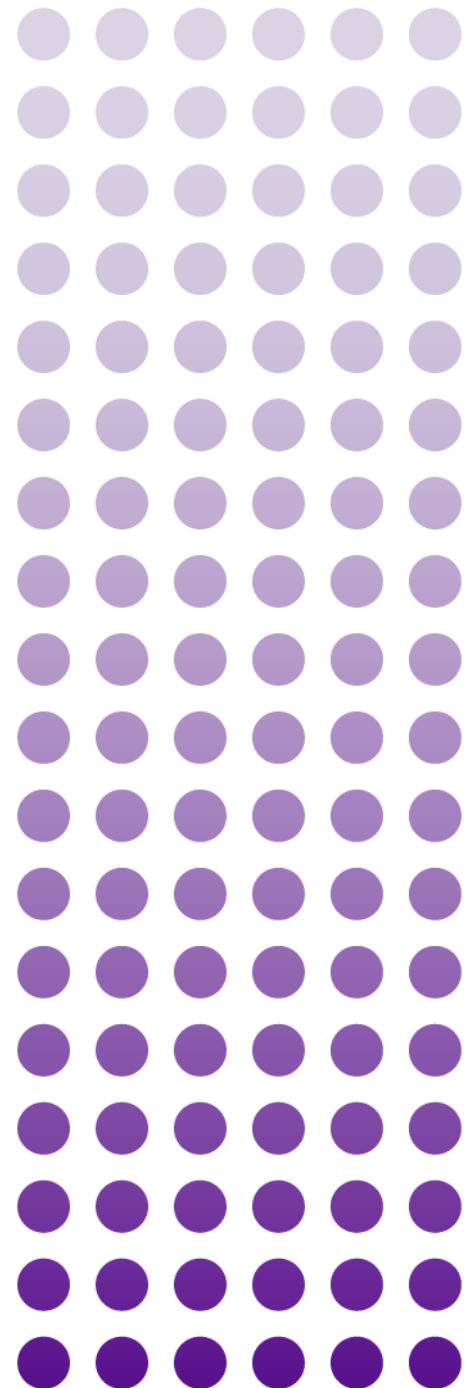




DSRIP Project Approval and Oversight Panel (PAOP) Presentation

NYU Lutheran PPS

Date: February 1, 2017
Location: Empire State Plaza, Rooms 2-4
Albany, NY 12210
Time: 3:40 – 4:20 PM



DSRIP Story

“We all have incredible stories to tell.”

NYU Lutheran PPS

- (i) Expanding access to primary care
- (ii) PCMH snapshot and currently working with PCDC
- (iii) Inclusion of PPS Partners and CBOs
- (iv) PPS collaboration and CBO partnerships
- (v) Community focused
- (vi) Potentially Avoidable Readmissions
- (vii) Funds flow to PPS Partners and CBOs
- (viii) Our road to payment reform and network integration
- (ix) Sustainable care delivery and sustainability beyond DSRIP
- (x) A collaborative effort

Expanding Access to Primary Care

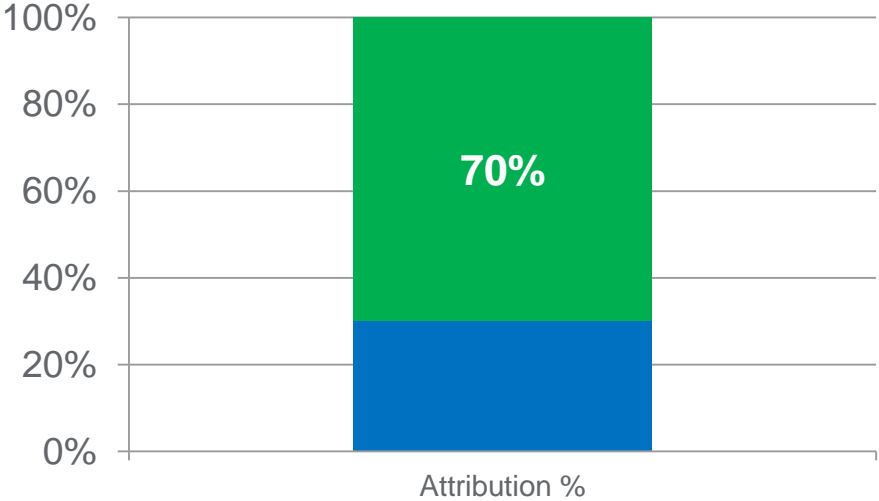


The NYU Lutheran PPS is built around community-based primary care with Federally Qualified Health Centers (FQHCs) and smaller physician practices contributing to the expansion of Primary Care Provider (PCP) capacity.

- FQHC Partners have plans for growth to meet additional primary care needs and demands which includes:
 - (i) Expanding, adding or building additional sites
 - (ii) Extending service of operation hours
- Smaller office practices plan on adding providers and also intend on increasing their capacities for primary care services.

PCMH Snapshot

Attributed lives cared for by PPS Primary Care Partners achieving PCMH recognition



- NYU Lutheran Family Health Centers, ODA Primary Health Care, Ezra Medical Center, Boro Park Pediatrics, Olitsa Roth
- Other PPS Partners

The NYU Lutheran PPS is currently working with Primary Care Development Corporation (PCDC) to identify areas of opportunity for additional PPS Partners within our network who can achieve PCMH certification.

Inclusion of PPS Partners & CBOs

Project-Focused

System Transformation

- Observation Unit
- ED Care Triage
- Patient Navigation Center

Clinical Improvement

- Behavioral Health
- Diabetes
- Asthma

Population Health

- HIV
- Tobacco

Collaboration

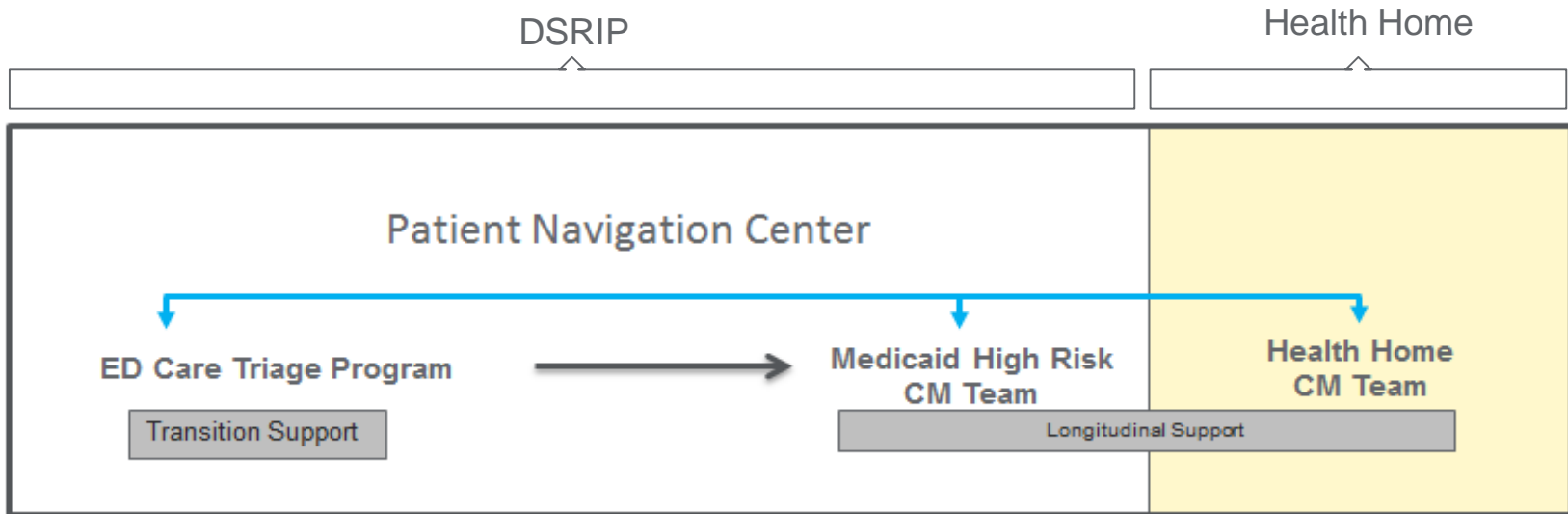


+ Community Based Organizations

Value-Based Payment



ED Care Triage and PNC



- The Patient Navigation Center (PNC) targets high risk patients in the emergency room and inpatient psychiatric unit for 30 day intensive transitional support using Community Health Workers (CHWs) and Social Workers.
- CHWs will refer high risk patients requiring long term care management support to the Medicaid High Risk team or Health Home Care Management program.
- The PPS has begun the recruiting process for the ED Care Triage and Medicaid High Risk teams.
- The PPS is completing development of new EHR workflow including identification of patients as they present in the ER and inpatient psychiatric unit, a screening tool to identify patient's social determinants, and a care plan which includes goals, interventions, and outcomes that is visible to the entire care team.
- The PPS is finalizing a community resource guide which includes community based organizations that address identified social determinants the patient believes impacts his/her health.

Behavioral Health Integration

Overall vision is to create a fully integrated system of care across all 11 of our primary care sites, eventually encompassing our shelter system and school behavioral health program.

Accomplishments to date:

- Collaborating with 'early adopter' primary care partners to start co-location
- Development and Implementation:
 - PPS wide evidence-based practice guidelines, protocols and policies for Behavioral Health
 - Screening protocols and workflows for depression, alcohol, and substance use
 - Warm Handoff workflows
 - Training staff on Behavioral Health and Primary Care Integration

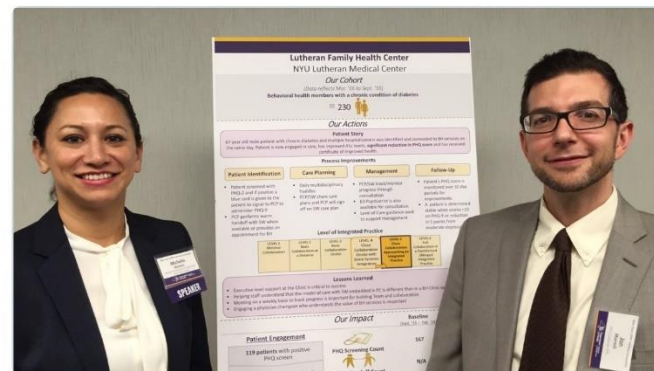
MAX Series project participation:
Topic 2 – Behavioral Health Integration



Jason Helgerson
@policywonk1

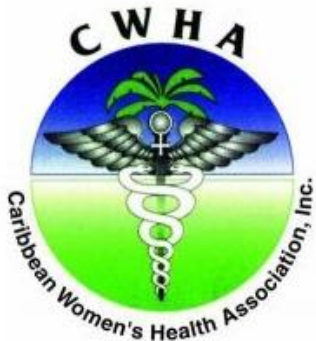
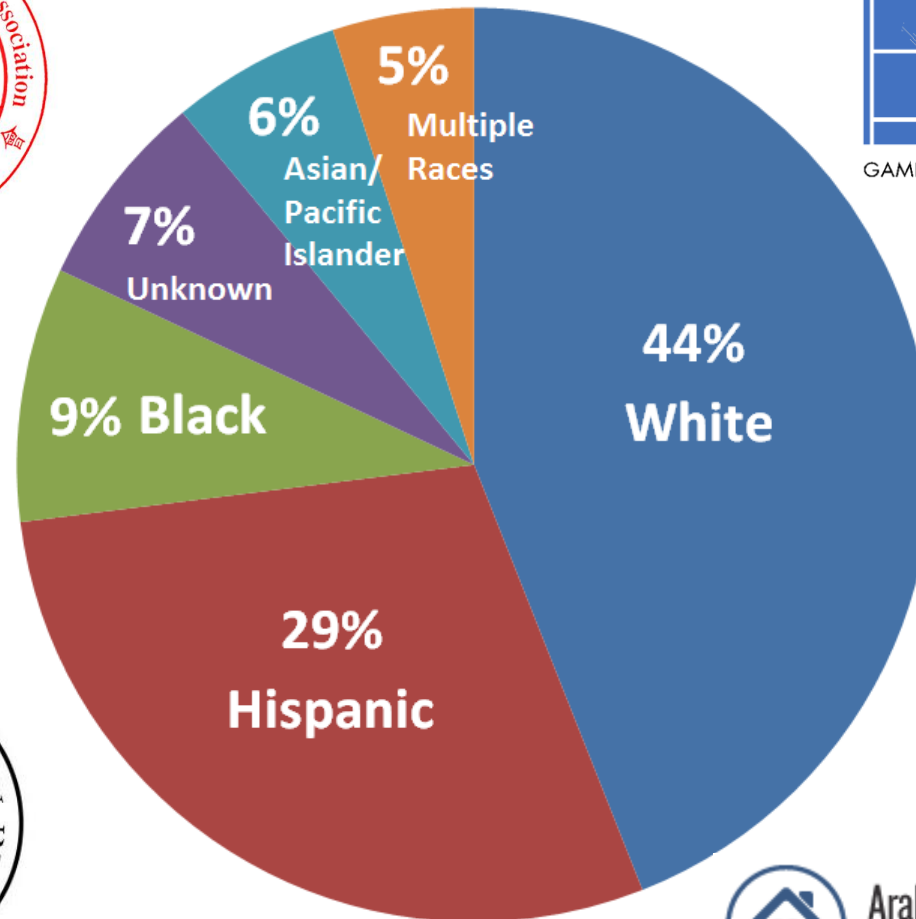


NYU Lutheran doing great work to integrate physical and BH. #nydsripls



Sep 21, 2016, 3:03 PM from Syracuse, NY

Aligning PPS Attribution with CBOs



Arab-American Family Support Center
المركز العربي الامريكاني للخدمات الاجتماعية

PPS Collaboration and CBO Partnerships

- Currently part of a Workforce Consortium with NYC HHC (OneCity Health) and Maimonides Medical Center (Community Care of Brooklyn)
- Our PPS recognized that CBO support in developing the Cultural Competency and Health Literacy (CCHL) Training Strategy can complement and enhance existing expertise within the NYU Lutheran PPS
- Partnered with Arthur Ashe Institute for Urban Health
 - Founded in 1992 to address health inequities through a model of community health empowerment
 - History of partnership with PPS partners
 - Experience working on DSRIP with other PPSs



Collaboration with Arthur Ashe Institute for Urban Health (CCHL)

Step 1

- Arthur Ashe aligned the training strategy with our PPS's approach to CCHL and the Brooklyn Community Needs Assessment (developed with Maimonides, HHC and NYAM).

Step 2

- Arthur Ashe interviewed key community-based partners to assess their training capacities and capabilities relative to the needs of the populations they serve.

Step 3

- Arthur Ashe created the NYU Lutheran PPS's Cultural Competency and Health Literacy Training Strategy, which was approved by the PPS's Executive Committee.

Step 4

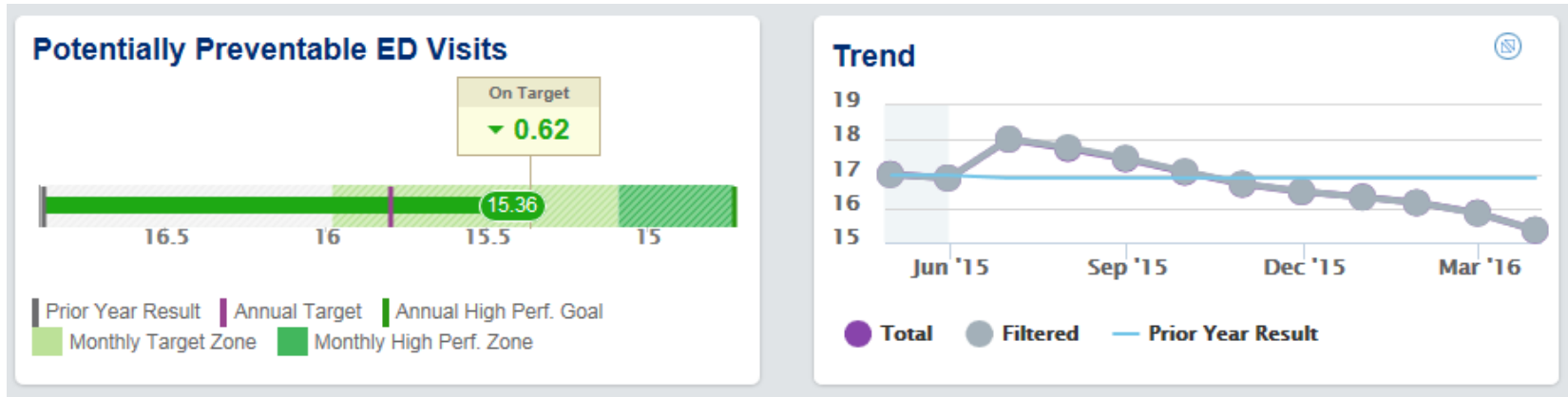
- Next steps: *Implementation of Cultural Competency and Health Literacy Training Strategy*

Community Focused

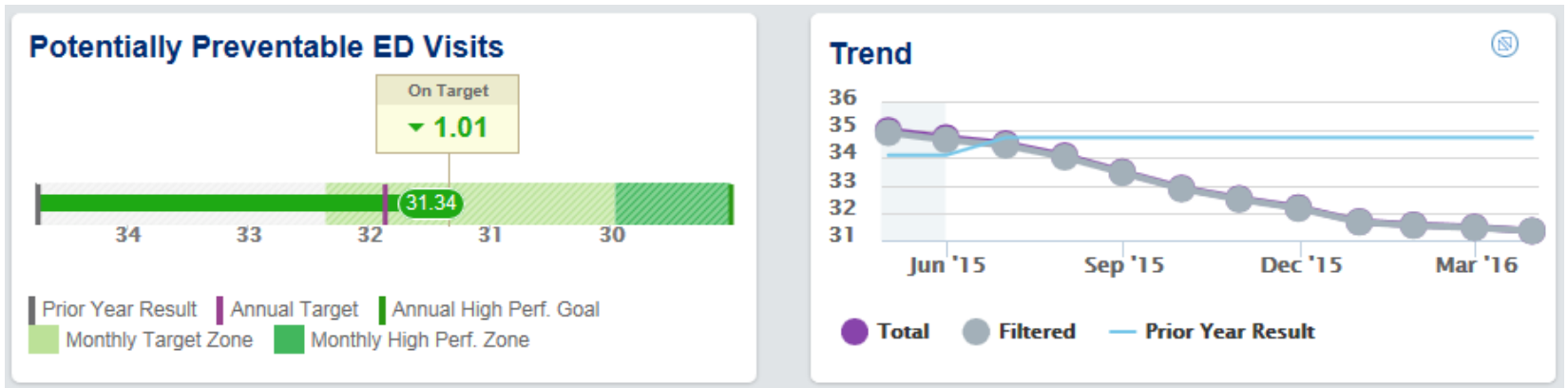
- CBOs are included in the PPS's governance structure and we are exploring ways to more meaningfully integrate CBOs in program development going forward
- The PPS is engaging in discussions with CBOs regarding potential roles and possible contractual agreements for funds flow as the PPS moves towards the next phase of project implementation
- The PPS understands and respects the important work done by CBOs, particularly in addressing the social determinants of health

Potentially Preventable ED Visits

NYU Lutheran PPS

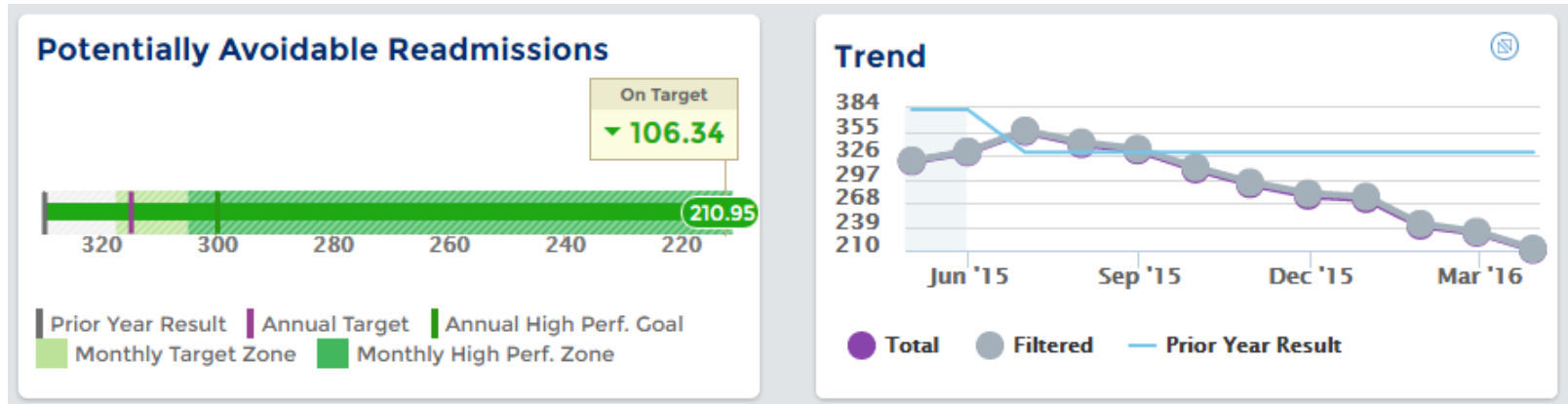


All PPS View

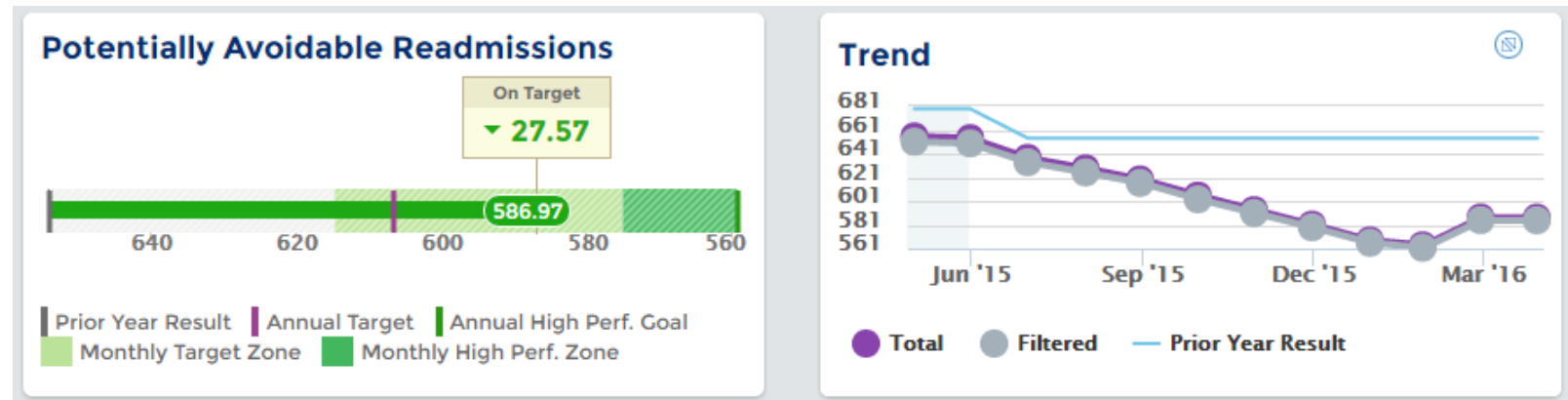


Potentially Avoidable Readmissions

NYU Lutheran PPS



All PPS View



PPS Funds Flow

Funds flow by Facility Type (as of September 30, 2016)

Facility Type	Dollars	Percentage
Clinics (67%)	\$ 2,110,315	66.9%
Hospitals (21%)	\$ 663,702	21.0%
CBOs (5%)	\$ 150,115	4.8%
OPWDD (1%)	\$ 25,000	0.8%
PCPs (7%)	\$ 205,544	6.5%
Total	\$ 3,154,676	100%

- The PPS remains committed to flowing funds to PPS Partners to continue to advance the goals of the DSRIP Program forward
- The NYU Lutheran PPS also recognizes the important role that CBOs play within the community and will continue to flow funds to CBOs as the program continues

PPS PMO Breakdown

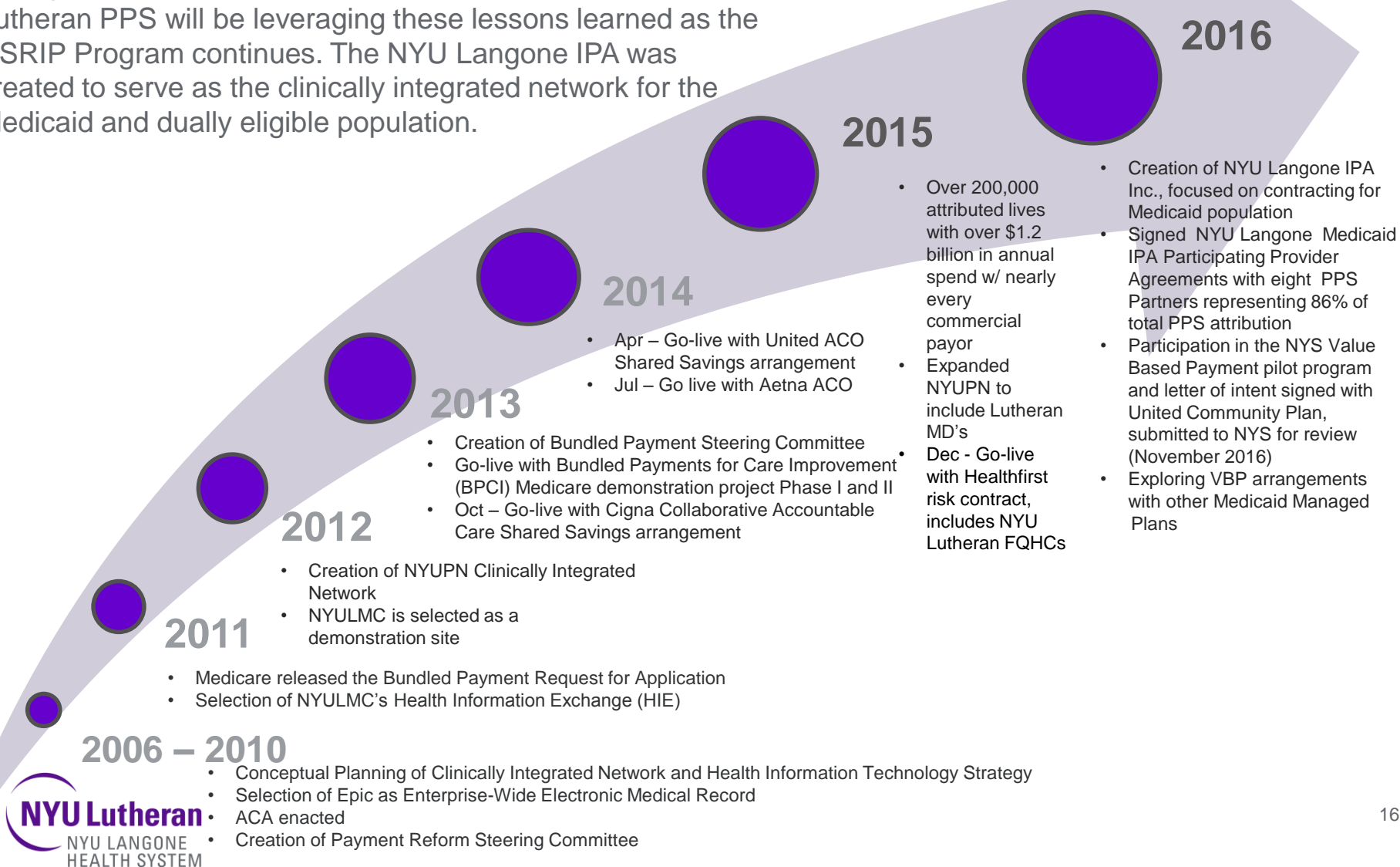
- This statement provides a breakdown of PPS PMO expense types and the respective percentages of the PMO budget they represent.
- The breakdown of expenses is reflective of funds flow to the PPS PMO category through DY2, Q2.

Funds Flow to PPS PMO through DY2, Q2 (as of September 30, 2016):

<i>DSRIP Implementation Phase Consultant</i>	<i>\$ 2,041,299</i>	<i>(45.9%)</i>
<i>PMO Salaries and Benefits</i>	<i>\$ 1,136,359</i>	<i>(25.6%)</i>
<i>Workforce Vendors</i>	<i>\$ 520,000</i>	<i>(11.7%)</i>
<i>Centralized Services & Other Expenses</i>	<i>\$ 486,837</i>	<i>(11.0%)</i>
<i>Information Technology Support</i>	<i>\$ 259,597</i>	<i>(5.8%)</i>
<i>Total Reported</i>	<i>\$ 4,444,092</i>	<i>(100%)</i>

Our Road to Payment Reform & Network Integration

NYU has invested nearly 10 years in planning for VBP arrangements for the commercial population and the NYU Lutheran PPS will be leveraging these lessons learned as the DSRIP Program continues. The NYU Langone IPA was created to serve as the clinically integrated network for the Medicaid and dually eligible population.



2006 – 2010

- Medicare released the Bundled Payment Request for Application
- Selection of NYULMC's Health Information Exchange (HIE)
- Conceptual Planning of Clinically Integrated Network and Health Information Technology Strategy
- Selection of Epic as Enterprise-Wide Electronic Medical Record
- ACA enacted
- Creation of Payment Reform Steering Committee

2011

- Creation of NYUPN Clinically Integrated Network
- NYULMC is selected as a demonstration site

2012

- Creation of Bundled Payment Steering Committee
- Go-live with Bundled Payments for Care Improvement (BPCI) Medicare demonstration project Phase I and II
- Oct – Go-live with Cigna Collaborative Accountable Care Shared Savings arrangement

2013

- Apr – Go-live with United ACO Shared Savings arrangement
- Jul – Go live with Aetna ACO

2014

- Over 200,000 attributed lives with over \$1.2 billion in annual spend w/ nearly every commercial payor
- Expanded NYUPN to include Lutheran MD's
- Dec - Go-live with Healthfirst risk contract, includes NYU Lutheran FQHCs

2015

- Creation of NYU Langone IPA Inc., focused on contracting for Medicaid population
- Signed NYU Langone Medicaid IPA Participating Provider Agreements with eight PPS Partners representing 86% of total PPS attribution
- Participation in the NYS Value Based Payment pilot program and letter of intent signed with United Community Plan, submitted to NYS for review (November 2016)
- Exploring VBP arrangements with other Medicaid Managed Plans

2016

