



Presentation to PAOP Mid-Point Assessment

Albany, February 1, 2017

Project 2.a.iii – Health Home at Risk Intervention Program

...the IA recommends the PPS create a plan to develop incentives to providers in order to engage them in this project and encourage them to hire CHWs. [It should also] engage key PCP and Mental Health partners.

Action Plan Components

- **Incentivize partners to embed CHWs**
- **Improve reimbursement**

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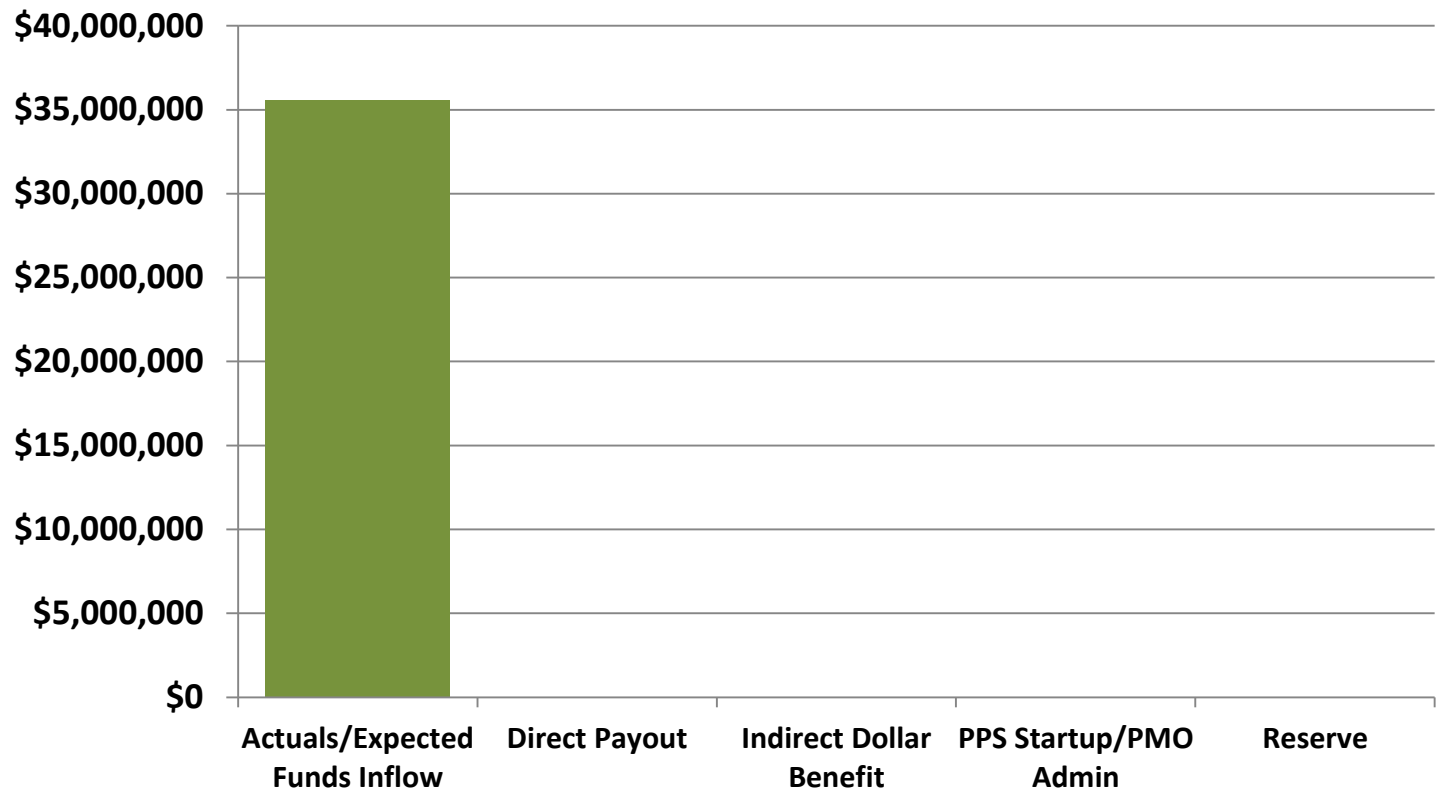
Increase number of participating partners

4  **7**

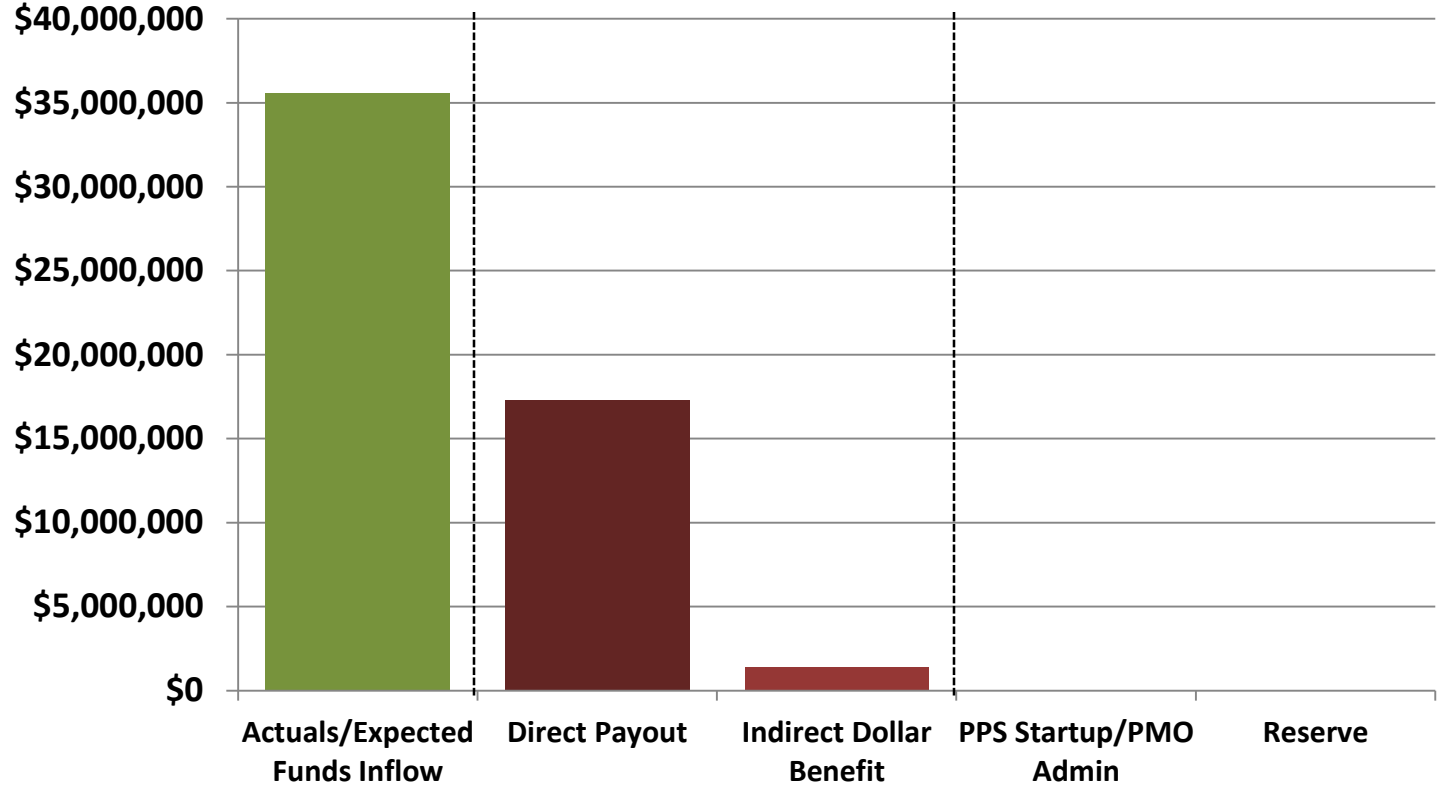
Partner Engagement

...the IA recommends that the PPS develop and implement a strategy for distributing funds to all partners to ensure continued engagement of those partners . . .

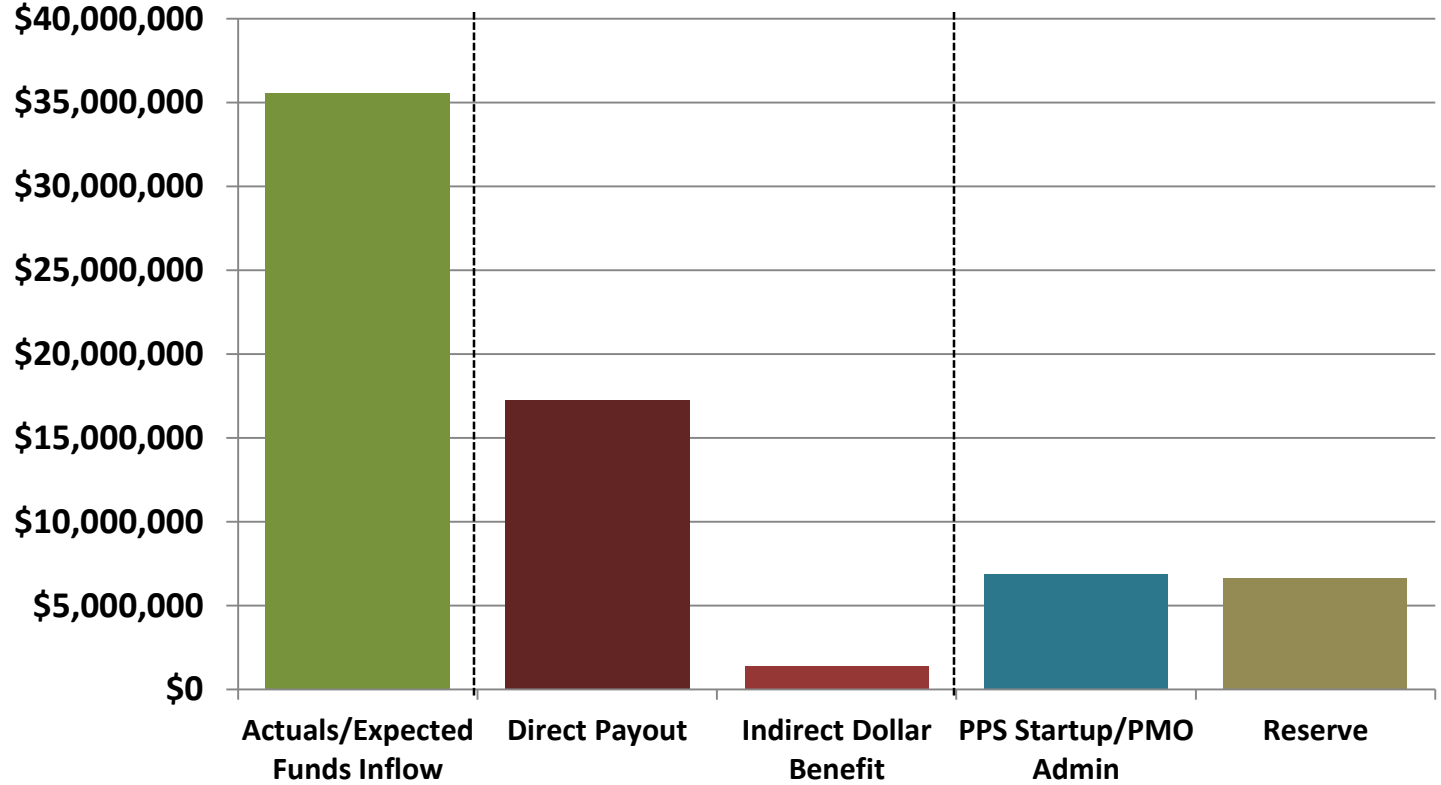
Total actual plus expected inflow through DY2Q3 is approximately \$35.6M.



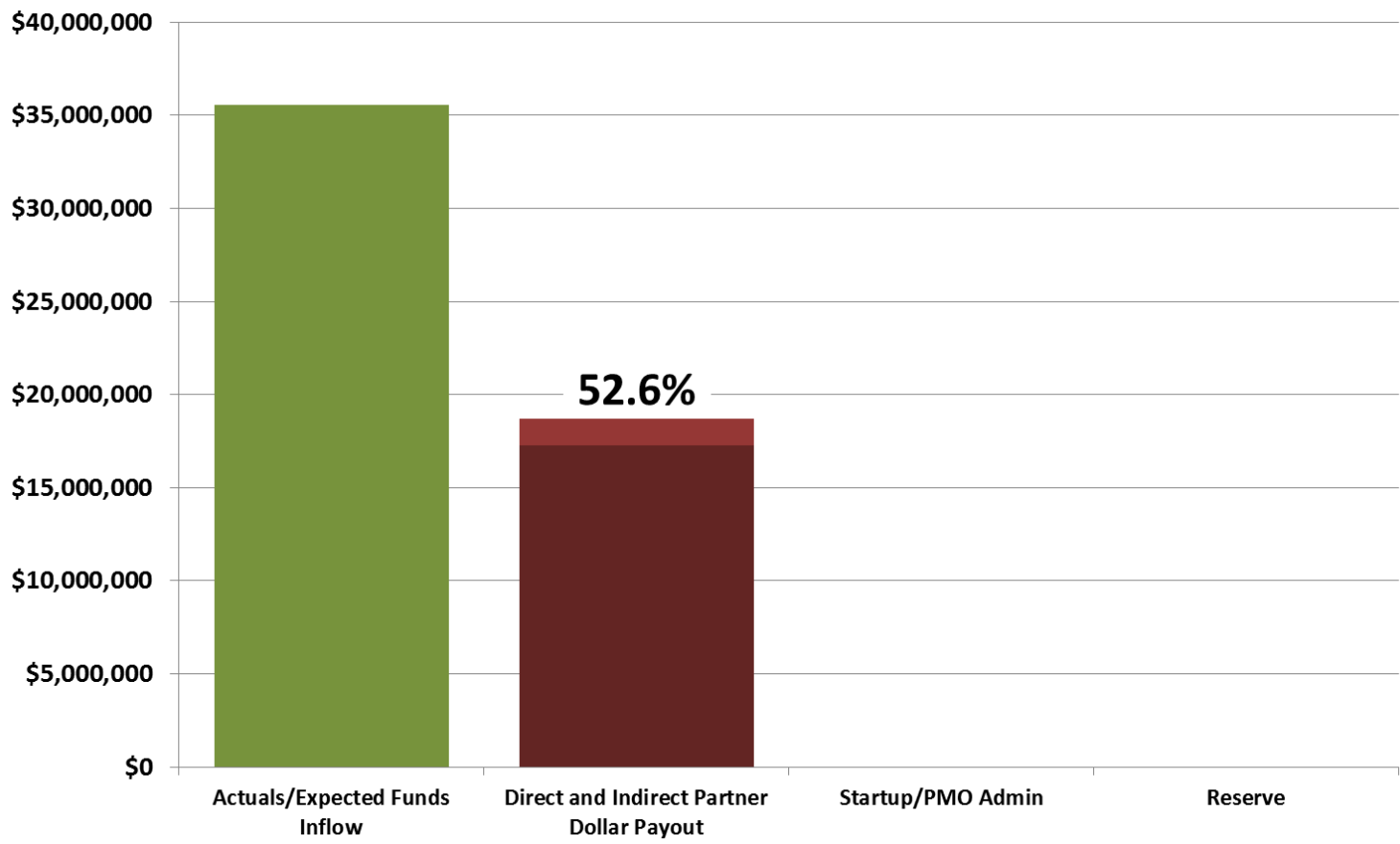
The PPS has directly flowed \$17.3M through project workgroups and workforce contracting plus an additional \$1.4M through shared services such as IT and PCMH.



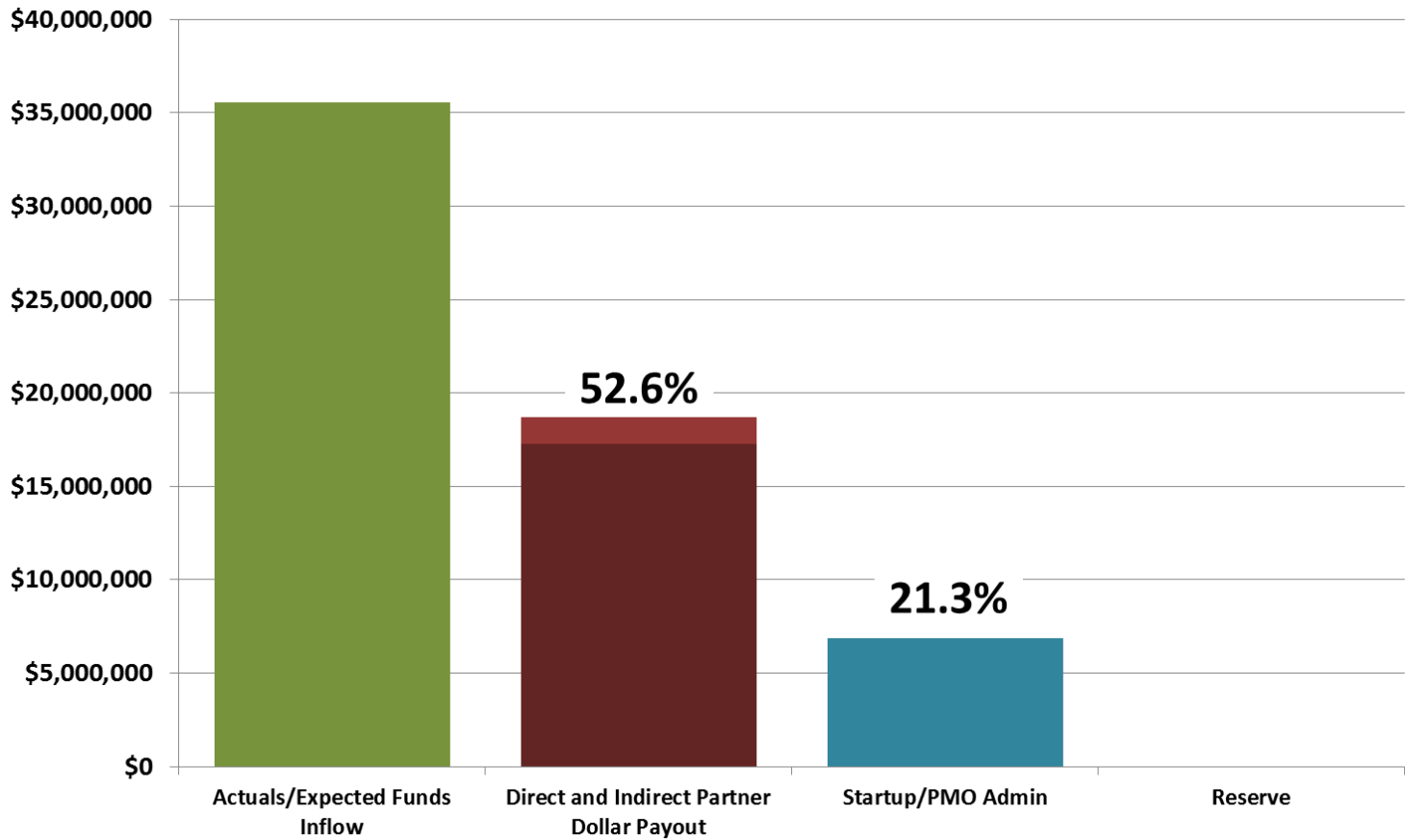
The PPS has flowed \$6.8M as Startup Funds and PMO Admin as well as \$6.7M to the Reserve Funds.



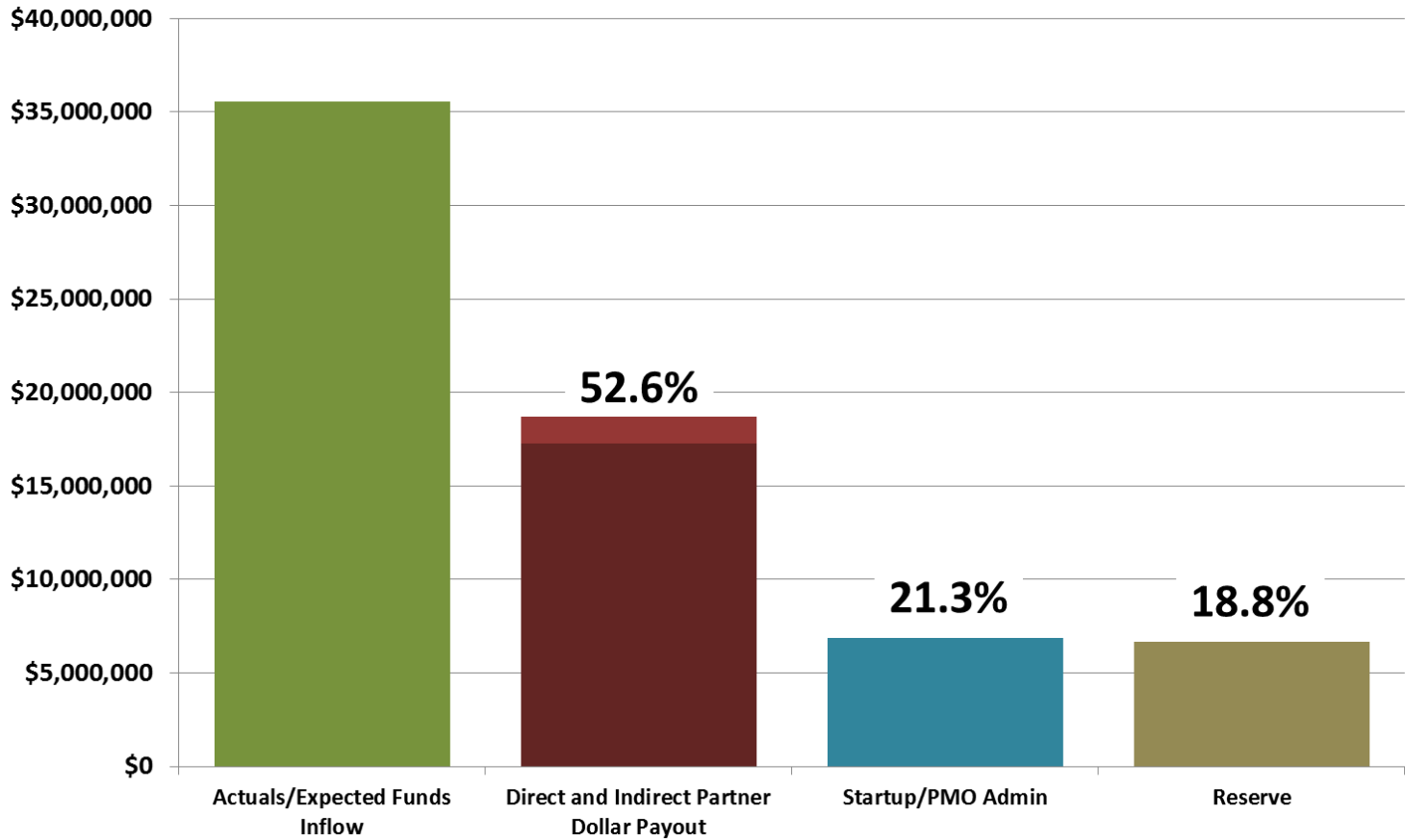
When we look at the Direct and Indirect Funds Flow, the PPS has flowed 52.6% of Total Funds to its partners ...



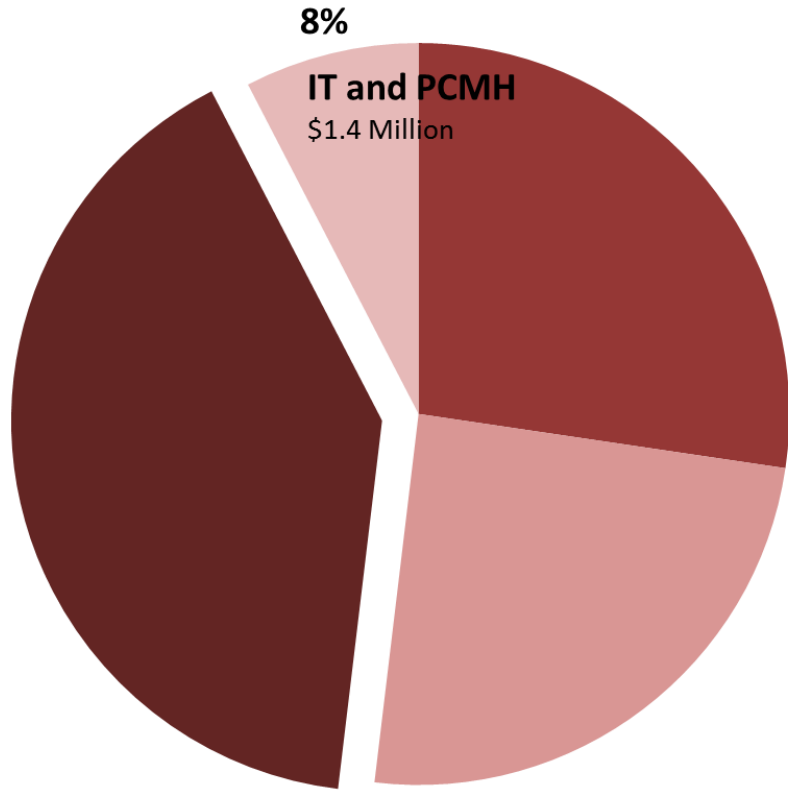
...while flowing 21.3% to the PPS as Startup and Direct PMO expenses...



...and using 18.8% as Reserves.

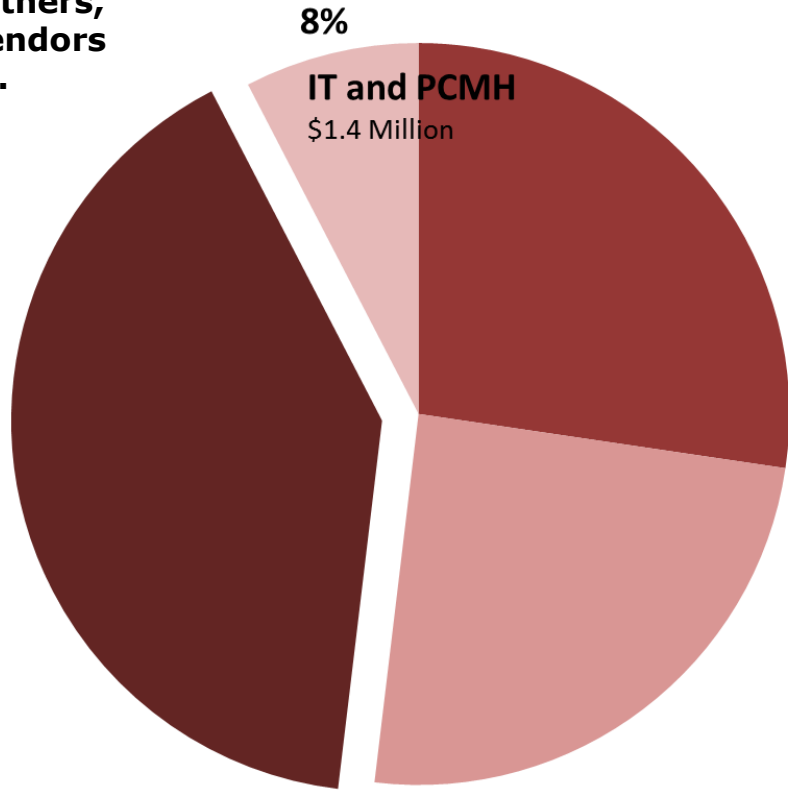


Of the 52.6% that flowed as Direct and Indirect distribution to partners . . .

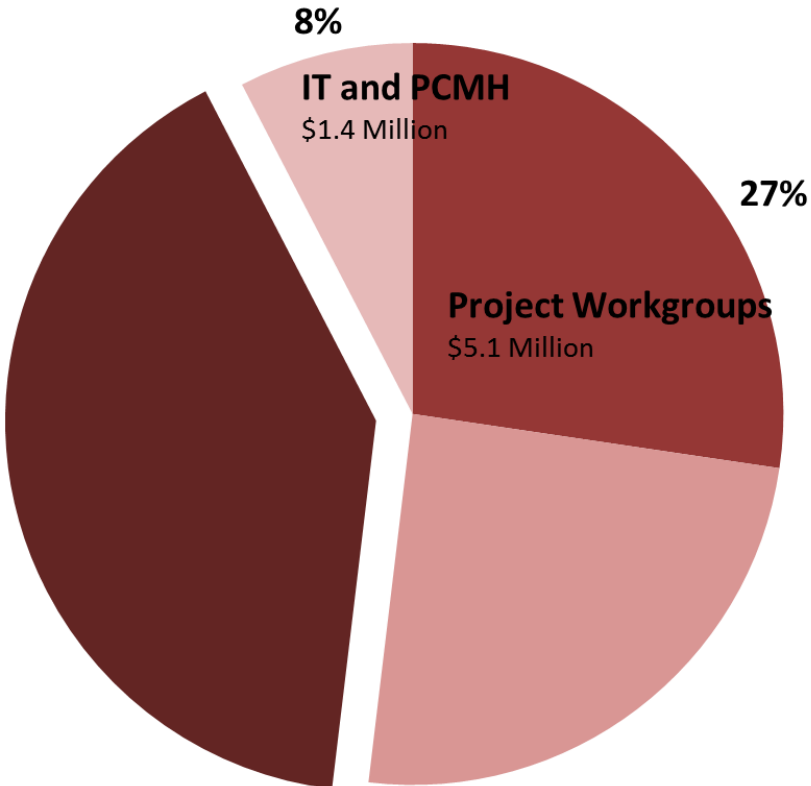


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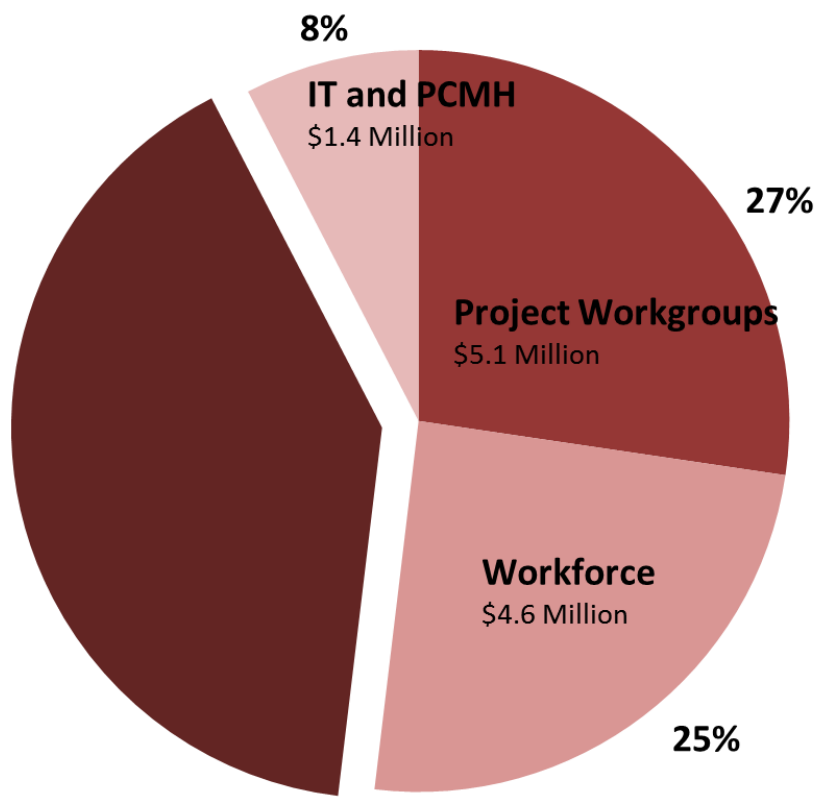
IT and PCMH are Indirect funds flowing to partners, i.e., funds flow to vendors but partners benefit.



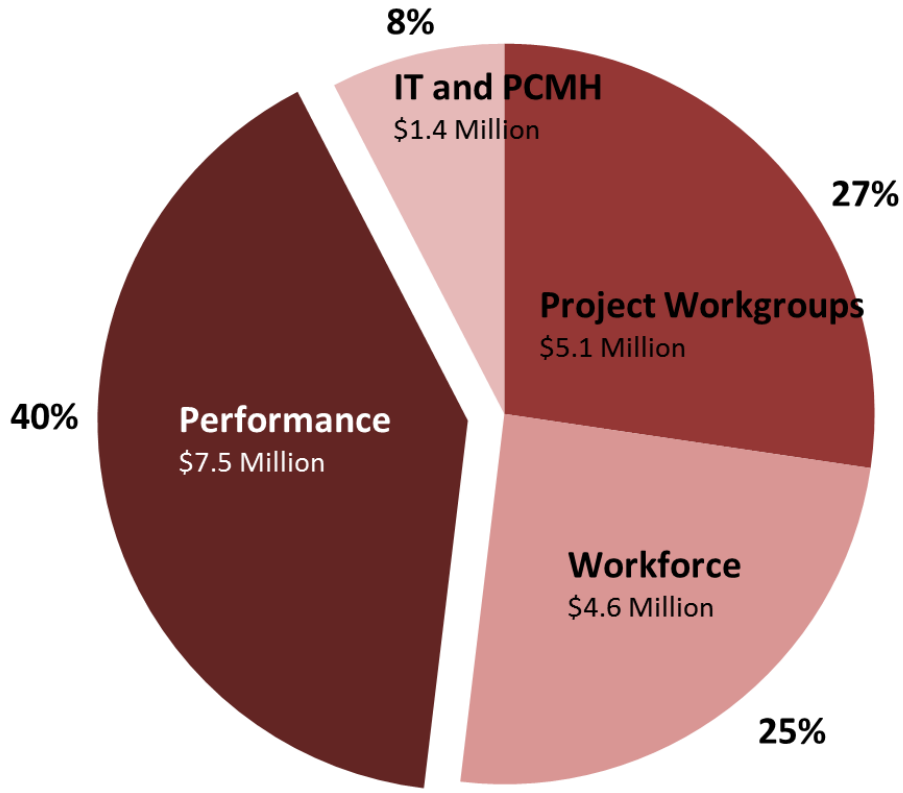
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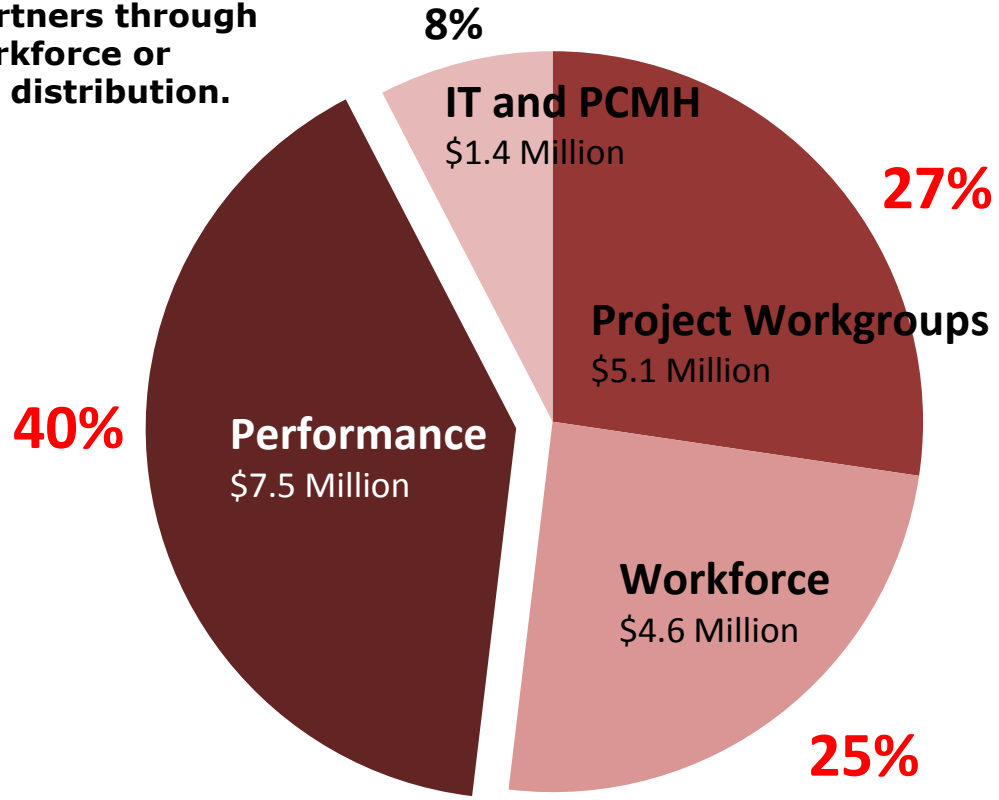


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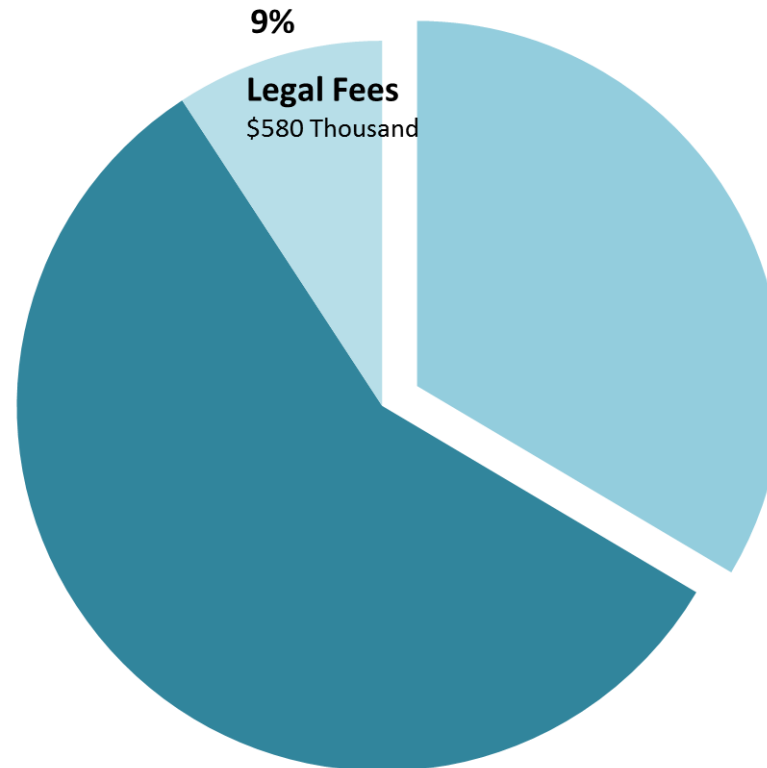


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Most of the funds **directly** flowed to partners through projects, workforce or performance distribution.

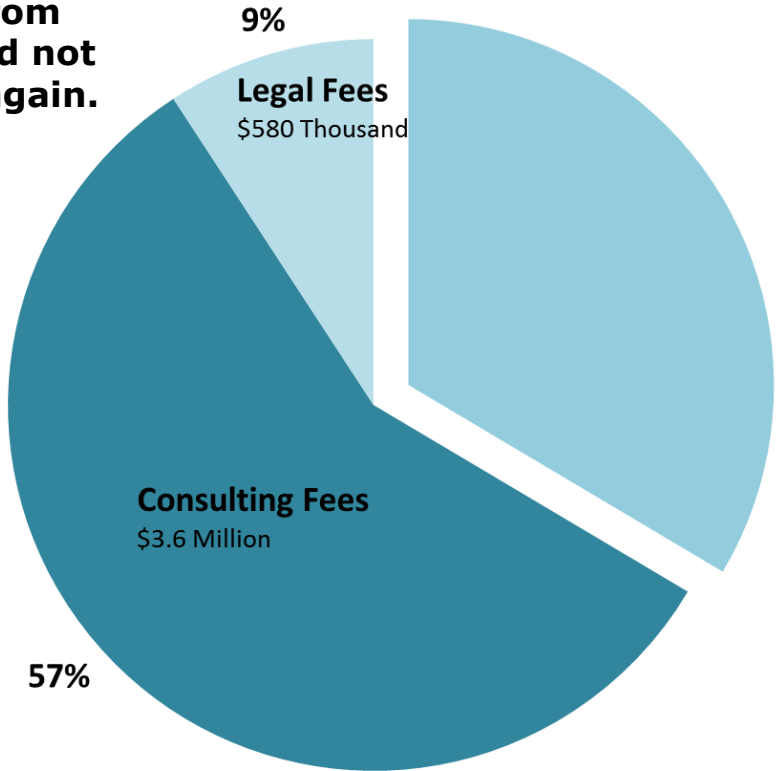


Of the 21.3% that flowed through the PPS as Startup or Administration expense . . .



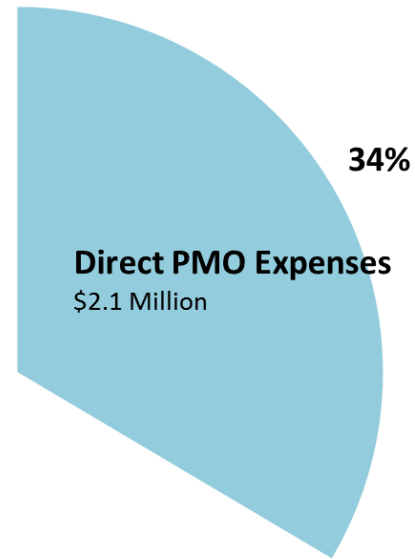
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These are only one-time expenses incurred from DY0 through DY1 and not expected to accrue again.

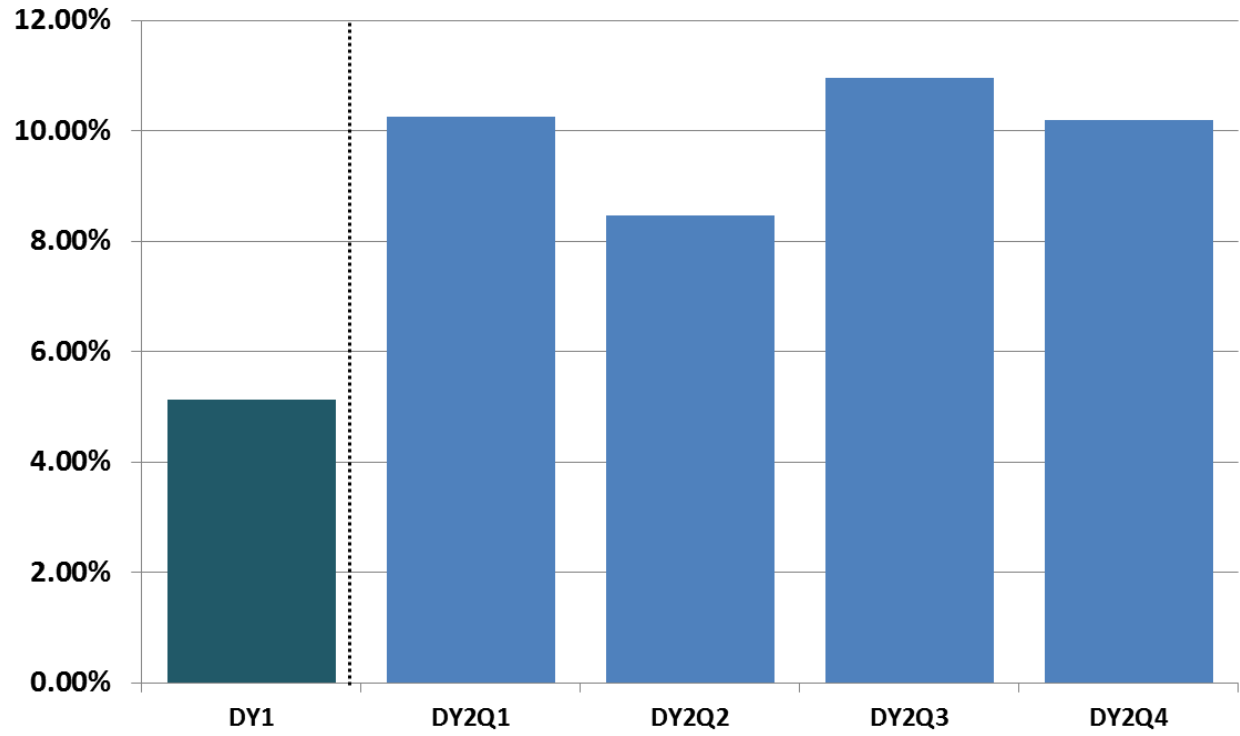


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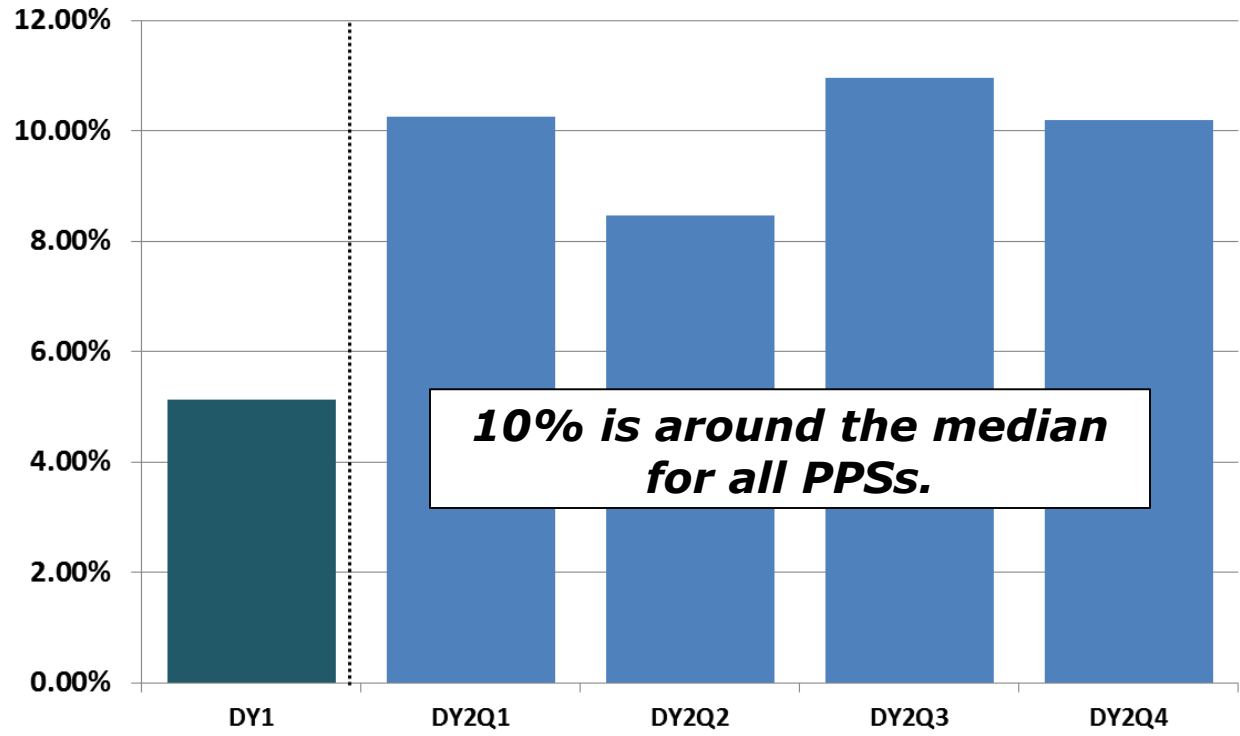
And the only recurring expense are for PMO administration...



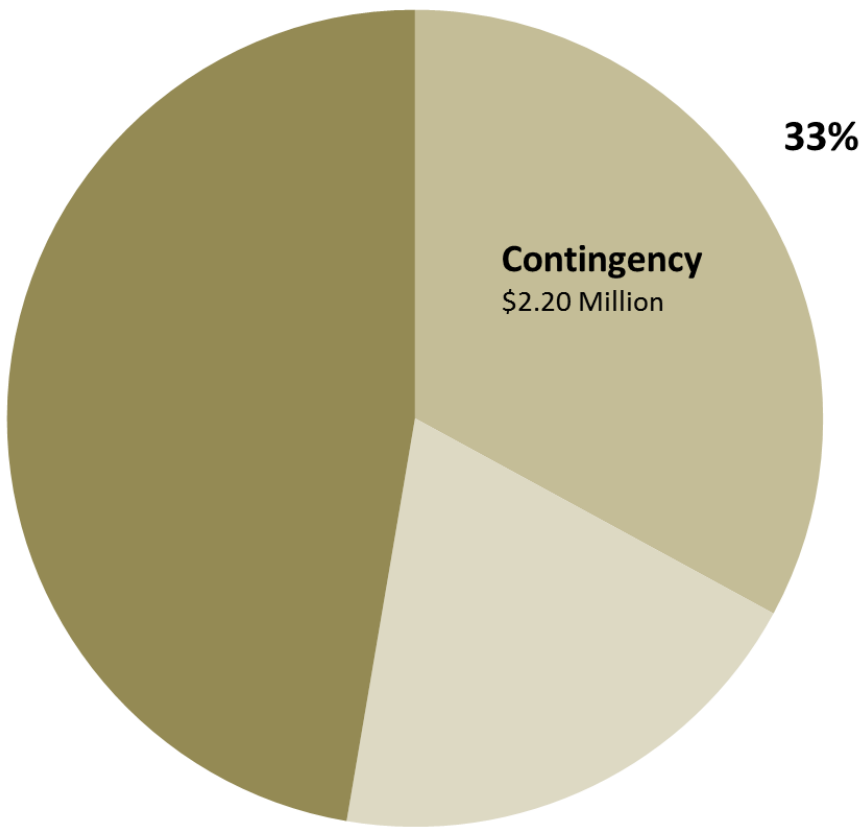
PMO Administrative Expenses as a Percent of Funds Inflow has been stable over the past DY. DY1 percent was low as PMO was still being created and consultants were engaged instead . . .



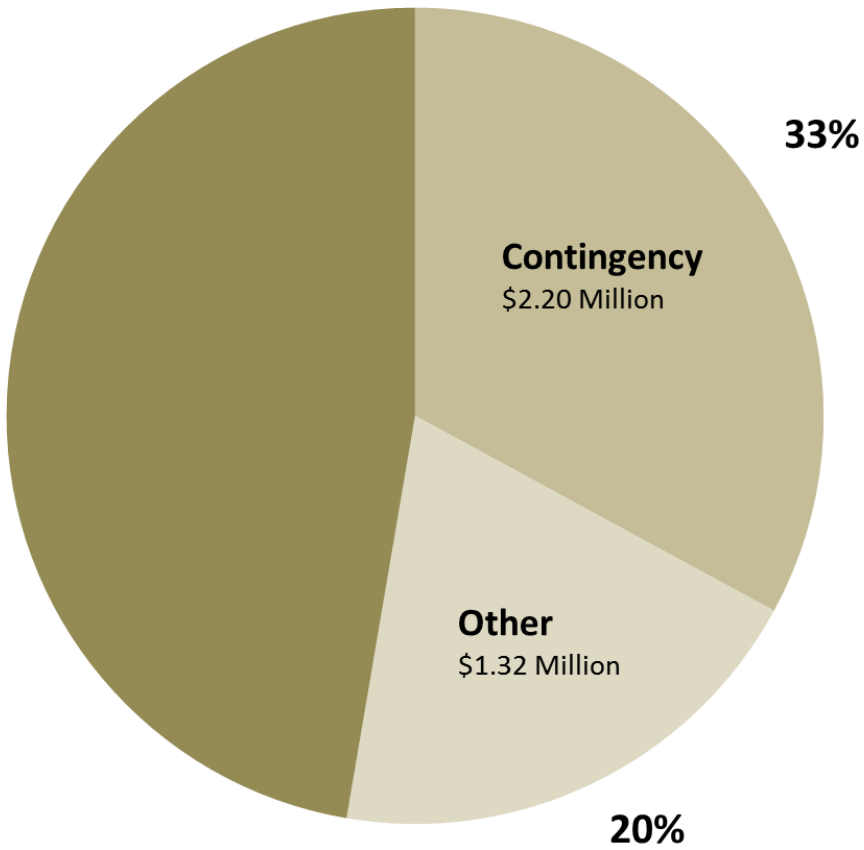
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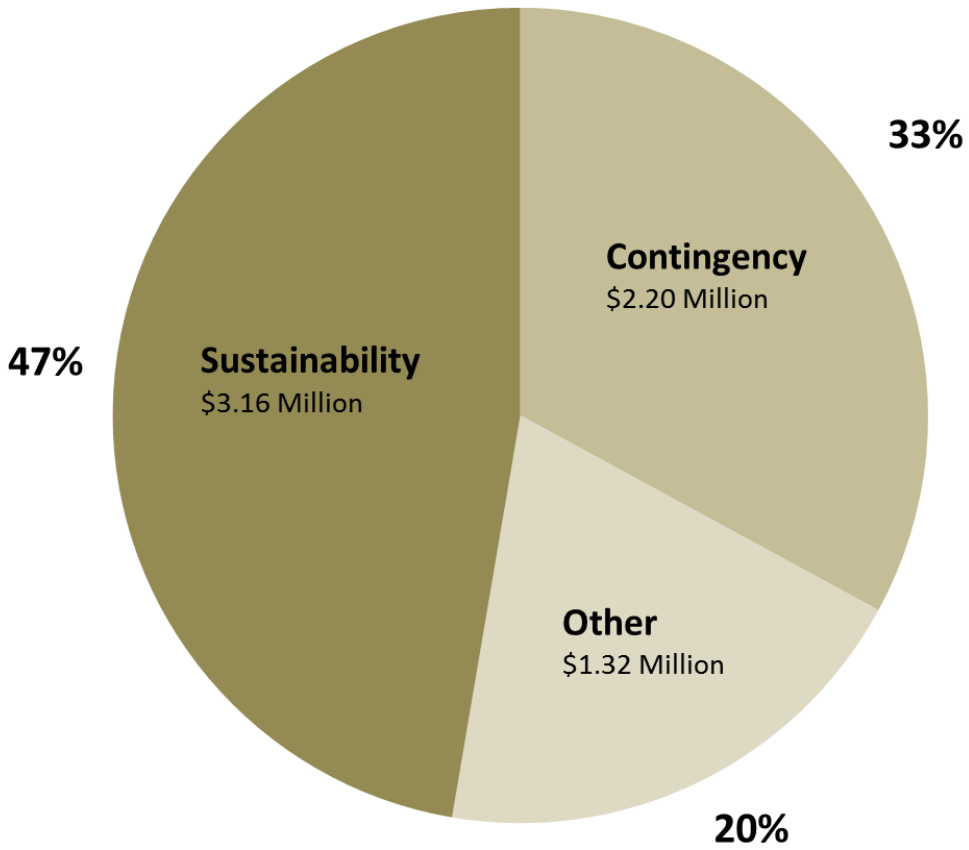
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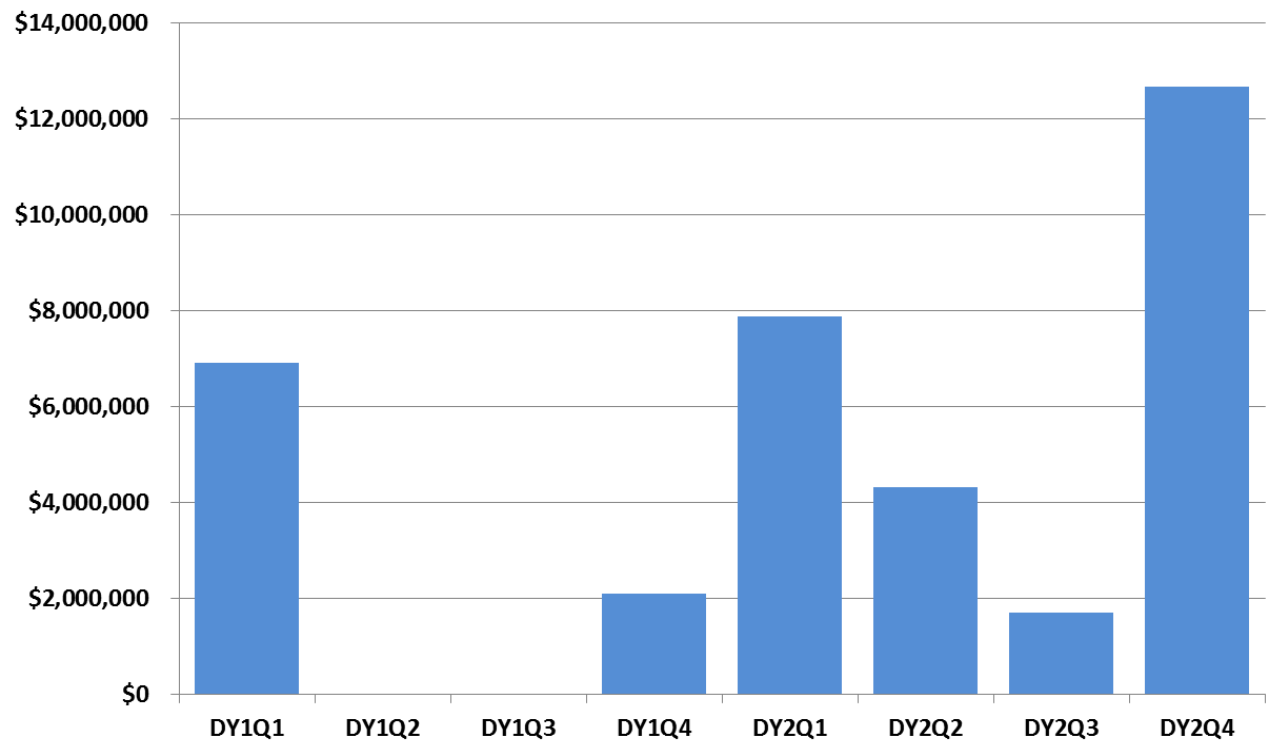


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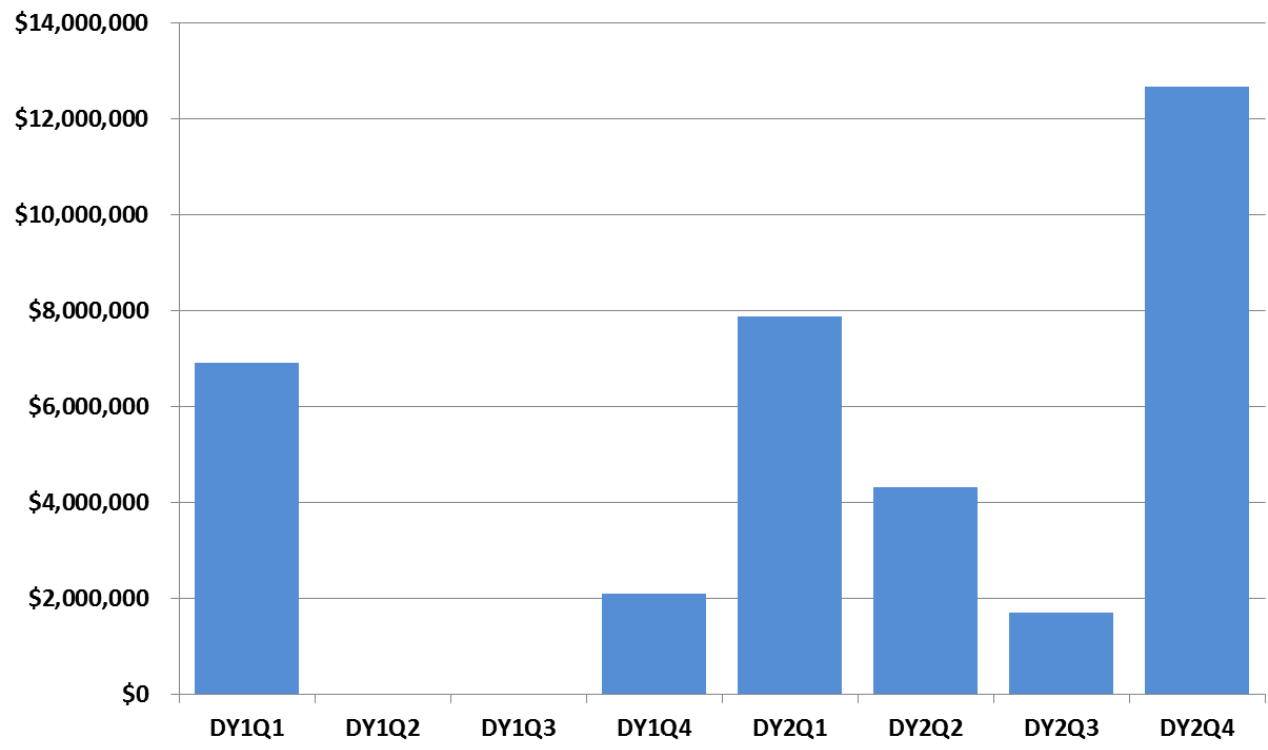
Why does the PPS have Reserve Categories?

- 1. In Original Application; Intended to Create Reserve Funds.
- 2. Meet Quarterly Cash Flow Requirements.
 - A. Variability of Timing and Amount of Funds Coming In to PPS.



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 - B. Committed Project, Contractual Expenses as well as PMO Admin.**
- 3. Post-DSRIP Sustainability**
 - A. Infrastructure, processes in place; keep the momentum and good work that's been done by all the partners.**
- 4. Any Reserve amounts left after DY5 will be distributed to partners.**

Sustainable Projects and Initiatives

1. Care Coordination, High Utilizers.
2. Diabetes and Asthma Programs.
3. Creating New Initiatives to Meet Pay for Performance Measures.

Metric Bucket	Sample Pay for Performance Metrics Targeting Population Health
Access Metrics	<ul style="list-style-type: none"> • Follow-Up After Hospitalization (7 days/30 days) • Children’s Access to Primary Care Metrics (3 measures) • Adult Access to Primary Care Metrics (3 measures)
Primary Care and Behavioral Health Integration	<ul style="list-style-type: none"> • Antidepressant Medication Management • Adherence to Antipsychotic medications for People with Schizophrenia • Diabetes Monitoring for People with Diabetes and Schizophrenia • Engagement of Alcohol and Other Dependence Treatment • Screening for Clinical Depression and Follow-Up
Diabetes and Asthma Metrics	<ul style="list-style-type: none"> • Comprehensive Diabetes Screening • Comprehensive Diabetes Care • Pediatric Quality Indicator • Asthma Medication Ratio • Medical Management for People with Asthma
Care Transition and Care Coordination Metrics	<ul style="list-style-type: none"> • Follow-up After Hospitalization for Mental Illness (7 days/30 days) • Potentially Preventable Visits • Potentially Preventable Readmits • Potentially Preventable ER Visits for People with BH Diagnosis

Sustainable Projects and Initiatives

- 1. Care Coordination, High Utilizers.**
- 2. Diabetes and Asthma Programs.**
- 3. Creating New Initiatives to Meet Pay for Performance Measures.**
- 4. Workforce Transformation.**

1. *Building Knowledge*

- i. Cultural Competency & Health Literacy Trainings*
- ii. DSRIP 101*
- iii. Diabetes Self-Management Program Training*

2. *Building Skills*

- i. CASAC program*
- ii. Language of Care – Spanish for Healthcare workers*
- iii. Medical Assistant Training*

3. *Creating Opportunities*

- i. Community Health Worker Apprenticeship*
- ii. Bilingual RN Program*
- iii. HIV Peer Certification*

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Let's go to the Whiteboard!





Funds are **flowing** to Partners

A whiteboard with a black frame and a tray of markers at the bottom. A black checkmark is drawn in the top left corner. To the right of the checkmark, the text "Funds are flowing to Partners" is written in a dark blue font, with the word "flowing" in red.

Funds are **flowing** to Partners

- ✓ Funds are **flowing** to Partners
- PPS must **plan** for timing and amount of funds received from State and MCOs

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THANK YOU


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