



Central New York Care Collaborative

DSRIP Project Approval and Oversight Panel
Mid-Point Assessment Presentation

Virginia Opiare, Executive Director
Friday February 3, 2017

Discussion Objectives

	Topic
1	Background on the Central New York Care Collaborative (CNYCC)
2	Funds Flow
3	IA Recommendations & CNYCC Requests for Consideration
4	PPS Strategic Achievements & Project Spotlights
5	Looking Ahead



CNYCC At a Glance

6,000

SQUARE MILES

1,400

HEALTH, BEHAVIORAL HEALTH
AND COMMUNITY-BASED
SERVICE PROVIDERS

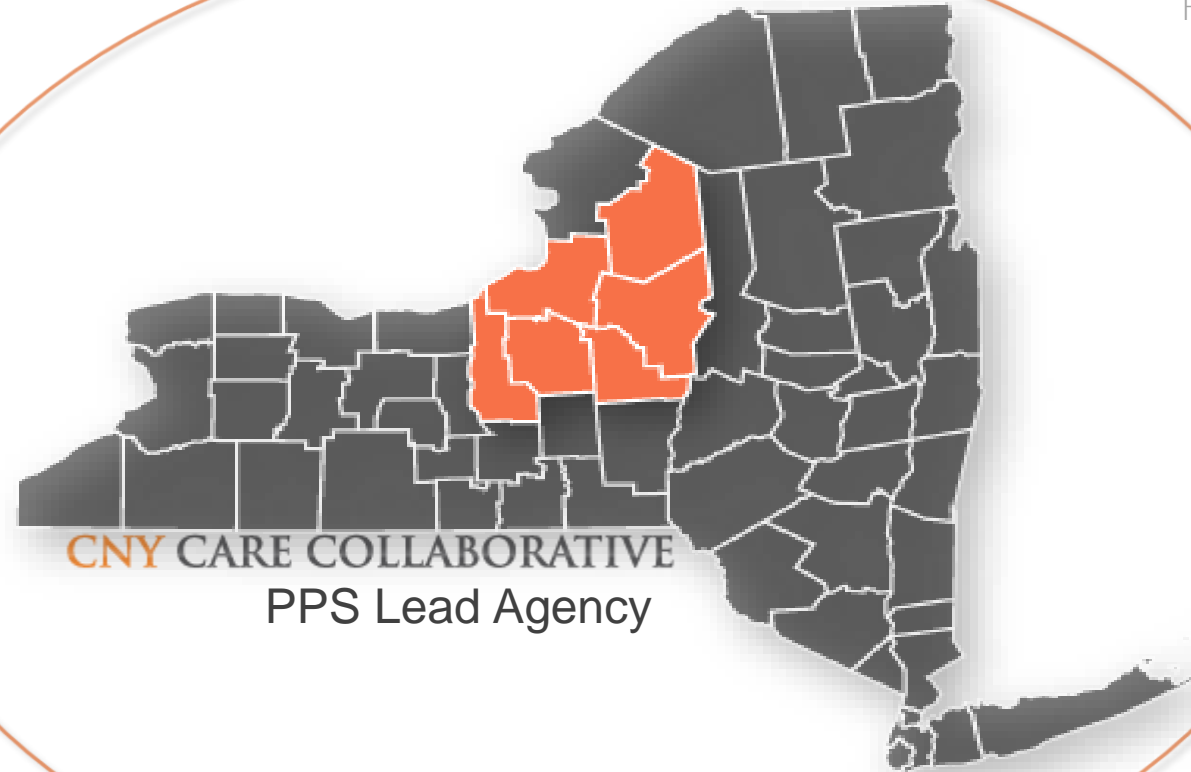
200,000

MEDICAID BENEFICIARIES

6

COUNTIES

Cayuga, Lewis,
Madison, Oneida,
Onondaga, & Oswego



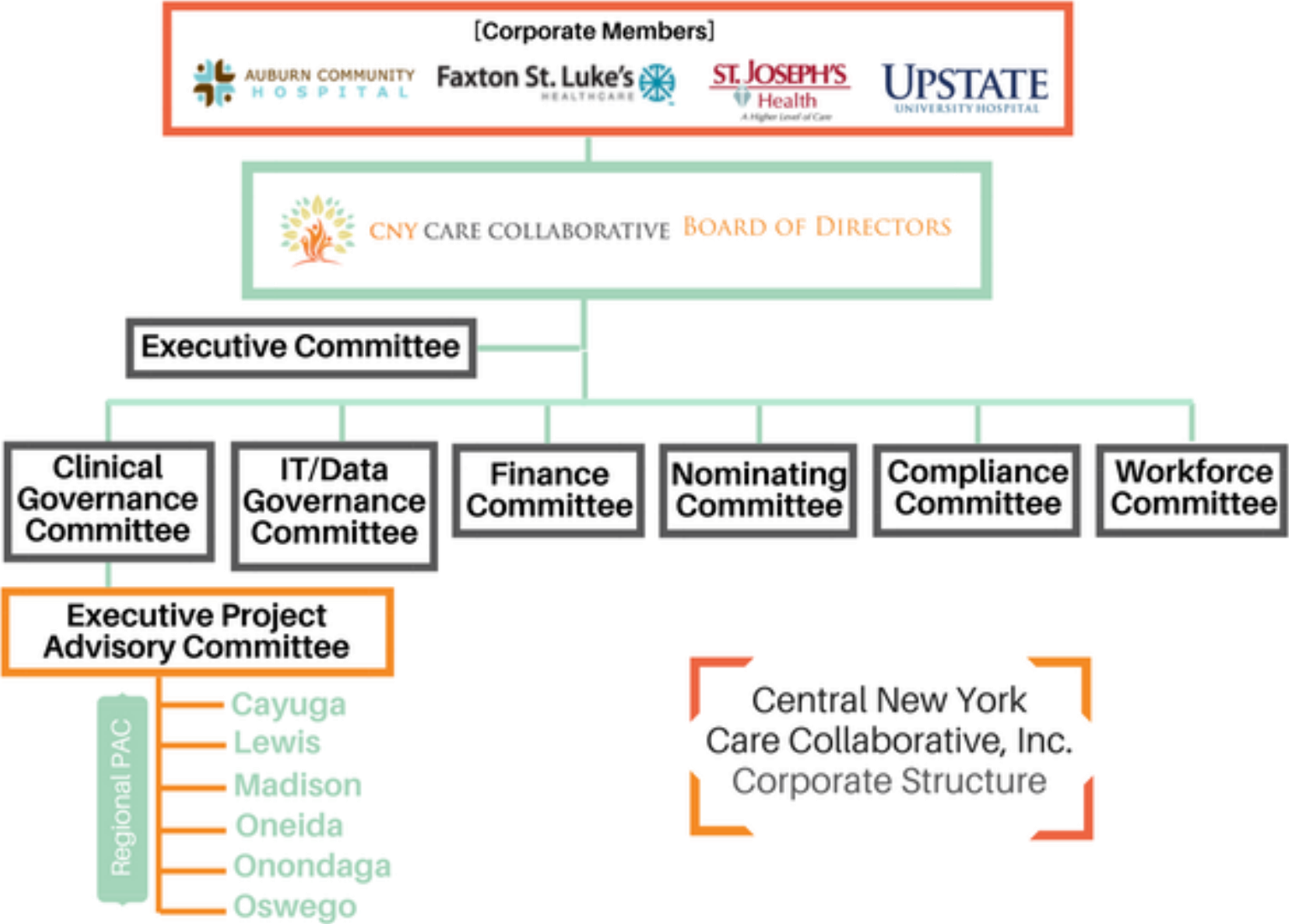
CNY CARE COLLABORATIVE
PPS Lead Agency

170

Partner Organizations



Our Governance



CNYCC Funds Flow

IA Mid-Point Assessment Report
(figures through DY2 Q2):

- CNYCC distributed 40.63% (\$10,008,031) of the funding earned to date (\$24,630,798)
- 90.78% of funds were directed to Hospitals, Clinics, & the PPS PMO (DOH partner type categorization)

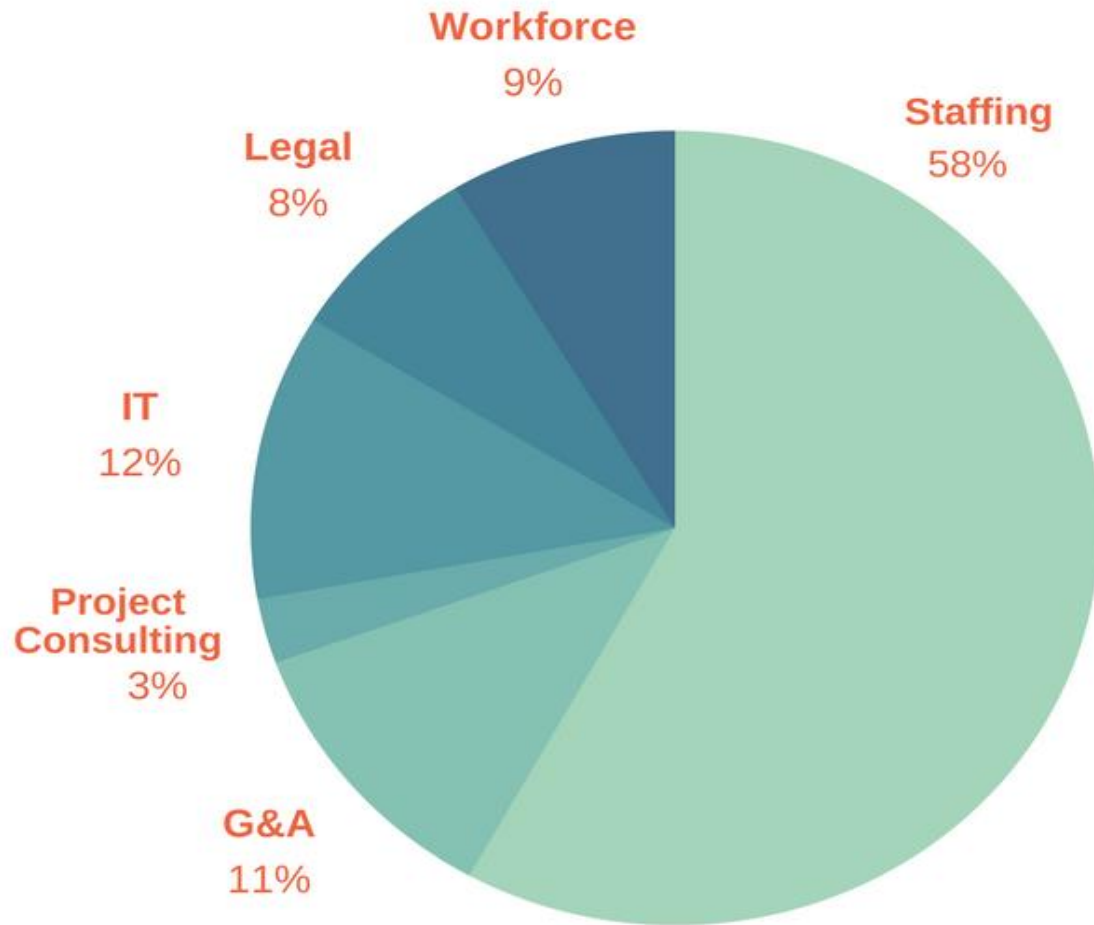
Reference: pg. 35 of PPS
Packet for PAOP Members

Figure 5: PPS Funds Flow (through DY2, Q2)

Total Funds Available (DY1)		\$25,082,462.72	
Total Funds Earned (through DY1)	\$24,630,798.16 (98.20% of Available Funds)		
Total Funds Distributed (through DY2, Q2)	\$10,008,030.79 (40.63% of Earned Funds)		
Partner Type	Funds Distributed	CNYCC (% of Funds Distributed)	Statewide (% of Funds Distributed)
Practitioner - Primary Care Physician (PCP)	\$0.00	0.00%	3.9%
Practitioner - Non-Primary Care Physician (PCP)	\$0.00	0.00%	0.7%
Hospital	\$4,927,906.27	49.24%	30.4%
Clinic	\$1,160,921.82	11.60%	7.5%
Case Management/Health Home	\$97,003.25	0.97%	1.3%
Mental Health	\$215,758.44	2.16%	2.4%
Substance Abuse	\$45,343.55	0.45%	1.0%
Nursing Home	\$146,193.49	1.46%	1.2%
Pharmacy	\$4,164.35	0.04%	0.0%
Hospice	\$12,874.15	0.13%	0.2%
Community Based Organizations ⁷	\$6,678.87	0.07%	2.3%
All Other	\$303,596.24	3.03%	5.8%
Uncategorized	\$19,914.05	0.20%	0.5%
Non-PIT Partners	\$71,318.31	0.71%	0.6%
PMO	\$2,996,358.00	29.94%	42.0%

Data Source: PPS Quarterly Reports DY1, Q2 – DY2, Q2

CNYCC Funds Flow – PPS PMO Clarification



- IA Mid-Point Assessment Report: (figures through DY2 Q2):
 - PPS PMO = 29.9% (\$2,996,358)
- CNYCC aspires to a cost-effective model that balances partner incentives with joint investments in shared infrastructure

Staffing	\$1,739,745.20
IT	\$348,483.42
G&A	\$342,681.84
Workforce	\$259,057.75
Legal	\$227,185.03
Project Consulting	\$79,204.75
Total	\$2,996,358



CNYCC Funds Flow – Partner Payment Clarification

- CNYCC has developed an additional view of distributed funds categorized by CNYCC-defined partner roles in our projects
- Example: Payment to a hospital health system that also provides primary care categorized as:
 - Primary Care payment for their primary care activities (e.g. PMCH)
 - Hospital payment for their inpatient activities (e.g. ED Care Triage)
- Since the end of DY2 Q2, CNYCC distributed an additional \$3M in payments to partner organizations

Role	Funds Distributed (DY2 Q2)	%
Primary Care	\$2,732,173.13	38.97%
Hospitals	\$2,662,107.54	37.97%
Outpatient Mental Health & Substance Use	\$1,247,700.21	17.79%
Skilled Nursing Facilities & Long Term Care	\$164,766.93	2.35%
Health Home & Care Management Agency	\$103,184.68	1.47%
Home Health, Visiting Nurse, & Hospice	\$70,914.88	1.01%
Community-Based Organizations	\$25,994.39	0.37%
Pharmacy	\$4,831.03	0.07%
	Partner Payment Total	100%
PPS PMO	\$2,996,358.00	
	Total	\$10,008,030.79



CNYCC Mid-Point Assessment IA Recommendation Summary

- Eleven IA Recommendations in Total
- Recommendations Across Six Topics:
 - Health Home At-Risk Intervention (2aiii)
 - Patient Activation (2di)
 - Community Based Organization (CBO) Contracting
 - Cultural Competency/Health Literacy
 - Financial Stability/Value-Based Payment
 - Primary Care Plan
- **CNYCC's Request of the PAOP**
 - Accept – 6
 - Accept with Modification – 2
 - **Reject – 3**



Health Home At-Risk Intervention (2aiii) IA Recommendations

IA Mid-Point Assessment Risk Level: 2 out of 5

Recommendation	CNYCC Request
Recommendation #1: The IA recommends that the PPS develop a training plan to educate PCPs on the care coordination requirements for this program	Accept
Recommendation #2: The IA recommends that the PPS develop a care coordination resource to support PCPs	Accept
Recommendation #3: The IA recommends that the PPS establish a system for identifying the targeted patients to assist the PCPs for this project as part of overall PPS population health strategy in working with its network partners	Accept

Reference: pg. 36 of PPS Packet for PAOP Members



Patient Activation Project (2di) IA Recommendations

IA Mid-Point Assessment Risk Level: 2 out of 5

Recommendation	CNYCC Request	CNYCC Rationale
Recommendation #1: The IA recommends that the PPS finalize the contracts with partners participating in this project	Reject	> 40 partner organizations have been contracted
Recommendation #2: The IA recommends that the PPS increase the trainings available to assist partners in implementing this project	Reject	> 250 people have been trained to deliver PAM® surveys

Reference: pg. 36 of PPS Packet for PAOP Members



CBO Contracting IA Recommendations

CBOs are central to addressing the social and behavioral determinants of health that impact the health outcomes of our population. Engagement & contracting will be ongoing efforts that will be enhanced by new sub-contracting structures that address the 5% cap on non-safety-net payments.

Recommendation	CNYCC Request	Rationale
Recommendation #1: The IA recommends that the PPS develop a clear strategy of contracting with CBOs	Accept with Modification	Categorize organizations that offer some Medicaid-billable services as CBOs
Recommendation #2: The IA recommends that the PPS finalize contracts with partnering CBOs	Accept with Modification	Categorize organizations that offer some Medicaid-billable services as CBOs

Reference: pg. 36 of PPS Packet for PAOP Members



CBO Contracting – CBO Definition Clarification

- **CNYCC utilizes a broader CBO definition: “Non-profit, community-based social and human service organizations whose main source of funding is not provider billing”**
 - Does not exclude CBOs that have diversified their funding sources to be sustainable
- 20 CBOs currently contracted by CNYCC:

Toomey Residential	Madison County Rural Health Council	Salvation Army of Syracuse
BRIDGES	North Country Prenatal Perinatal Council	Catholic Charities of Onondaga County
REACH CNY	Prevention Network	Exceptional Family Resources
Contact Community Services	Northern Regional Center for Independent Living	Catholic Charities of Oswego County
Rescue Mission of Utica	Learning Disabilities Association of CNY	Resource Center for Independent Living
Cayuga Community Network	Parkway Center	Unity House of Cayuga
Access to Independence of Cortland County	Mohawk Valley Perinatal Network	



Cultural Competency/Health Literacy IA Recommendations

CNYCC's Cultural Competency/Health Literacy Strategy and Training

Strategy were developed by our CC/HL workgroup composed of representatives from CBOs and other provider organizations including FQHCs, mental health, and substance use disorder treatment providers.

Recommendation	CNYCC Request
Recommendation #1: The IA recommends that the PPS develop an action plan to roll out its trainings to partners	Accept
Recommendation #2: The IA recommends that the PPS develop metrics to assess its most effective strategies to engage Medicaid members and the uninsured	Accept

Reference: pg. 36 of PPS Packet for PAOP Members



Financial Stability/Value-Based Payment IA Recommendation

The IA recommendation accurately reflects a vacancy in the Director of Finance position at the time of their audit. Recruitment was underway at that time, and CNYCC is pleased to announce that the position has been accepted by Michael Riley, CPA.

Recommendation	CNYCC Request	CNYCC Rationale
Recommendation #1: The IA recommends that the PPS hire a Director of Finance	Reject	CNYCC has filled the vacancy

Reference: pg. 37 of PPS Packet for PAOP Members



Primary Care Plan IA Recommendation

At the time of their audit, CNYCC was actively recruiting a Chief Medical Officer, a role that is key to the execution of our primary care strategies. CNYCC is pleased to announce that the position has been accepted by Joseph Maldonado, MD.

Recommendation	CNYCC Request
Recommendation #1: The IA recommends that the PPS develop an action plan to detail how the PPS will move its approach to primary care from the planning stages to implementation	Accept

Reference: pg. 37 of PPS Packet for PAOP Members



PPS Strategic Accomplishments To Date

- Developed Structures & Venues for Partner Organizations to Collaborate
 - Regional Project Advisory Committees
 - Learning Collaboratives (CBO, Outpatient, Acute, & Post-Acute)
- Created Standards of Care & Standardized Protocols
- Engaged Over 70,000 Patients in 7 DSRIP Projects
- Established Partnerships with Local Governmental Units, IPRO, and the Human Services Leadership Council (consortium of 65 CBOs across Central New York)
- Supported development of ED Navigation Programs in all 11 Hospitals and expansion of Mobile Crisis Teams and Peer Respite Across the Region
- Selected of regional, multi-payor Population Health Management System
- Achieved PCMH Level 3 (2014) recognition at 14 Primary Care Practice sites
- Integrating Primary Care/Behavioral Health services in 18 partner organizations





"...all the patient needed was **just a little nudge with the PAM screening** -- and then our staff to help her find what she was missing to manage her disease."

SALVATION ARMY OF SYRACUSE

PATIENT ACTIVATION






“Building relationships across the continuum of care is key to **ensuring safe and effective transitions**”

**UPSTATE UNIVERSITY HOSPITAL
INTENSIVE TRANSITION TEAM
CARE TRANSITIONS**





"I didn't realize it wasn't
normal to feel so bad"

PLANNED PARENTHOOD MOHAWK-HUDSON
BEHAVIORAL HEALTH INTEGRATION



"Working together, networking, problem-solving,
and sharing ideas, **that's what it's all about...**"



ONEIDA HEALTHCARE

EMERGENCY DEPARTMENT CARE TRIAGE



Looking Ahead: the Next 3 Years and Beyond

- **Evolve into an Integrated Delivery Network**
 - Create connections between provider organizations & CBOs based upon a common IT infrastructure and clinically integrated model of care
 - Enhance identification of high-risk patients and close gaps in care
 - Reinforce patient-centered approach to care delivery & system design
- **Develop Clinically Integrated Model of Care**
 - Engage providers/clinical staff in development of evidence-based standards of care
 - Embed a combination of centralized and delegated care coordination that supports team-based care and connections to CBO services
 - Measure and improve quality and performance outcomes
- **Provide Tools & Infrastructure to Support Population Health**
 - Implement regional, multi-payor Population Health Management System
 - Strengthen partner organizations' ability to demonstrate quality & value in order to negotiate value-based contracts & succeed in value-based payment
 - Address healthcare workforce needs for ongoing training (e.g., CC/HL) & education
 - Serve as convener for community collaborations building upon partnerships & data



Mid-Point Assessment IA Recommendation Summary: CNYCC Request for PAOP Consideration

Topic	Recommendation	CNYCC Request	Topic	Recommendation	CNYCC Request
Health Home At-Risk Intervention (2aiii)	Recommendation #1: The IA recommends that the PPS develop a training plan to educate PCPs on the care coordination requirements for this program	Accept	CBO Contracting	Recommendation #1: The IA recommends that the PPS develop a clear strategy of contracting with CBOs	Accept with Modification
Health Home At-Risk Intervention (2aiii)	Recommendation #2: The IA recommends that the PPS develop a care coordination resource to support PCPs	Accept	CBO Contracting	Recommendation #2: The IA recommends that the PPS finalize contracts with partnering CBOs	Accept with Modification
Health Home At-Risk Intervention (2aiii)	Recommendation #3: The IA recommends that the PPS establish a system for identifying the targeted patients to assist the PCPs for this project as part of overall PPS population health strategy in working with its network partners	Accept	CC/HL	Recommendation #1: The IA recommends that the PPS develop an action plan to roll out its trainings to partners	Accept
Patient Activation (2di)	Recommendation #1: The IA recommends that the PPS finalize the contracts with partners participating in this project	Reject	CC/HL	Recommendation #2: The IA recommends that the PPS develop metrics to assess its most effective strategies to engage Medicaid members and the uninsured	Accept
Patient Activation (2di)	Recommendation #2: The IA recommends that the PPS increase the trainings available to assist partners in implementing this project	Reject	Financial Sustainability/VBP	Recommendation #1: The IA recommends that the PPS hire a Director of Finance	Reject
			Primary Care Plan	Recommendation #1: The IA recommends that the PPS develop an action plan to detail how the PPS will move its approach to primary care from the planning stages to implementation	Accept

