

Mount Sinai PPS

DSRIP Project Approval and
Oversight Panel (PAOP) Meeting

February 1, 2017



**Mount
Sinai**

Mount Sinai PPS Overview

Approach to Implementation

- **Geographic Care Hub Model**
- Upper West Side Hub Pilot– launched November 2016 with 20 partner sites, including CBO's.
- Health Home Care Management - pilot enhanced outreach, enrollment and intensive care management.

Approach to IT Connectivity

- *Healthix* as the primary HIE platform
- *Partner Portal* developed by MSPPS to support partners. Will include applications to improve quality, increase care coordination, improve data sharing among providers.

Approach to Funds Flow

- **Funds Flowed to Date:**
 - \$20,507,838 funds flowed to partners.
- **DY 3 and Beyond:**
 - Continued funds flow to partners
 - CBO and Community Provider service contracts

Mount Sinai PPS Hub Approach

What are Mount Sinai PPS Care Hubs?

YES

Hubs are:

- Clinical and community based partners participating in DSRIP
- Partners providing care in same geographical region
- A collaborative effort to achieve key clinical requirements
- Mark transition from planning to implementation
- Way to convene partners already working together, to integrate projects

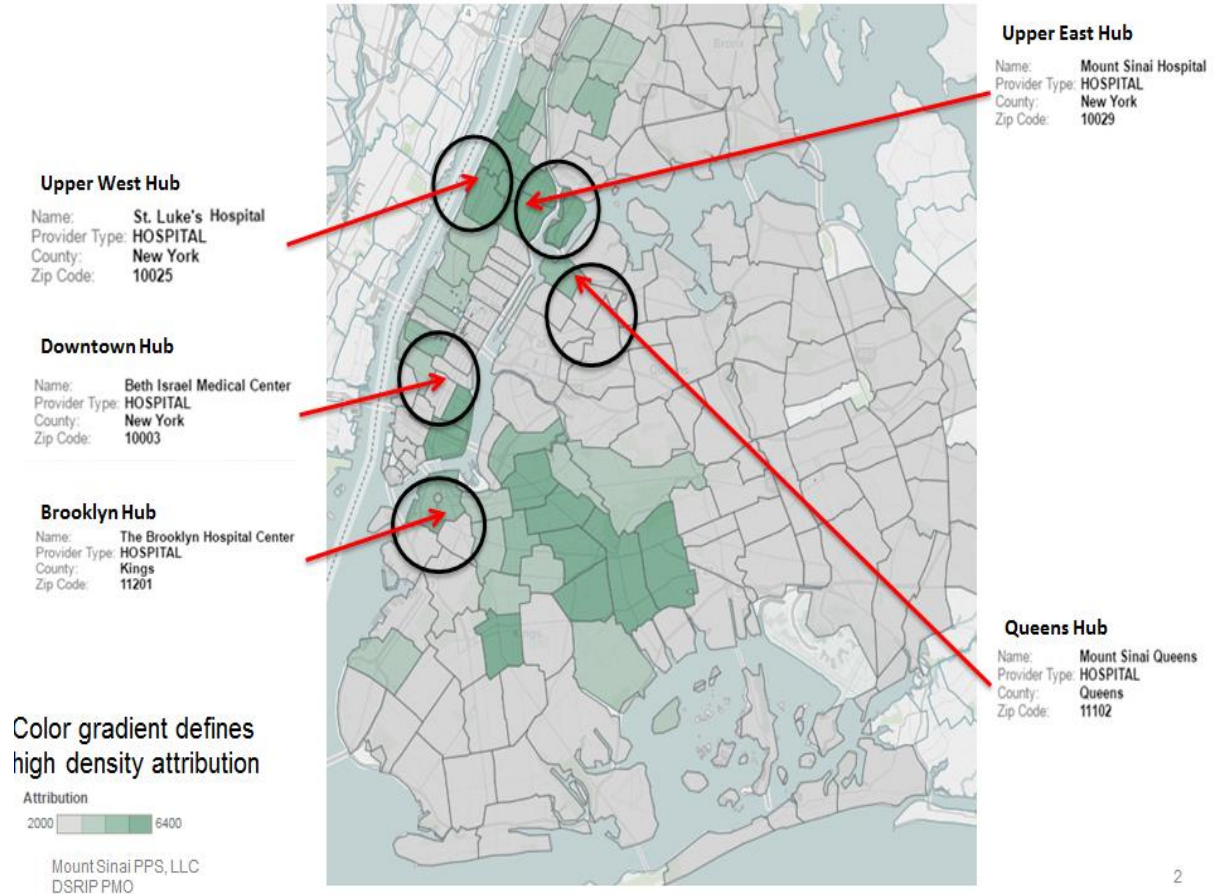
NO

Hubs are not:

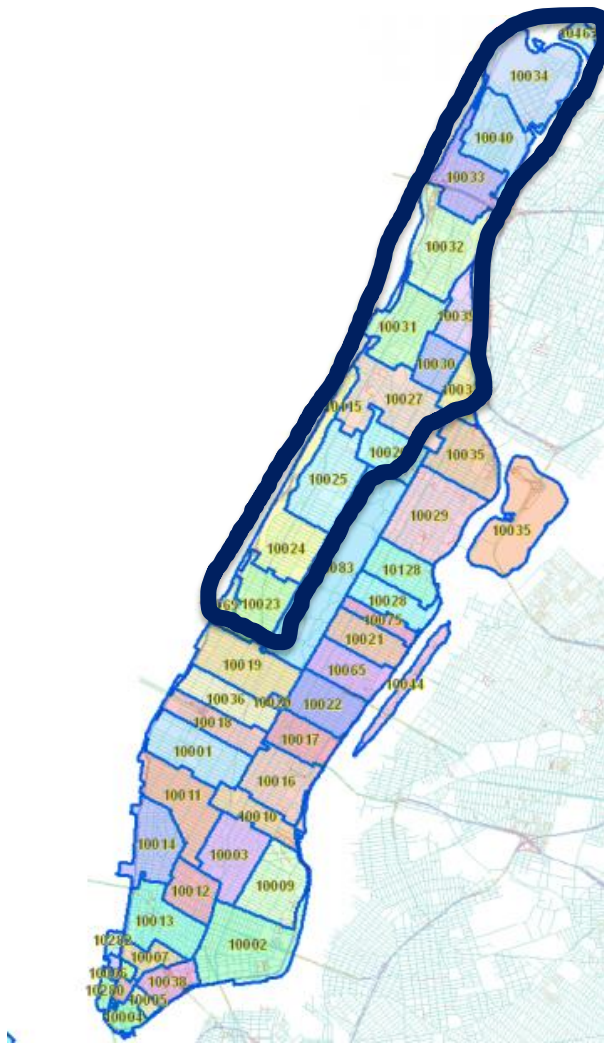
- An attempt to direct referrals in any specific or preferential way.
- An independent legal entity
- An additional governance structure
- An employer / recruiter of staff

Mount Sinai PPS Hub Model

- **Attribution** (lives by county): hubs are located within our PSS counties with DSRIP attributed lives (Manhattan, Brooklyn, Queens).
- **Provider Geography:** partners must deliver services to patients in the zip codes identified for that hub.
- **Anchored to acute hospital or facility:** 1 acute facility must be present in the hub.



Hub Approach



- ▶ Ultimate Goal
 - Improve communication, coordination & relationship between hospital & community providers
- ▶ Current Focus of UWS Hub
 - Health Home Enrollment Education
 - Improving on High Value Performance Measures
 - Diabetes monitoring for people with Diabetes & Schizophrenia
 - Pilot Programs with Tier 1 CBO
 - ER avoidance innovation projects

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Approach to Implementation: Pilot Programs with CBOs

City Health Works *Health Coaching*

Target Patient Population

- Uncontrolled Diabetes
- Uncontrolled Hypertension

Services

- Goal setting
- Medication Adherence
- Healthy eating/physical activity/coping strategies
- Patient engagement with clinical care
- Transition of care activities
- Support & assistance for family caregivers

PPS Pilot Partner

- Mount Sinai
St. Luke's Hospital

Currently in Planning Phase

Approach to Implementation: Innovative Projects Targeting ED Utilization

Community Paramedicine

EMS & Provider Shared Decision Making

Target Patient Population

- Congestive Heart Failure
- Behavioral Health

Service

- Accessed by patient's clinical provider
- Paramedic dispatched to patient (30-60 min response time)
- Real-time video conferencing between EMS, ED MD, clinical provider
- Additional assessment options (EKGs, IV fluids)

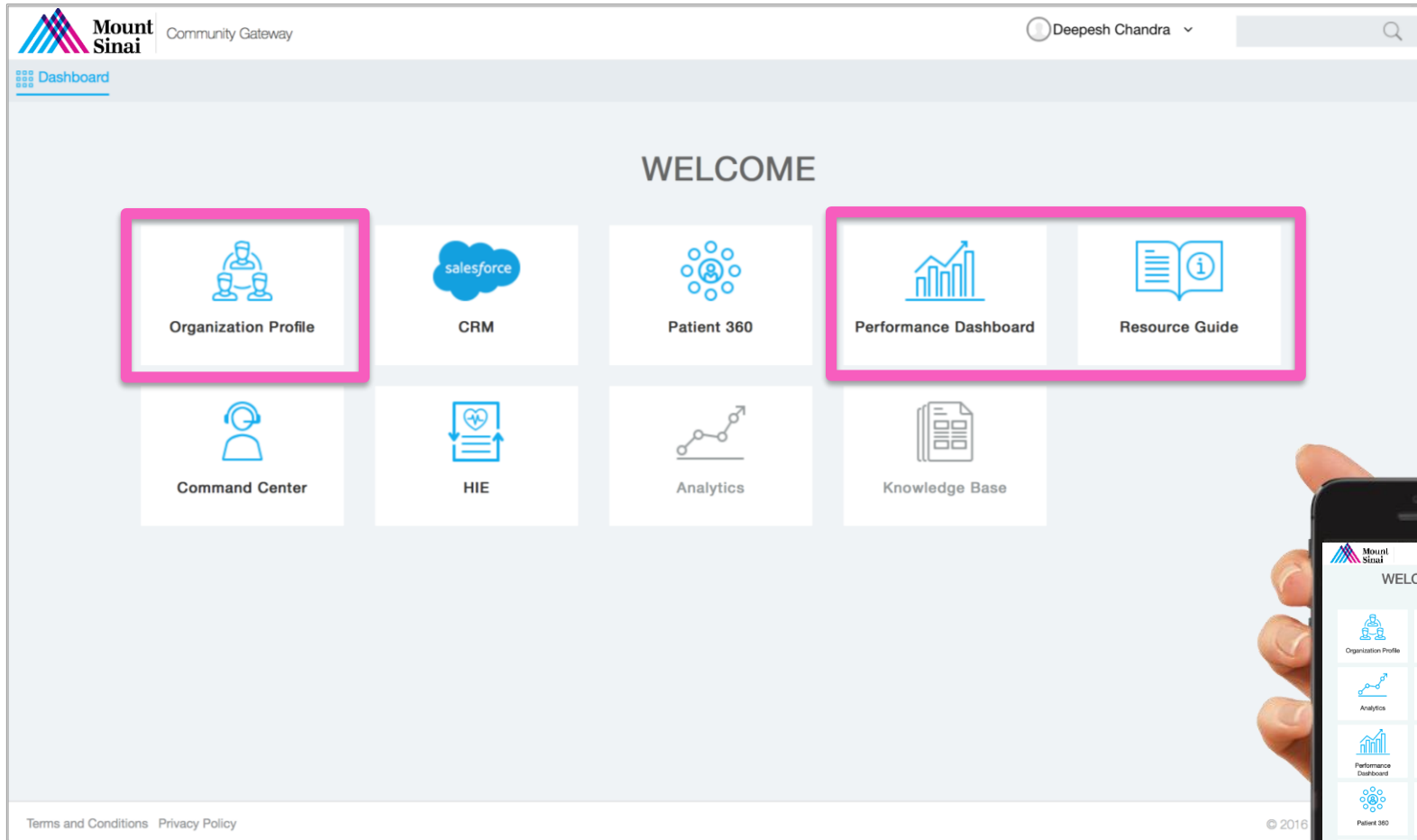
PPS Pilot Partners

- Institute for Family Health
- VNSNY
- Mount Sinai Heart
- MS BH Crisis Team

Target Go-Live 3/1

Mount Sinai PPS Approach to IT Connectivity

How do we Communicate and Collaborate? Community Gateway



Community Resource Guide – Partners as Resources



Database includes data from:

- HITE
- MAPSCorps
- MS SW list of resources
- MSPPS Partners

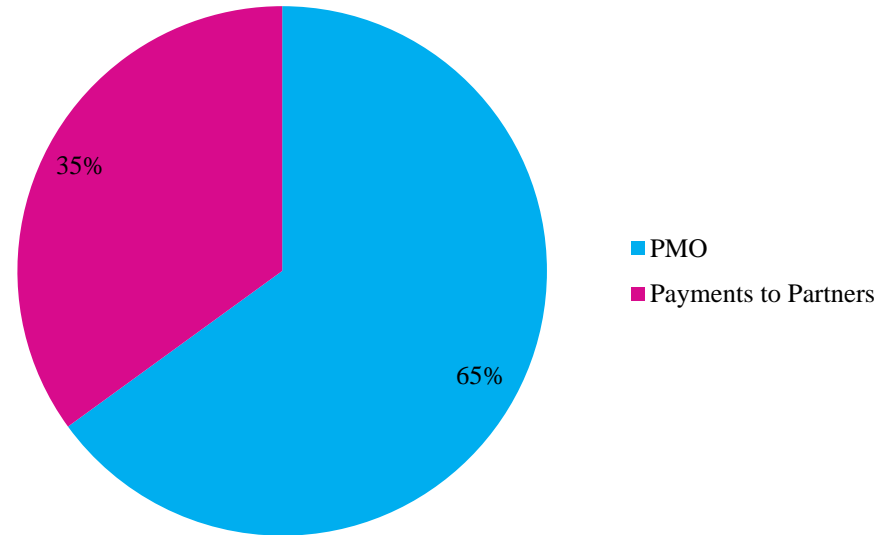
The screenshot shows the NOWPOW web application interface. At the top left is the NOWPOW logo. The top navigation bar includes links for eRx, Patients, Services, Admin, and a user profile icon. Below the navigation bar, there is a "Back" button and the text "NowPow eRx code: H4TCMNY2QS". On the right side of this bar are "Download", "Nudge", and "Edit" buttons. The main content area is divided into two columns. The left column has a large "DRAFT" watermark in pink. It features a pink header for "MENTAL HEALTH" with a person icon. Underneath, there are two service listings. The first listing is for "GROUP COUNSELING OR THERAPY" at the "Harlem United El Faro Health Center". It provides details such as address (179 E 116th St New York, NY 10029), language (English, French), hours (Today - 8:00 AM - 5:00 PM), and fees (Insurance). It also includes a distance of .53 miles, a phone number (646-762-8950), and options to "Send Email" and "Visit Website". The second listing is for "The Mount Sinai Medical Center Child and Adolescent and Family Services (CAFS)", also providing address, language, hours, fees, distance, phone number, and website options. The right column contains a map of Harlem, New York, with several colored pins (red, green, blue) indicating resource locations. A pop-up window for "Harlem United El Faro Health Center" is visible on the map, with a "More Details" link. Below the map, there is a "Patient Location" section showing "New York, NY 10029, US".

Mount Sinai PPS Funds Flow and Expenses

Mount Sinai PPS PMO Funds Flow

Expenses 04/01/15 – 12/31/16

Category	Total	Includes:
PPS PMO Expenses	\$38,704,491	Funds flow categories of Administration and Implementation
Payments to Partners	\$20,507,838	Funds flow categories of Performance-Based Payments, Safety Net and CBO Funds
TOTAL	\$59,212,329	

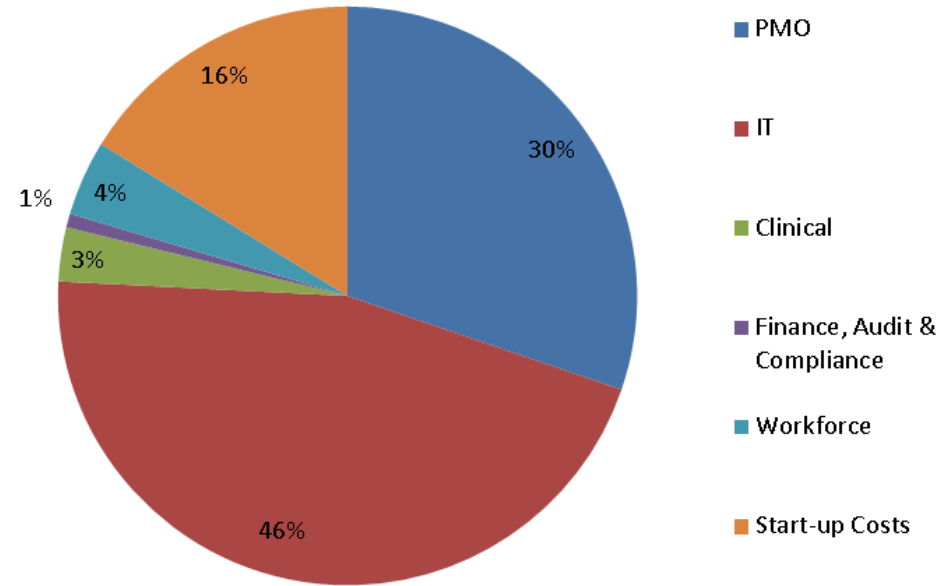


Mount Sinai PPS PMO Administrative Expenses

Expenses by Category 04/01/15 – 09/30/16

(Thru DY2,Q2)

Category	% of Total	Includes:
PMO	30%	Salary & OTPS
IT	46%	Salary & OTPS, Infrastructure e.g. CRM, Partner Portal
Clinical	3%	Salary & OTPS, Project implementation activities
Finance, Audit & Compliance	1%	Salary & OTPS, vendor services e.g. compliance hotline, educational materials
Workforce	4%	Salary & OTPS, Vendor services, training development
Start-up Costs	16%	DSRIP application development costs, staffing support.
Total	100%	

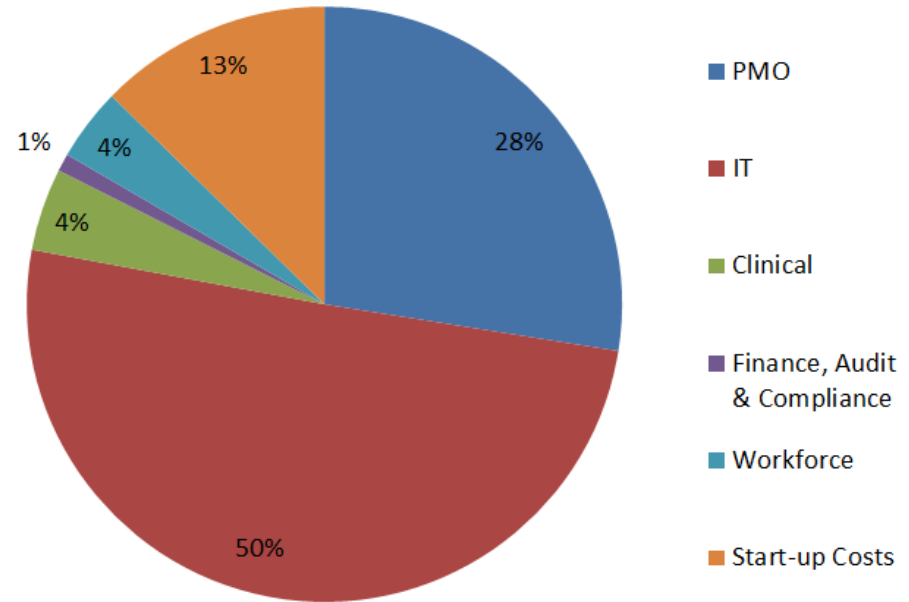


Mount Sinai PPS PMO Administrative Expenses

Expenses by Category 04/01/15 – 12/31/16

(Thru DY2,Q3)

Category	% of Total	Includes:
PMO	28%	Salary & OTPS
IT	50%	Salary & OTPS, Infrastructure e.g. CRM, Partner Portal
Clinical	4%	Salary & OTPS, Project implementation activities
Finance, Audit & Compliance	1%	Salary & OTPS, vendor services e.g. compliance hotline, educational materials
Workforce	4%	Salary & OTPS, Vendor services, training development
Start-up Costs	13%	DSRIP application development costs, staffing support.
Total	100%	



Mount Sinai PPS Funds Flow to CBOs - DY1,Q1 thru DY2,Q3 (Non-Medicaid billing CBO's)

Organization	Total Allocation (thru 3/31/17)	Total Earned (thru 12/31/16)
CBO 1	\$97,866.33	\$68,089.00
CBO 2	\$72,841.43	\$56,954.00
CBO 3	\$46,729.63	\$24,569.00
CBO 4	\$14,707.51	\$0.00
CBO 5	\$14,707.51	\$704.00
CBO 6	\$3,000.00	\$1,059.00
CBO 7	\$3,000.00	\$1,112.00
CBO 8	\$3,000.00	\$1,980.00
CBO 9	\$2,000.00	\$1,194.00
Total	\$257,852.41	\$155,661.00

CBOs include: Canaan Baptist Church of Christ (new addition), City Health Works, EAC, Inc, God's Love We Deliver, LiveOn NY, New York Legal Assistance Group (NYLAG), SAGE (Services and Advocacy for GLBT Elders), United Moravian Church (new addition), Venture House.

Appendix:

**Midpoint Assessment:
IA Recommendations and
Responses**

IA Recommendation #1: Partner Engagement

Increase Partner Engagement:

The IA recommends that the PPS develop a strategy to increase partner engagement across all projects being implemented and across all partner categories with a specific focus on increasing the engagement of Primary Care Practitioners.

MSPPS Response and Action Plan:

- ▶ The method for reporting on partner engagement is via the Provider Import Tool (PIT), the PPS reports on engagement and funds flow at an organizational level rather than at an individual provider level, resulting in significant lower engagement numbers.
- ▶ PPS will identify the individual providers, from the partner organization, that are attributed to the PPS and will select those as engaged in the Provider Import Tool based on the organization's project selections.
- ▶ As training initiatives ramp up, the PPS will also have the ability to track provider engagement at the individual provider level.
- ▶ PPS will develop an action plan for the various strategies outlined in the Primary Care Plan

IA Recommendation #2: Review of Plans for Project 3aiii

Project 3aiii:

The IA recommends the PPS review its current plan for implementing this project and develop a plan to initiate efforts on all required project milestones.

MSPPS Response and Action Plan:

- ▶ Despite the milestone “Coordinate with Medicaid Managed Care Plans” incorrectly being recorded as “not started” in MAPP, this milestone was actually already underway and should have been marked as “in progress.”
- ▶ The PPS Medical Director has met with Healthfirst’s Clinical Leadership Team to discuss collaborations around enrollment in Health Home and other care management programs that have medical adherence programs; linkage to primary care.
- ▶ PPS Board of Managers and Project 2ai workgroup include members from MCOs.
- ▶ Discussions between MCOs and PPS demonstrate progress towards the deliverables pertaining to the MCO collaboration

3ai Model B: Barriers to Implementation

Concerns Voiced by Partners:

- ▶ The MCOs are subcontracted with Behavioral Health specialty plans. In order to add PC services to MH sites, partners need to contract separately with the Medical Arm of MCO – this have proven difficult
- ▶ Unable to talk to correct person at MCO; oftentimes the MCOs do not know why they are being contacted
- ▶ Many MCOs are not accepting new PC providers in their networks
- ▶ Some MCOs require that PCP have admitting privileges at nearby hospitals
- ▶ If PCP services are paid for, they are often at a low rate that is an impediment to sustainability