

## Refuah Community Health Collaborative

### Primary Care Plan

#### **Fundamental 1: Assessment of current primary care capacity, performance and needs, and a plan for addressing those needs**

*PPS's over-arching approach for expanding Primary Care capacity and ensuring the provision of required services*

#### Current Capacity

As an FQHC-led PPS, Refuah Community Health Collaborative's ("RCHC") core philosophy and strategy centers on the expansion and strengthening of its already robust network of primary care providers. RCHC's 4 FQHCs form the backbone of its primary care plan. Namely, these FQHCs include:

- Refuah Health Center– with 3 locations in Rockland County.
- Ezras Cholim Health Center – serving Orange County
- Hudson River Health Care, Inc. – with 3 locations in Rockland County,
- Cornerstone Family Health Care – with 6 locations serving Orange County

RCHC's primary care network further includes Bon Secours Medical Group, an affiliate of Good Samaritan Hospital, and Jawonio, an OPWDD provider, which provides primary care services through its licensed diagnostic and treatment center.

These organizations employ a total of 137 primary care providers, including internal medicine physicians, pediatricians, OB/GYNs, family medicine physicians, and nurse practitioners.

#### Primary Care Shortages

RCHC has identified the following "hot spots" of primary care shortages<sup>1</sup>:

- Rockland County
  - Village of New Square
  - Haverstraw
  - Monsey
  
- Orange County
  - Village of Kiryas Joel
  - Village of Walden
  - Middletown
  - Newburgh

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<sup>1</sup> The primary care shortage "hot spots" were determined based upon HRSA designations of health professional shortage areas, medically underserved areas, and medically underserved populations.

## Primary Care Strategy

As outlined above, RCHC's primary care network is comprised 100% of FQHC and hospital-based providers. There are no private practice physicians in RCHC. This focus on the provision of primary care through FQHCs and similar entities puts RCHC in a unique position with respect to the development and expansion of its primary care network. The key strategic points of RCHC's PCP Plan include:

- **Expand Capacity** – address PCP shortages through appropriate workforce strategies
- **Integration** – grow existing PCP operations to integrate in the full continuum of care.
- **Increase Efficiencies** – scale existing best practices and institute new workflows to improve care.
- **Infrastructure expansion** – grow administrative infrastructure/resources
- **Targeted EHR Development/Expansion**

## Addressing Challenges

Because RCHC is already driven by primary care organizations, RCHC's challenge is not only to expand its capacity to address PCP shortages, but to also improve efficiencies and scale its current successes towards a more integrated approach which ties PCP structures to other clinical and social workflows. To this end RCHC is working towards:

1. Implementing a workforce strategy which promotes a "top-of-license" practice.
2. Strong integration of behavioral health into primary care to reduce inefficiencies and promote well-being.
3. Close partnerships with community-based organizations to leverage existing resources and create new opportunities for innovation.
4. Develop culturally competence in order to reduce barriers and meaningfully engage with target populations.

*How is the PPS working with community-based PCPs, as well as institution-based PCPs?*

As noted above, RCHC's PCP network does not include any private-practice PCPs. RCHC believes that the most effective way to institute transformation is through growing its network of FQHC-based providers; however, RCHC will continue to evaluate opportunities to collaborate with private practice PCPs and update its network as appropriate.

## **Fundamental 2: How will primary care expansion and practice and workforce transformation be supported with training and technical assistance?**

*What are your PPS's plans for working with Primary Care at the practice level, and how are you supporting them to successfully achieve PCMH/APC?*

All of RCHC's FQHCs are already PCMH Level 3 certified at the 2014 standards. The impetus for this transformation was the PMPM incentive add-on payment that became available to FQHCs previously. The only two primary care practices in RCHC's network which are not currently certified at the 2014 Level 3 standards are Bon Secours Medical Group and Jawonio. Bon Secours Medical Group is an affiliate of

Westchester Medical Center and is an active participant in the WMC PPS PCMH project. RCHC is working with WMC to monitor the progress of Bon Secours Medical Group and, to-date, the group is on track. Jawonio, although licensed as a diagnostic and treatment center, employs only one primary care provider. Jawonio is currently in the process of being acquired by Cornerstone Family Healthcare (which operates a network of FQHCs). It is RCHC's understanding that this acquisition will be finalized in the near future, at which time RCHC will engage Cornerstone in discussions to determine what technical assistance is needed to bring Jawonio into compliance with the 2014 Level 3 standards.

RCHC plans to establish a funds flow model for its primary care organizations, based upon attribution, that will provide funding to its primary care providers. Primary care providers will be able to utilize these amounts to further their infrastructure as needed, e.g. patient workflows, HIE, administrative resources, workforce spend, etc.

*How is your PPS working to ensure that existing statewide resources for technical assistance are being leveraged appropriately?*

As noted above, with respect to its two locations that have not yet achieved 2014 Level 3 certification, RCHC is collaborating with the relevant stakeholders, namely Westchester Medical Center and Cornerstone Family Healthcare (which participates in several PPSs), in order to ensure that PCMH technical resources are provided to these two locations in a coordinated and timely manner. RCHC partners have in-house expertise that can be made available to assist Bon Secours and Jawonio with achieving PCMH certification in the required timeframes.

### **Fundamental 3: What is the PPS's strategy for how primary care will play a central role in an integrated delivery system?**

*How will the PPS strengthen the continuum of Primary Care and ensure meaningful linkages to necessary secondary and tertiary services?*

RCHC plans to capitalize upon its existing primary care network to strengthen and expand its connection to secondary and tertiary services. RCHC is engaged in the creation of "integrated primary care hubs" where each primary care location provides integrated medical and behavioral health care supported by robust care management, care coordination and patient navigation services. The hubs will connect to expanded services as follows:

- Expansion "Synchronizing" Services – RCHC partners will develop care management, care coordination, and patient navigation services which will direct patients to the most appropriate level and site of care.
- Development of Comprehensive Data Sharing Network - based primarily off of the RHIO and SHIN-NY platforms, which will allow partners to share information and receive alerts every time the patient has an event or transitions between points of care.
- Collaboration with Local Hospitals – Good Samaritan and Westchester Medical Center are RCHC partners. Further, RCHC partners have working relationships with other area hospitals, including Nyack Hospital, Orange Regional Medical Center, and Mt. Sinai, Columbia-Presbyterian, and NYU-Langone, in New York City. RCHC will continue to build collaborative relationships with these inpatient networks.

- Enhance Access to Specialists – RCHC’s physician network includes access to many physician and dental specialties. For example, Refuah Health Center provides access to cardiology, dermatology, endodontics, gastroenterology, general and bariatric surgery, infectious disease, ophthalmology/optometry, orthodontics, otolaryngology, periodontics, podiatry, physical rehabilitation, pulmonology, radiology, rheumatology, urology, and all disciplines of mental health. Ezras Cholim provides behavioral health, dermatology, optometry, orthodontics, physical rehabilitation and podiatry, and Bon Secours Medical Group includes cardiology, dermatology, gastroenterology, genetics, geriatrics, general and bariatric surgery, hematology, neurology, oncology, pulmonology, sleep medicine and sports medicine. RCHC will seek to expand access to specialist by linking patients with specialists at non-partner organizations (e.g. Mt. Sinai and Columbia) and by expanding access to specialty care at its primary care locations.
- Referral Practices – RCHC’s goal is to build up its outpatient capacity and infrastructure to be able to provide as many secondary and tertiary services in outpatient settings, as is feasible and appropriate. Patients will be referred to specialists within the outpatient network whenever possible, with inpatient referrals being reserved only for care that truly needs to be provided in an inpatient setting.
- Clinical Information Exchange - RCHC’s clinical integration strategy is to expand the integration and coordination of the PCMH model beyond the primary care practice, and across the entire healthcare system. This will be achieved through improvements in communication and record sharing, improved workflows with respect to consent, expansion of PCMH coordination strategies to “high risk” patients, training, and caseload/staffing optimization. Additional details can be found in RCHC’s Clinical Integration Needs Assessment and Strategy.

*How is Primary Care represented in your PPS’s governance committees and structure and clinical quality committees?*

RCHC’s Executive Governing Body consists of 11 members. Three of these seats are held by the CEOs of federally qualified health centers, who provide representation on behalf of primary care practitioners. RCHC’s Chief Medical Officer/Chief Administrative Officer, Corinna Manini, M.D. also attends all EGB meetings on behalf of the PMO. Dr. Manini is an internist who previously practiced primary care at Mt. Sinai. Additionally, the Executive Governing Body reserves a seat for a clinician member. This seat is currently held by Dr. Sanjiv Shah, CMO of FidelisCare. Consistent with RCHC’s overall strategy of focusing on the provision of primary care through FQHCs.

**Fundamental 4: What is the PPS’s strategy to enable primary care to participate effectively in value-based payments?**

*How will key issues for shifting to VBP be managed? (e.g., technical assistance on contracting and data analysis, ensuring primary care providers receive necessary data from hospitals/emergency departments (EDs), creating transition plans, addressing workforce needs and behavioral health integration)*

Because RCHC is primary care led, and primary care driven, RCHC’s primary care VBP strategy is synonymous with its overall VBP strategy. The hallmarks of RCHC’s VBP approach are as follows:

- **Development of Data Sharing** – RCHC’s strategy is to recognize the current limitations for the exchange for actionable data, while capitalizing upon opportunities for targeted and meaningful improvement in datasharing. RCHC will base its system off of the RHIO and SHIN-NY platforms, which will allow partners to share information and receive alerts every time the patient has an event or transitions between points of care.
- **Leverage Long-Standing MCO Relationship** – Refuah Health Center and Ezras Cholim Health Center are currently working on VBP pilots with Fidelis which will form the foundation of the RCHC VBP strategy.
- **Scaling Existing Efficiencies** – RCHC will take its existing best practices and expand and replicate them throughout the PPS.
- **Identifying and filling gaps and opportunities with additional systems and partnerships** – new opportunities for improvement and expansion will be identified and operationalized, e.g. expanding the scope of what is currently provided in an outpatient setting and cementing solid referral relationships with secondary and tertiary providers.
- **Workforce training and education** – RCHC has begun preliminary training on DSRIP initiatives and will continue with the roll out of its comprehensive training strategy in DY3.

Furthermore, RCHC’s VBP plans will be largely contingent upon the integration of behavioral health into primary care. Based upon analysis of its network, RCHC believes that it can achieve significant cost-savings, reduce hospitalizations, and improve patient lives through an approach to integration which goes beyond co-location and promotes a holistic and innovative approach to primary care/BH integration. (This topic is further addressed in Fundamental #6 below.)

#### **Fundamental 5: How does your PPS’s funds flow support your Primary Care strategies?**

*What resources are being expended by your PPS to support PCPs in DSRIP?*

RCHC has developed a funds flow model which ensures that appropriate partner distributions are made in order to meet its project goals and expand primary care capacity. Project budgets have been designed, and funds allocated, to ensure that the necessary resources are available in order to strengthen and improve the functionality of RCHC’s primary care network. As previously noted, because RCHC is FQHC-led, and already heavily primary-care based, a large portion of RCHC’s funds flow is anticipated to be directed towards the expansion of primary care through implementation of the projects and related infrastructure initiatives. Specifically, RCHC will flow funds as follows:

1. Project Infrastructure & Requirements
2. Patient Engagement
3. Attribution & Performance

Refuah will allocate funds for its partners based upon these three categories. Partners are eligible to receive funds from one or more categories based upon their attribution and participation in projects and other DSRIP initiatives. With respect to primary care, because the project and infrastructure development of the PPS is largely driven by the FQHC partners, and because these entities manage 90% of RCHC’s

attributed lives, the vast majority of RCHC's available partner funding will likely be paid to the FQHC partners.

**Fundamental 6: How is the PPS progressing toward integrating Primary Care and Behavioral Health (building beyond what is reported for Project 3.a.i)?**

*This would include both collaborative care and the development of needed community-based providers.*

RCHC believes that a holistic approach is necessary in order to achieve the full benefit of primary care and behavioral health integration. Simply co-locating primary care and behavioral health providers will be insufficient to achieve actual transformation. The historical and philosophical schism between providers of mental health care and providers of medical care has made the marriage of the two more challenging. In particular, the union requires that neither camp adopt the style of the other outright, but rather that both adopt a new "third model" of more freely sharing patient "ownership" and information.

RCHC is bridging this gap by supporting the participation of its largest primary care provider in the MAX Series Topic 2: Integration of Behavioral Health and Primary Care Services. This location, which is an FQHC, will serve as a resource and model of success for the entire PPS.

The MAX series has been invaluable in presenting evidence, new standards, and national best practices which have provided RCHC with insight into reframing how true integration can be achieved and in breaking down the preconceived notions bolstered by "provider experience" and the status quo.

Through integration, RCHC's lead agency Refuah Health Center has overhauled its behavioral health department by i) physically dispersing all existing behavioral health providers throughout its facility; ii) transferring the social workers to the more accessible "Patient Services" Department; iii) adding 4 social workers to an existing 4 to create a team of "on-call" mental health providers to cover evaluations and warm pass offs during all operating hours; iv) expanding standardized mental health screening in women's health and primary care for all ages; v) investing in the education of pediatricians, family practitioners, internists, and gynecologists in the diagnosis and management of routine mental health diagnoses, thereby cutting waiting lists for behavioral health specialists; and vi) offering non-pharmacologic adjuvant programs for ADHD treatment including parenting skills sessions for caregivers and targeted after-school physical activity program for patients. RCHC plans to evaluate the successes and challenges of this pilot program and roll out similar initiatives at all four of the FQHCs in our PPS.

RCHC's primary care physicians provide routine substance abuse screening during well visits. RCHC is continuing to monitor on-going best practices with respect to substance abuse screening, such as SBIRT, and will evaluate to what extent such practices should be integrated into RCHC's primary care workflows.