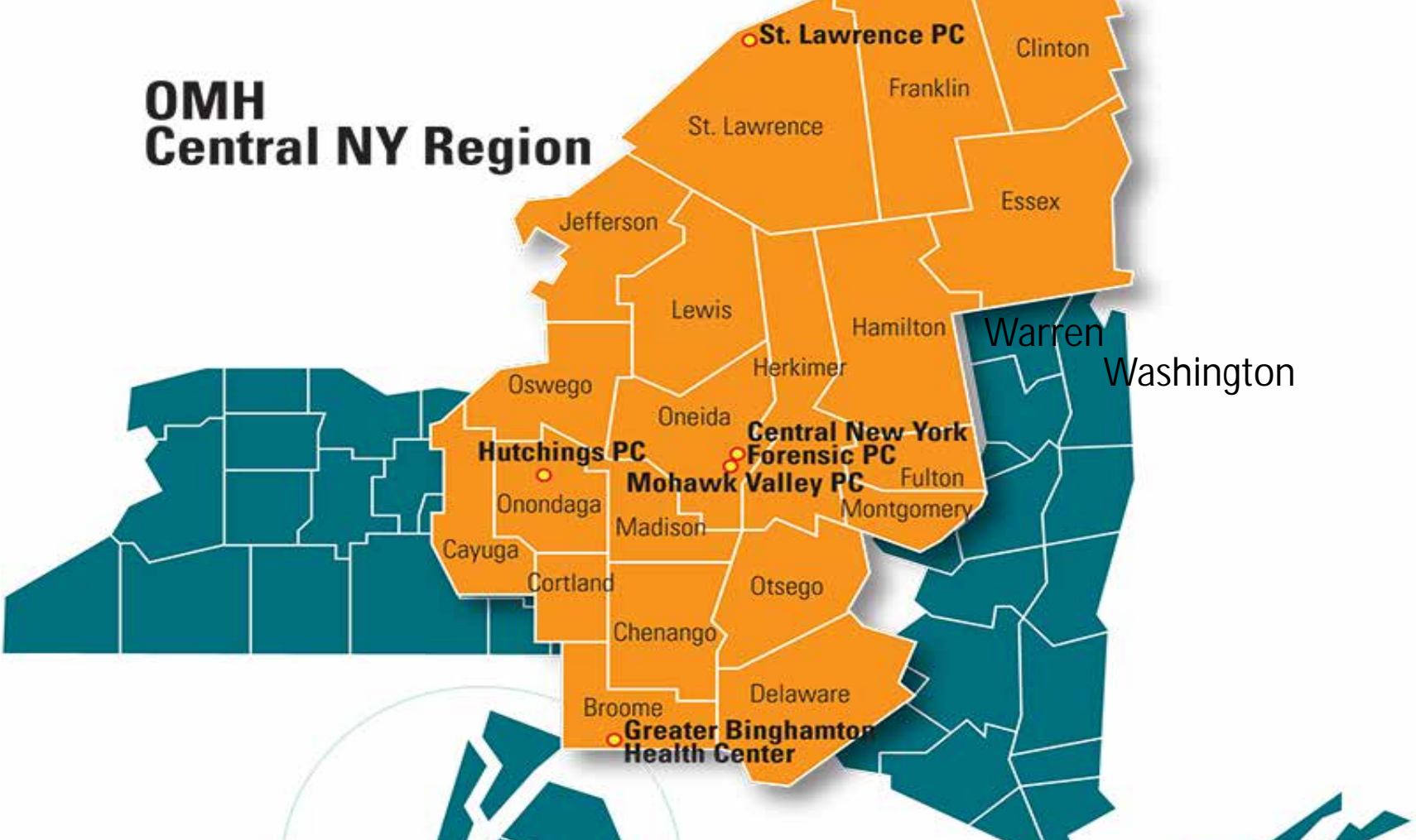
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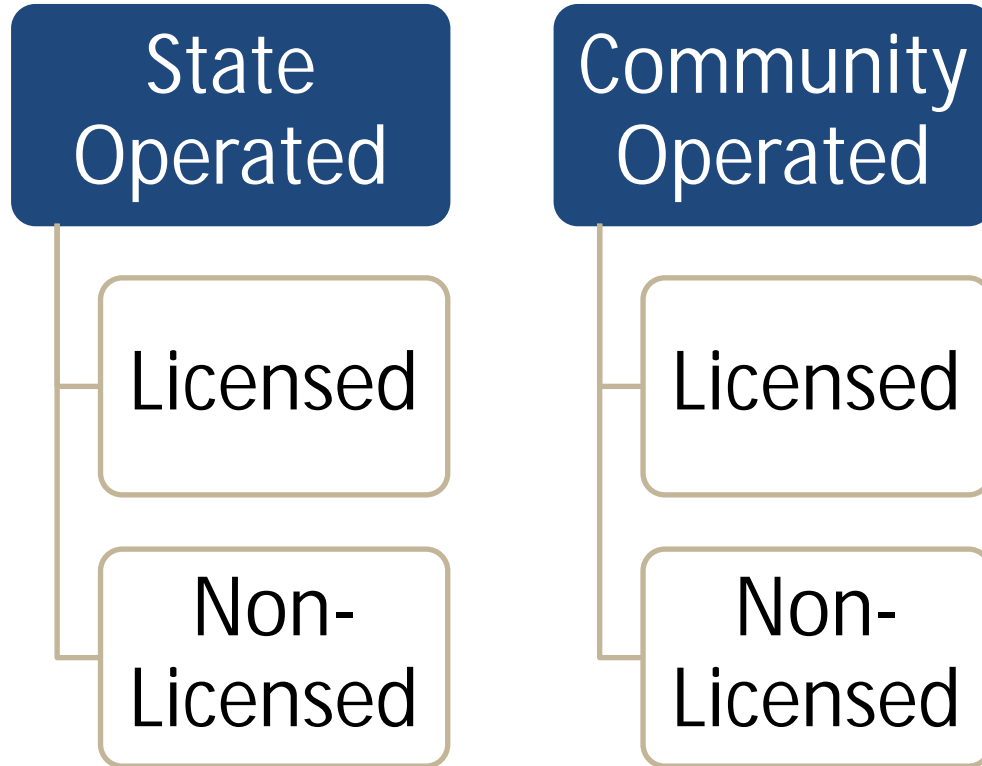
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Linda Nelson, *Director*  
*Central New York Field Office*  
*New York State Office of Mental Health*

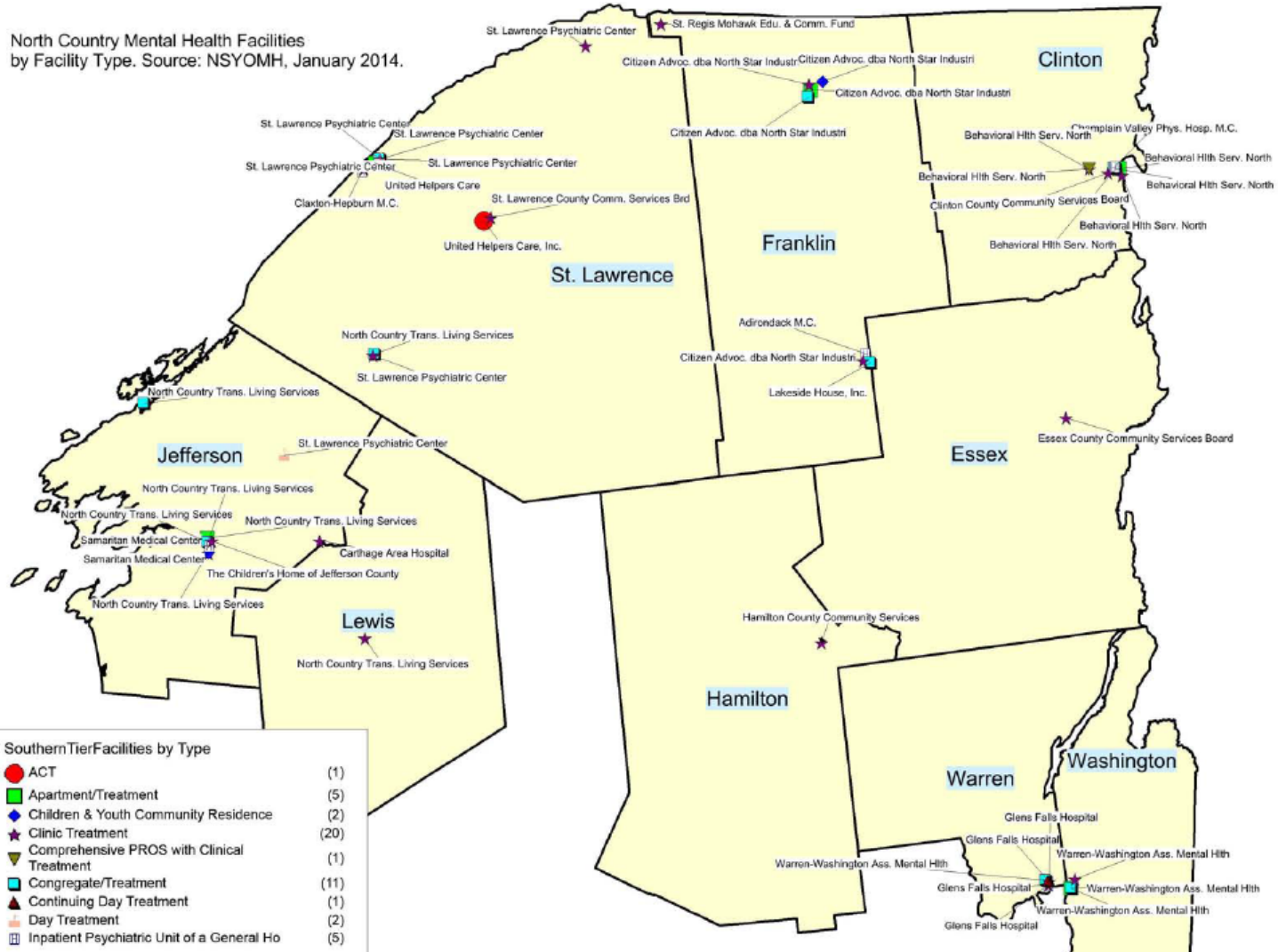
# OMH Central NY Region



# Structure of OMH Programs



North Country Mental Health Facilities  
by Facility Type. Source: NSYOMH, January 2014.



SouthernTierFacilities by Type

● ACT	(1)
■ Apartment/Treatment	(5)
◆ Children & Youth Community Residence	(2)
★ Clinic Treatment	(20)
▼ Comprehensive PROS with Clinical Treatment	(1)
■ Congregate/Treatment	(11)
▲ Continuing Day Treatment	(1)
■ Day Treatment	(2)
■ Inpatient Psychiatric Unit of a General Ho	(5)

# N. Country Programming

- § Over 200 OMH licensed, funded, and operated programs in the North Country. Including:
- 20 clinics
  - 8 crisis intervention programs
  - 5 general hospital psychiatric units
  - Licensed and unlicensed residential programs with different levels of treatment and supports
    - Approximately 400 licensed treatment beds
    - Additional supported housing (unlicensed beds) across region
  - Over 150 support and care coordination programs, including recovery centers, school-based MH, educational and vocational programs, and care management

# Programming

- § North Country residents are served by four OMH psychiatric centers: St. Lawrence, Capital District, Hutchings, Mohawk Valley
- § OMH operates inpatient and community services serving thousands of N. Country residents annually:
  - Inpatient: Adult and children, Sex Offender Treatment Program
  - Community: 3 child & youth clinics, 3 adult clinics, 2 day treatment (children), 1 State Operated Community Residence



# Community Services are the Backbone



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# Categories of OMH Service

Residential

Inpatient

Outpatient

Support

Emergency

http://www.omh.ny.gov/

# Office of Mental Health

Ann Marie T. Sullivan, M.D., Acting Commissioner

Governor Andrew M. Cuomo

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Behavioral Health Managed Care

Clinic

Doing Business With OMH

Forms

Guidance Documents

Medicaid Reimbursement Rates

NY SAFE ACT

Office of Consumer Affairs

Division of Quality Management

PSYCKES

Regulations

Regional Centers of Excellence

Suicide Prevention

## Mental Health Resources

Resources

Find a Program

Contact OMH

Disaster Resources

### Find a Mental Health Program in Your Community

Search for all licensed and unlicensed mental health programs throughout New York State.



Building on Success



## News Room

Latest News

Press Releases

Newsletter

Public Notices

Advisories

Webcasts

Job Openings

• The deadline for submitting comments related to New York's Request for Qualifications (RFQ) for

In one week, over 5,300 lives are touched by the public mental health system in the North Country

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(2011 OMH Patient Characteristics Survey)

# Access

- § Telepsychiatry is used across the region for *treatment, and consultation*
- § North Country is participating in the integrated clinic pilot between DOH, OMH & OASAS
- § Co-location of services is important for access due to travel needs in the region

# Spending

- § Approx \$92 million spending on local public mental health services in N. Country counties:
- \$15 million State Aid to Localities
  - \$77 million Medicaid (includes Fee for Service and Medicaid Managed Care for Mental Health services)

http://www.omh.ny.gov/

## Statistics and Reports

### Archived Statistics and Reports

#### Online Access to OMH Statistical Data



**Adult Housing** – The Adult Housing web page presents the Residential Program Indicators (RPI) report. The RPI is a performance measurement reporting tool for adult housing programs in New York State. Viewers can use indicators in the report to evaluate agency residential programs, based on county, regional, and statewide averages.



**Assertive Community Treatment Reports** - The ACT web page provides an overview of the ACT program, and up-to-date statistical data on program operations, the demographic and diagnostic characteristics of ACT recipients, and recipient outcomes. Statewide, regional, county and program-level data are available.



**Assisted Outpatient Treatment (AOT) Reports** - Up-to-date statistical data on AOT program operations, the demographic and diagnostic characteristics of AOT recipients, and outcomes for AOT recipients. Statewide, regional and county-level data are available.



**Balanced Scorecard** - The OMH Balanced Scorecard allows anyone to view and assess the agency's progress toward achieving its strategic goals. The Scorecard uses up-to-date quantitative data to compare actual performance against specific measurable targets. Content areas include outcomes experienced by individuals served in the NYS public mental health system, results of public mental health efforts undertaken by OMH, and critical indicators of organizational performance. The OMH Balanced Scorecard is updated



The **Consumer Assessment of Care Survey (CACS)** web page displays reports compiled from data collected annually from adults in state-operated outpatient, non-residential programs. These reports provide an assessment of consumer perceptions of various dimensions of care and quality of life. Data are presented at the state, region, facility and program/site level.



**County Profiles Portal** – The County Profiles Home Page offers consolidated, at-a-glance, and comparative views of key county community characteristics, mental health services expenditures, and outcomes. Its purpose is to enable planners and others to identify service gaps and disparities and plan improved service delivery.



### Dashboard

► Notes

Community Characteristics

MH Service Use

Medicaid MH \$

MH Inpatient Use

Psychiatric Inpatient Readmissions

MH Residential Programs

AOT

ACT


Medication Indicators

Wellness & Community Integration

Youth Inpatient Maps

Community Characteristics Profile for  Region of Provider for Calendar Year

► Notes

[Related Reports](#) 

MH Consumer Data from Patient Characteristics Survey (Nov 2011)





*OMH Regional Centers of Excellence*



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# Additional Information

Central New York Field Office

Phone: 315-426-3930

Address: 545 Cedar St.

Syracuse, NY 13210

County Department of Mental Health

Clinton: 518-565-4060

Essex: 518-873-3670

Franklin: 518-891-2280

Fulton: 518-773-3557

Hamilton: 518-648-5355

Jefferson: 315-785-3283

Lewis: 518-873-3670

St. Lawrence: 315-386-2048

Warren/Washington: 518-792-7143

<http://www.omh.ny.gov/>

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Barry Brogan, *Executive Director*  
*North Country Behavioral Health Network*

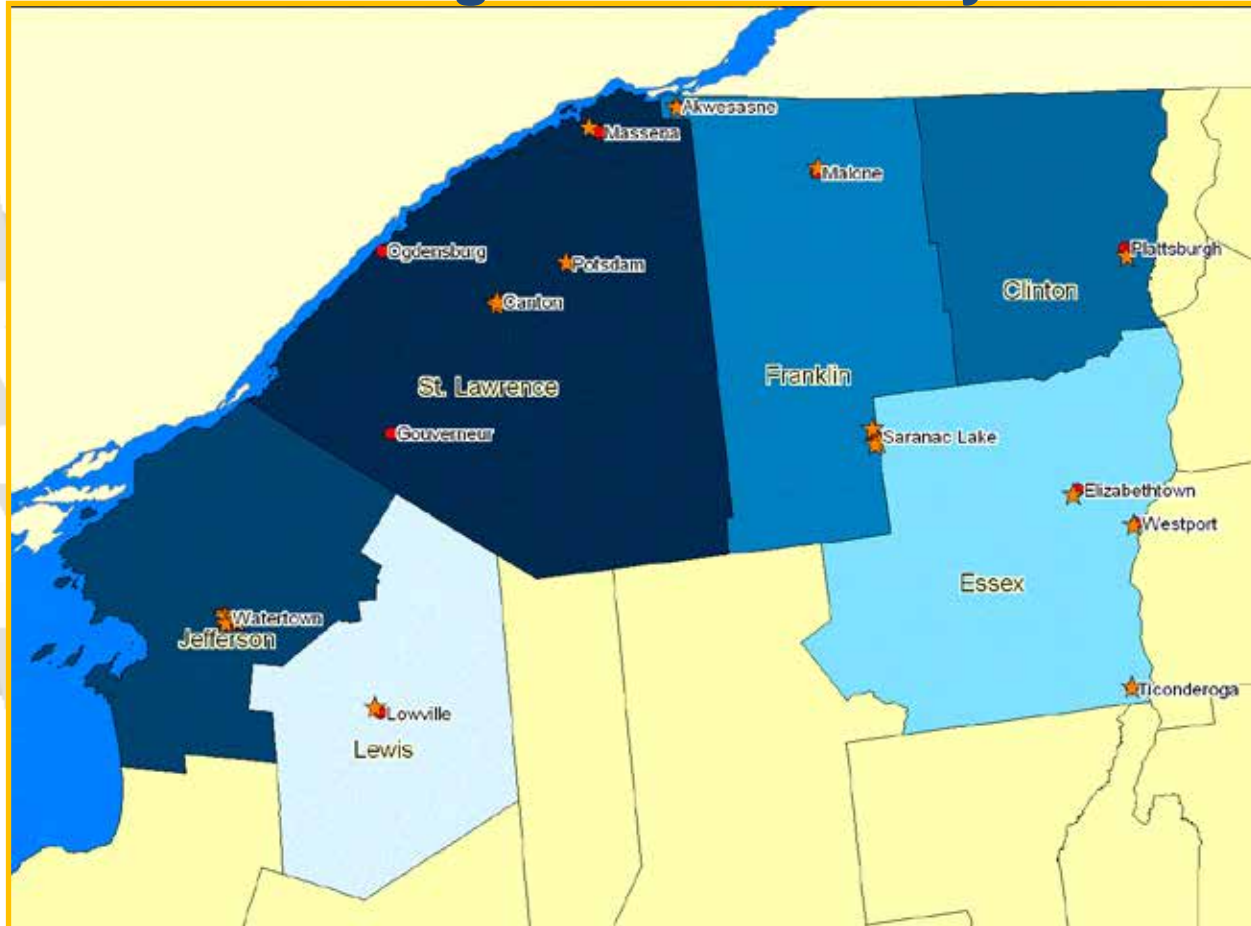
# 22 Behavioral Health & Human Service Providers

- § 3 Hospitals
- § 8 Alcohol and Substance Abuse Treatment and Recovery Providers
- § 9 Mental Health Treatment and Recovery Providers
- § 4 Prevention Service Providers
- § 3 Mental Health Peer Service Agencies
- § 2 Wrap Around Services Agencies

# Services include

- § Inpatient Units and Outpatient Clinics for SUD and MH
- § Adult and Adolescent Residential
- § Veteran SUD Residential
- § Supportive Housing (generic term)
- § Community Prevention Services
- § Peer Support
- § Wrap Around to include Food Pantry, Employment Training, Clothing, and Emergency Shelter Assistance

# 22 Providers Serving 7 North Country Counties



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# NYS DOH Work Plan

- § Implementation of HIT in BH including Connectivity to RHIO & Primary Care
- § Preparation for Medicaid Managed Care (7/1/15)
- § Reducing Homelessness in the North Country
- § Addressing BH Prevention Agenda Issues

# Regional Alignment Project (RAP)

## Strategic Plan

- § Develop partnerships with Primary Care and additional BH Providers
- § Interoperable EHR by 2016.
- § Collective quality (use data to demonstrate value proposition) Adopt BH EBP
- § Identify the strategic business and program opportunities for designing and implementing integrated partnerships
- § ACOs Health Home Etc.



# North Country Behavioral Healthcare Network

HRSA /DSRIP (proposed) Collaborative Project

Leading the Way: Creating a Step Change in High Risk Behavioral Health Outcomes through Clinical Integration, Measurement and Reporting Across the Rural Continuum of Care



**FDRHPO**  
Fort Drum Regional Health Planning Organization  
"Building a Strong North Country Healthcare System"

North Country Behavioral Healthcare Network  
[www.behaviorhealthnet.org](http://www.behaviorhealthnet.org)

ADIRONDACK HEALTH INSTITUTE

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# North Country Behavioral Health Network

- § Implement electronic medical records in behavioral health settings
- § Increase access to behavioral health care in the primary care setting through the use of telemedicine and home telehealth
- § Facilitate development and adoption of best-practice protocols for rural behavioral health treatment both in primary care and in behavioral and substance abuse clinics
- § Coordinate behavioral health care between inpatient, emergency, primary care and outpatient mental health services.

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Sherri Gillette, *Director*  
*Community Mental Health Services*  
*Clinton County*

# Clinton County

§ Population 81,000+

- One city-Plattsburgh

§ Challenges

- Unemployment at 10.5%
- Poverty Level at 13.1%
- No Health Insurance 11%
- Local Share Medicaid \$17+ million annually (62% tax levy)
- Strained behavioral health resources
  - High utilization of ED & IP
    - 2620 psychiatric evaluations in 2012
  - Significant gaps in services, i.e. mobile crisis, crisis respite
  - Lack of capacity in existing services
- Critical shortage of PCP's and Psychiatrists

# 2012 Activity in Mental Health

## § Diagnosis:

### – Mental Health

- Mood Disorder 53%
- Anxiety 27%
- Psychosis 8%
- PTSD 6%

## § Admissions:

### – Total 1246

- Adults 861
- Children 385

## § Units of Service:

– 78,373

# 2012 Activity in Addictions

## § Primary Drug Use - Alcohol

- Increasing Prescription Drug Abuse, Heroin & Meth Amphetamine

## § Admissions - 459

## § Units of Service - 20,727

# County Mental Health & Addiction Collaborative Activities



# PCP Notification

## § Every Admission

- Determine if patient has a PCP
  - Obtain Release
- Send admission notification to PCP
  - within 10 days
  - request H & P records if available
- Send Progress Update
  - every 90 days



# Hospital Discharge

## § Warm Hand Off

- Meet with impending discharge
- Engage
- Schedule appointment time
  - Best for patient



# Warm Hand Off Experience

- § Show Rate improved significantly
  - No show from 90% to 30%
- § If patient no-shows
  - Call-set up new appointment
  - Can't be reached-send letter



SHOW RATE

# Warm Hand Off

# On-hold



# County Wide Plan of Action

## § Two pronged approach

### – CO-LOCATION

- behavioral health in primary care
  - Clinton County Mental Health and Addiction Services
- primary care in behavioral health
  - Behavioral Health Services North

## § PLUS:

- Enhanced communication

## § Outcomes:

- Improve access to care
- Improve quality of care
- Lower overall healthcare expenditures

# Behavioral Health in Primary Care

§ County Mental Health & Addiction Satellite Clinic

§ Co-locate in Primary Care Practice

– On-site licensed clinicians

- consultation
- assessment
- individual & group therapy

– Limit service to patients in the practice

# Referral Process

## § PCP to Clinic via fax

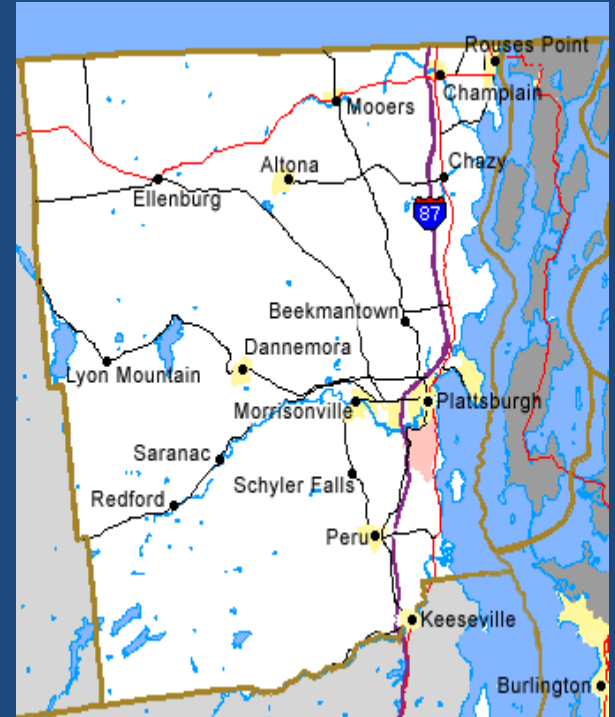
- Demographics
- Reimbursement Information
- Reason for referral
- Signed release of information

# Managed by County Clinic

- § Registration for services
  - Telephone
- § Electronic scheduling & Electronic Chart
  - Clinician carries lap top
- § Ongoing written reports & feedback
  - Diagnosis, plan for treatment, progress toward goals
- § Billing for services

# Satellite Sites

§ 4 sites operating  
– 5th slated for February





# North Country Medical Group

- Hudson Headwaters-Champlain, NY
  - no previous behavioral health services
  - Hudson Headwaters planning a new building



Satellite 3 days a week  
Staffed by 4 Clinicians  
Mental Health & Addictions  
Adults & Children

# Mountain View Pediatrics

§ Share a pediatrician between practice & clinic



Satellite 1 day a week  
Staffed by 2 Clinicians  
Mental Health Children &  
Adolescents

# Shared Pediatrician

## § On-site Mental Health Clinic

- 2 days per week
- Handles less complex cases
  - Psychiatric supervision
- Provides medication services



# Urgicare of the Northeast

§ Specializing in diabetes & asthma

§ Provides drug screens



Satellite 1 day a week  
Staffed by 1 Clinician  
Mental Health & Addiction  
Adults

# CVPH Health Care



§ Satellite 2 days a week

- Staffed by 1 clinician
- Mental Health
- Adults and Children

§ On-site hospital staff psychiatrist 2 days a week

§ On-site medical home/health home

# Next steps for co-location

- § Additional sites in planning stage
  - Focus on underserved areas
- § Connect to HIXNY
  - Electronic Health Information Exchange

# Primary Care in Behavioral Health

## § Population Served:

- SPMI-seriously & persistently mentally ill

## § Services provided:

- Day Program-PROS
- Outpatient Clinic
- Health Home Care Management
- Housing



# Primary Care in Behavioral Health

## § BHSN Plan:

- Establish an Article 28 clinic or;
- Contract with Primary Care to establish a satellite
  - Discussion underway with CVPH

## § BHSN Preparation:

- New building-two exam rooms
- Nurse manager supervises adult clinic
- Health monitoring underway



# Health Home Activity

§ Outreach-172

§ Active Cases-85

§ Engagement Rate-43%

§ Survey Results

– 98% found services helpful

# Additional County Activities



## § The Prevention Agenda

- Behavioral Health agencies are participating with Clinton County DOH and CVPH to develop a plan to meet the objectives of the focus area in the Prevention Agenda of Promotion of Mental Health and Prevention of Substance Abuse.

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SERVICES IN THE  
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Tim Donovan, *Regional Coordinator*

*Northeast Regional Office*

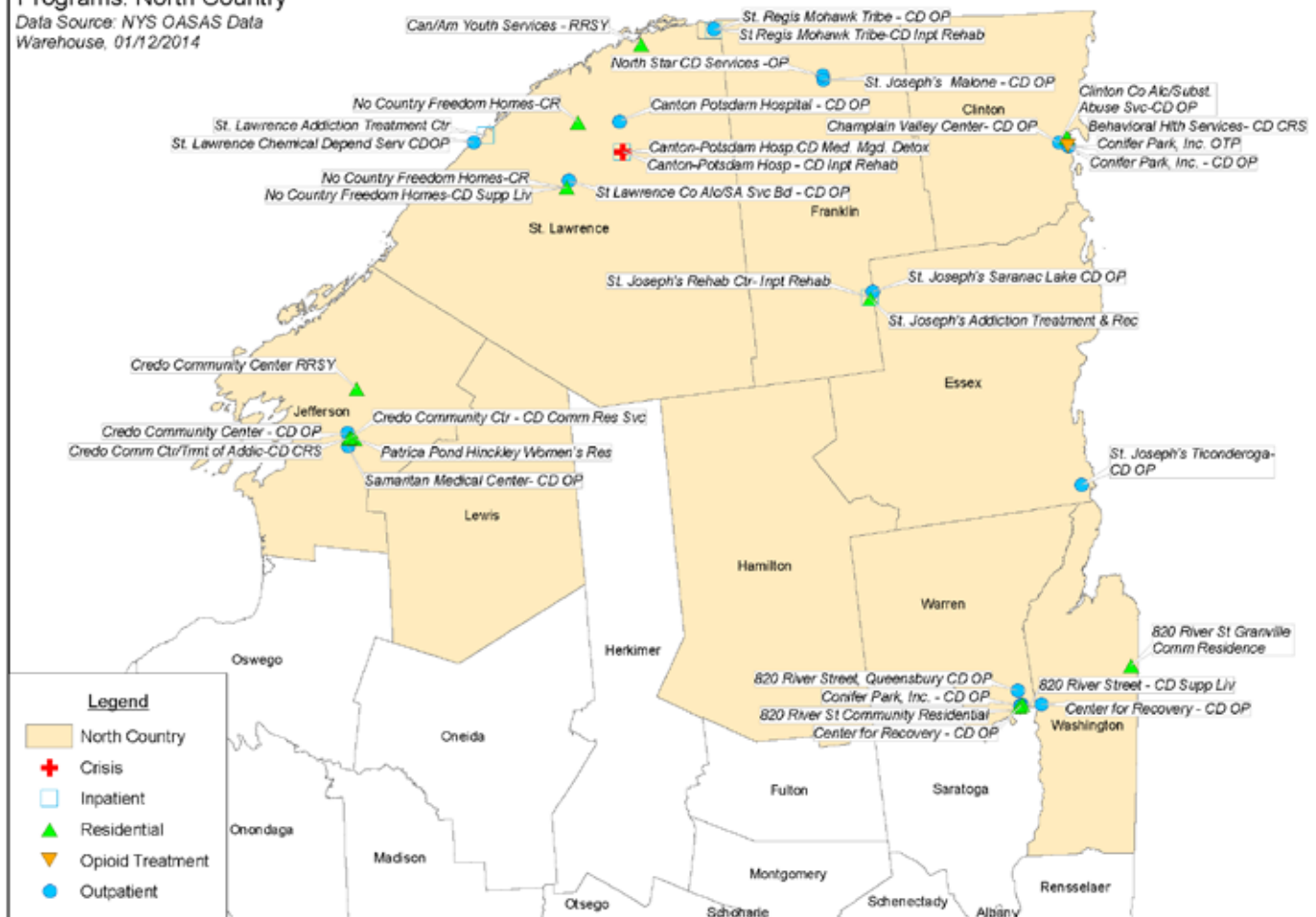
*New York State Office of Alcoholism & Substance Abuse Services*

# OASAS Regions



# OASAS Certified Treatment Programs: North Country

Data Source: NYS OASAS Data Warehouse, 01/12/2014



**Legend**

- North Country
- +
- 
- ▲
- ▼
- 

Crisis  
Inpatient  
Residential  
Opioid Treatment  
Outpatient



# Clinton County

## **Outpatient Clinic**

Clinton County Community Services Board - Plattsburgh  
Champlain Valley Family Center - Plattsburgh  
w/ Enhanced Medically Supervised Adolescent Svc  
Conifer Park - Plattsburgh

## **Opioid Treatment Program**

Conifer Park Methadone Maintenance Treatment Program - Plattsburgh  
25 slots with plan to expand as needed

## **Community Residential**

Twin Oaks Community Residence, Behavioral Health Svcs. North  
20 adult male beds - Plattsburgh

## **CD Prevention**

Champlain Valley Family Center – county wide

## **Permanent Supported Housing for High Frequency Medicaid Users**

Champlain Valley Family Center 8 Units

# Essex County

## Outpatient Clinic

St. Joseph's Addiction Treatment and Recovery – Ticonderoga

Additional locations:

Elizabethtown

Keeseville

## CD Prevention

Substance Abuse Prevention TEAM of Essex County

# Franklin County

## **Inpatient Rehabilitation Center**

St. Joseph's Addiction Treatment and Recovery

63 beds – 46 male

17 female

## **Outpatient Clinic**

Citizen Advocates, Inc. – Malone

Additional Locations:

Saranac Lake

Tupper Lake

Long Lake (Hamilton County currently inactive)

Speculator (Hamilton County)

St. Joseph's Addiction Treatment and Recovery

Malone

Saranac Lake

Additional Location:

Mountain Lake Children's Home – Lake Placid



# Franklin Co. cont'd.

## Community Residential

St. Joseph's Addiction Treatment & Recovery – Saranac Lake  
25 bed male for Veterans – Feb. 2014 completion

# St. Regis Mohawk Tribal Reservation Akwesasne

## **Inpatient Rehabilitation**

Partridge House 10 bed male, 6 bed female

## **Outpatient Treatment**

St. Regis Mohawk Outpatient Clinic

## **CD Prevention**

St. Regis Mohawk Prevention

# Hamilton Co.

## **Outpatient Clinic**

2 additional locations of Citizen Advocates located in Franklin Co.

## **CD Prevention**

Hamilton County Community Services Prevention

HFM Prevention Council

# Jefferson Co.

## **Outpatient Clinic**

Samaritan Medical Center - Watertown

Credo Community Center - Watertown

## **Residential Rehabilitation for Youth**

Credo Community Center – 26 beds male

Evans Mills

## **Intensive Residential**

Credo Community Center – Watertown

15 bed – women with children

## **Community Residential**

Credo Community Center - Watertown

15 bed male

16 bed male

# Jefferson Co. cont'd.

## CD Prevention

Alcohol and Substance Abuse Council of Jefferson County, Inc.

# Lewis Co

## Outpatient Clinic

Additional location operated by Credo Community Center  
Lowville

## CD Prevention

Mountain View Prevention Services, Inc.

# St. Lawrence Co.

## **Medically Managed Withdrawal & Stabilization Services**

Canton-Potsdam Hospital - Potsdam

7 beds

## **Inpatient Rehabilitation**

OASAS Operated

St. Lawrence Addiction Treatment Center - Odgensburg

40 beds up to 12 beds for women

Offers Inpatient Problem Gambling Treatment

Canton-Potsdam Hospital - Potsdam

17 beds

## **Residential Rehabilitation Services for Youth**

Can-Am Youth Services, Inc. d/b/a/ Rose Hill - Massena

30 bed co-ed accepts young women with a baby

# St. Lawrence Co. cont'd.

## Community Residential

North Country Freedom Homes, Inc.

12 bed male - Canton

12 bed male - Madrid

## Supportive Living

North Country Freedom Homes, Inc.

12 bed male - Canton

## Outpatient Clinic

St. Lawrence County Community Services Board – Ogdensburg

St. Lawrence County Community Services Board – Canton

Canton-Potsdam Hospital – Norwood

## CD Prevention

Seaway Valley Council for Alcohol/ Substance Abuse Prevention, Inc..



# Warren Co.

## Outpatient Clinic

Conifer Park, Inc. – Glens Falls  
820 River Street – Queensbury  
Glens Falls Hospital – Glens Falls

## Community Residential

820 River Street – 21 bed male – Glens Falls

## Supportive Living

820 River Street – 12 bed male or female as needed  
Glens Falls

# Washington Co.

## Outpatient Clinic

Glens Falls Hospital – Hudson Falls

Additional locations;

Granville

Cambridge

## Community Residential

820 River Street – Granville

15 bed female

# Contact Information

Northeast Regional Office

OASAS

1450 Western Ave

Albany, NY 12203-3526

518-485-1660

Central Field Office

OASAS

J. H. Hughes State Office Bldg.

333 E. Washington St. Rm 546

Syracuse, NY 13202-1422

315-428-4113



<http://www.oasas.ny.gov/>

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# REGIONAL PLANNING

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Thomas Carman, *Chair*  
*Fort Drum Regional Health Planning Organization*

Col. Matthew Mattner, *Commander*  
USA MEDDAC - Fort Drum

*Denise Young, Executive Director*  
*Fort Drum Regional Health Planning Organization*

# NORTH COUNTRY HEALTH SYSTEMS

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## A ROADMAP TO A RATIONAL, SUSTAINABLE AND REPLICABLE SYSTEM OF LTC SERVICES IN THE EASTERN ADIRONDACKS

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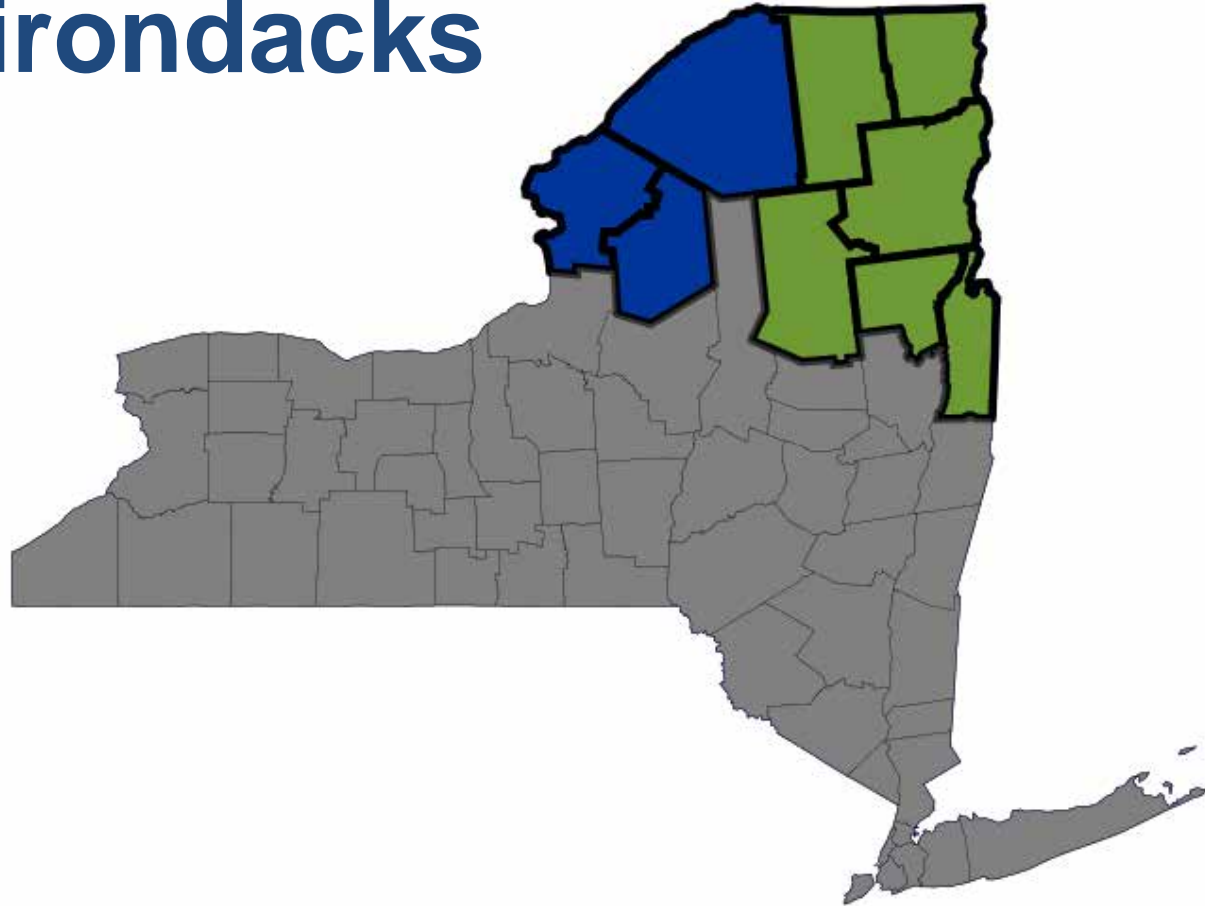
# Today's Discussion

- § Overview of NYSHealth Grant to the Foundation for Long Term Care
- § Key Demographics in the Eastern Adirondacks
- § Role of LTCSS Providers in North Country Health System Redesign
- § Major Factors Influencing LTCSS Providers in the North Country
- § Next Steps in Grant Initiative

# Overview of NYSHHealth Grant to the Foundation for Long Term Care

# Eastern Adirondacks

Clinton  
Essex  
Franklin  
Hamilton  
Warren  
Washington





# Grant Objectives

- § Assess demand and supply of long-term care supports and services (LTCSS) in the 6-county Eastern Adirondacks region
- § Identify the needed configuration of services in the region and develop an action plan to rebalance those services
- § Pursue opportunities to enhance operational efficiencies and promote financial stability
- § Address needs for transitional financial assistance
- § Pursue regulatory flexibility targeted towards the needs of the region
- § Timeframe: October 1, 2013 – September 30, 2014

# Grant Key Deliverables

1. A core group of partner organizations and their governance bodies – The Eastern Adirondacks Long Term Care Coalition (EALTCC)
2. A long-term care supports and services needs assessment and service gaps analysis for the region
3. A draft strategic action plan that addresses the needs assessment and service gaps analysis
4. A community forum where the draft strategic action plan will be presented and discussed with a larger stakeholder group
5. A final version of the strategic action plan

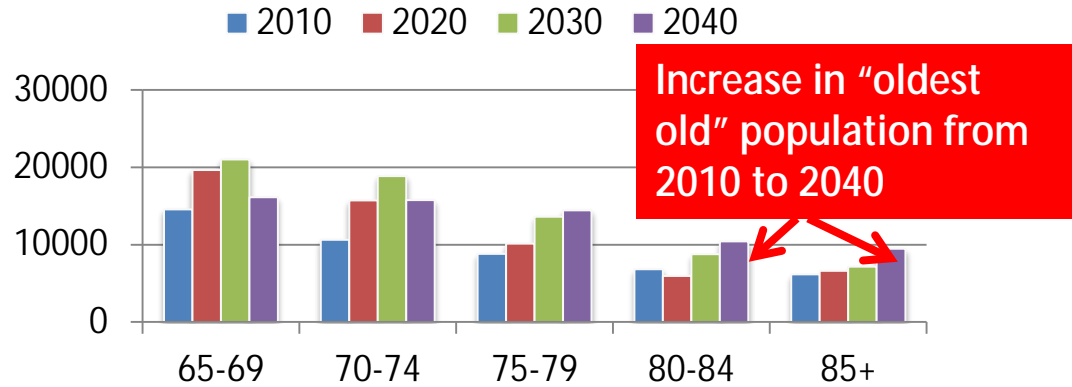
# EALTCC Members

- § Skilled nursing facilities
- § Hospitals
- § Adult care facilities/assisted living
- § Adult day health care programs
- § Senior housing
- § Home and community-based services
  - County Offices for the Aging
  - CHHAs
  - LTHHCPs
  - Consumer directed programs
- § Hospice/Palliative care
- § Managed care
- § Hudson Headwaters Health Network
- § Adirondack Health Institute
- § Iroquois Healthcare Alliance

# Key Demographics in the Eastern Adirondacks

# Current and Projected Population by Age Group: Six-County Total

The population for the six counties will grow about 2.3% from 2010 to 2020, but grows at a decreased rate of about 1.9% from 2020 through 2030.



Age Cohorts	Population				Annual Population Growth		
	2010	2020	2030	2040	2010-2020	2020-2030	2030-2040
65-69	14,588	19,659	21,018	16,140	3.48%	0.69%	-2.32%
70-74	10,641	15,733	18,852	15,782	4.79%	1.98%	-1.63%
75-79	8,824	10,159	13,626	14,467	1.51%	3.41%	0.62%
80-84	6,846	5,987	8,777	10,422	-1.25%	4.66%	1.87%
85+	6,160	6,647	7,172	9,494	0.79%	0.79%	3.24%
<b>Total 65+</b>	<b>49,069</b>	<b>60,205</b>	<b>71,475</b>	<b>68,345</b>	<b>2.27%</b>	<b>1.87%</b>	<b>-0.44%</b>

Source: Program on Applied Demographics, Cornell University

# Income and Poverty Profile

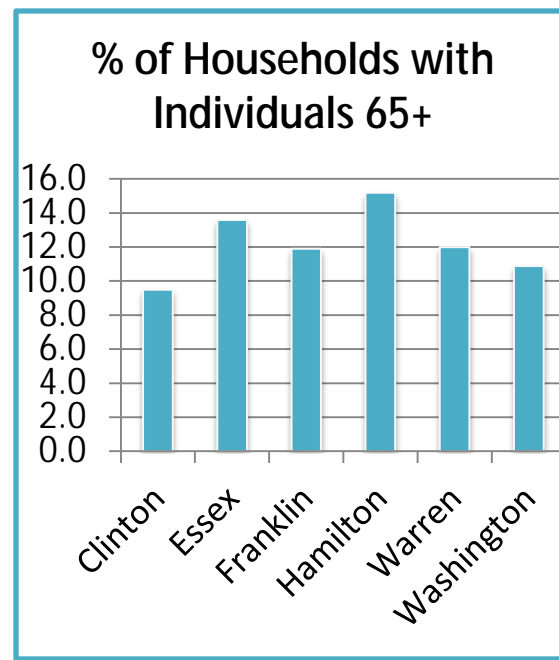
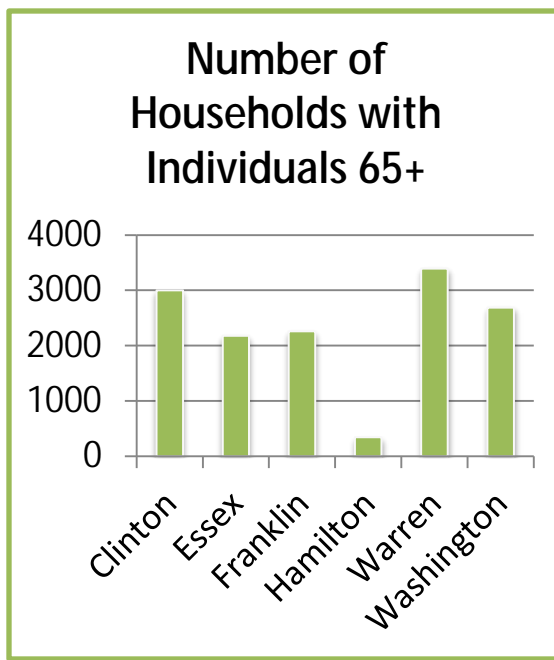
County	Median Household Income	% of 65+ Population in Poverty	Households with individuals 65 years and over	
			Number	Percent
Clinton	\$49,260	12.4	7,882	25.0
Essex	\$46,629	8.1	5,146	31.6
Franklin	\$43,673	12.4	4,988	26.2
Hamilton	\$51,142	8.0	822	36.3
Warren	\$53,877	5.3	8,141	29.1
Washington	\$50,117	7.9	6,801	28.2
NYS	\$56,951	11.5%	1,925,416	26.3%

Source: Program on Applied Demographics, Cornell University

**Drives demand for Medicaid services**

# Percent of 65+ Living Alone

County	Householder living alone 65 years or older	
	Number	Percent
Clinton	3,001	9.5
Essex	2,182	13.6
Franklin	2,259	11.9
Hamilton	349	15.2
Warren	3,396	12.0
Washington	2,690	10.9
<b>Total</b>	<b>13,877</b>	<b>12.2%</b>



**Living alone is risk factor for poorer overall health**

Sources: American Community Survey: 2007-2011; 2010 Census

# Health Characteristics

Health Status/Health Behaviors	North Country	Upstate
% Adults with Hypertension	33.2	30.4
% Adults with Diabetes	10.4	9.5
% Adults with Asthma	12.6	10.8
% Adults Smoking	23.3	21.1
% Adults Obese	30.5	27.1

Higher rates of these conditions have major implications on demand for services

Mortality/Cases per 100,000 population	North Country	Upstate
Chronic Lower Respiratory Disease Mortality	59.0	52.9
Heart Disease Mortality	218.8	240.0
Diabetes Mortality	22.6	20.0

Source: 2013 Center for Workforce Studies Health Workforce Planning Guide



# Health Workforce

Health Occupations, per 100,000	North Country	Upstate
All Physicians	233	259
Primary Care Physicians	98	100
Dentists	46	62
Physician Assistants	57	88
Nurse Practitioners/Midwives	60	94
Registered Nurses	1,317	1,372
Licensed Practical Nurses	589	528
Occupational Therapists	33	52
Physical Therapists	72	86
Respiratory Therapists	16	31
Social Workers	114	190

Shortage in LTCSS-related occupations



Source: 2013 Center for Workforce Studies Health Workforce Planning Guide

# Role of LTCSS Providers in North Country Health System Redesign

- § LTCSS providers offer critical services:
  - Chronic disease management
  - Prevention and health promotion services
  - Post-acute services to help reduce hospital readmissions
  - Comprehensive assessments, care planning and care coordination
  - Facility-, community- and home-based services and supports
  - Home health, adult day health and personal care services on a long term basis
- § The success of many new models of care delivery and payment will depend on relationships and partnerships between LTCSS providers and hospitals, primary care providers, behavioral health providers, payers and others.

# Major Factors Influencing LTCSS Providers in the North Country

- § Reimbursement constraints
- § Changes in payment and healthcare delivery
- § Implementation of new models of care
- § Workforce/informal caregiver availability
- § Access to practitioner/professional services
- § Geography and proximity
- § Lack of technology resources
- § Diseconomies of scale

# Next Steps in Grant Initiative

- § Develop interactive model to estimate demand for long term care supports and services in 6-county region taking into account key influencers
  - Stakeholder input on assumptions and variables
    - Population growth of 65+
    - Hospital discharges to SNF and HCBS of 65+
    - Workforce availability
    - Availability of informal caregivers
    - Availability of assisted living, HCBS or other substitutes for SNFs
    - Other variables/assumptions
- § Review model with EALTCC at March meeting
- § Share initial results of demand model with NCHSRC

