

**AMAZING
THINGS
ARE
HAPPENING
HERE**

Midpoint Assessment Progress Update

PAOP – February 2, 2017

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NYP PPS Overview

- 10 projects
- 85 Collaborators
- Anchored around NewYork-Presbyterian Hospital's community and ambulatory footprint
- 6th smallest PPS in State; 2nd smallest in New York City*
- Small, centralized PMO manages reporting/administrative requirements; Clinical leads focus on population/patient needs
- Executive, Finance, Clinical Operations, IT/Data and Project Advisory Committees; Workforce and Cultural Competency workgroups
- Collaboration with 1199 Training and Education Fund on PPS training strategy

**According to funding, attribution*

PPS Innovations: What is New for Patients?

43 Patient Navigators, Community Health Workers, Peers, and other Field-Based Staff working across a variety of settings

*Navigators in
Emergency
Departments*

*CHWs
providing
HIV/HCV
testing in
community*

*CASAC
making CPEP
linkages to
community
SUD tx*

*Navigators
contacting
tobacco
using
population*

Operating in Patient Homes and Communities

PPS Innovations: What is New for Patients?

***Collaboration with Advocate
Community Providers (ACP) PPS to
embed care coordinators in hospital***

***Contract to
support
information
sharing***

***ACP staff will
have access
to inpatient
units***

****Anticipated February go-live, pending contract***

PPS Innovations: What is New for Patients?

Streamlined relationships with social services

Includes Argus, ACMH, NYP, and The Bridge

Access to community BH providers

Interdisciplinary, mobile team

Critical Time Intervention team to work with patients in home and community to address behavioral health crises

PPS Collaborators Working Together

- Embedding NYPH Nurse Practitioners and Physicians in Mobile Medical Unit*
- Extended hours of operation to NYC neighborhoods
- Primary care
- Community based HIV/HCV/STI outreach, screening and linkage
- On-Site HCV care and treatment

**HARLEM
UNITED**



**Pending approval by HRSA*

PPS Collaborators Working Together

Expanded Peer and Community Health Worker Training Center available to all PPS Collaborators



Together, we are the Alliance.

PPS Collaborators Working Together

- **PCMH transformation consulting for independent community physicians**
- **Tailored one-to-one support**
- **Aligned with NYC transformation efforts**



PPS Collaborators Working Together



***Cultural Competency
resource tool for frontline
staff***



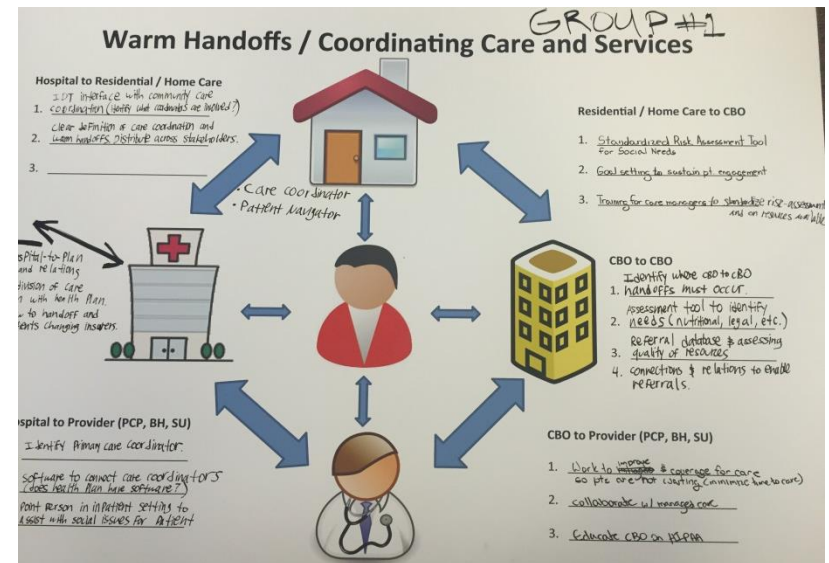
***Constantly updated
resource directory of
social services***



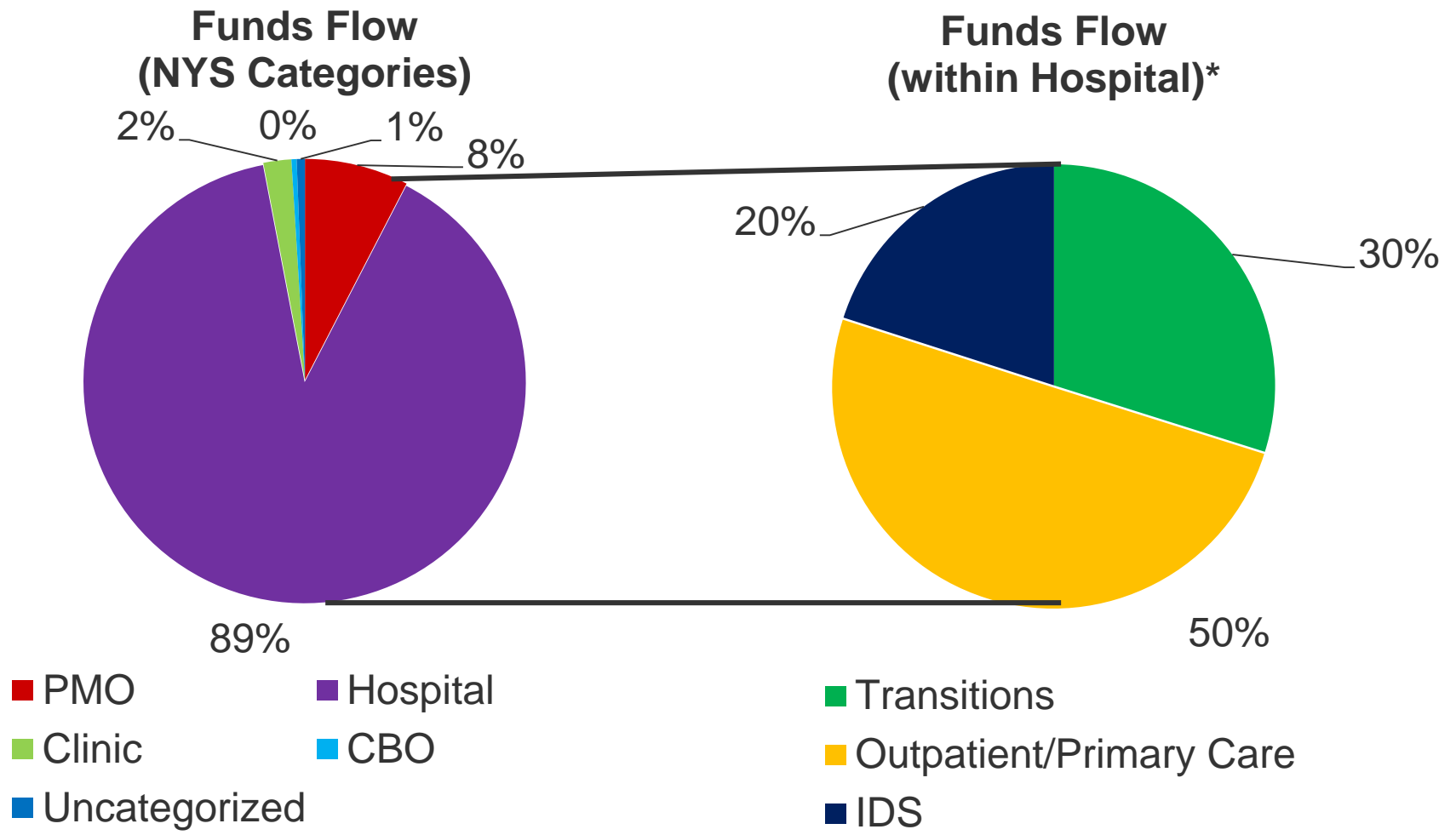
***Access to NYS-wide
medical record data and
future care plan exchange***

PPS Collaborators Working Together

- Biannual collaborator symposia (2 held to-date)
- 40+ attendees per symposium
- Goal is to result in concrete action plan for PPS



PPS Funds Flow (as of DY2 Q2)



*Based on DY2Q1-Q3 data

PPS Funds Flow – CBO Distribution

- 16 executed contracts for ~\$1.4M per DSRIP year
- Indirect support provided for all collaborators
 - Healthix rollout (vendor + Healthix integration costs)
 - Healthify access for unlimited users
 - Quality Interactions access

IA Midpoint Recommendations

IA Recommendation	Mitigation Strategies
Implement CC/HL Strategies	<ul style="list-style-type: none">• Identified new CC/HL leadership• Implementing Quality Interactions• Developing Tip Sheets on common challenges• Developing CC/HL mentor network• Developing CC/HL webinar series• Planning CC/HL half-day training
HIV Center of Excellence: Identify Space & Engage Collaborators	<ul style="list-style-type: none">• Investigating long-term space options for expanded clinical services
Palliative Care: Increase presence of Palliative Care providers in PCP practices & education	<ul style="list-style-type: none">• Revamping process to address initial buy-in challenges, including leveraging community-based providers with palliative care experience

PPS Pivot: Transition to P4P

Project-Centric

PPS Governance Committees

Integrated Delivery System

Ambulatory ICU

ED Care Triage

30-Day Care Transitions

BH – Primary Care Integration

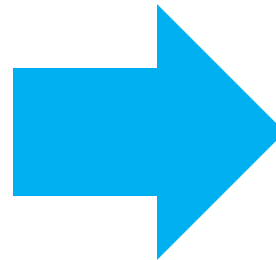
BH Crisis Stabilization

HIV Center of Excellence

Palliative Care in PCMHs

Tobacco Cessation

Reduce HIV Morbidity



Performance-Driven

PPS Governance Committees

Adult Medicine @ NYP

Pediatrics @ NYP

Sexual Health

Community Primary Care

Transitions / High Utilizers

CBO/Social Determinants

PPS Pivot: Transition to P4P

Anticipated Challenges

- Performance data
 - 1+ year lag (directional)
 - Not directly attributed to single provider/organization
 - Few data sources are identifiable / actionable
- NYS reporting will remain project-centric despite move away from project deliverables

Anticipated Opportunities

- Better align funding to improve performance
- Removing project silos
- Enhanced engagement across network

Immediate Focus: Assessing Quality Improvement Opportunities

PPS 2017 Efforts

- **Transition from project-centric to P4P focus incorporating mid-point recommendations**
- **Execute on cultural competency, health literacy, and training strategies**
- **Deploy CRFP funding to improve patient and provider experience**
- **Work to identify path to sustainability for community investments**
- **Manage political uncertainty and effect on DSRIP-funded efforts**

