# **WMCHealth PPS**

# Presentation to DSRIP Project Approval and Oversight Panel

# November 10, 2015

June Keenan Senior Vice President, Delivery System Transformation Executive Director, Center for Regional Healthcare Innovation

Janet (Jessie) Sullivan, MD Vice President Medical Director Center for Regional Healthcare Innovation

Deborah Viola, PhD Vice President Community Health & Public Policy Center for Regional Healthcare Innovation



Performing Provider System (PPS) Westchester Medical Center Health Network

	ΤΟΡΙϹ
١.	Governance, Contracting and Funds Flow
11.	Integrated Care Across the Continuum:
	DSRIP in Action
111.	Workforce
IV.	Collaboration Across the Region:
	Local Deployment of DSRIP
V.	Behavioral Health Integration
VI.	Patient Centered Medical Home



To develop community driven, regionally focused care transformation that is:

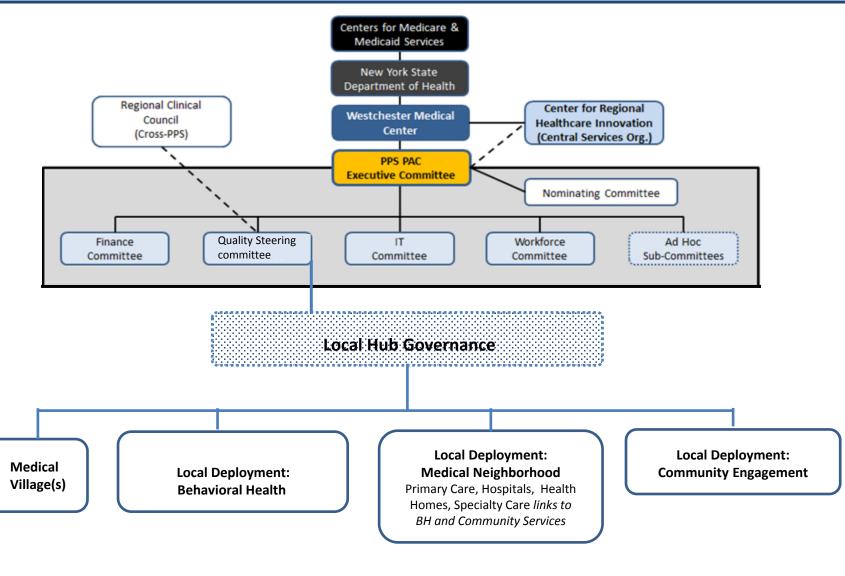
# Inclusive

# Transparent Patient and Family Focused

and fosters a culture of continuous learning and improvement.

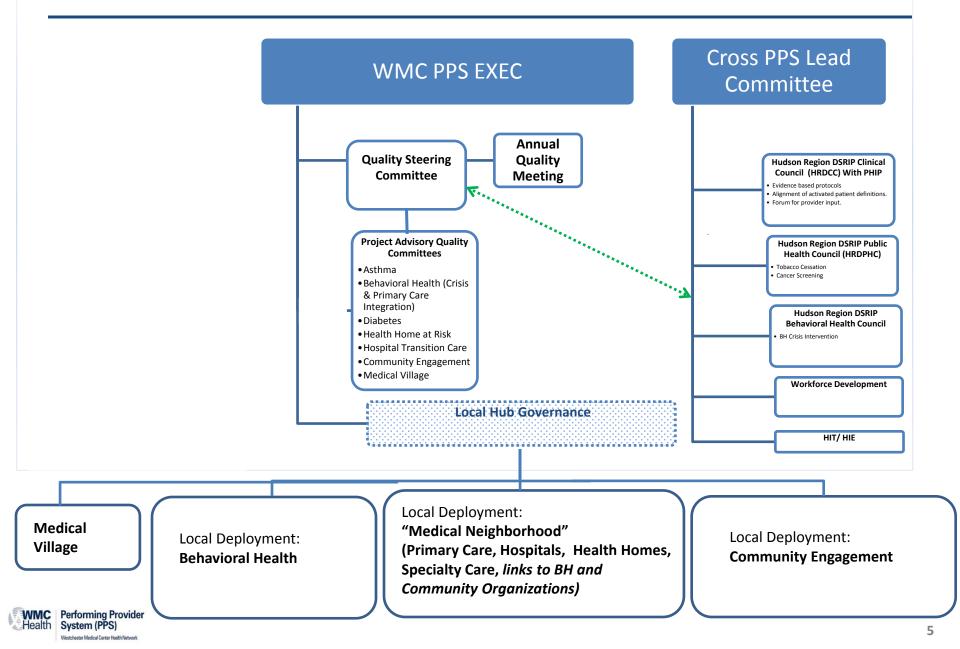


### **WMCHealth PPS Governance Overview**





### **WMCHealth PPS: Clinical Governance**



## **Governance in Action**

#### **M** 7 X \* Ø Ŷ ٢ 75 R/ WESTCHESTER MARRIOTT NOVEMBER 5 Health Performing Provider System (PPS) 670 WHITE PLAINS ROAD TARRYTOWN, NEW YORK 10591 WMCHEALTH PPS DSRIP Summit AND Quality Meeting

AGENDA	
8:30 AM	SUMMIT REGISTRATION & CONTINENTAL BREAKFAST MRT Innovation eXchange Overview and Demonstration
9:30 AM	MORNING SESSION Welcome and Opening Remarks Locanos: Grand Ballroom Building a Health Literate and Culturally Competent Health Care Workforce SPEAKER: Terri Parnell, Health Literacy Partners
10:45 AM	BREAK
<b>11:00</b> AM	WINCHEALTH PPS QUALITY MEETING Review of WINCHealth PPS Projects MODERATOR: Dr. Jonathan Nasser, Chair WMCHealth PPS Quality Steering Committee
12:10 PM	BREAK
<b>12:25</b> PM	LUNCH SESSION Moving from Pay for Volume to Pay for Value sreakes: Deirdre Baggot, Camden Group Community Care North Carolina: Helping Practices to Help Patients sreakes: Denise Levis-Hewson, Community Care North Carolina Q&A and Comments
2:25 PM	BREAK
2:35 PM	Workshop: DSRIP in Primary Care       Location: Tarrytown Ballroom (Salons I-IV)     DSRIP and Primary Care       • DSRIP and Primary Care     • Bachtlink NY – Support for Achieving Patient Centered Medical Home       • HealthLink NY – Support for health information exchange connectivit     • Health Homes and Primary Care       • Building the "Medical Neighborhood"     • Support for health Primary Care
4:00 PM	SUMMIT CONCLUDES
CRHI@WMCHealth.org   914.326.42	200   crhi-ny.org





### Master Services Agreement "MSA" Process

- 187 organizations have signed agreements for network participation
- Representing commitments from ~ 140 Community Based Services Organizations, 14 Hospitals, 6 FQHCs, 566 PCPs, 27 Health Home/Care Management organizations, 620 Behavioral Health/Substance Abuse Providers (including OMH, OASAS, & OPWDD operated services), and LGUs representing 4 counties (with others in process)
- 163 Provider Organization Partners have received contracts for initial Provider Participation
- Community Safety Net Provider \$250,000 to date committed, contracted and paid
- \$1.5M estimated to be distributed by the end of DY1 Q3
- WMCHealth PPS Project Management and Network Development costs of \$9.0M for DY0-DY1 (Sept '13 – Mar '16)

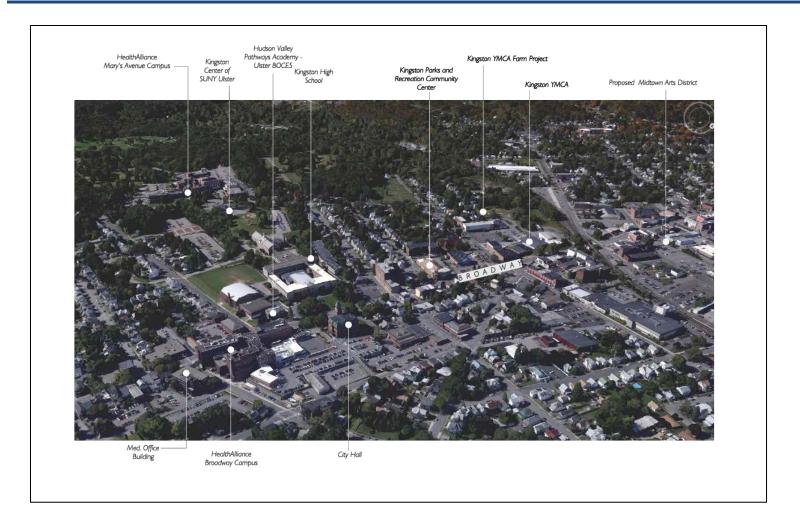


# Contract templates

- PPS time & expertise to develop no available templates
- Different provider types & licensed entities
- Varying ownership structures
- Legal restrictions
- Funds Flow to Network Partners
  - Based on project deliverables, time and resources required
  - Funds may not fully cover all costs associated with project implementation
  - Different partners, different needs
  - Need to educate partners



# **Kingston Before Transformation (DSRIP)**







- HealthAlliance of the Hudson Valley/CRHI engaged national consultant experienced in helping healthcare providers design/develop Healthy Villages
  - 6 month community engagement and planning process
  - 135+ stakeholder interviews

### Definition of a Healthy Village:

The purposeful design, development, financing and management of real estate projects composed of partners, which, in their aggregate, improve individual health, achieve better outcomes and reduce costs for the populations served. In all cases, they are designed with healthcare reform, economic development and neighborhood revitalization in mind.





# **Stakeholder Interviews Conducted**

- HAHV Internal Management/Staff/Boards
- Politicians/Governmental Departments and Agencies
  - Office of County Executive
  - Ulster County Departments and Agencies
  - Office of the Mayor City of Kingston
  - City of Kingston Departments
  - Supervisor, Town of Ulster
- Health Providers
  - FQHC
  - Primary Care Physicians
  - Behavioral Health Organizations
  - Seniors Services

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### • Educational Institutions

- Kingston School District
- BOCES Ulster
- SUNY Ulster
- SUNY New Paltz

### • Community/Social Services Organizations

- Cornell Cooperative Extension
- Gateway Community Industries
- Always There
- Ulster ARC
- YMCA
- Resource Center for Accessible Living

### • Community Development Groups

st of Meetings ril 1, 2015 - November 30, 2015		
Date Dynamis Representative	Title	Organization
04/01/15 Andrea Straut	Deputy Executive Director	Hudson Velley Community Services
04/01/15 Seguit Atlef	Executive Director	Hudson Valley Community Services
04/07/15 Kevin M. Hazusha, LCSW-R	President	Hudson Valley Mental Health Inc.
04/07/15 Vincent Martello		Uister County Dept, of Health and Mental Health
04/08/15 Amoldo Schwerert	Director of Business Resource Center	Mid Hudson Small Business Development Center - SUNY Ust
04/08/15 Michael Berg	Executive Director	Family of Woodstock
04/09/18 John McHugh		Uister Association of Retarded Citizens
04/09/18 Nan Priest		Uster Association of Retarded Citizens
04/09/18 Jim Gordon		Edible Independence
04/10/18 Helen Edelstein	Vice President	Gateway Community Industries
04/10/19 Renee Darristadt	Studio ManagerEvent Planner	Cornell Street Studios Always There Home Care
04/15/15 Gusan Koppenhaver MPH 04/16/19 Corinne Wolcott, MSOM, Lac	Acupuncturist	TUI Healthcare
04/15/15 Kelly McMullen	Director	Uster County Office of the Aping
D4/16/15 Marianne Collins	Former Dean	SUNY Uster
04/28/15 Christine Hein	Executive Director	Peoples Place
04/29/19 Kathyn Romeoutena, CTRS, LNHA	Administrator	Ten Broeck Commons
D429/19/Kathon P. McNato RN	Director of Numing	Ten Broeck Commons
04/29/19 Amy McAden, CAVS	Director of Volunteer Services	Audiany
04/29/15 Ed Farbenblum	Owner/Partner	Golden Hill
04/20/15/Kristin Wilson	Senir Resource Education Healthy Communities Program	Cornell Cooperative Extension Ulster
04/29/15Lvdia Reidv	Executive Director	Cornell Cooperative Extension Ulster
04/29/15Lotainne Salmon	Executive Director of Advancement	SUNY Uister
05/27/15 Barbara Klasson		Benedictine Foundation
05/29/18/Richard Trocko	President and CEO	Hudson Valley Hosoice
05/29/18 Steffen T. Kraehmer, CERE	Executive Director	HealthAllance Foundation
05/29/18 Glenn Decker		HealthAllance Foundation
05/29/18 Steve Miccio		PEOPLe, Inc.
05/29/19 Joshua S. Gran	Director of Information Systems	PEOPLe, Inc.
05/29/19 Susan Hoger	Chief Executive Officer	Resource Center for Accessible Living, Inc.
07/01/15 Pete Camponese		CVS Caresource
09/01/15 Grego Swarowy		City of Kingston Office of Economic Dev. & Strategy
09/02/15 Andrea Straus 09/02/15 Sepult Atlaf	Deputy Executive Director Executive Director	Hudson Valley Services Hudson Valley Services
09/02/15 Kathy Germain		RUPCO
09/09/15 Steve Miccio	CEO	PEOPLe, ht.
09/09/15 Joshue S. Gran	Director of Information Services	PEOPLE IN:
09/09/15 Susan Koppenhaver, MPH		Always There Home Care
09/09/15 Lorraine Salmon	Executive Director of Advancement	SUNY LINE OF STREET
09/09/15 Lorraine Salmon 09/09/15 Dr. Khoury	Superintendent	Uster Boces
09/09/15 Mary Jalioh	Director of Adult Education and Grant Dev. & Maintena	Uister Boces
09/09/15 Matame Collins	Former Dean (Retired)	SUNY Uster
09/09/15 Lorraine Salmon	Executive Director of Advancement	SUNY USM
09/09/15 Dr. Alan Roberts	President	SUNY User
09/10/15 Usa Berger	Director of Employment and Training	Uister County
09/10/15 Ken Grannel		Uister County Office of Employment and Training
09/16/15 Brian Slack, AIA		Uister County Transportation Council
09/16/15 Dennis Dovle	Oirector	Uister County Planning Department
09/17/15 Meinda Herzog	Healthy Communities Issue Leader	Cornell Cooperative Extension Ulster
03/17/15 Lydia Raidy	Executive Director	Cornell Cooperative Extension Ulster
09/17/15 Elizabeth Higgins	Acriculture Program Leader	Cornell Cooperative Extension Ulster
09/17/15 Jacqueline Sylvia 10/07/15 Heid Rosboroush	COO Director of Human Resources	VestraCare HealthAlliance - Mary's Avenue Camous
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AND MAY AND DAME NOT AN AN APPLICATION	Director of Research & Evaluation, Benjamin Center for	F LOF M. FN.
10/08/15 Eve Watermaurer, Ph.D.	Public Policy Initiative	SUNY New Paltz - The Benjamin Center
10/08/15 Barbara Hit, MPA, LCSW	Director of Community Workforce Transformation	CRH
10/14/15 Allissa S. Farrier	Regional Manager of Business Development	Laboratory Corporation of America
10/14/15 Kevin M. Hazucha, LCSW-R	President	Hudson Valley Mental Health Inc.
Lisa Oldham, PhD. MSN, RN, NE-	Vice President of Practice Operations and Chief Numino	
10/15/15 BC, FABC	Officer	Institute of Family Health
10/15/15 Maxine Golub	Senior Vice President for Planning and Development	Institute of Family Health
10/15/15 Nell S. Calman, MD, FAAFP	President and CEO	Institute of Family Health
10/15/15 Vima Little, PsvD, LCSW+, SAP	Senior Vice President for Psychosocial Services	Institute of Family Health
10/20/15 Thomas G. Nolen, Ph.D.	Associate Dean, School of Science and Engineering	New Paltz State University of New York
10/20/15 Gerald Benjamin	Assoc. VP of Regional Engagement	SUNY New Paltz
10/21/15 Heid Rosborouch	Director of Human Resources	HealthAllance - Mary's Avenue Camous
10/21/15 Lisa Berper	Director of Employment and Training	Unter County
10/21/15 Christopher Marx	Dean Continuing & Professional Education	Suny Ulster
10/21/15 Constance Costley, BSEd	Family and Consumer Sciences Teacher	Kingsten High Scheel
10/21/15 Kirk Reinhardt	Principal	Kingston High School
10/21/15 ?	Program Head	Kingston High School
10/29/15 Mary Grenz Jalish	Director of Adult Education and Grant Development an	
11/19/15 Barbara Klassen	Executive Director	Benedictine Foundation
11/20/15 Kirk Reinhardt	Principal	Kingsten Hish Scheel
11/20/15 Dr. Paul Padalino	Superintendent	Kingsten High Scheel
11/20/15 John Voerg 11/20/15 Beth Backler	Deputy Superintendent for Teaching and Learning Assistant Superintendent for Secondary Education	Kingston High School Kingston High School
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### HEALTH AND EDUCATION INNOVATION DISTRICT



BOCES Kingston High School Kingston Center of SUNY Ulster & SUNY New Paltz Ulster County Office of Employment & Training New Healthcare Simulation Lab

#### COMMUNITY ALLIANCES & SUPPORT

Community Parks & Recreation YMCA & Farm Project Kingston Arts District Biking & Walking Trails

#### HEALTHY NEIGHBORHOOD INITIATIVE

HealthAlliance Medical Village Care Management Primary Care Urgent Care/Extended Hours Behavioral Health Specialty Care Counseling Assisted Living HealthAlliance Hospital Inpatient Services Emergency Room

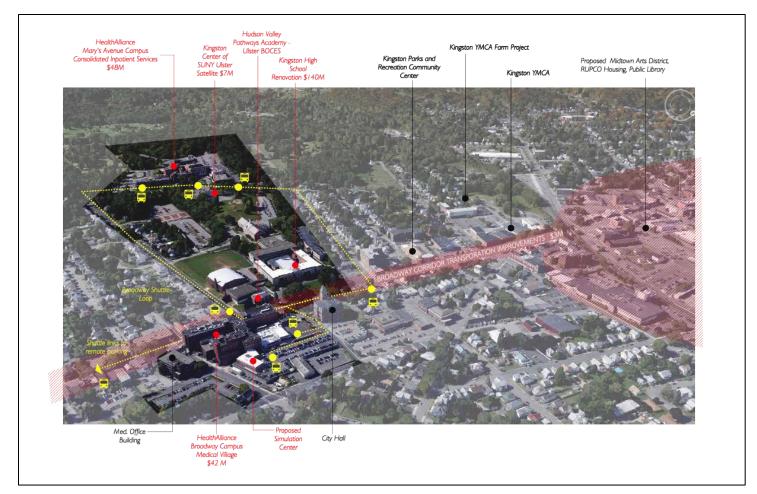
#### INFRASTRUCTURE

Medical Village Shuttle City Bus Service Bike Lanes Additional Parking High Speed Internet For Telemedicine Parks and Green Spaces



# Health and Education Innovation District

### Training the next generation of health care workers





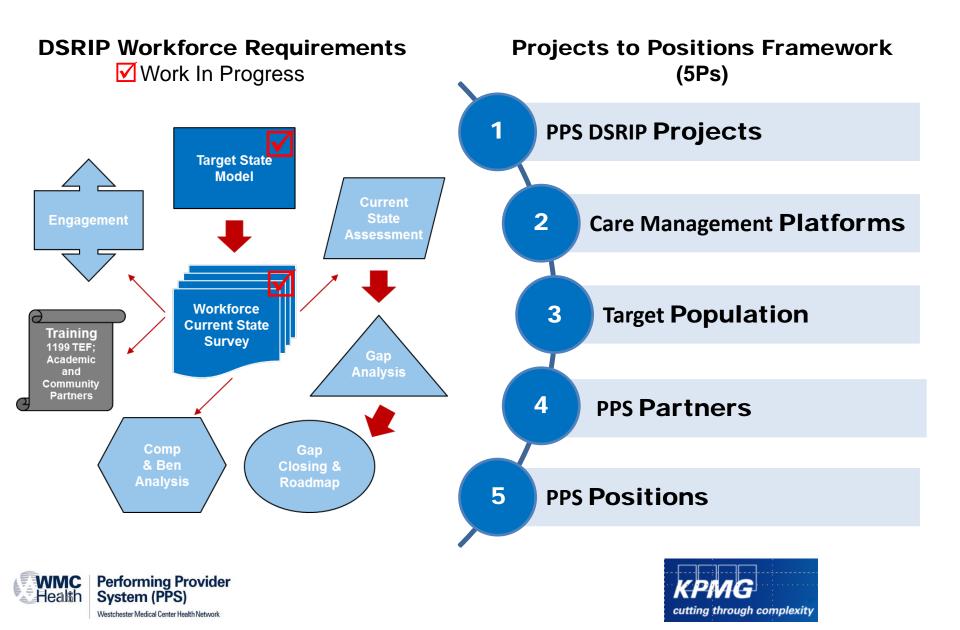


The WMCHealth PPS will plan and support relevant and targeted training and workforce development to equip providers and the workforce with tools to achieve care transformation that is patient focused, supports excellence and fosters a culture of continuous learning and improvement.

The purpose of our Cultural Competency and Health Literacy Strategy is to enhance culturally and linguistically appropriate awareness, education and inter-professional collaboration of all providers in our network, in an effort to foster an organizational culture that promotes the provision of equitable, personcentered health care and services for all members of our communities.



# Workforce Strategy & Planning



### **Collaborations Across the Region-**Local Deployment of DSRIP

### **County Collaboration**

- Regular Hudson Valley Health Regional Officers Network Meeting Updates
- Community Engagement Sessions



### **Domain 4: Public Health Council**

- Three PPSs
- ~25 Local CBOs, LGUs, stakeholders
- Current initiative: Smoking Cessation



### **CBO Cultural Competency**

- Community Engagement Quality Advisory Committee
- Resources Website
- Patient Engagement



### **Behavioral Health Integration**

- Hudson Region DSRIP BH Crisis Leadership Team
- Planning Sessions With Hudson Valley County Mental Health Directors
- Provider Sessions in Hudson Valley Counties





# **Collaborations Across the Region-Prevention Agenda: Tobacco Use Cessation**

Goal: To reduce the use of cigarettes, ecigarettes, hookah sticks and vape pens among youth in our region.

The Hudson Region DSRIP Public Health Council, working through county-wide organizations, will disseminate media campaigns in November 2015, April 2016 and November 2016 and evaluate the impact on youth tobacco use from baseline and one year follow-up using data from the OASAS Youth Development Survey.

The rates of youth use of e-cigarettes, hookah sticks, and vape pens have begun to surpass the use of cigarettes in some communities. In addition, recent research has shown that ecigarettes are a gateway substance for regular tobacco use by youth.

**Refuah Community** 

Health Collaborative

An Emerging New York State BSRIF

Performing Provider System Serving

**Rockland, Grange, and Sullivan Counti** 

**Performing Provider** 

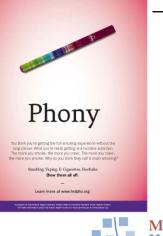
Westchester Medical Center Health Network

System (PPS)

WMC

Health

Key Initiative: Two part media campaign. One part of the campaign will target the approximately 116,860 students attending the 137 public high schools in the eight county region which includes Delaware, Dutchess, Orange, Putnam, Rockland, Ulster, Sullivan, Westchester counties. The other part will target their parents. Each campaign is geared toward reducing the risk factors that impact youth vaping, e-cig, hookah, and tobacco use: perception of risk, perception of parental disapproval, and perception of peer disapproval.



Montefiore Hudson Valley Collaborative

# Phony

You think you're getting the full smoking experience without the lung cancer. What you're really getting is a nicotine addiction. The more you smoke, the more you crave. The more you crave, the more you smoke. Why do you think they call it chain smoking?

> Smoking. Vaping. E-Cigarettes. Hookahs. Blow them all off.

Learn more at www.hrdphc.org

A program of the Hudson Region Delivery System Reform Incentive Payment Public Health Council. For more information about the Public Health Council or local services go to www.br/dpbc.org Our county-wide distribution is being facilitated by:

**Delaware**: Alcohol & Drug Abuse Council of Delaware **Dutchess**: The Council on Addiction Prevention & Education (CAPE) of Dutchess County, Inc.

**Orange**: Alcoholism & Drug Abuse Council of Orange County, Inc.

Putnam: National Council on Alcoholism & Other Drug Dependencies/Putnam, Inc. Rockland: Rockland Council on Alcoholism & Other Drug Dependence, Inc. Sullivan: Catholic Charities Community Services of Orange County Recovery Center Ulster: Ulster Prevention Council Westchester: Student Assistance Services Corporation

# **Collaborations Across the Region-Social Determinants of Health**

Goal: Enhance the capacity of CBOs to identify their service delivery strengths, costs of services and target populations to develop strategies to engage in the evolving healthcare environment.

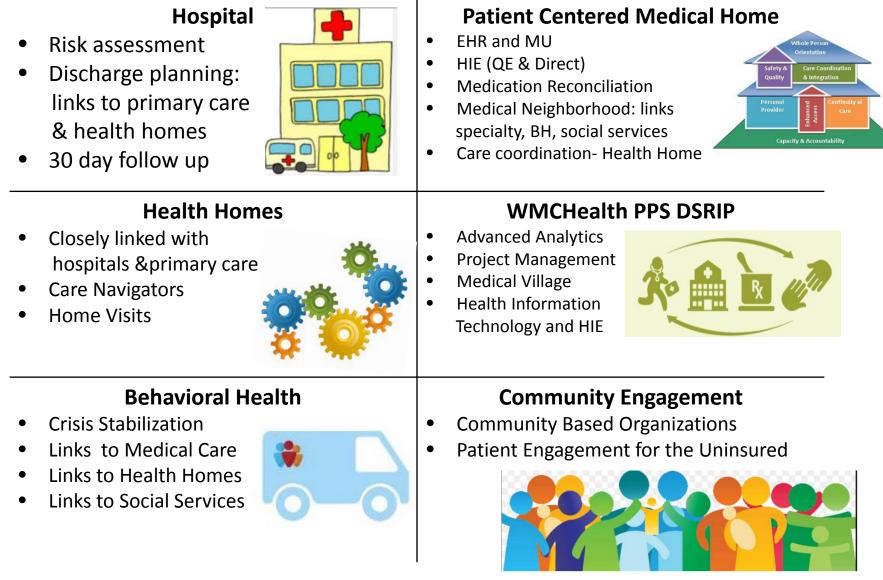
We have been awarded with our vendor, Markowitz Consulting, a grant from Westchester Community Foundation that will in part cover costs for this pilot; our PPS is providing the rest of the funding. Key Initiative: Ten Westchester communitybased organizations that partner with our PPS will be chosen through a Request for Application (RFA) process to participate in a series of Learning Lab sessions with a site visit and interim assignments. This Lab will also serve as a pilot for developing an online version for additional community-based organizations located throughout WMC PPS's eight-county region.

An individual's medical and non-medical needs must be met in order to achieve optimal health outcomes. One of the challenges has been how to connect these two spheres of needs when organizations are limited in their ability to negotiate and position their services as part of the overall health care delivery network.





# **Integrating Care Across the Continuum- Local Deployment of DSRIP**





### **Behavioral Health Integration**

#### 3.a.i Model 1: Behavioral Health Integration in Primary Care at 30\* sites in 7 Counties

Bon Secours: Rockland Pulmonary & Medical Associates	Suffern, West Nyack
Community Medical & Dental	Monsey, Spring Valley
Crystal Run Health Care	Middletown, Newburgh, Nyack, Rock Hill
Greater Hudson Valley Family Health Center	Newburgh
Haverstraw Pediatrics	Haverstraw
Institute for Family Health	Hyde Park, Ellenville, Port Ewen, Kingston, New Paltz
Middletown Community Health Center	Middletown, Port Jervis, Washingtonville, Pine Bush
Mount Vernon Neighborhood Health Center	Mount Vernon, Greenburgh, Yonkers
Open Door Family Medical Center	Ossining, Port Chester, Sleepy Hollow, Mount Kisco, Brewster
Westchester Medical Center	Vallhalla
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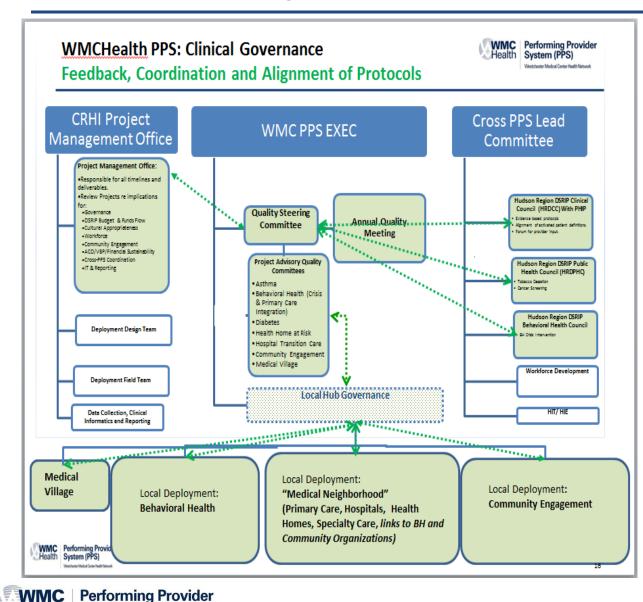
\*Application Goal: 22 sites; recruiting additional sites particulary in Sullivan and Delaware Counties .

	Integrating Behavioral Health into Eleven Projects								
¢⇔	2ai Integrated Delivery System*	An integrated delivery system will build the analytical and care management infrastructure for Population Health Management.							
$\bigotimes$	2.a.iii Health Home At Risk*	An integrated Care Plan alerts BH providers to medical concerns; helps primary care to incorporate patient centered goals.							
	2.a.iv Medical Village*	Co-located Medical, behavioral and social services will create opportunities for training workforce in integrated care delivery.							
纛	2.b.iv Hosp Transitions*	Adapt evidence based practices like Medication Reconciliation to address medical re-admissions following BH discharges.							
*	2.d.i Patient Activation*	Connect patients to regular source of care and to options for insurance coverage; provide links to social services.							
æ®	3.a.i BH/PC Integration*	BH professional services at PC site, "warm transfer" of patients who screen positive or need BH services, BH notes in PC record.							
**	3.a.ii BH Crisis Stabilization*	Improve BH crisis stabilization services throughout seven counties in the PPS service area.							
٢	3.c.i Diabetes*	BH medications exacerbate diabetes; protocols adapted to different practice settings support disease management for all.							
<b>6</b> 4	3.d.iii Asthma•	Asthma medications can precipatate anxiety attacks; training BH & HH on asthma treatment to reduce anxiety related ED visits.							
Ø	4bi Tobacco Cessation*	A focus of the tobacco cessation work is the BH population including development of training for BH staff.							
Ŷ	4bii Cancer Screening*	BH patients often fail to get routine medical preventive care. Population Health Management tools will help patients, families and BH and primary care to be aware of gaps in care.							

\*includes TRAINING for partner staff and/or development of new positions



### **Behavioral Health Integration- Measures of Success**



#### **Project KPIs** (Key Performance Indicators)

- On Nov 4, 2015 the chair of the WMCHealth PPS Quality
  Steering Committee charged each project advisory
  committee to adapt, adopt
  or develop KPIs to monitor
  the success of each project.
- KPIs will be in addition to implementation plan milestones, activated patient reporting as defined by IA and quality measures as defined in Appendix J.

Health

# Helping practices to help patients --

- Technical assistance for PCMH, MU and QE connection
- Care managers at the primary care site
- Support for data analysis and reporting (pay for reporting)
- Consideration **participation** (attending meetings, etc)





# **Vendor Selection Process**

- RFI process began August 2015
- Aligns with PPS vision of integrated care in Medical Neighborhoods aligned with healthy communities and ongoing support for primary care
- PCMH vendor selection based on qualifications & experience

### **Taconic Professional Resources**

- PCMH NCQA recognition of 350 PCPs at 64 sites – 100% level 3, Regional Faculty NY Region for CPCi Advanced Primary Care Transformation program, 74 practice sites with >350 physicians
- Partner with PPS Staff to incorporate CSA results into PCMH work
- Scope of work to include practice transformation at over 25 practice sites in FQHCs, large multispecialty practices and smaller privately owned PCP sites including hospital based

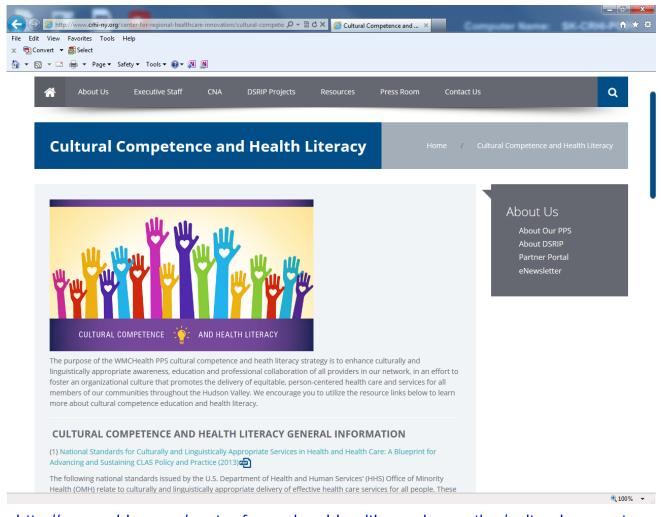
# Taconic

# Process

- Pre-Assessment: effective and relevant pre-screening; incorporating PPS current state assessment
- **Onsite Assessment:** Assess first hand the practice's leadership, project commitment, processes and role based workflows
- Gap Analysis and Action Plan: Create a site specific analysis and Action Plan
- **Onsite Gap Analysis and Action Plan Review:** Review of the plan with the practice and sign off of the plan and timeline
- Work Plan for Transformation: Site specific plans
  - Onsite: 1 month, 3 months, quarterly and PRN
  - Bi-weekly calls
  - Online University
    - Self-paced curriculum
    - Transformation tools
  - Monthly and quarterly reporting
- NCQA Submission and Recognition: Level 3



### Learn more about our PPS



http://www.crhi-ny.org/center-for-regional-healthcare-innovation/cultural-competence

