PPS Overview

- Attribution: 81,000 patients (approximate)
- Current DY2 operating budget: $11 million
  - Projected operating budget for DY3: $14 million
- Categorized as a “small” PPS by NYS Dept of Health
Midpoint Assessment Recommendations

• Findings were as expected
  • Organizational Level (2)
  • Project Level (6)

• Analysis by IA and its process provided opportunities to enhance partner involvement and participation.
• The analysis itself was received positively by the network.
• CPWNY was noted as performing especially well in the area of funds flow to partners and community and low administrative and project management costs.

Organizational Recommendation-Engagement
Partner & Provider Engagement: Key Elements

- Provider engagement is often with partners’ established contracting entities with strong trust relationships.
  - Umbrella organizations like large scale hospital systems, IPAs, physician networks
  - Care coordination and care management are often centralized resource models
- New contracts for project related deliverables are where highest levels of engagement are.
  - Often new project related funds flow equals “engagement”
  - Highest engagement also includes partners collaborating on common goals
    - PCMH efforts
    - Patient feedback initiatives
    - Placement of Community Health Workers, Social Workers, Patient Navigators

CBO engagement partnerships: Key Elements

- Hospital Community Benefit programs
  - Support established relationships
- Faith Community Nursing
  - Congregational Health Promoters, awareness of nursing in faith community
- Food Security
  - Reviewing proposals near high volume Medicaid locations
  - Expansion of weekend food security programs
- Program leadership led by P2WNY and Chautauqua County Health Network (CCHN)
Project Level Recommendations

Emergency Department Triage
- Electronic systems
  - Direct primary care clinic scheduling
  - Care management module
- Connecting patients to primary care
  - Patient Navigators—Embedded at high-volume Medicaid Emergency Departments
  - Call center—Phone follow up
  - Referrals to Health Home, Care Management
- Relationships—strong support from ED and clinic leadership

Maternal & Child Health
- Community Health Worker model in Erie County
- Employed by CBO, embedded at high-volume Medicaid primary care clinics
- Patient support “beyond the walls” of the clinic

Plans for Expansion

Project Level Recommendations

Palliative Care Integration in Primary Care
- Focus will remain on supporting practices to integrate the palliative conversation into the primary care visit and interactions
- Address improvement of data collection at PCP sites for diverse modes of providing care and counseling. Referrals are one type of engagement, others include but are not limited to:
  - symptom management
  - advanced care planning
  - completion of a MOLST form
- Process improvements include but are not limited to:
  - secure texting across care team
  - algorithm for identifying patients
Project Level Recommendations

Telemedicine
• In-sourcing solutions
  • Rural Hospital seeks in-sourcing for cardiac professionals with Catholic Health
  • OB/GYN providers in-sourcing for Maternal Fetal Medicine ultrasound consults with WCA hospital in Jamestown, NY
• Assess barriers and explore ways to enhance DSRIP initiatives
  • Open RFP—April 7 deadline
  • Behavioral health/primary care integration
  • Emergency department triage/prevention
  • Working with intellectually & developmentally disabled

Systematic Areas of Concern

Identified by patients and staff at Primary Care
Supported by Community Needs Assessments

• Transportation
  • Limited public solutions
  • Constraints on Medicaid Services (MAS) for some constituencies
• Other, which translate to Health Home recruitment:
  • Food security
  • Housing
• Other, Regulatory Concerns
  • CMS Article 28/31
  • NYS Telemedicine

Challenges provide opportunities for supporting community benefit programs and outreach to CBOs
Highlight: Behavioral Health (BH) Integration with Primary Care (PC)

- Location of BH counselor in PC sites
  - Private partnerships with substantial Medicaid volume
    - One of these partnerships including local government unit in Niagara County
  - Hospital based PC clinics (Article 28)
    - DSRIP offsetting the cost due to lack of clarity on billing
- Fully integrated site with private PC and BH partnership
  - Long term budget is 100% sustainable in 3 years
- Support mobile BH units

Highlight: Prevention Programs (Domain 4)

Promote Emotional, Mental, and Behavioral Well-Being (4.a.i.)

- 2016-2017 school-based programs are in progress
- “Just Tell One” public awareness campaign
- Partnership with Millennium for maximum community impact
Highlight: Cultural Competency/Health Literacy (CC/HL)

- CCHL incorporated into CPWNY projects
- Key collaborations that support CPWNY CCHL strategy
  - Community Health Worker Network of Buffalo
- Community-based initiatives to reduce disparities
  - Focus groups in each counties
  - Self Management education
- Key next steps
  - Working with regional multi-cultural committee for long-term sustainability

Highlight: Value Based Payment Education

- CPWNY formed a Value Based Payment (VBP) Work Group as a sub-committee of the CPWNY Finance committee
  - Actions informed by partner survey
- Leveraging collaborative community education with Millennium.
  Focus on key areas:
  - Primary care providers/practices
  - Behavioral Health providers – Mental Health and Substance Use Disorder
  - CBOs focused on Social Determinants
Workforce Transformation Update

• Multiple workforce shortages due to the lack of qualified professionals in the area and attrition. These shortages are expected to carry through the DSRIP initiative.
  • Recruitment and retention activities by network partners are opportunities to share effective strategies
• Work to date has identified trainings/skill development needs.
  • use of computer aided learning
• Reinforcing communication between (between State and PPS as well as PPS and facility)
  • Positive feedback on DSRIP 101 video
  • Planning and shared activity on workforce with Millennium and Rural-AHEC help reinforce goals of DSRIP

Thank you!

wnycommunitypartners.org

Our Winter 2016/2017 newsletter:

Spring 2017 newsletter released March 29!

Telemedicine RFP (submission deadline April 7):
http://wnycommunitypartners.org/2017/02/23/request-for-proposals-dsrip-project-2cii-telemedicine/