



Project Advisory and Oversight Panel Report Out

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Executive Director

Our Collective Vision for MHVC

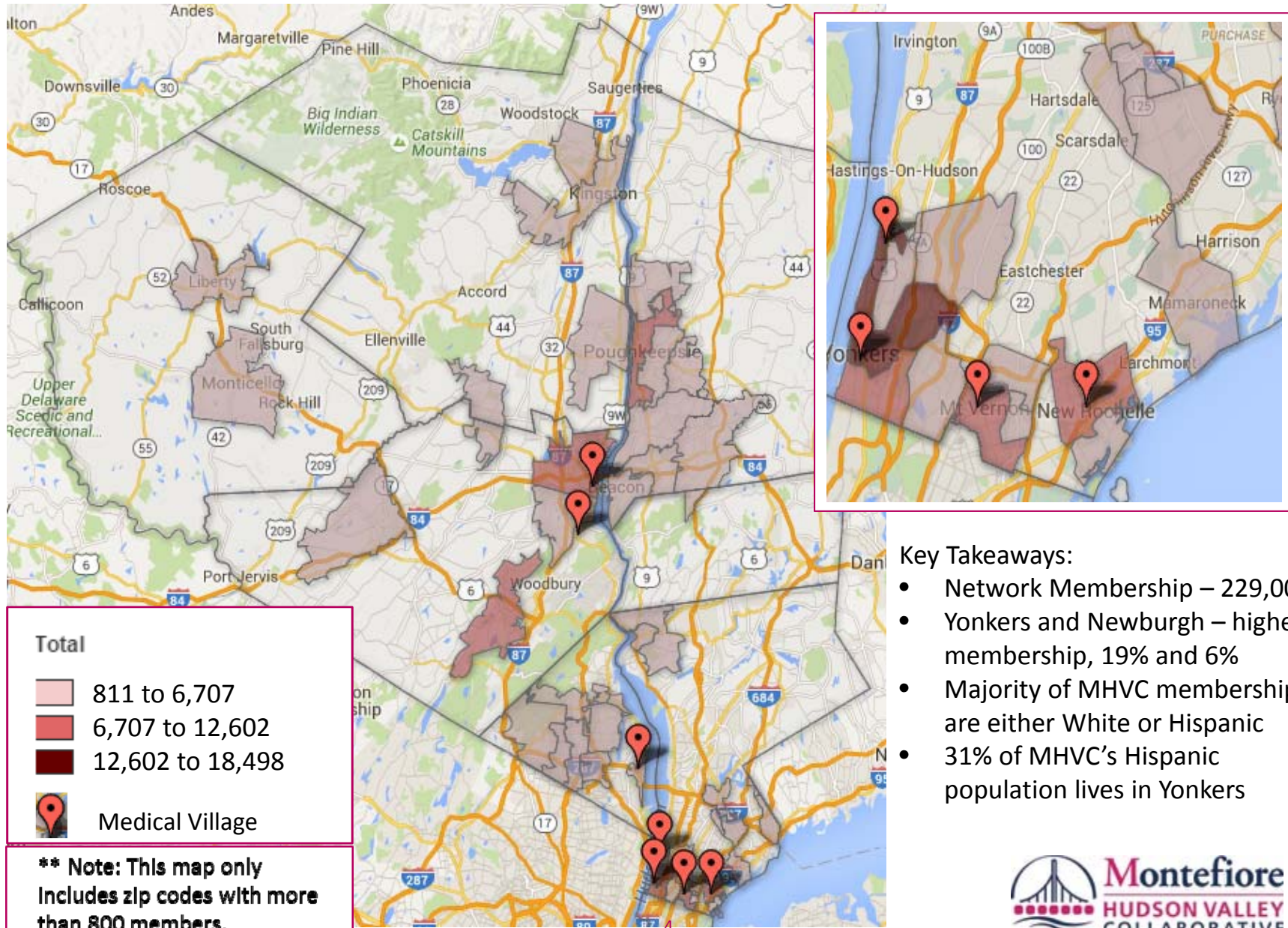
- A more ***integrated*** delivery system, ***better able to take on risk and deliver value***
- A more ***sustainable*** delivery system, care delivered ***locally*** and in the ***right care setting***
- A more ***patient-centered*** delivery system, with ***expanded access to services tailored to the unique needs*** of our patients and communities

Montefiore Hudson Valley Collaborative (HVC) has an expansive scope and leverages Montefiore's expertise

- **7 Counties:** Westchester, Rockland, Orange, Sullivan, Dutchess, Ulster, and Putnam
- **>250 Organizations:** >1000 entities representing full care continuum (including most of region's hospitals), community-based organizations, and LGU and SME experts
- **229,000 Attributed Lives**
- **Leverages Montefiore's experience:** >20 years in VBAs, manages >400,00 lives; fluent in care transformation, including experience as Health Home lead and nation's top performing Pioneer ACO



Where do our members live?



Key Takeaways:

- Network Membership – 229,000
- Yonkers and Newburgh – highest membership, 19% and 6%
- Majority of MHVC membership are either White or Hispanic
- 31% of MHVC’s Hispanic population lives in Yonkers

MHVC Governance

Montefiore

MHVC Steering Committee

**Finance and
Sustainability**

**Information
Technology**

**Workforce
Transformation**

**Clinical
Quality**

**Legal and
Compliance**

PAC

Workgroups report up to their respective Governance Subcommittee

Clinical Subcommittee Workgroups

... the power of planning from multiple perspectives

Project Specific

ED Care Triage

HH at Risk

BH Integration

Cardiovascular

Asthma

Cross Cutting Themes

Integrated Delivery System

PCMH

Care Management

Provider Engagement

Patient Engagement

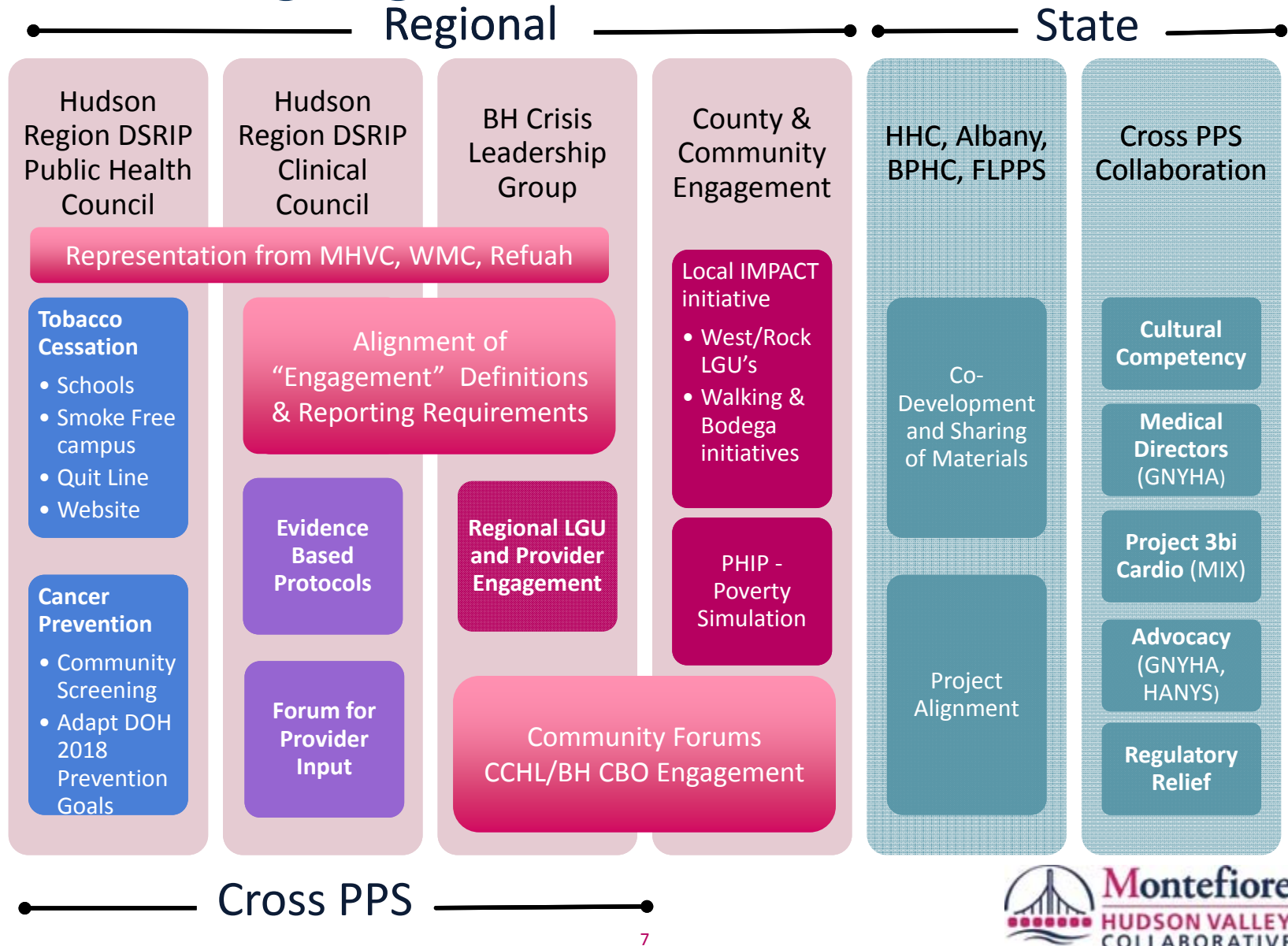
Cross PPS

3aii
Crisis
Stabilization

4bi
Smoking
Cessation

4bii
Cancer
Prevention

Leveraging Collaboration



Using Cultural Competency & Health Literacy *in context*

Our community partners think about cultural competency in a broad way that includes more than race, ethnicity and language. **They consider “what matters to you [the patient]?”**

“The best place we can stand is from that place of not knowing.” **Balancing expertise – our own, as providers, with our clients - as experts in their own lives.**

Foundation for our strategy:

We ask ourselves: Needs & resource assessments

We ask each other: County-level coalitions

We ask individuals: Surveys/community forums

Workforce Transformation Subcommittee

Workgroups

Cultural
Competency /
Health Literacy

Communication &
Engagement

Training Strategy

Compensation &
Benefits

Multi- Stakeholder Membership

Community Partners

Labor Unions

Special Needs
Populations

Subject Matter
Experts

Peers

Patients

Subcommittee/ Workgroup Responsibilities

Co-chaired by Partners
Staffed by MHVC

Workforce Survey

Cultural Competency
Strategy & Training

Webinars and Partner
Education

Communication &
Engagement

Workgroup
Membership

Metrics

Emerging Roles &
Career Ladders

Empowering Our Workforce

- Understanding Emerging Titles
 - Care Management / Care Coordinators
 - Visiting Nurses / Home Health Aides
 - Patient Educators / Community Health Workers
 - Peer Coaches / Peer Support Staff
 - Crisis Intervention Professionals
- Building career ladders to create a strong system with an engaged workforce
 - Collaborate with community colleges so that training translates to credits for career advancement and/or degree attainment
- Creating “bottom-up approach”, to workforce communication and engagement, focused on healthcare workers leading the change
- Partnering with 1199SEIU in training strategy and curriculum

Aligning on PCMH Capacity Building

MHVC Projects

Integrated Delivery System (2ai)

Health Home At Risk (2aiii)

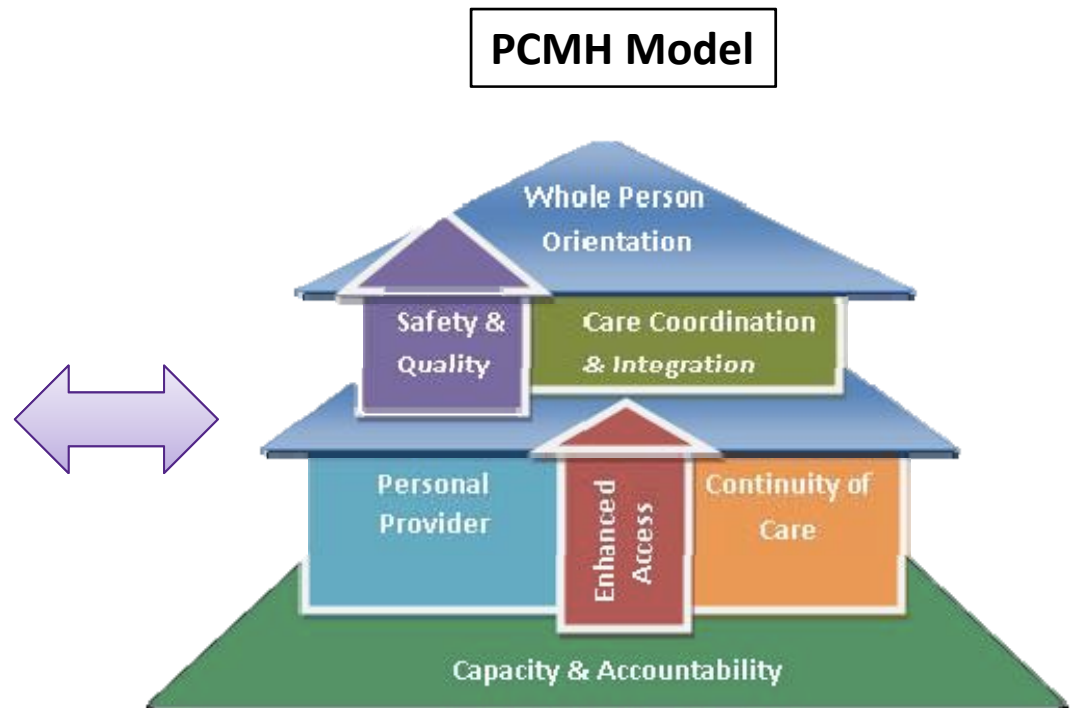
Medical Village (2aiv)

Behavioral Health Integration (3ai)

Cardiovascular Evidence Based Guidelines (3bi)

Asthma Evidence Based guidelines (3diii)

PCMH Model



Empowering Primary Care Practices

- MHVC project selection based on regional community need assessment – large unmet need for primary care projects
- PCMH Approach
 - Understand provider overlap within PPSs (align on resource commitments to “lift” practices)
 - Baseline survey, followed by site readiness assessments
 - Consulting services to assist MHVC-wide PCMH efforts

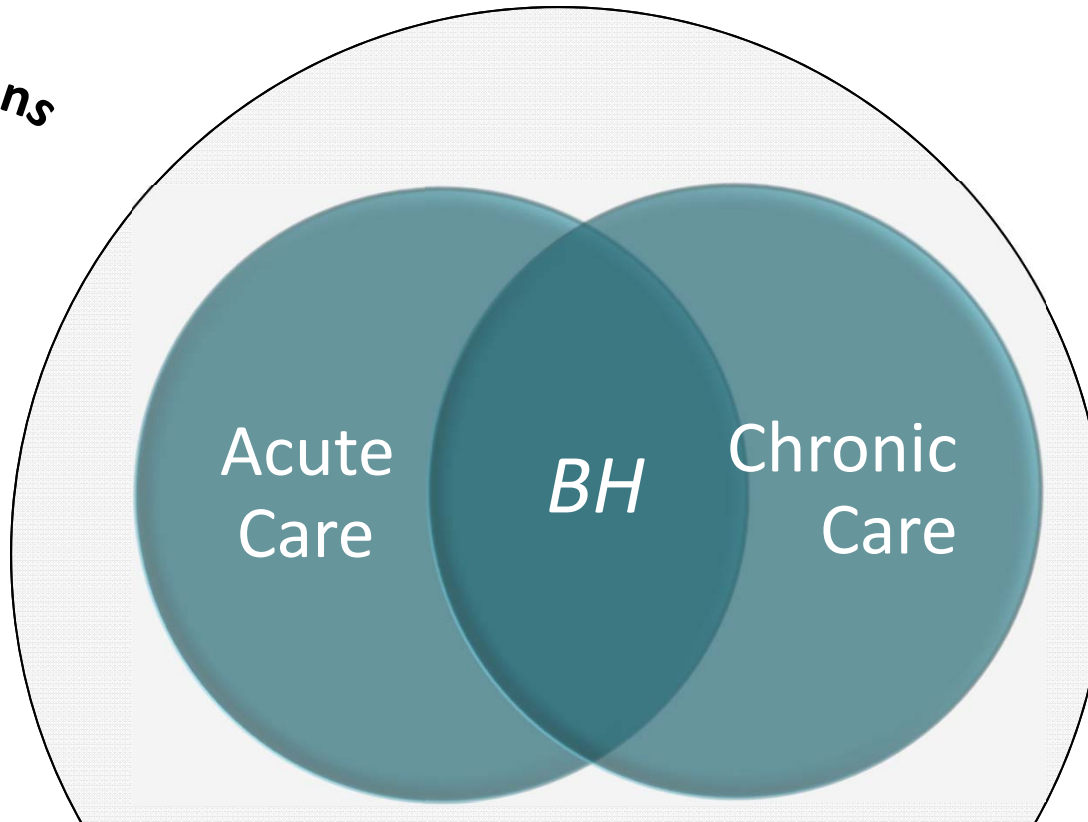
Every Project Crosswalks to Behavioral Health

Care Transitions

- ED Care Triage
- Crisis
- Medical Village

Chronic Disease

- BH Integration
- HH At Risk
- CVD
- Asthma



Clinical Response:
Treat the whole person
Care plans / Referrals
BH assessment & screening
Support for Self-Management

Social Determinants of Health Response:
Linkages to CBOs
Community Partners
Access to training & resources

Supporting Innovation in the Delivery of Behavioral Health

Four (4) MHVC partners have achieved recognition under two new state programs for their vision of behavioral health / primary care integration

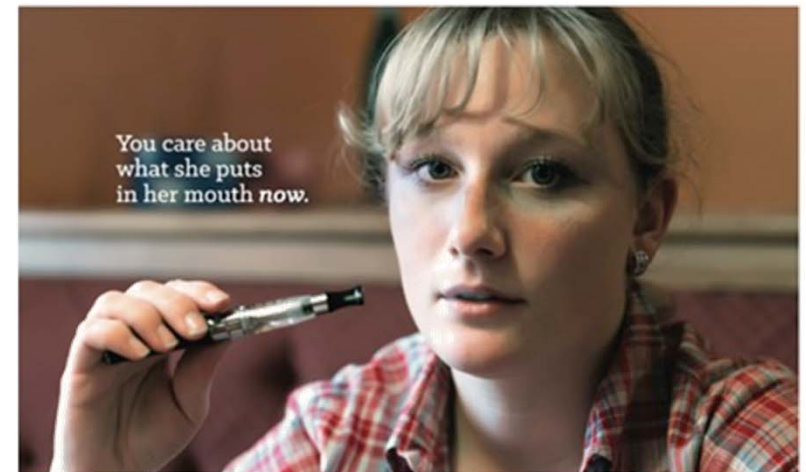
- **OMH IMPACT** – recent OMH pilot project, 5 MHVC practice sites named via a competitive process, eligible to receive \$150 PM/PM to support care coordination.
 - Hudson River HealthCare – 3 FQHC sites
 - Middletown Community Health Center – 1 FQHC site
 - Greater Hudson Valley Family Health Center – 1 FQHC site
- **DOH MAX** series to support Model 2 – the integration of primary care into an Article 31 licensed setting – selected partner:
 - Access Supports for Community Living

Additional Behavioral Health Program Opportunities

- **Practice Transformation Network (PTN) Grant** – Montefiore is a regional lead for the National Council for Behavioral Health’s PTN grant award. Providers can receive incentive payments of \$1,500 for participation in collaborative care planning for psychiatric discharges.
- **UHF Grant – Behavioral Health Integration Framework** – Dr. Henry Chung, Montefiore is leading an initiative to develop a framework to support small primary care practices across the continuum of behavioral health integration
- **Telemedicine** – MHVC is exploring the use for subspecialty and psychiatric care

MHVC's Prevention Agenda Campaign

- Developed by Cross PPS Regional Public Health Council
- Alignment with DOH Prevention Agenda
 - Smoking Cessation
 - Cancer Prevention
- Engagement Plan
 - 1 CBO per region contracted to disseminate campaign to local schools
 - Regional Public Health Council links to local CBO resources



DY1 - Linking Planning to Partner Payments

- Cooperating Provider Agreement reviewed and vetted with Steering Committee, Sept-Nov'15
- Phase 1 Partner Engagement – launched November 2015
 - Defined “envelope” of funds - \$5M
 - Utilized state Attribution for Performance data (A4P) to target partners that are designated as the primary point of contact for our members
 - Eligible Partners – top 50 partners that represent >95% of attribution
 - Designed partner activities/metrics that reward meaningful engagement in project planning
 - Incentivized the completion of all activities/metrics
 - 30% at contract signing – **over \$1.2M distributed to date**
 - 70% at completion of all activities/metrics

DY2 – Expand the Reach of Partner Contracting

- Identify partner's role in impacting performance measures and align payments with outcomes
 - Assures alignment with construct of VBP payment models
- Expand contracting efforts to include CBO's.
Options under consideration:
 - Direct contract with MHVC
 - Via subcontract from partners with attribution
 - Track CBO's who become eligible for safety net designation as they enter into Medicaid billing relationships for services like 1915i/HARP

The Way Forward!

Critical Success Factors:

- Consistent access to accurate and timely member data to drive decision making and resource allocations.
- Ensure alignment and proper incentives for MCO's to engage with MHVC and our partners in the transition to VBP.
- Simplify the EIP/EPP program so that it does not adversely impact PPS cash-flow or create additional onerous reporting requirements
- Announce CRFP funding awards



Thank You