

MOUNT SINAI PERFORMING PROVIDER SYSTEM

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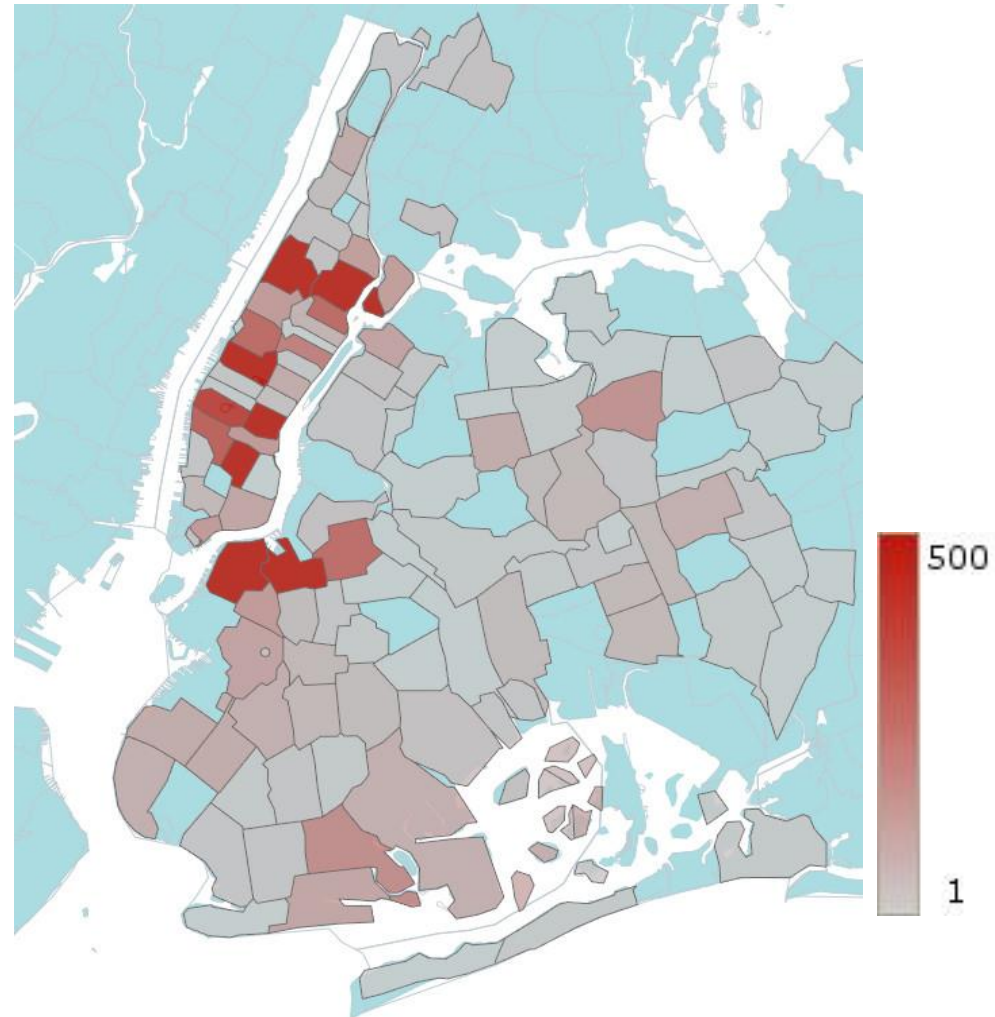
Agenda

- ▶ PPS Profile
- ▶ Governance Structure
- ▶ Workforce
- ▶ Provider Relations
- ▶ Primary Care and PCMH
- ▶ Behavioral Health
- ▶ Collaboration
- ▶ Population Health
- ▶ Stakeholder Engagement and CBO Collaboration
- ▶ Finance and Funds Flow
- ▶ Challenges/Best Practices
- ▶ Q&A

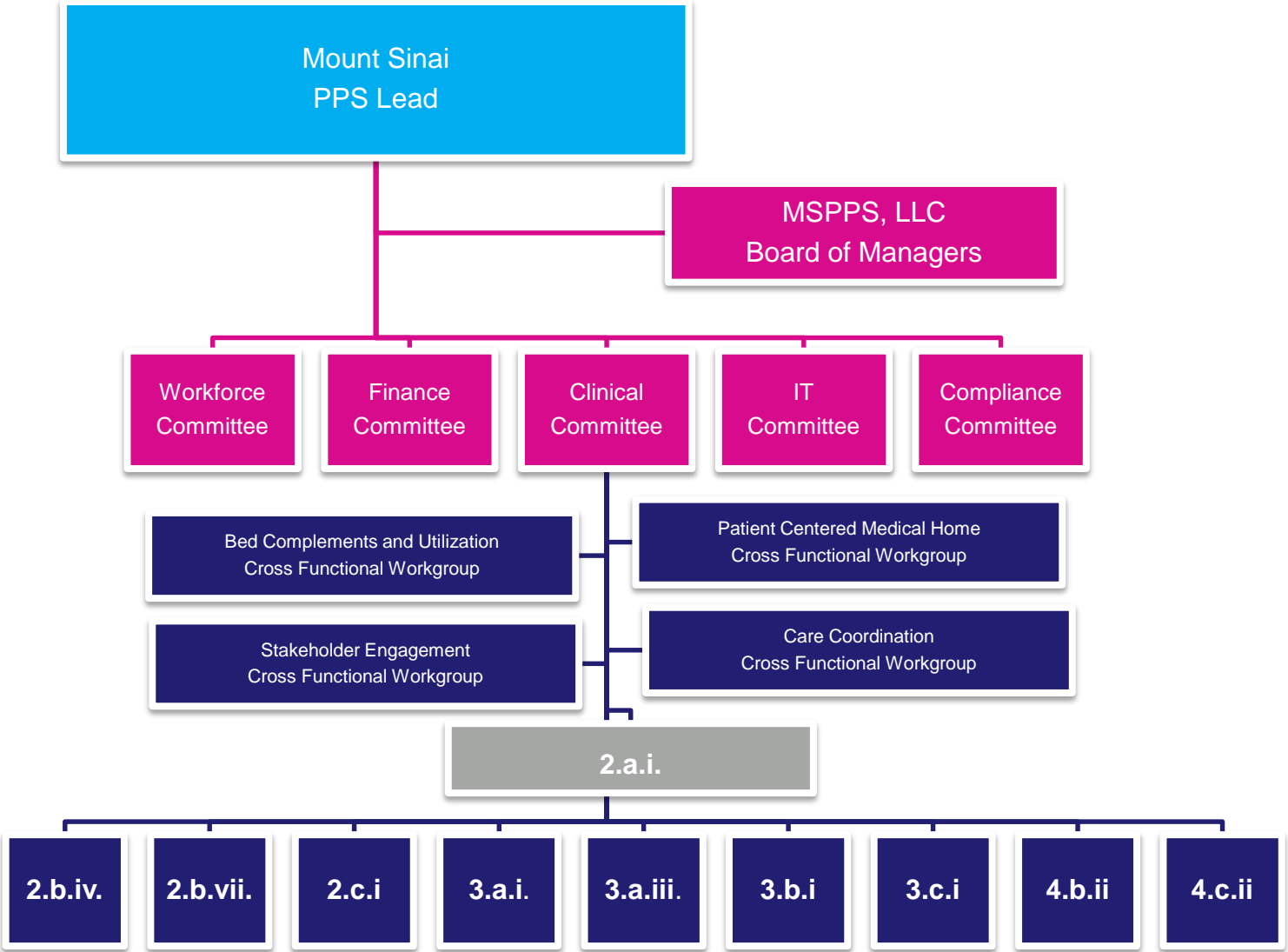
Mount Sinai Performing Provider System

- **MSPPS initiative serves all 7 hospitals within the Mount Sinai Health System in 4 counties**
- **56 Health Centers Clinics**
- **58 Care Management Providers**
- **Over 600 Mental Health & Substance Abuse Providers**
- **78 SNF/Rehab Facilities**
- **11 Hospice Programs**
- **53 Community Based Organizations**
- **Recently added 3 Faith Based Organizations**

Provider density by zip codes



Mount Sinai PPS Governance Structure



Mount Sinai's PPS

The goal of the MSPPS is to lead a sustainable, seamless, population-health driven system, providing patients with high quality care, while reducing high-cost avoidable ED and inpatient care.

Mount
Sinai
PPS,
LLC

Over 150 parent organizations

Nearly 5,000 physicians

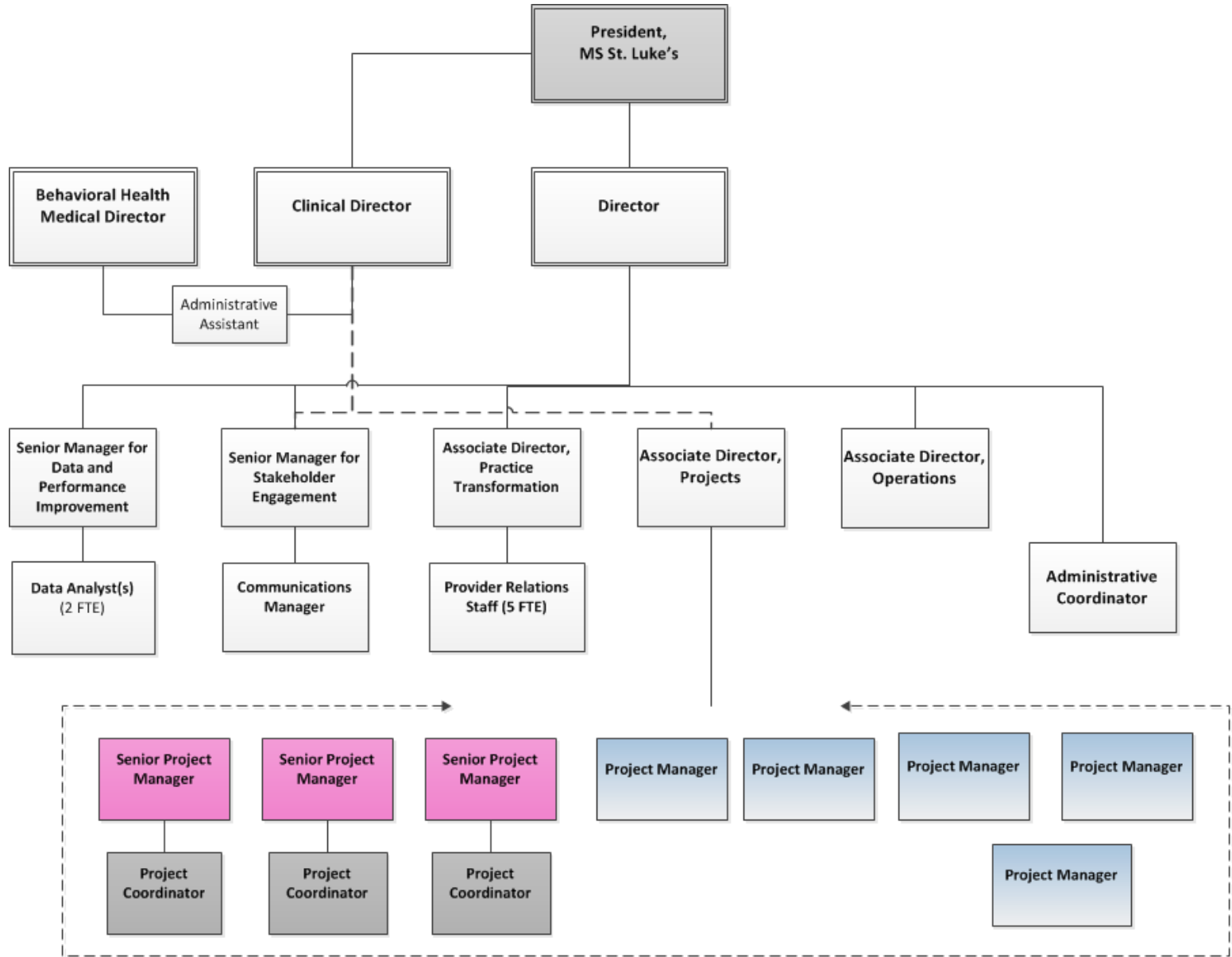
1,000 unique programs, facilities, provider sites, pharmacies

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PMO

28 FTE's:

Leadership team
Project Managers
Communications
Data Analytics
Provider Relations
Stakeholder Engagement

MSPPS PMO



Workforce: Emerging Strategy

Workforce training for CBO's



- Mutual representation on workforce and stakeholder committees
- CBO Profiles and Directory
- Project Process maps including specific roles of CBO
- Process maps will be used to have individual training needs conversations with CBOs
- Phased training: pilots, early adopters, others

Emerging skill sets & career ladders



- Focus on identifying and developing competencies and skill sets
- Care coordinator, Patient navigator, Behavioral health provider/support staff
- Build competency-based career and training opportunities to allow for individual growth

Training designed to meet performance outcomes



- Training manager for PPS to work with 1199 "Senior consultant"
- Meet with project teams and early adopters
- Administer training on an as needed basis for urgent needs
- Design & develop robust training strategy in accordance with milestone timelines

Provider Relations Team 3-Pronged Strategy

Partner/Client Education

- Provide regular and on-going information and education to engaged partner organizations
- Distill and review DOH or MS PPS policy or directional changes
- Ensure partner is aware of PPS requests, answer or field questions

Relationship Management

- Serve as a resource to the partner organization
- Maintain high engagement of the most critical partners
- Facilitate timely completion of materials and requests from project teams
- Develop a deep understanding of the partner organization's programs and areas for on-going contribution to DSRIP projects.
- Relay and discuss with project management and clinical leaders

PPS “Network Development”

- Understand the PPS network landscape and gaps; seek opportunities for new partners to contribute as needs arise
- Develop a process for integrating new partners in subsequent DSRIP years
- Help connect partners who may benefit from integration with one another

Primary Care and PCMH Certification Strategy

- ▶ PCMH Cross Functional Workgroup
 - Soon to kick-off, objective is to promote and provide support to PCPs in achieving 2014 Level 3 certification
- ▶ Methodology for obtaining PCP PCMH and MU status of all participating PCPs
 - Data Request Tool collected partner's basic stats, including PCMH status
 - Preliminary gap analysis, scope of Practices/PCPs certification
- ▶ Resources to support PCPs
 - Contract with 3rd party (PCDC/PCIP) for complete assessments, analysis and technical assistance for practices

Behavioral Health Integration

Project 3.a.i – Integration of Primary Care and Behavioral Health Services

3 Models: (1) BH into PC, (2) PC into BH, (3) IMPACT

- ▶ Sites Participating:
 - Model 1: 8 sites
 - Model 2: 2 sites
 - Models 1 & 3: 2 sites
- ▶ Current Activities
 - Standardize Screenings
 - Model 1 – PHQ2/9, GAD2/7, AUDIT, DAST
 - Model 2 – Primary care age-specific preventive screenings: BMI, Diabetes,, Hypertension, Cancer Screens
 - Model 2 – Consensus for Pediatric Screenings
 - Developing protocols for:
 - Care engagement
 - Warm handoff
 - Medication management
 - Site Licensure applications and MCO contracting
- ▶ Challenges
 - Delay of CRFP for Model 2 sites
 - Hiring new staff and implementing new services
 - Billing for Depression Care Manager services in IMPACT model outside of the OMH Pilot Program or FQHCs
 - Administrative burden of contracting with MCOs and billing for services
 - Reporting from SU sites (federal confidentiality laws prohibit sharing of PHI without consent)
 - Involving CBOs for non-clinical services - defining metrics, contracting, etc.

Behavioral Health Medication Adherence

Project 3.a.iii – Implementation of Evidence-Based Medication Adherence Program in Community Based Sites For Behavioral Health Medication Adherence

- ▶ Sites Participating
 - 4 sites
- ▶ Current Activities
 - Documented Self-Management Goals – Treatment Adherence Template Developed
 - Primary goal: medication management/adherence
 - Secondary goal: wellness/self-management e.g. diet/nutrition/tobacco cessation, risk reduction
 - SAMHSA Illness Management and Recovery Practice
 - CPI Wellness Self-Management Module
- ▶ Development of Care4Today
 - Web Based Provider/ Patient Portal for Medication Adherence Education and Assistance
 - Developed specifically for BH population
 - Tiered access for patients and attention to cultural competence and health literacy
- ▶ Pilot with Community Based Provider
 - Residential Program for Mentally Ill
 - Care team access to full list of medications (care managers with consulting psych)
 - Medication review existing aspect of weekly case conference
- ▶ Challenges
 - Difficult to modify EMRs to capture self-management goals and report on goals and eligibility criteria

Collaboration with Local Community Groups

Project 4.c.ii (HIV) and NYC DOHMH

- ▶ Healthcare Policy Analyst, Anna Thomas-Ferraioli, regularly participates in project workgroup discussions
- ▶ Director of Care & Treatment, Bureau of HIV has provided insight on City's perspective
- ▶ Participation in the DSRIP HIV Coalition, convened by NYC DOHMH
 - Coalition Benefits & Objectives:
 - Foster shared understanding
 - Promote best practices
 - Facilitate collaboration to maximize effectiveness of HIV project activities

The Future of Population Health

Mount Sinai Health Partners

POPULATION HEALTH

Population health management for all payer types

Infrastructure support at system level

Strengthening provider partnerships

Align and learn from DSRIP efforts and pilot programs

DSRIP

Vehicle for *accelerated* MCD population management

Opportunity for rapid development program re-design

Strengthening community partnerships in all boroughs

Seek alignment with broader population health strategy

Stakeholder Engagement Cross Functional Sub Group Integrated Approach



MSPPS Goals for Stakeholder Engagement Group

- Highlight the work of our partners
- Maintain CBO-focus
- Continually enhance communication to partners
- Help the network understand how partners fit in the overall achievement of DSRIP goals
- Input on critical strategies and experiences

2-Pronged CBO and Stakeholder Engagement Strategy

IN-PERSON

- ▶ Launched first partner-lead Meet & Greet: December 2015.
- ▶ Planning future networking series and collaborative forums for partners.
- ▶ Engage partners with mixed levels of engagement.
- ▶ Encourage partners to share experiences with DSRIP and Mount Sinai PPS.
- ▶ Discuss opportunities for future collaborations among partners.
- ▶ Feedback shared with PMO and the Board; represent CBO and partner's voices..

MSPPS MEDIA

- ▶ CBO partner featured in PPS newsletter (*New York Legal Assistance Group*).
- ▶ Continue partner spotlight series in PPS newsletter and website.
- ▶ Build "CBO Directory" to deepen/develop profiles. Create a rich database.

Funds Allocations for Administration, Project Implementation Costs and CBOs

- ▶ PPS Administration and project implementation costs were initially estimated at 25% for DY1
 - 10% for administration and management
 - 15% for project implementation costs (e.g. centralized services)
- ▶ CBOs payments
 - Safety Net Allocation: 8% of DY1 Payments (\$840,000)
 - Non Safety Allocation: 56% of DY1 Payments (\$44,800)

Funds Flow and Contracting Progress

- There are **171** DY1 Performance Period **1 & 2** amendments currently in production, covering all partners in PPS
- DY1 amendments will be executed with parent organizations who will administer performance across sub-organizations
- Partners will be receiving DY1, Performance Period **1 & 2** amendments (PP1 & 2) by the end of January
 - First payment to partners expected to be sent in February for work completed in PP1
 - Performance Period **2** payments to partners will follow in early August (pending receipt of Net Project Valuation payment in July 2016)
- Pre-work for DY2 contracting has begun with the first round of amendments expected to be sent to Partners in the summer 2016

MSPPS DY1 Allocations by Provider Type

Provider Types	PCP	Non-PCP	Hospital	Clinic	Health Home/ Care Management	Behavioral Health	Substance Abuse	SNF or Nursing Home	Hospice	CBO	Pharmacy	Other
DY1 Safety Net Allocation (%)	8%	6%	18%	8%	10%	10%	6%	5%	5%	8%	5%	9%
DY1 Non-Safety Net Allocation (%)	1%	1%	0%	1%	2%	0%	1%	3%	0%	56%	24%	11%

- DY1 Amendments (partner contracts) will be disseminated by January 25th
- Performance period payments will be made upon receipt of executed agreements and partner confirmation of performance (report card)
- Total Safety Partner allocations: \$10,500,000 (approximate)
- Total Non-Safety Partner allocations: \$80,000 (approximate)

Allocation Methodology

- Revised methodology to focus on **contribution** as well as **attribution**
- Allowed for shift in dollars to highly-engaged, mission critical partners
- 4-Tiered methodology
 - Accounts for attribution *as well as* **clinical value to project**
 - \$1,000 minimum payment for bottom tier
- Top Tier partners agreed to a 10% fund reduction to support lower tiered partners in DY1
- Additional dollars for “Early Adopters”
 - Add-on payments totaling \$750K
 - Early reporters of Actively Engaged
 - Participants in HIE/RHIO Pilot connectivity

MSPPS: Challenges & Best Practices

Best Practices

- Approach to Stakeholder Engagement
- Equitable Funds Flow Model
- Communication and Transparency
- Strong IT capacity; historical success
- CRM and Partner Portal business solution

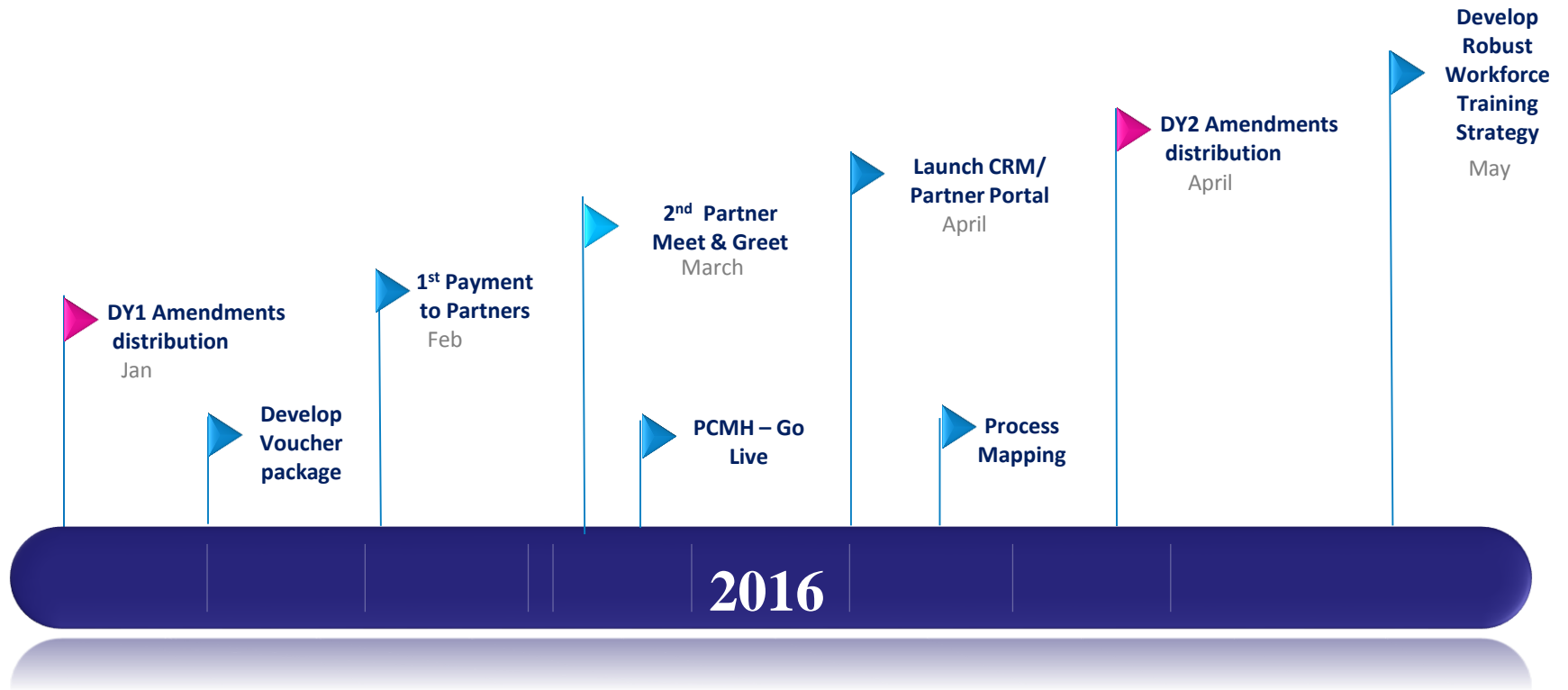
Challenges

- Size of network/ learning about our partners
- Geographic Overlap
- No “out of the box solutions” - need to layer business applications
- Need for member roster
- Funds flow impacting partners ability to make investments

Appendices

- ❖ Appendix a.....2016 High-level milestone timeline
- ❖ Appendix b.....Newsletter - NYLAG issue
- ❖ Appendix c.....Newsletter - ASCNYC's issue
- ❖ Appendix d.....Newsletter - Stakeholder event issue

MSPPS 2016 Timeline





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Partner Spotlight!

Each month Mount Sinai PPS will feature a partner in the newsletter and our website to highlight outstanding work within the community. The hope is to encourage ideas for collaboration across the network. If you're interested in being featured, please e-mail tiffany.cheng@mountsinai.org.

Mount Sinai PPS Partner, New York Legal Assistance Group working with hospitals to advance DSRIP goals

One of the keys to DSRIP success will involve the collaboration between various community-based and social service organizations with traditional clinical facilities such as hospitals and primary care practices. [A recent Crain's New York Business op-ed piece](#) written by Mount Sinai Health System's President and Chief Executive, Dr. Kenneth L. Davis and Dr. Ramanathan Raju, President and Chief Executive of NYC Health + Hospital, highlights the importance of this type of collaboration.

New York Legal Assistance Group (NYLAG) represents one of several community-based and social service organizations within the Mount Sinai PPS network supporting low-income patients and addressing barriers that affect patients' health, beyond their clinical needs.

Since 2001, LegalHealth, a division of NYLAG, has partnered with hospitals and healthcare facilities across New York City to provide on-site legal advice and support to low-income patients for free. The healthcare provider is trained to identify the patient's social and legal issues and then refers the patient to LegalHealth as needed. Mount Sinai was one of LegalHealth's first partners when the on-site legal assistance program began years ago. Together they have helped many patients improve their health and quality of life including a woman facing stage-3 breast cancer whom NYLAG represented at housing court and eventually keeping her from being evicted.*



LegalHealth's Associate Director, Julie Brandfield with a patient.



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NYS Department of Health News & Updates

New York State's First Annual Statewide PPS Symposium

New York State PPSs came together on September 17th and 18th for the New York State Department of Health's (DOH) First Annual PPS Learning Symposium.

During the event, PPS leads were able to network with one another, share best practices, and discuss DSRIP project planning efforts. Presentations touched on PPS experiences with provider engagement, behavioral health integration with primary care, care transition strategies, and much more. The event highlighted that PPSs' engagement with their communities would be key to successful PPS implementation.

Two of the symposium presentations were facilitated by MSPSS board member and AIDS Service Center NYC (ASCNYC) Executive Director/CEO, Ms. Sharen Duke, and MSPSS President, Mr. Arthur Gianelli.

MSPSS Partner and CBO Highlights the Value of Community-Based Organizations (CBOs)



ASCNYC's Ms. Sharen Duke speaking at a panel during the PPS Learning Symposium in September.
Photo: David Nager/ASCNYC

Ms. Duke's presentation highlighted the value CBOs bring to New York City's healthcare system. She presented on ASCNYC's pioneering peer support program, which facilitates care coordination for people living with HIV and other chronic illnesses. ASCNYC trains and sponsors peer educators to help people stay connected to healthcare services via appointment reminders, home visits, health education, and coaching. ASCNYC's peers are integrated into the care teams at local clinics, hospitals, and other settings to help vulnerable populations navigate their healthcare needs. The program also benefits the peer educators: last year, 91% of the program's graduates maintained recovery from substance abuse for more than one year since joining the program. ASCNYC demonstrates the power of local programs in addressing important health issues in our community. We are proud to have ASCNYC as a MSPSS partner. [For more information on this presentation, please click here.](#)



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PPS News

Partners Meet & Greet Feedback for Mount Sinai PPS



In early December, Mount Sinai PPS held its first Partners Meet & Greet to offer partners an open and communicative forum to connect and share their experiences on DSRIP and Mount Sinai PPS.

Through networking and breakout group discussions, partners expressed the desire for a stronger understanding of the network and were anxious to see how services could be integrated with each other. Partners were

also looking for better guidance on how to plan their work around DSRIP from both operational and financial perspectives.

Comments were presented at the last Board of Managers meeting and spoke to several of the initiatives that the Project Management Office is currently working on diligently. These initiatives include:

- Contract webinars to inform partners on the funds process;
- Development of a partner portal for partners to access PPS-related information quickly;
- Recruitment and hiring of new staff to form a provider relations team to perform on-site visits;
- Analysis of survey data to be shared with partners to understand network gaps and strengths.

More information on PMO initiatives will be presented at the next town hall on **Thursday, February 25**.

This event is the beginning of a series of other networking and collaborative forums. We hope that you will continue to share your experiences, concerns, and feedback with Mount Sinai PPS by e-mailing dsrip@mountsinai.org and working with your project managers.

Thank you to all partners who attended this event. Special thanks to Mali Trilla from Settlement Health and Dr. Matthew Weissman from Community Healthcare Network for hosting the event, and our breakout group facilitators, Denise Arzola from Bailey House, Gary Carter from Catholic Guardian Services, and Everett Miller from Bridge Back to Life Center.