



Nassau Queens Performing Provider System (NQP)

DSRIP Project Approval and Oversight Panel Presentation

Robert Hettenbach, *Executive Director*

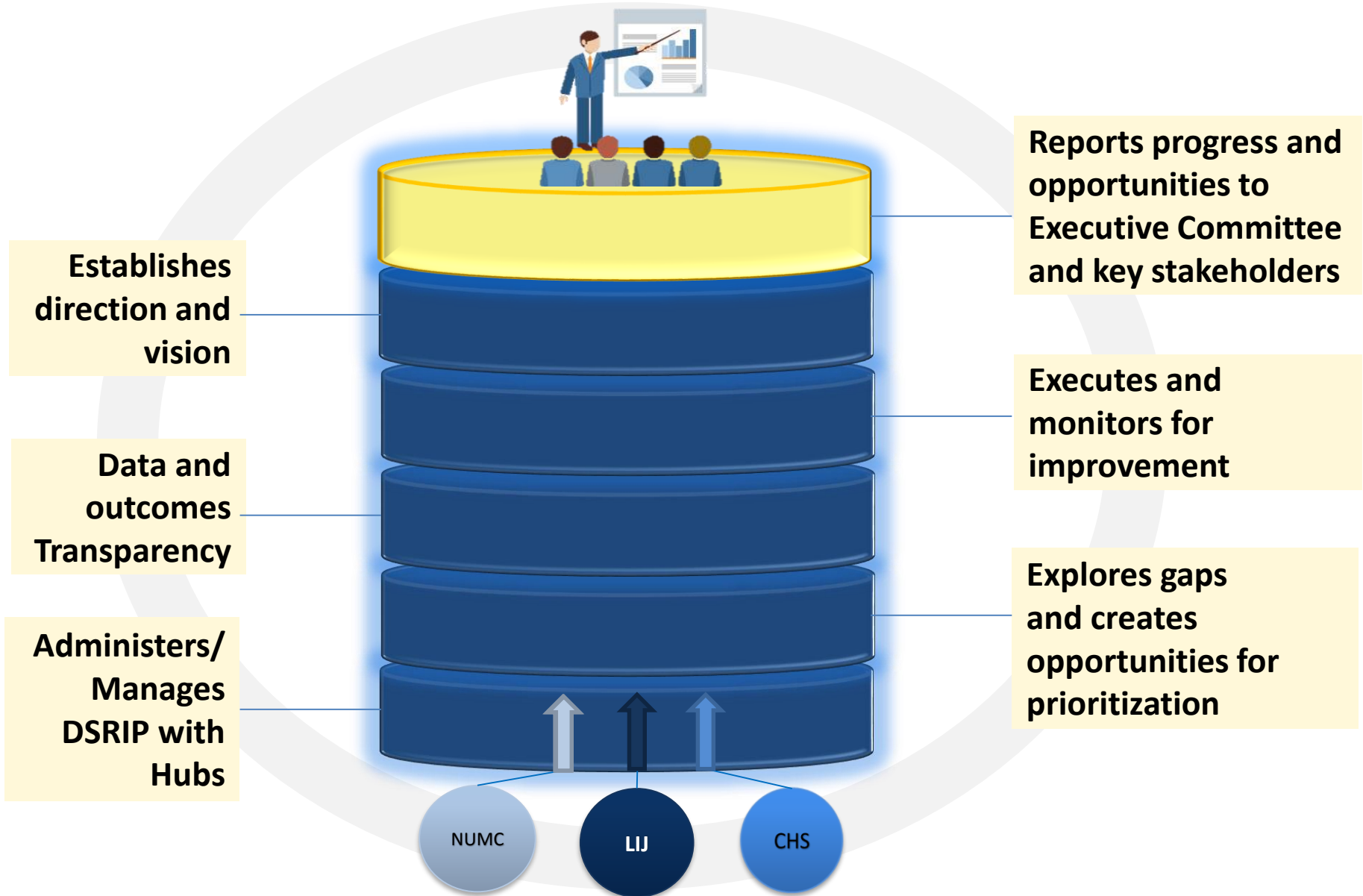
Nancy Copperman, *Cultural Competency and Health Literacy*

Gilbert Burgos, MD, *Medical Director*

Karen Czizik, *Workforce Director*

Thomas Poccia, *Finance Director*

NQP PMO Administers and Manages DSRIP Goals



Collaborations With PPSs



Active participants of all state wide events

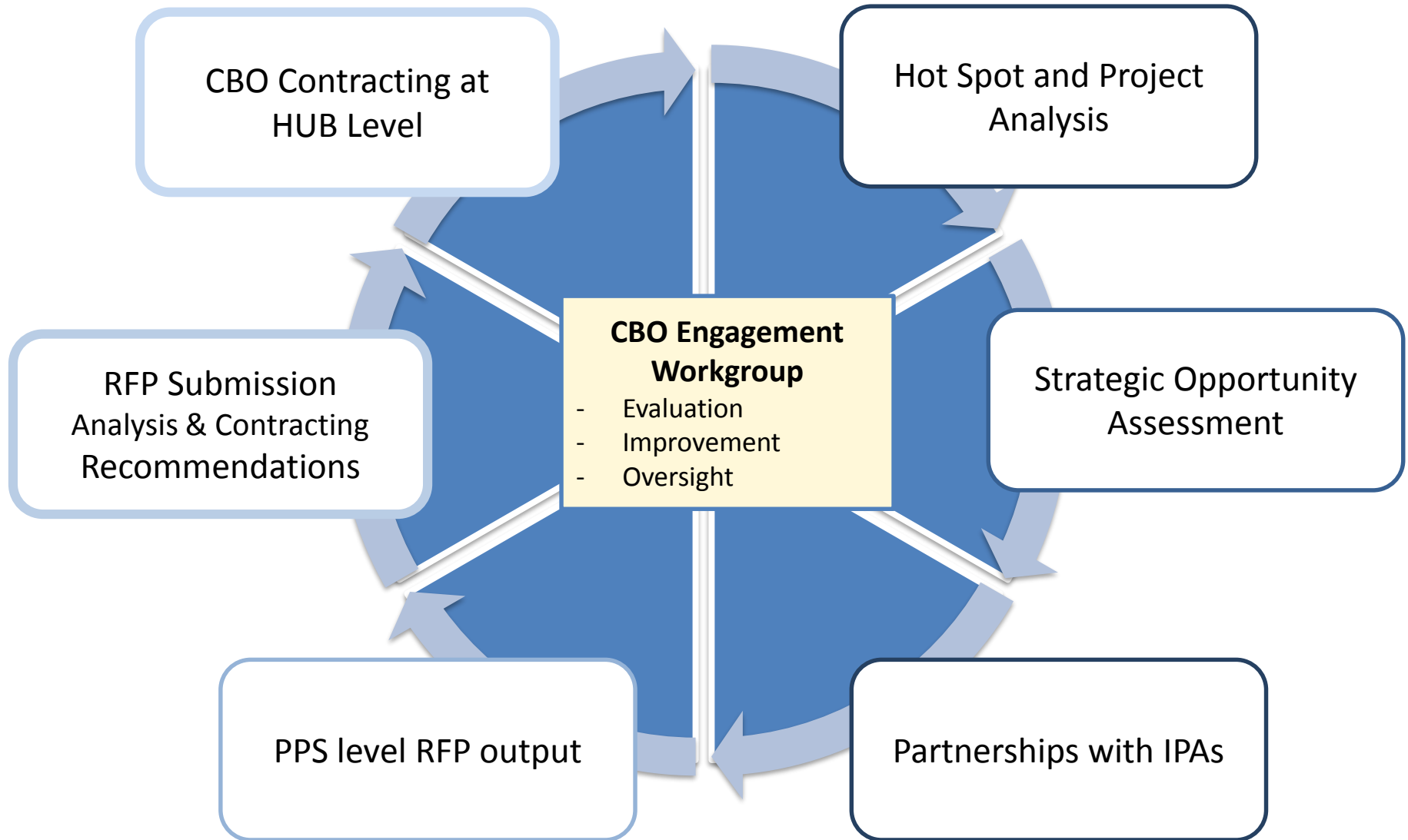
Involved in GNYHA and HANYS events to share best practices and DSRIP wide concern

- Work with PPS on projects such as 2di

Active member of the Regional Planning Consortiums in Long Island and New York City

Ongoing communication with PPSs to share best practices, such as One City Health, Staten Island, Suffolk Care Collaborative and Mount Sinai

Enhanced CBO Strategy



CBO Partnerships and Engagement



Engagement Key: ● Contracted ● NQP Partner

CBO Engagements: Driving DSRIP Delivery

Collaboration among LI Population Health Improvement Program, Nassau Queens Performing Provider System and Suffolk Care Collaborative

CBO Summit @Adelphi
February 2, 2016



Resulted in

Building Bridges Event
October 5, 2016



- Identify the needs of CBOs (esp. Tier 1) and their beneficiaries
- Overwhelming need for information sharing and networking between CBOs, care coordinators and service providers

- Structured networking with a focus on partnership building to enhance quality and accessibility of community services
- Creation of communication tool featuring HITE & 211 resources

Funds Flow Summary

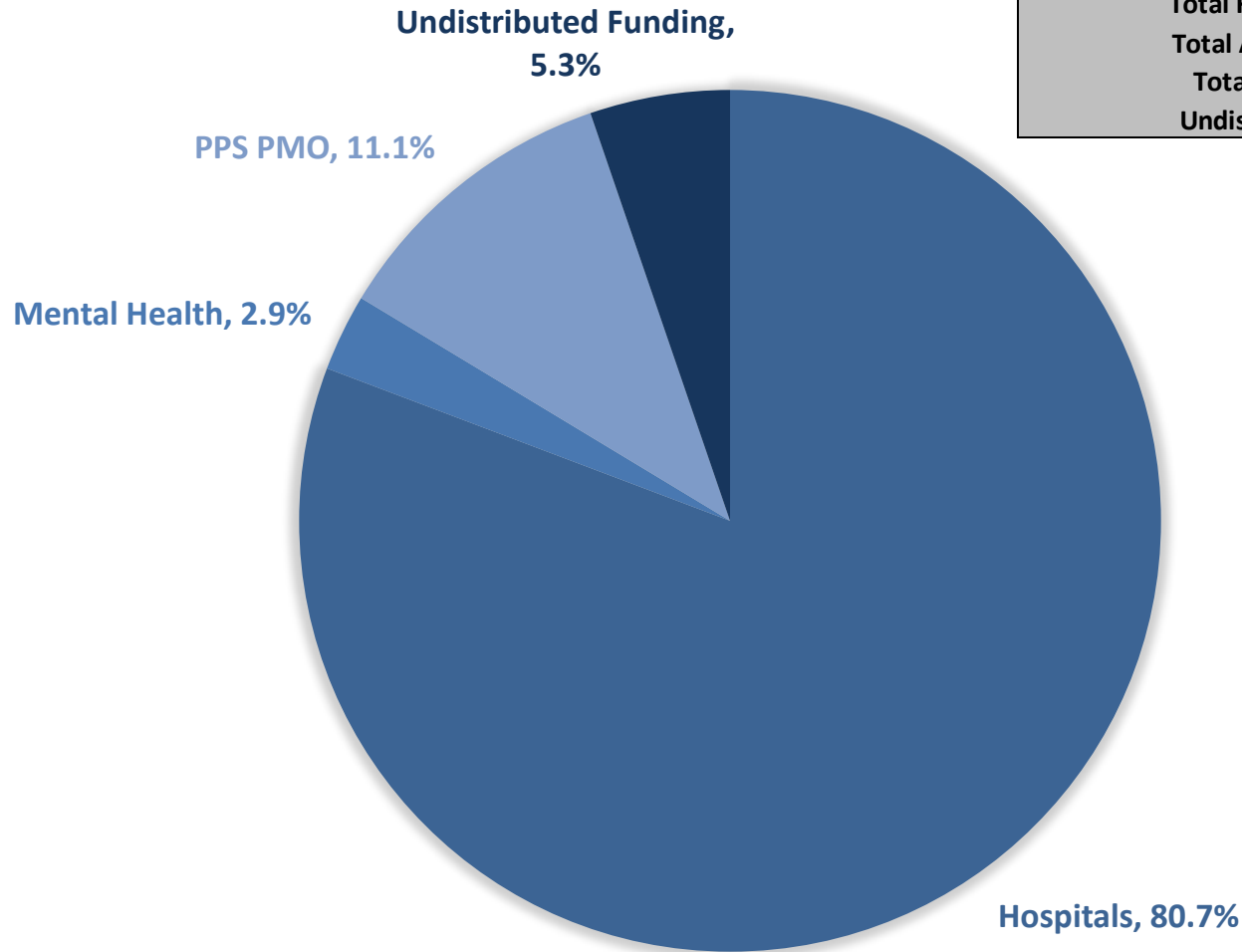
As of December 31, 2016

(millions)

Tier 1	Earned Funds	\$ 69.3 M
	PMO Allocation	11.4 M
	Distributed to Hubs	57.9 M
Tier 2	Hub Project Implementation and Administration	13.4 M
	Funds Distributed to Downstream Providers	8.9 M
	Undistributed Funds	35.6 M

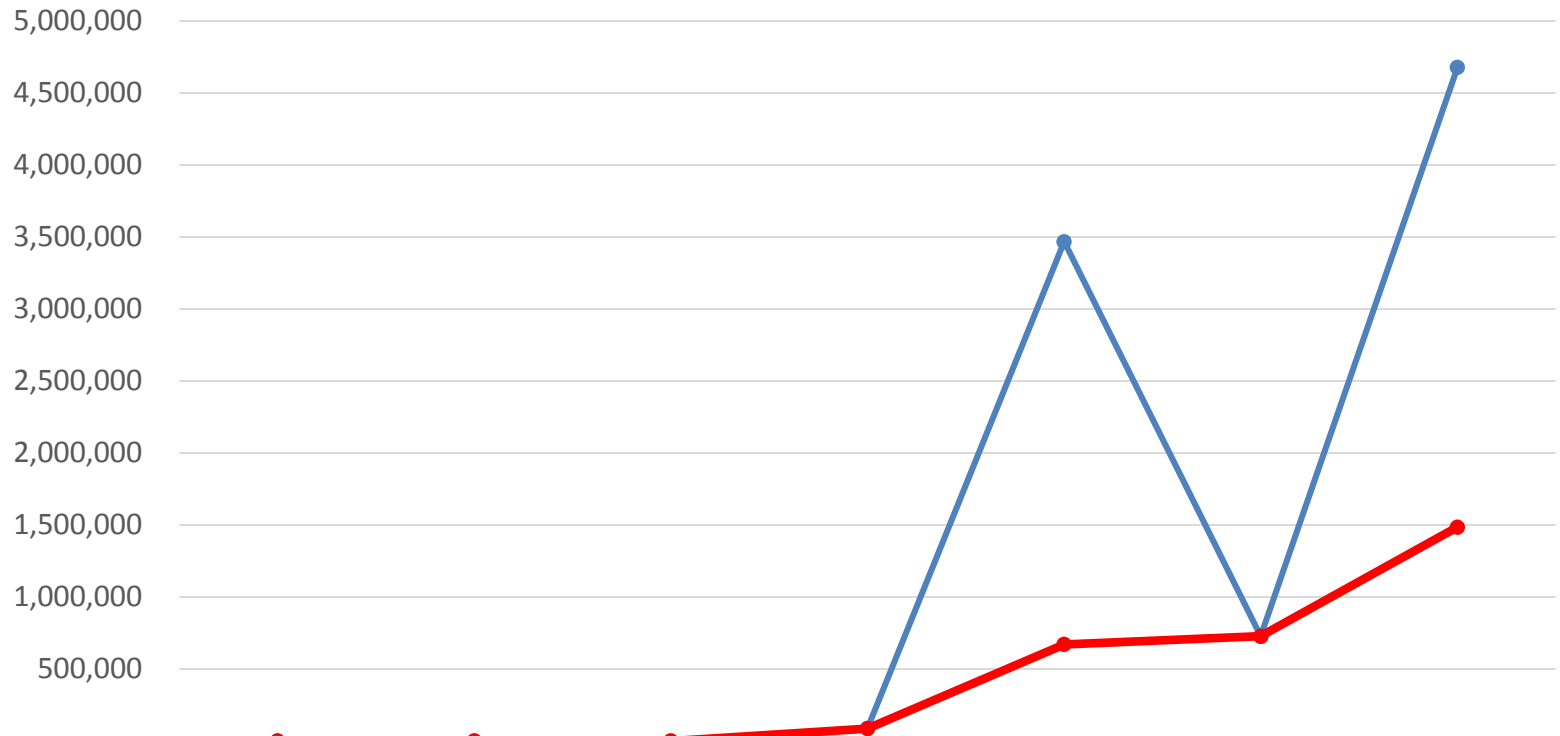
Tier 1 Funds Flow

As of December 31, 2016



Total Funds Available:	\$ 70,827,504
Total Amount Earned:	69,318,791
Total Funds Flowed:	65,681,271
Undistributed Funds:	3,637,520

Funds Distributed to Downstream Providers

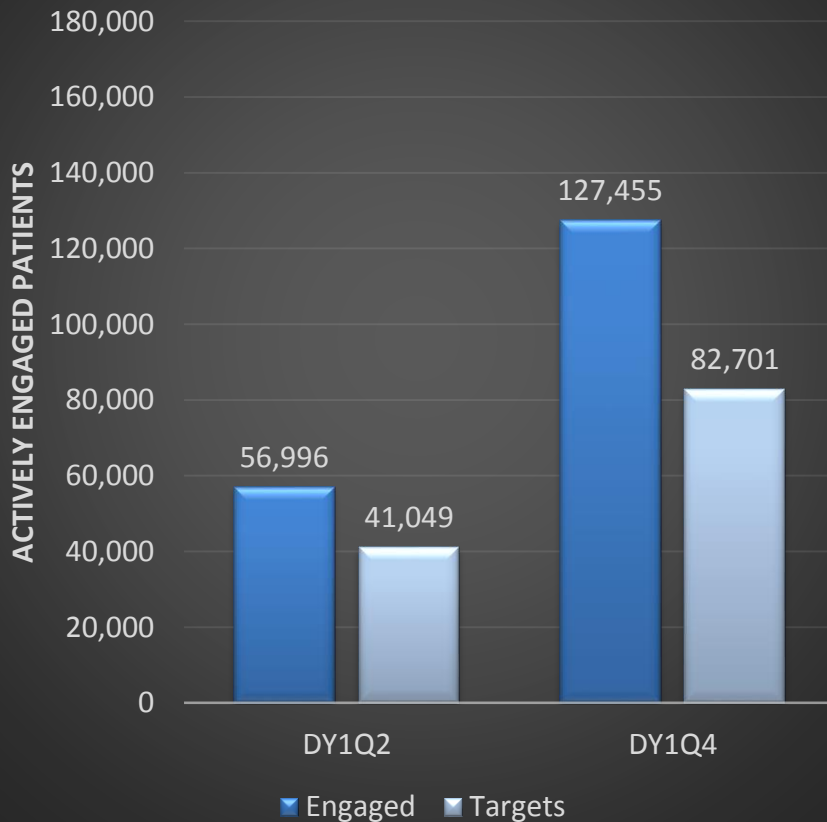


	DY1Q1	DY1Q2	DY1Q3	DY1Q4	DY2Q1	DY2Q2	DY2Q3
Funds Flowed	-	-	-	87,000	3,466,983	727,652	4,676,215
Funds Flowed (w/o Hospitals)	0	0	0	87,000	670,774	727,652	1,485,396

Patient Engagement Improvements

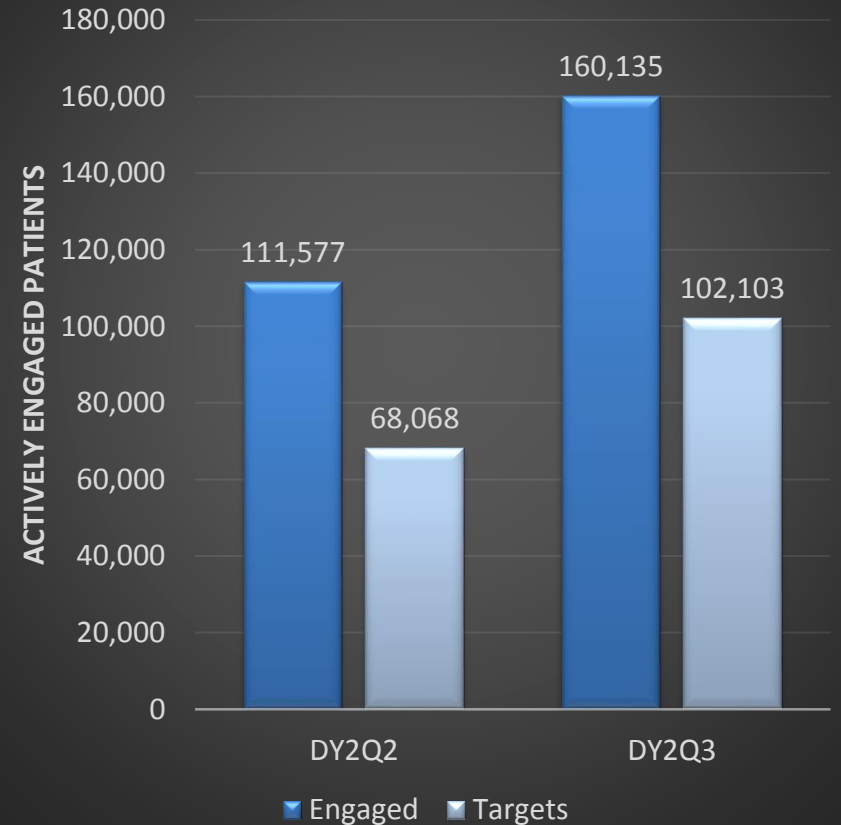
Demonstration Year 1

DY1 Actively Engaged vs. Targeted Commitments



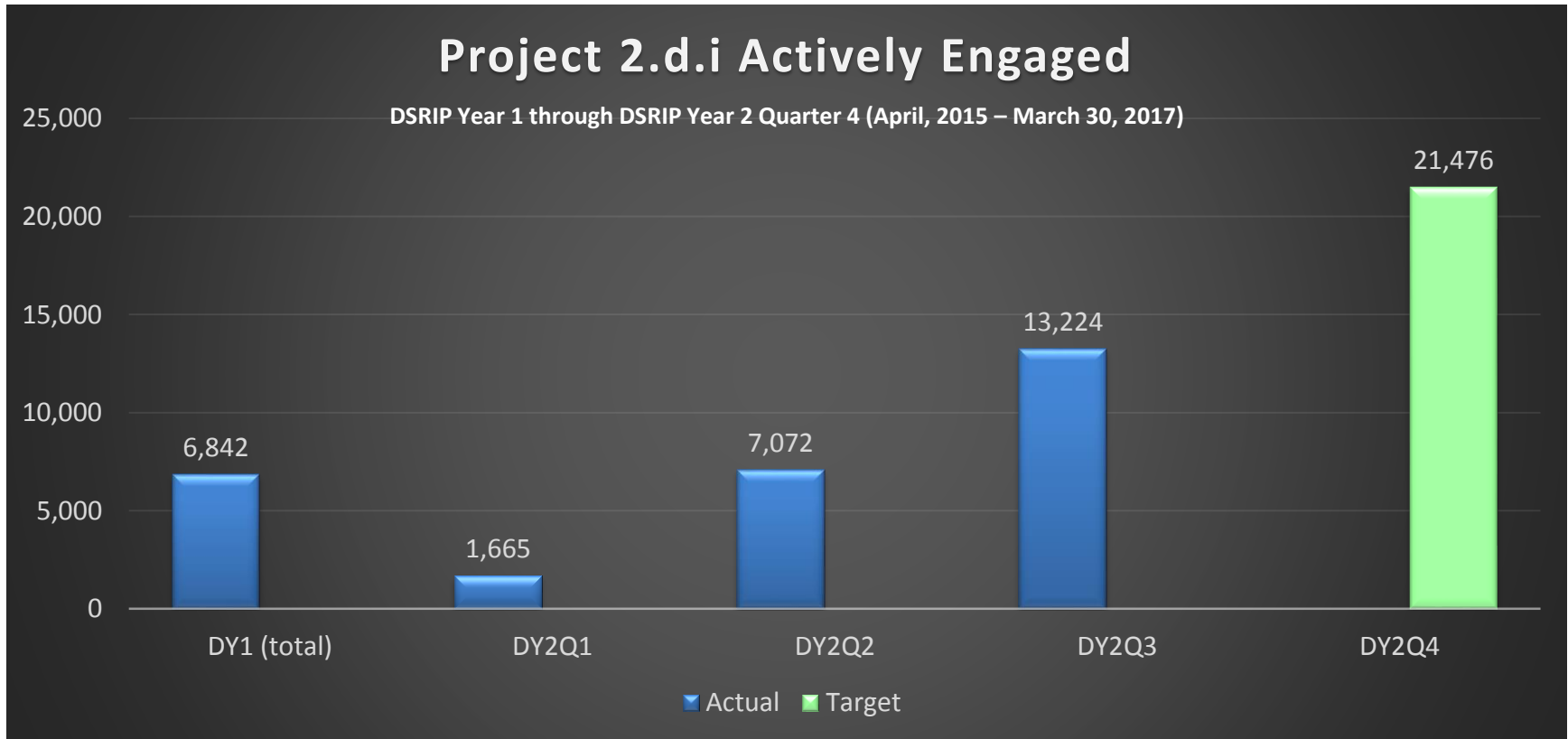
Demonstration Year 2

DY2 Actively Engaged vs. Targeted Commitments

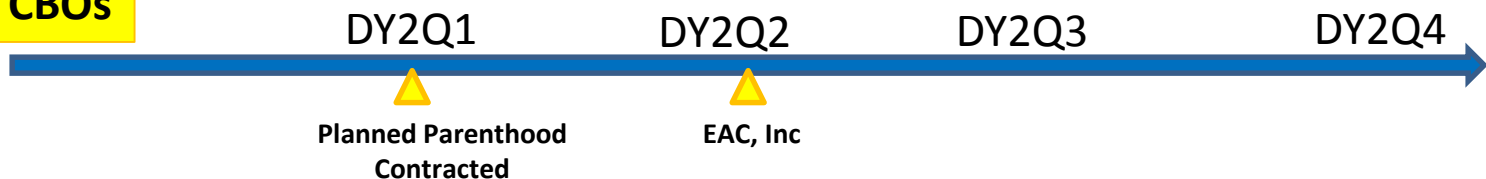


DY1Q4, DY2Q2, DY2Q3 met 4/8 Targets

Increased Provider Engagements = Improved Patient Engagements



Contracted CBOs



Roadmap to Success

ED Co-Location

- Co-located sites operational at NUMC & St. John's Episcopal
- Co-located sites under construction at Mercy Hospital, Winthrop Hospital and South Nassau Communities Hospital

Primary Care/ Behavioral Health Co-Location

- Adopting care coordination guidelines and transfer protocols for co-located facilities
- Educating providers through on-boarding efforts

Chronic Diseases

- Emphasizing self-management programs and EHR upgrades to support these efforts

Patient Activation Measure

- Sharing best practices among CBO partners
- Integrating CIPHER tool into coaching & navigation process

Crisis Stabilization

- Implementing the Crisis Intervention Strategy: Central triage, Outreach, Mobile crisis, Intensive crisis services

INTERACT

- Facility Champions have been identified for contracted providers
- INTERACT Initial trainings are in progress, HUBS continue to work on INTERACT Project Implementation Training Plans for each SNF

Transforming the system through Primary Care

On-boarding

- Educate providers on DSRIP initiatives

NCQA PCMH certification

- Hiring vendors (e.g. HANYS)
- Identifying physician champions

EHR/MU Initiatives

- Training and technical assistance to upgrade EHRs

RHIO Connectivity

- Work with Healthix to support practices

Care Management Program

- Identify high-risk patients to help PCPs manage care

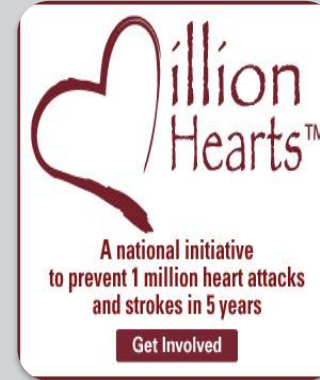
Value-Based Payments

- Incentive payments tied to activities (i.e. PCMH certification)
- Incentive payments tied to performance against metrics

Continuous Quality Improvement

- Opportunities for performance improvement (e.g. provider dashboards)

Workforce Transformation



Partnering with Hofstra University to develop an online CCHL PPS wide training and a Population Health Certification Program

Trained Nassau County Police Force on mental health first aid and training of all new Probation Officers

Trained 26 RN's, care managers & coordinators on care coordination and population health

175 primary care physicians & their staff received training on behavioral health integration or cardiovascular disease (e.g. Million Hearts Campaign)

Over 50 SNF Leaders attended a day-long INTERACT training, & have subsequently launched web-based INTERACT modules for the whole facility

Learning Through Collaboration

TIER 1 CBO

Inform and Train Healthcare Providers

- Organizational Services
- Healthcare Access Barriers in Local Communities including:
 - Access to Healthy Foods, Nutrition Education, and Healthy Lifestyle Choices
 - Access to Quality & Supportive Housing
 - Concerns Facing Minority/Immigrant Communities
- Participation in NQP CCHL committee

PPS

Inform and Provide Trainings to CBOs

- Population Health
- Coaching for Activation
- Care Coordination
- Online/In-person CCHL training
- HIT Training and Assistance

CCHL Training Tools To Improve Health Care Quality for Diverse Populations

NQP has developed several tools to support CCHL and related activities

- **CCHL 101 & onboarding materials for internal and partner staff**
- **Community member CCHL workshop facilitators guide & training materials**
- **CCHL Train-the-Trainer Workshops**
 - In-person full day trainings with facilitators guide & training materials
 - 2 hr in person interactive workshop
- **Integrated CCHL training into PAM staff training**



Improving health care delivery for our patients



Healthix: Connectivity, data warehouse, data analytics and care management



CBO engagement and collaboration for improved care



Cultural change from silos towards integration



Data analysis to identify opportunities not realized prior to DSRIP projects



THANK YOU

APPENDIX

SUPPLEMENTAL MATERIALS

Communications to PPS Network

Newsletters

- Monthly distributions
- Over 2000 partners on listserv

Website

- Ongoing update of website for partner access
- Event announcements
- Resource for partners

Project Advisory Committee (PAC)

- Quarterly meeting
- Discuss DSRIP related topics
- Meetings occur at Hub locations

Emails

- Partner Connections
- Upcoming events

Phone calls

- Direct connection with partners
- Ongoing conversations with partner participation

Ongoing interactions via meetings between hubs and their downstream partners

- Participation in workgroups, committees and other deliverables
- Hub and PMO participate in community based events (Long Island Health Collaborative Population Health Improvement Program, etc..)

Partner and Community Feedback

Town halls

- **2014:** Completed surveys and selected the 11 NQP DSRIP Projects

Project Advisory Council (PAC) Meetings

- **CCHL & INTERACT:** Trainings/best practices
- **CBOs:** Resources and input on project implementation
- **Crisis Stabilization:** CBO Panel/ Opportunities for collaboration

Cultural Competency & Health Literacy

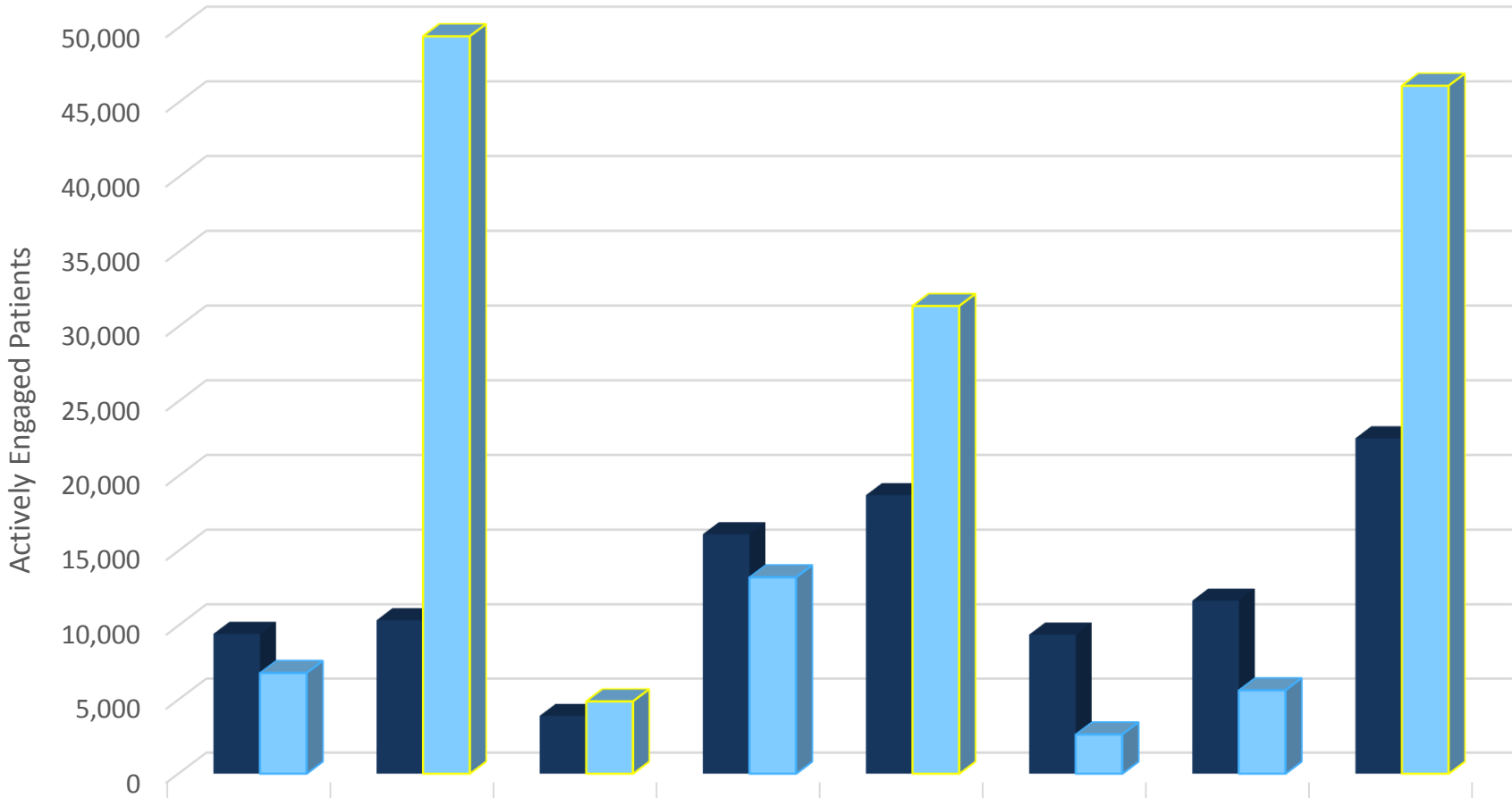
- **CCHL workgroup:** 17 CBOs are included
- **Events:** CBO summits, training events, and forums provide opportunities for collaboration and information gathering/dissemination

Project Workgroups

- **2di:** 2 CBO partners participate in monthly meetings
- **INTERACT:** 34 SNFs have contracted with NQP and are actively completing INTERACT training activities; 14 have completed INTERACT training

DY2Q3 DSRIP Projects Patient Engagements

(Last Updated December 31, 2016)



■ Goal	2.b.ii	2.b.iv	2.b.vii	2.d.i	3.a.i	3.a.ii	3.b.i	3.c.i
	9,437	10,353	3,903	16,107	18,724	9,389	11,662	22,528
■ NQP Total	6,801	49,438	4,881	13,224	31,384	2,648	5,633	46,126

Improving DSRIP Project Patient Engagement

Patient Engagement DSRIP Year 2 Quarter 3 (April 1, 2016-December 31, 2016)

Below are the Projects for which one or more Hub missed the target.

The listed reasons for missing the targets and improvement strategy are shared across the Hubs.

2.b.ii - Co-located Primary Care in ED

- Main reason for not meeting the target is limited access to data. Additionally, there is difficulty ensuring patients attend follow-up care in the specified time frame.
- Part of the improvement strategy is to expand access to data by making PCP and ED visits from all three hubs accessible to NQP. NQP will cross check PCP visits with all ED visits across the three Hubs. Other strategies will focus on expanding contracts to CBO's with high attributed lives and establishing a care coordination program to improve timely PCP linkage after visiting the ED.

2.b.vii – INTERACT

- Main reason for not meeting the target is delayed contracting and time intensive manual reporting.
- The improvement strategy includes improved contracting and conducting more INTERACT training, as well as, contracting a 3rd party vendor to automate SNF reports.

2.d.i - PAM

- Main reasons for not meeting the target is slow ramp up of CBO and lack of resources within Hubs to administer the PAMs.
- Part of the improvement strategy is to engage volunteers and complete CBO contracts to increase PAMs administered. In addition, there is a lack of CCHL training for all PAM surveyors and improvement is needed in utilizing best practices for survey implementation.

3.a.ii - Crisis Stabilization

- Main reason for not meeting the target is there is limited access to data (Patient ID/payor) from hotline encounters which are included in the targets. Additionally, there had been no coordination or relationships developed with the crisis hotlines to capture those patients.
- The improvement strategy includes engaging more BH providers and CBOs and improving collaboration with partners that provide relevant services and data collection resources.

3.b.i - Disease Management: Cardiovascular

- Some of the issues discovered include EMRs are lacking functionality and/or lack of use amongst providers.
- The improvement strategy includes working with physician champions to analyze which providers are encouraging self-management and spreading their best practices. Additionally, the hubs are in the process of developing vendor-level relationships to capture more EMR data.

In addition, the Performance Reporting and Improvement Workgroup is developing scorecards to help highlight areas in need of focus and improvement. These score cards will allow NQP and the Hubs to narrow the focus to specific providers and provider types for identifying and spreading best practices.

Improving Primary Care Capacity

NQP continues to assess Primary Care capacity across its network and conduct activities to further expand access by:

Improving efficiency of practices to more effectively manage patients (PCMH)

- Expand hours of operations, including nights and weekends
- Same-day appointments
- Care team members (e.g. nurses) to engage patients outside of standard visits

Opening New Practices and Expand Existing Practices

- Co-Location of ED & Primary Care

Increasing in Number of Mid-Level Practitioners

- University partnerships with specialty programs

Partnering with Urgent Care Practices

- Northwell & GoHealth
- CHS & CityMD
- Focus on ensuring patients follow up with PCP

Cultural Competency Strategic Plan

CCHL Strategic Plan includes its 4 part strategy and evaluation metrics



Tier 1 CBOs: Primary architects of CCHL

To support its Strategic Plan, NQP developed a CCHL Training Strategy that included:

**Social, Cultural,
Linguistic and Gender
Factors, affecting
health outcomes**

Unconscious Bias

Capturing REL Data

Health Literacy

Tools & Skills

Empowering Patients

NQP CBO Contracts

NQP has contracted with 10 entities as of 1/30/17

Planned Parenthood of Nassau County

- Patient engagement activities for the 2di PAM project; participate on 2di workgroup to share best practices

EAC Inc.

- Patient engagement activities for the 2di PAM project; participate on 2di workgroup to share best practices

Southeast Nassau Guidance Center

- Partner with NQP on Projects 3.a.i, 3.a.ii, 4.a.iii

Transitional Services for New York, Inc.

- Partner with NQP on Projects 3a.ii

Visiting Nurse Service

- Partner with NQP on Projects 3a.ii

Korean Community Services

- Partner with NQP on Projects 3.a.i, 3.b.i, 3.c.i, 4.a.iii, 4.b.i

NQP CBO Contracts continued...

Chinese-American
Planning Council

- Partner with NQP on Projects 3.a.i, 3.b.i, 3.c.i

Family & Children's
Association

- Partner with NQP on Projects 3.a.i, 3.a.ii, 4.a.iii

National Alliance of
Mental Illness (NAMI)

- Partner with NQP on Projects 4.a.iii

Hispanic Counseling
Center

- Partner with NQP on Projects 3.a.i, 3.a.ii, 4.a.iii

God's Love We Deliver

- Partner with NQP on Project 2.b.iv

Target Individuals with Health Disparities

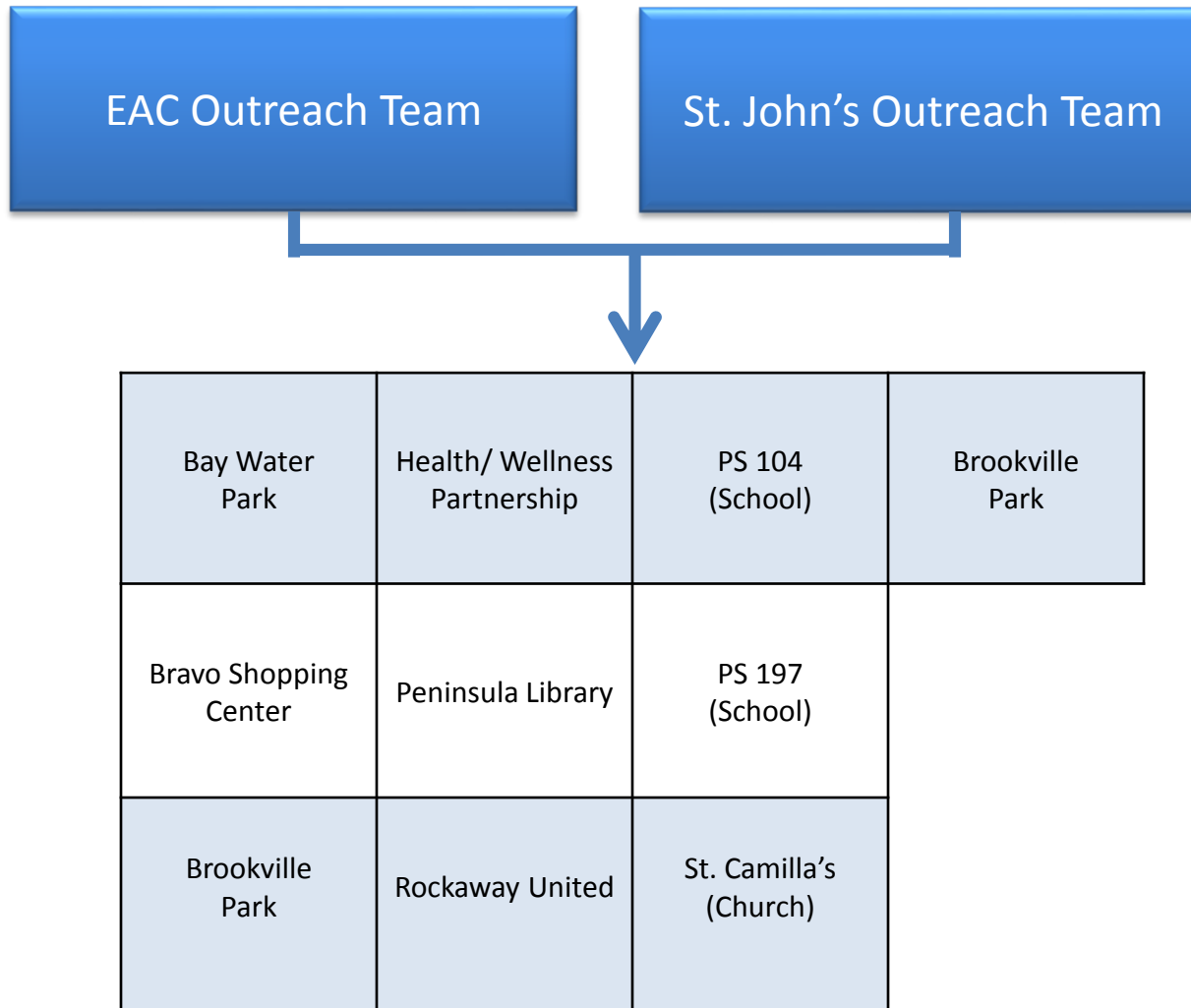
- Target Hot Spot Communities
- NQP's direct CBO partnerships have led to other CBO engagement
- Increases reach of CCHL & community engagement activities
- Promotes sustainability of activities in communities with health disparities

CBO Partner: Planned Parenthood (2di)



Childcare Council of Nassau County	Glen Cove Interagency Council	La Fuerza Unida	Nassau BOCES	Nassau-Suffolk Hospital Council	The Trailer
Freeport Farmers Market	Harbor Child Care Center	LIGALY	Nassau Community College	North Shore INN	United Health Care
Glen Cove Child Day Care	Island Harvest: Kennedy Park	Long Beach Community Development	Nassau County Department of Probation	Pride for Youth	WIC Hempstead
Glen Cove Housing Authority	Island Harvest: Roosevelt Library	Long Beach MLK Center	Nassau County Department of Social Services	STRONG Youth	Winthrop Women's Wellness Center

Target Individuals with Health Disparities



Provider Network Commitments

As of December 31, 2016

PROVIDER TYPE	Total Contracted	Connected to RHIO		Using EHR		PCMH Certification Complete		Meeting MU Standards		INTERACT Training Complete	
		%	Total	%	Total	%	Total	%	Total	%	Total
Practitioner - Primary Care Provider (PCP)	646	14%	93	88%	566	24%	152	71%	458	-	-
Practitioner - Non-Primary Care Provider (PCP)	91	88%	80	88%	80	11%	10	-	-	-	-
Hospital	19	89%	17	84%	16	-	-	-	-	-	-
Clinic	9	78%	7	100%	9	22%	2	89%	8	-	-
Case Management / Health Home	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-
Substance Abuse	-	-	-	-	-	-	-	-	-	-	-
Nursing Home	47	-	-	45%	21	-	-	-	-	30%	14
Pharmacy	-	-	-	-	-	-	-	-	-	-	-
Hospice	-	-	-	-	-	-	-	-	-	-	-
CBO	11	-	-	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-	-	-	-
Uncategorized	10	-	-	-	-	-	-	-	-	-	-
N/A	-	-	-	-	-	-	-	-	-	-	-
Total	833	24%	197	83%	692	20%	164	56%	466	30%	14

Safety Net Contracted Partners

as of December 31, 2016

- **82%** (833 out of 1,019) **Safety Net Providers Contracted**
- **39%** (157,828 out of 400,667) **Attributed Lives Contracted**

Provider Type	Total Contracted	Total Safety Net Contracted	Attributed Lives Contracted
Primary Care Provider (PCP)	646	138	118,120
Practitioner - Non-Primary Care Provider (PCP)	91	12	828
Hospital	19	6	9,815
Clinic	9	7	15,623
Case Management / Health Home	0	0	0
Mental Health	0	0	0
Substance Abuse	0	0	0
Nursing Home	47	42	8,595
Pharmacy	0	0	0
Hospice	0	0	0
CBO	11	7	4,551
All Other	0	0	0
Uncategorized	10	2	296
TOTAL	833	214	157,828

2nd Tier Funds Flow Detail

As of December 31, 2016

Provider Type	TOTAL
Hospitals	6,003,244
Primary Care Providers	1,421,468
Non-PCP Practitioner	4,368
Clinics	878,688
Nursing Homes	341,632
Community Based Organizations	308,450
Hub PMO	13,391,131
Total Funds Flowed	\$ 22,348,981

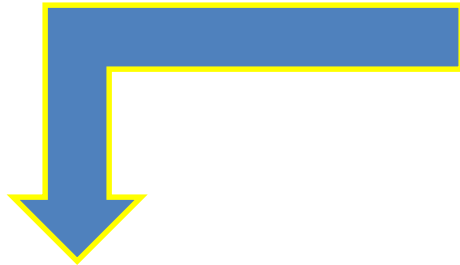
Allocation of PMO Expenditures

Through September 30, 2016

	Tier 1: NQP PMO	Tier 2: Hubs' PMO
Category	Percentage	Percentage
Workforce Vendors and Trainings	8.1%	7.9%
Information Technology	8.4%	10.3%
Centralized Services to Support PCMH/APC and Care Management	0.0%	24.3%
Staffing & Benefits	36.1%	53.5%
Consultants, Legal & Insurance	44.5%	3.8%
Office Expenses	1.7%	0.1%
Other	1.3%	0.1%

Engaged Community Partners Provide Diverse Array of Services

HOUSING
TRANSPORTATION
UNIVERSITIES
SOCIAL SERVICES
DEVELOPMENTAL DISABILITY
BEHAVIORAL HEALTH
HEALTH HOME
STATE & LOCAL GOV'T AGENCIES
NUTRITION



Education

Educate partners on best practices related to patient navigation and referral

Resource Sharing

Share available resources to support processes

Training

Provide training on processes throughout the DSRIP program

Collaboration

Coordinate opportunities for community groups and providers to collaborate

TRAINING NEEDS ACROSS ALL PROJECTS

