



Central New York Care Collaborative (CNYCC)

DSRIP Project Approval and Oversight Panel

November 9, 2015

Agenda

- CNYCC Overview
- Topic Specific Updates
 - Workforce
 - Primary Care
 - County Collaboration
 - Community Based Organizations/Cultural Competency
 - Funds Flow
 - Behavioral Integration
 - Prevention Agenda/Domain 4/Hospital Community Benefit Plans
- Challenges
- Best Practices

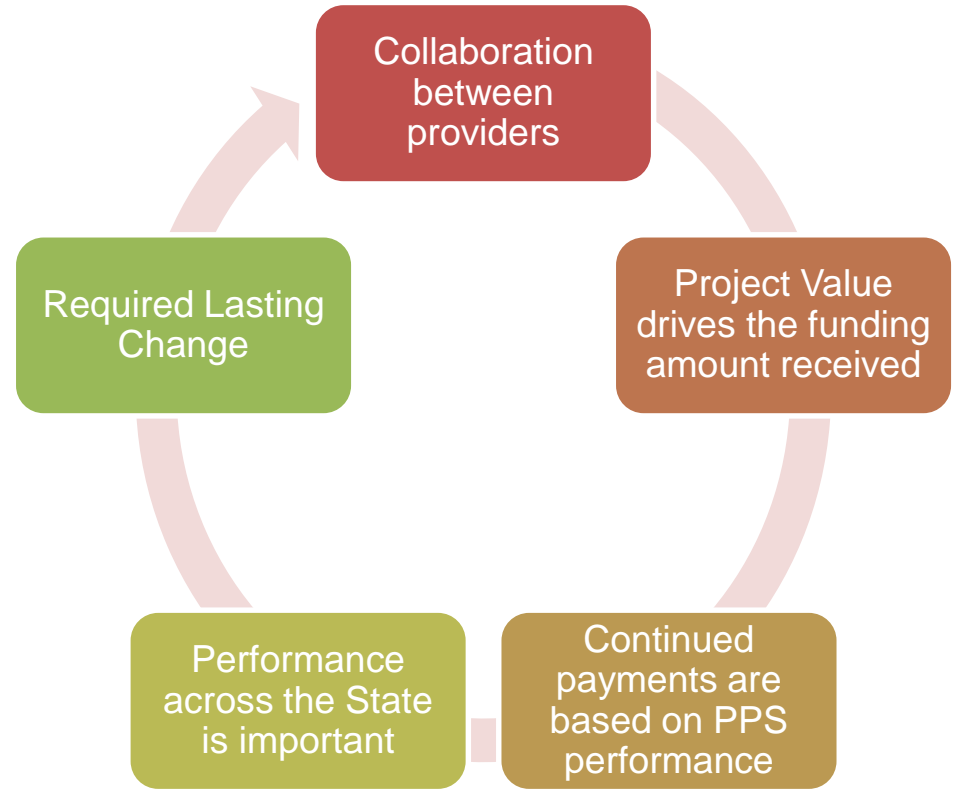


CNYCC - Who we are

The **Central New York Care Collaborative (CNYCC)** is a partnership that connects healthcare and community based service providers in six counties across Central New York.

- **New Corporation/Independent Agency**
- **200 Partner Organizations**
- **1400 Service Providers**
- **Nearly 200,000 Medicaid Members**

The primary goal of the collaborative is to serve the population by improving the coordination of healthcare services, enhancing the quality of performance outcomes, and creating an overall better system of care for patients.



CNYCC: At a Glance

200

Partner Organizations

6

COUNTIES

Cayuga, Lewis, Madison, Oneida, Onondaga, and Oswego

9,700

SQUARE MILES



CNY CARE COLLABORATIVE



New Corporation

PPS Lead Agency

Nearly
200,000

MEDICAID SUBSCRIBERS

1,400

HEALTHCARE AND
COMMUNITY-BASED
SERVICE PROVIDERS

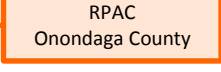
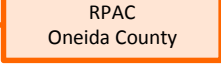
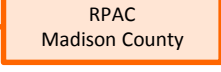


CNYCC Governance

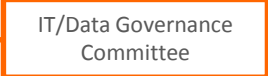
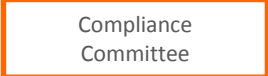
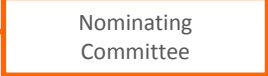
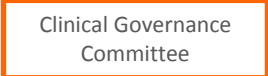
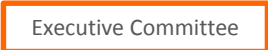
Corporate Members
(4 Co-Leads)



Board of Directors
(22 Members)



Board Committees



CNYCC Structure

- Our Network
 - 200 Partner Organizations
 - 60 primary care practice sites
 - 4 Federally Qualified Health Centers
 - 100 mental health and substance abuse provider organizations
 - 3 Health Homes, 20 downstream care management agencies
 - 11 hospitals
 - 30 skilled nursing and long term care facilities
 - 10 hospices and palliative care providers
 - 20 pharmacies
 - 1400 Individual Healthcare Providers



CNYCC Project Implementation Plan

System Transformation (Domain 2)

- 2.a.i Create an Integrated Delivery System
- 2.a.iii Health Home At-Risk Intervention
- 2.b.iii ED Care Triage for At-Risk Populations
- 2.b.iv Care Transitions Intervention Model to Reduce 30 Day Readmissions for Chronic Health Conditions
- 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the Uninsured and Low/Non-utilizing Medicaid populations into Community Based Care

Clinical Improvement (Domain 3)

- 3.a.i Integration of Primary Care and Behavioral Health Services
- 3.a.ii Behavioral Health Community Crisis Stabilization Services
- 3.b.i Evidence-Based Strategies for Cardiovascular Disease Management in High Risk Populations
- 3.g.i Integration of Palliative Care into the Patient Center Medical Home Model

Population Health (Domain 4)

- 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems
- 4.d.i Reduce Premature Births



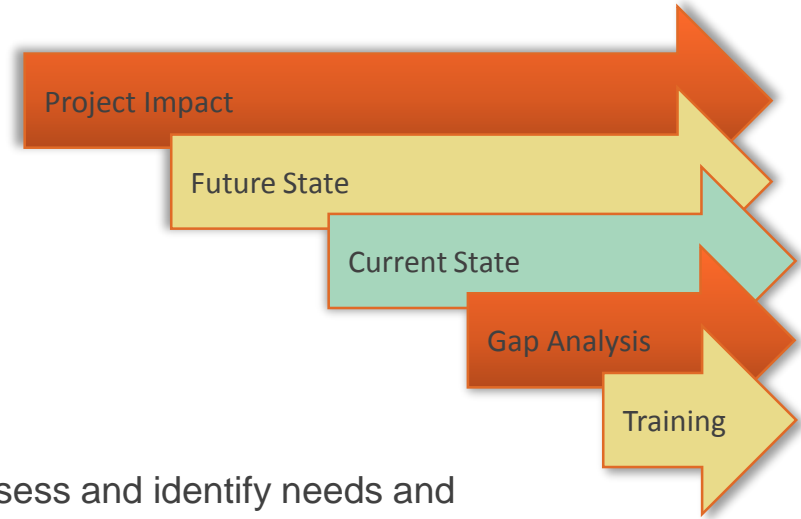
CNYCC Contracting Process

- Contracting Process Currently Underway
- 200 Partner Contracts distributed in mid-October
- Contract Agreements include:
 - Standard Partner Agreement
 - Business Associate Agreement (BAA)
 - Project Organizational and Project Survey
 - Contract Addendum
- November Deadline for Submission of Standard Partner Agreement and BAA
 - Submission currently at 35%



Workforce Development

- Development of CNYCC Workforce Workgroup
 - Involvement from Wide Range of Partners:
 - Healthcare
 - Social Service continuum
 - Educational Institutions
 - Union Representation
- Stakeholder Input and Education
 - Project Implementation Collaborative (PICs)
 - Monthly Workforce Newsletters
 - One-on-One Meetings with Key Stakeholders to assess and identify needs and resources available for workforce and training



Workforce Development

- Preliminary Assessment – Findings
 - Minimal workforce reduction is anticipated
 - Dominant strategy is attrition and management of contract employees
 - 5-year DSRIP focus: train existing staff on new skills and competencies
- Expanded Job Categories
 - Community Health Workers (CHW)
 - Care Transition Coaches
 - Peer Mentors
 - Patient Navigators
- Training
 - Analysis of Workforce Competencies to Influence Training/Career Ladders
 - Input from Stakeholders (Partners) to help Guide Workforce Needs & Training
 - Identification of Project Specific Competencies



Primary Care Physician Participation in CNYCC

- Patient Centered Medical Home (PCMH) Road Map in Development
 - CNYCC working with Consultant - *HANY Solutions PCMH Advisory Services*
- Advanced Primary Care (APC)
 - APC Strategy being developed as part of PCMH Road Map
- Additional Approaches:
 - Completion of Partner Network Assessment of Primary Care Physicians
 - Initial engagement completed with MD's for guidance on Population Health Management Approach
 - Physician Champions Meeting Scheduled for December 9, 2015



Funds Flow - Primary Care Physician Participation in CNYCC

ESTIMATED FUNDS FLOW DISTRIBUTION FOR DSRIP YEAR 1									
CATEGORY: INVESTMENT									
Projects =>	DOMAIN 2 PROJECTS				DOMAIN 3 PROJECTS				TOTAL
	2ai IDS	2aii DSRIP CM	2 biii ED Care	2biv Care Transition	3ai Primary & BH	3aii BH Crisis Stabilization	3bi Disease Management	3gi Palliative Care	
Proposed Distribution by Provider Type									
Primary Care Physicians	x	x	x	x	x		x	x	
Non-PCP Practitioners	x							x	
Hospitals	x		x	x				x	
Clinics	x			x					
Health Home/Care Management	x	x		x					
Behavioral Health	x			x	x	x			
Substance Abuse	x			x					
Skilled Nursing Facilities/Nursing Homes	x			x				x	
Pharmacies	x			x			x		
Hospice	x			x				x	
Community Based Organizations	x			x		x		x	
All Other	x			x					
Non-acute provider (requirement)				x					
Specific allocation will be based on plan	x							x	
NON SAFETY NET ASSUMED	YES	YES						YES	



County Collaboration in CNYCC

- Development of Regional Project Advisory Committee's (RPAC) structure to ensure regional support and collaboration with CNYCC activities
- Each County will play a key role in the Project Advisory Structure:
 - Co-Lead RPAC
 - Partner in convening RPAC meetings
 - Representation on the Executive Project Advisory Committee (EPAC – reports to the Board of Directors)
 - 1 board positions reserved for County Representation:
 - Teisha Cook – Madison County

CNYCC RPAC Representatives

Cayuga County – Kathleen Cuddy

Lewis County – Penny Ingham

Madison County – Teisha Cook

Oneida County – Rebecca King

Onondaga County – Mat Roosa

Oswego County – Nicole Kolmsee



Community Based Organization (CBO)/Cultural Competency

- Development of Cultural Competency and Health Literacy Workgroup
 - Assessment and Identification of Health Disparities
 - Workgroup Includes Diverse Group of Stakeholders Including:
 - CNYCC Partner Organizations
 - Cultural Competency Subject-Matter Experts (ex. Wilma Alvarado-Little)
 - Community Based Organizations (ex. MAMI Interpretive Services)
- Development of Cultural Competency/Health Literacy Strategy
- Key Factors to Facilitate:
 - Primary Care
 - Behavioral Health
 - Preventative Healthcare
 - Education
- Community Partnerships to Reduce Health Disparities



CNYCC Funds Flow Distribution – DSRIP Year 1

Anticipated DSRIP Revenue
Earned by CNYCC
\$55.5 million (\$15 million received)

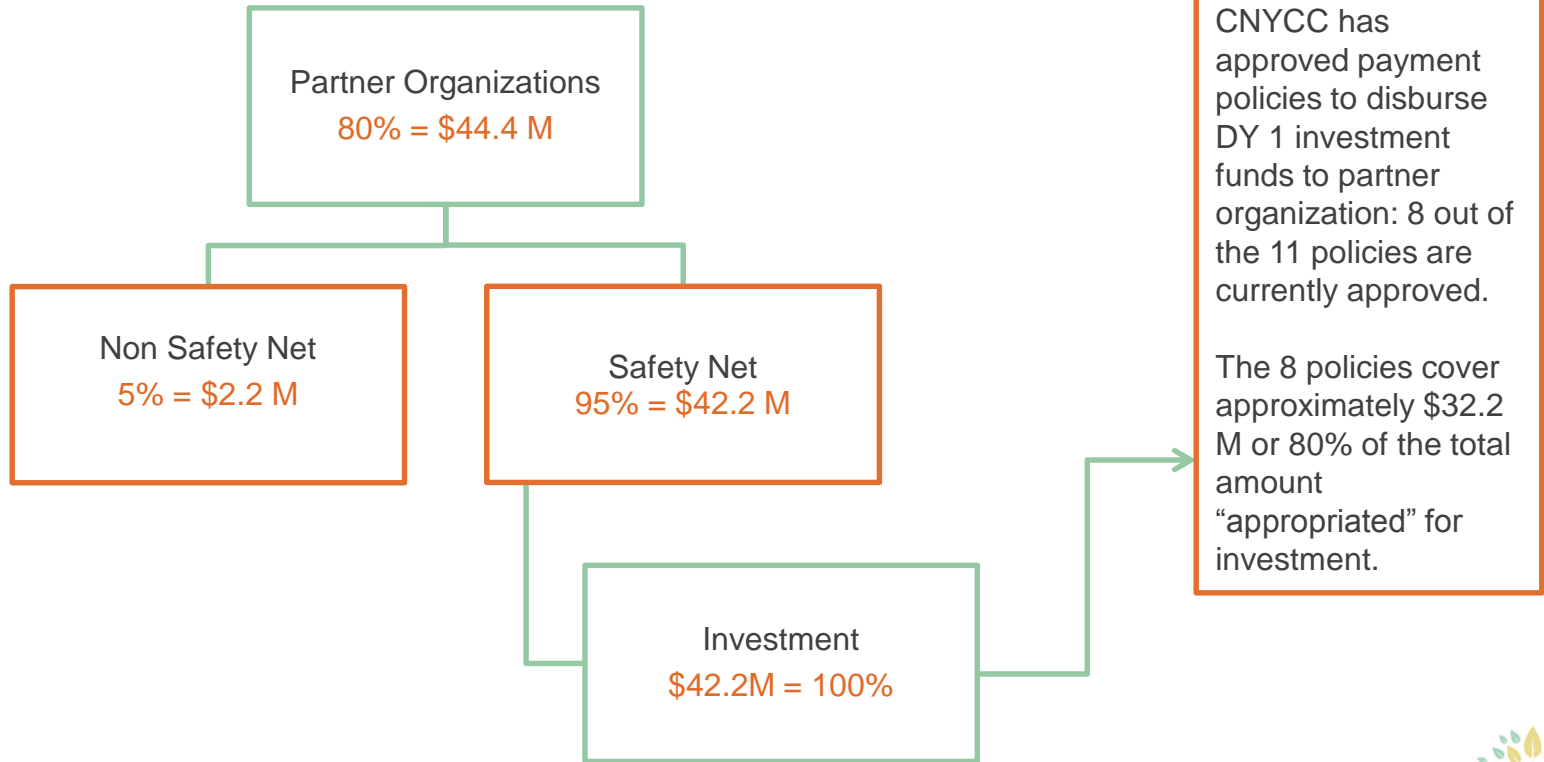
PPS Operations
Budget
15% = \$8.3 M

Contingency Funds
5% = \$2.8 M

Partner Organizations
80% = \$44.4 M



Focus on Investment – DSRIP Year 1



PRELIMINARY ANALYSIS

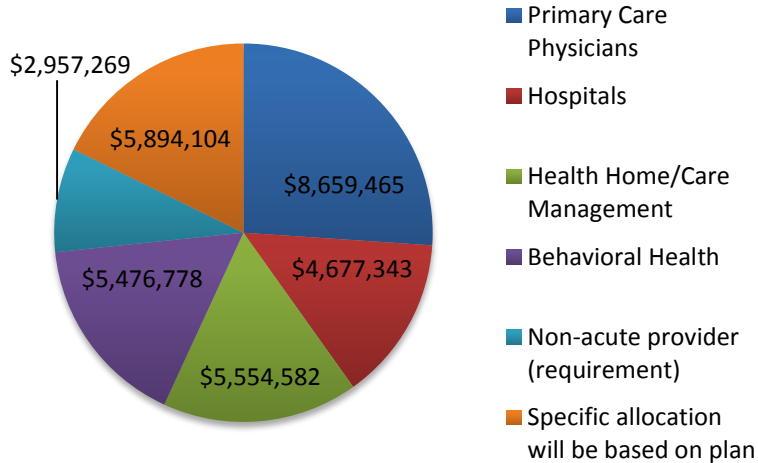
Funds Flow Distribution – DSRIP Year 1 Investment (\$42.2 M)

ESTIMATED FUNDS FLOW DISTRIBUTION FOR DSRIP YEAR 1									
<u>CATEGORY: INVESTMENT</u>									
Projects =>	<u>DOMAIN 2 PROJECTS</u>				<u>DOMAIN 3 PROJECTS</u>				<u>TOTAL</u>
	2ai IDS	2aii DSRIP CM	2 biii ED Care	2biv Care Transition	3ai Primary & BH	3aii BH Crisis Stabilization	3bi Disease Management	3gi Palliative Care	
Proposed Distribution by Provider Type									
Primary Care Physicians	x	x	x	x	x		x	x	
Non-PCP Practitioners	x							x	
Hospitals	x		x	x				x	
Clinics	x			x					
Health Home/Care Management	x	x		x					
Behavioral Health	x			x	x	x			
Substance Abuse	x			x					
Skilled Nursing Facilities/Nursing Homes	x			x				x	
Pharmacies	x			x			x		
Hospice	x			x				x	
Community Based Organizations	x			x		x		x	
All Other	x			x					
Non-acute provider (requirement)				x					
Specific allocation will be based on plan	x							x	
NON SAFETY NET ASSUMED	YES	YES						YES	



PRELIMINARY ANALYSIS

Funds Flow Distribution – DSRIP Year 1 Investment



Proposed Distribution by Provider Type		
Primary Care Physicians	\$ 8,659,465	26%
Hospitals	\$ 4,677,343	14%
Health Home/Care Management	\$ 5,554,582	17%
Behavioral Health	\$ 5,476,778	16%
Non-acute provider (requirement)	\$ 2,957,269	9%
Specific allocation will be based on plan	\$ 5,894,104	18%
TOTAL	\$ 33,219,542	100%

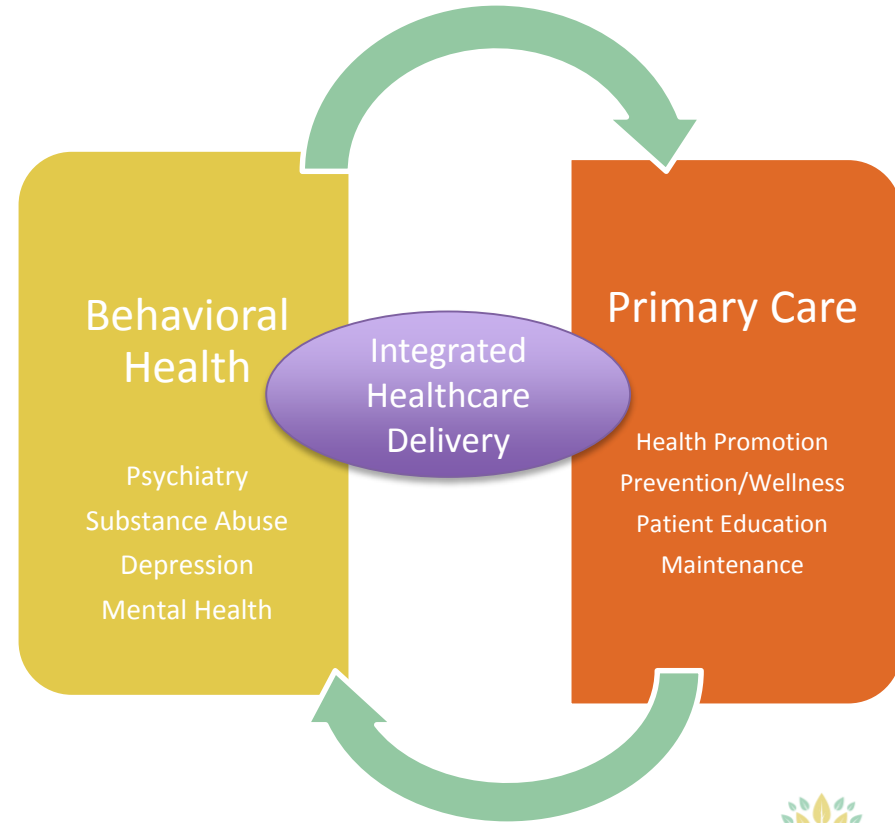
Payment Approaches

1. Per Member Per Month or Per Member Per Year (based on project) amounts will be paid to eligible partner organizations for patient engagements
2. Lump sum amounts for planning and implementation. Preliminary analysis is based on eligible partners that will receive payments under the policy. Some policies are dependent upon a planning process to identify eligible partner organizations.



Behavioral Health Integration

- CNYCC selected Project 3.a.i – Integration of Primary Care and Behavioral Health Services.
- CNYCC Partners have made a preliminary selection of Models:
 - Model 1 – Development of Behavioral Health services at Primary Care Practices (**Selected**)
 - Model 2 - Development of Primary Care services at Behavioral Health Institutions (**Selected**)
 - Model 3 – IMPACT Model (**Not Selected**)
- Robust Partner Interest in KPMG Behavioral Health Integration MAX Series



Alignment with New York State Prevention Agenda

- CNYCC selected two **Domain 4** (Population Health) Projects
 - 4.a.iii – Strengthen Mental Health and Substance Abuse Infrastructure across Systems
 - 4.d.i. – Reduction of Pre-Mature Births
- Mental Health/Substance Abuse selected as Community Health Priority Areas for four of six CNYCC Member Counties
- Healthy Women, Infants, and Children selected as Community Health Priority Areas for all 11 Member Hospitals in CNYCC



Challenges

- Implementation Grant (\$1.3 Million) not available to CNYCC
- DSRIP Year 1 Payment 1 (\$15 M) not received until August 24, 2015
- Rely upon Equity Program to Access 50% of Total Award Letter Amount
 - CNYCC must contract with 3 Managed Care Organizations assigned by State
 - Risk of Additional Delays in Partner Payments (original target December 2015)
- NewCo. without existing HIPAA-compliant infrastructure, delay in receiving Member Roster File
- Clarify CNYCC role in Value Based Payment, achieving partner consensus regarding PPS-wide approach



CNYCC Best Practices

- Communications
 - Newsletter
 - Website
 - Presentations
 - Webinar Series
 - Special Notifications
- Governance & Structure
 - Board of Directors
 - Board Committees
 - Project Implementation Collaborative(s)
 - Project Advisory Committees (Six Counties)
- Health Information Technology (HIT)
 - Early Selection/Adoption of Population Health Management System

