Adirondack Health Institute

Collaboration • Catalyst • Community

AHI PPS Report to the Project Approval Oversight Panel

PRESENTED BY:

Cathy Homkey

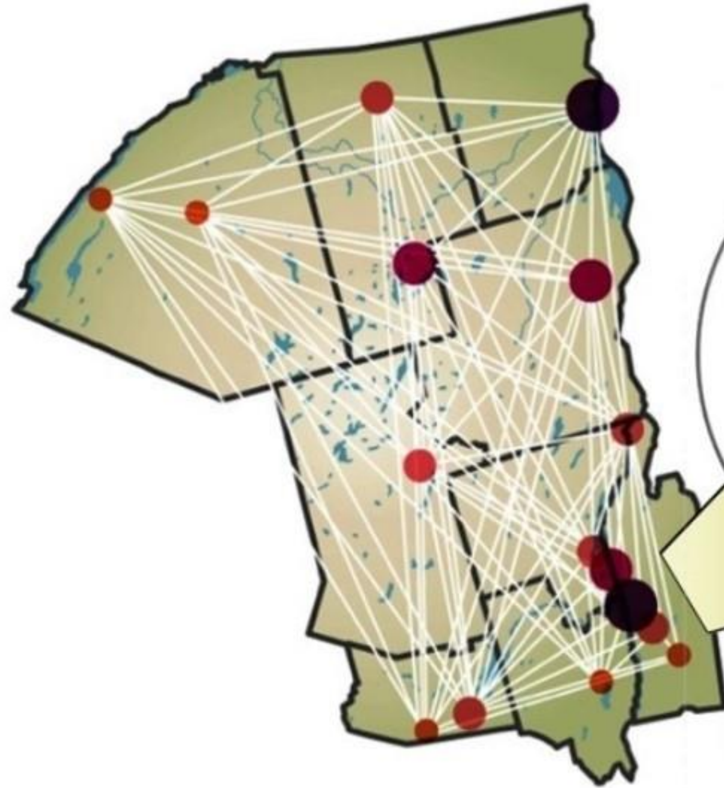
Chief Executive Officer

Where We Work…

Nine

Counties

Clinton
Essex
Franklin
Fulton
Hamilton
Saratoga
St. Lawrence
Warren
Washington



700,000

Total Population

145,000

Medicaid beneficiaries and uninsured

11,000

Square Miles

Shared Vision: Regional Population Health

Regional Population Health Management

ARHN

Medical Home

Health Home

ADK ACO

PPS

PHIP

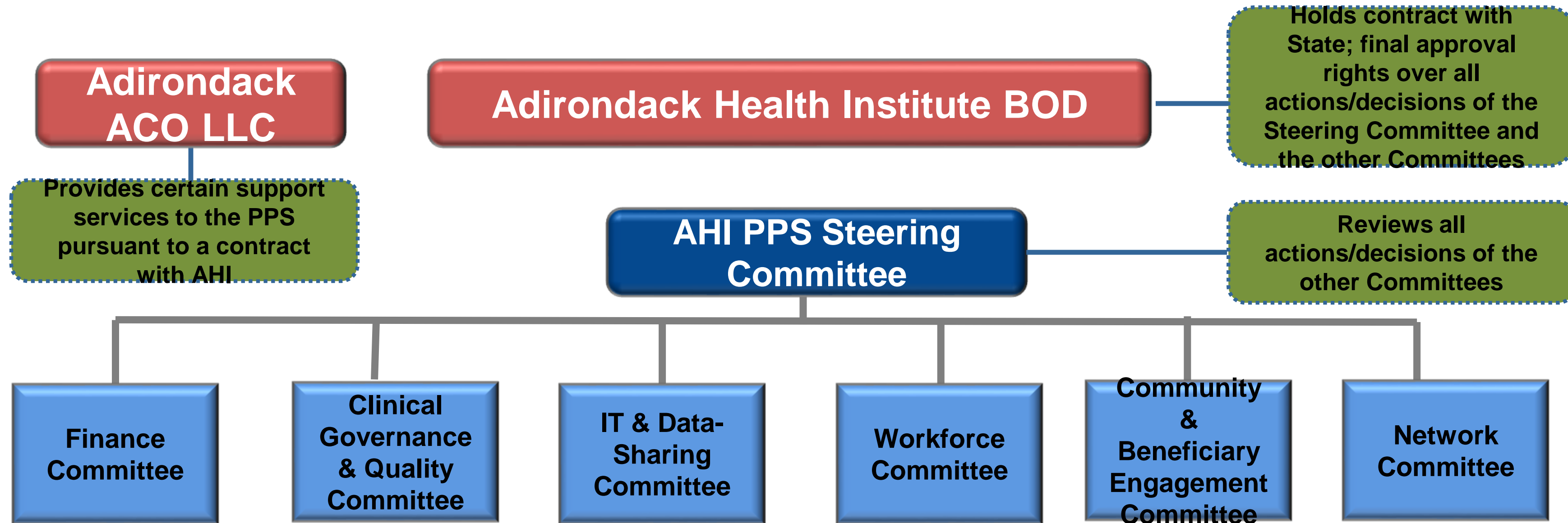
Other Initiatives

Evolve governance, operations and infrastructure to build expertise, eliminate redundancies and align strategies

North Country Redesign Commission Vision for the Region

"...to ensure that New Yorkers in the North Country achieve high quality care, better health outcomes, and lower costs, both now and into the future."

AHI PPS Governance Structure



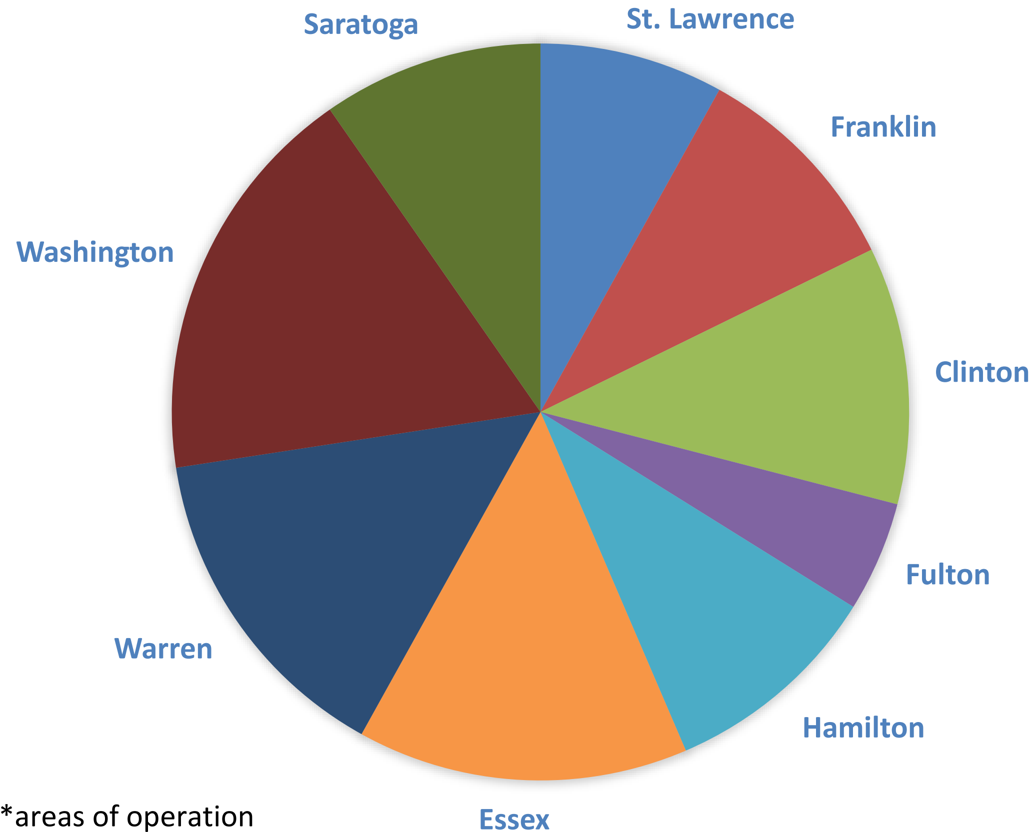
Collaborative Contracting Model

AHI will enter into a DSRIP Participation Agreement with each participant in the AHI PPS that will govern the operation of the PPS.

Among other things, the DSRIP Participation Agreement will:

- Set forth the responsibilities of AHI and the participants with respect to the establishment and operation of the PPS
- Establish the governance model set forth above

AHI PPS Representation by County & Sector



*areas of operation

Financial Contributions

AHI Distribution to Partners

- Engagement
- Progress
- Performance
- Attribution

Partner Financial Resources

- Increased revenue from out-patient and primary care
- Variable cost savings
- Operational efficiency due to greater scale
- Reduced fixed costs
- Value-based contracts

County Collaboration

- More than 90 CBOs located in all nine counties, including faith-based, prevention, behavioral health, housing, community action, and others
- Engaged with several LGUs, including multiple public health, mental health, social services departments, and Offices for the Aging
- Actively involved with Adirondack Rural Health Network, which provides community health data and analysis, community health assessment outline, and works with partners to choose county-level prevention agenda priorities.

Community-Based Organization Engagement

Utilize existing collaborative regional networks including Rural Health Networks, and the North Country PHIP to engage providers and non-providers.

CBOs, LGUs, and safety net providers contribute to policy and decision-making discussions at the PPS Steering and Subcommittee levels.

Social Determinants of Health

- Working with a diverse group of organizations including prevention councils, Catholic Charities, Public Agencies, Community Action Programs, and others to develop a comprehensive cultural competency and health literacy strategy to inform all training, linguistically appropriate services, and other concepts across the PPS.
- MOUs with a pilot group of CBOs and providers to begin screening with the PAM
- Based on health disparity research from the North Country PHIP, the AHI PPS is partnering with CBOs to train Bridges out of Poverty trainers to effectively interact with individuals experiencing the impact of generational poverty.

Workforce

19 community-based organizations on the Workforce Advisory Council

4 workforce workgroups including:

- Compensation and Benefits
- Employee Engagement
- Recruitment and Retention
- Training and Resources

Photo: Adirondack Health

Emerging Titles: Care Coordinators and Care Managers

Workforce Training

- Training includes on-line, web-based, and in person training
- Training supplemented by credit and non-credit bearing instruction offered by partner organizations
- Upon completion of the current state and future state analysis, the workforce transition roadmap will provide the outline for the training plan and strategy.

Primary Care Current State

- 32 organizations, 88 practice sites, 311 PCPs
- Current NCQA Recognition is at the Practice Site Level
  - 40 achieved PCMH 2011 Level 3
  - 21 achieved PCMH 2011 Level 2
  - 27 have no experience with NCQA Recognition
- Medical Home expansion from 5 counties to 9 counties
- Expansion brings additional stakeholders.

Two models of support dependent upon need:

- independently with internal staff or contracting with AHI for project management
- Contract with AHI for the assistance of an AHI Transformation Coach and Project Manager

Primary Care – Project Management

- PCMH readiness assessment results provides basis for provider specific project plan to achieve 2.a.ii milestones and metrics
- Provide support for performance, progress and quarterly reporting in accordance with provider project plan
- Once a month consult for reporting and monitoring purposes
- Partner organizations will develop a medical neighborhood to sustain high performing PCMH and APC practices in the region

Primary Care – Transformation Coach

- Training and education on NCQA requirements and MU Stage 2
- Developing resource recommendations to support Medical Home model of care
- Practice support for project related EHR vendor issues
- Practice assistance to develop a work plan and timeline for NCQA documentation, submission, and policy and procedure development

Behavioral Health Integration

- Model 1 and Model 2
- Partners include health centers of: Glens Falls Hospital, Hudson Headwaters Health Network, Nathan Littauer Hospital, Adirondack Health, Alice Hyde, University of Vermont-CVPH, and St. Lawrence Health System
- Effectiveness for Model 1 – number of positive screens followed up by a behavioral health provider
- Effectiveness for Model 2 – tracking the specific number of patients getting a primary care service

Prevention Agenda/Domain 4

- Four training projects:
  - SEDL
  - Poverty
  - Trauma informed care
  - Cross training for medical, behavioral, and substance use providers

  Opportunity to work with non-traditional providers to strengthen holistic care
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