



**COMMUNITY
PARTNERS OF WNY**
Performing Provider System



SPRING/SUMMER 2016
NEWSLETTER

Collaborations In Palliative Care and Primary Care

Community Partners of Western New York (CPWNY) and Hospice Buffalo (Hospice) are successfully collaborating on DSRIP's 3.g.i project - The Integration of Palliative Care into the Patient Centered Medical Home (PCMH).

Hospice Buffalo's Home Connections program, offering home-based palliative care, is working with CPWNY's affiliated primary care physicians to improve the quality of patient care, while meeting the DSRIP goals of reducing hospitalizations for Medicaid patients.

Additionally, Hospice Buffalo is collaborating with two licensed Hospice programs in Niagara and Chautauqua counties to fulfill DSRIP's palliative care project. Both Hospice Chautauqua County and Niagara Hospice, are leading the project delivery effort outside of Erie County. Throughout the project, palliative care guidelines developed by The Center to Advance Palliative Care (CAPC), are being used as the principal resource for education and training provided to the PCMH recognized primary care providers. These guidelines are available to CPWNY affiliated primary care physicians as a valuable resource.

The integration of Palliative Care in the Patient Centered Medical Home model (PCMH) will result in effective care planning and treatment of patients who have progressive serious illness or chronic medical problems. The approach utilizes palliative care nurse practitioners and medical doctors, who provide consultation on complex cases and medical oversight, in collaboration with the patient's primary care physician. The other members of the palliative care teams include trained palliative care registered nurses and licensed social workers as patient care managers.

To ensure a true partnership, palliative care services are modified to include the needs of community-based physicians. The palliative care team is always available to address the needs of patients, who may otherwise turn to acute care facilities for care. Additionally, hospital-based palliative care services are currently being provided at Catholic Health hospitals.

All three licensed Hospice providers in the project have established palliative care programs within their counties. These programs have demonstrated positive outcomes,

both clinical and economic, that have been nationally recognized. Hospice teams are working collaboratively with primary care physician offices and medical specialists, and to provide education and training on the art and science of palliative care medicine.

For more information on CPWNY's 3.g.i Palliative Care Project, contact Christopher W. Kerr, MD, PhD. – Chief Medical Officer of The Center for Hospice & Palliative Care at ckerr@palliativecare.org.



Case Study

The following case illustrates how the CPWNY and Hospice Buffalo's Home Connections program is working to address the needs of DSRIP patients:

An 83 year-old, Spanish-speaking, female patient suffers from COPD. She was referred to Hospice Buffalo's Home Connections by Our Lady of Victory clinic. The patient had frequent visits to the ER due to her COPD exacerbations and chronic bronchitis. While the patient was hospitalized, her son would be present around-the-clock, translating on behalf of his mother. Upon discharge to her home, the Home Connections team utilized the medical translator for all visits, which helped build a rapport with the patient and assure that her words were communicated accurately. Since her last admission, we have successfully avoided three Emergency Room visits and have completed a Medical Orders for Life-Sustaining Treatment (MOLST) form, designed to help physicians and other health care providers discuss and convey a patient's wishes regarding cardiopulmonary resuscitation (CPR) and other life-sustaining treatment. These methods, along with collaborating with her primary physician when symptoms arose, have assisted in keeping this patient out of the ER, and in the comfort of her own home.

Save The Date

CME credits available!

Engaging Patients in End Of Life Decisions

Honoring patient wishes and values

Millennium Hotel
Buffalo, NY

Saturday
Sept. 17
7:30am - 12:30pm

Visit p2wny.org for more information or to register!

Physicians \$50 | Healthcare Office Professionals \$20

Join us on **Saturday, September 17** from **7:30am-12:30pm** for a CME Conference with speakers Krista Gottlieb, Esq; Katie Grimm, MD; David Hartman, MD, FACP; Debra Luczkiewicz, MD; Fuad Sheriff, MD, FACP; Darcy Thiel, MA, LMHC; Bruce Troen, MD; & Deborah Waldrop, BA, MSW, PhD!

CME credits will be available!

Objective

- Have clear understanding of value-based end of life planning basics
- Develop a comfort level having advance care plan conversations with patients that are based on patient values
- Recognize challenges in time, workflow, billing, and other logistical impediments to having meaningful end of life planning conversations with patients
- Become more aware of available resources to provide ongoing support for all of the above

Millenium Hotel Buffalo

2040 Walden Avenue
Buffalo, NY 14225

HEALTHeLINK Consent Forms Now Available in Five Additional Languages!

CPWNY is pleased to announce that HEALTHeLINK patient consent forms are now available in English, Spanish, Arabic, Bengali, Burmese, Karen, Nepali, Polish, Russian, and Somali. By having patients provide consent, medical professionals will have access to important clinical information that may be unavailable otherwise. To view these consent forms, visit wnyhealthelink.com/Patients/PatientConsentForms.

DSRIP ON **LinkedIn**

A LinkedIn group has been established to bring together PPS members and community stakeholders from across the state, to learn from each other and to collaborate on effectively transforming New York's healthcare delivery system for Medicaid members.

LinkedIn is a respected and trusted platform for professionals to share ideas.

Included in the group are discussions on popular topics, shared presentations and resources, and an opportunity to meet people involved both locally, and statewide in the DSRIP initiative.

Join in on the conversation at [linkedin.com/groups/8466940](https://www.linkedin.com/groups/8466940).

Project Advisory Committee Update

On March 8, 2016, CPWNY's Project Advisory Committee (PAC) convened at the WNED-TV Studios in downtown Buffalo to update partners and the community on the progress of the CPWNY DSRIP. Our teams are always energized by meeting with the community and our partner agencies.

Various topics were covered at the meeting, including:

- Detailed budget and contracting process conversation, which included breakout round tables, where community partners could discuss project proposals and budget concerns with project leads.
- Detailed project updates from Medical Director, Dr. Carlos Santos.
- Focused presentation on clinical integration and provider engagement, as well as other key workstreams, led by Patricia Podkulski, Director, Medical Policy and Accreditation.

For the full presentation slides please visit our website at: wnycommunitypartners.org/wp-content/uploads/2016/03/Master-PAC-Slides_v1.pdf

Not a member of our PAC, but want to be?

Contact us at: wnycommunitypartners.org/contact-us/ and mention that you want to participate in our PAC!

Project Focus

Collaboration Across DSRIP PPS Teams Remains Strong for Domain 4 Project: Promote Mental Emotional and Behavioral (MEB) Well-Being in the Community

CPWNY is a strong partner with Millennium Collaborative Care (MCC) performing provider system (PPS) to improve the mental, emotional, and behavioral well-being of the Western New York community. CPWNY and MCC have enlisted 15 community-based organizations across the eight counties of Western New York to implement programming, spanning target populations from early childhood through adulthood. Programming has been selected to address specific areas of need, identified by the Western New York Community Needs Assessment, including: depression, suicide, alcohol and substance abuse, and prescription drug abuse. It will also focus on prevention of substance abuse, promoting healthy behaviors, reducing stigma, and improving mental health for our DSRIP population and the greater community.

As a part of the MEB initiative, CPWNY and MCC are also developing a region-wide public awareness campaign aimed at reducing stigma, educating providers and the public about mental health and substance abuse disorders, and increasing awareness of available programs and services in our region. The goal of this campaign is to change existing negative perceptions about those seeking help for mental health and substance abuse issues and inspire more people to access the services they need.



Crystal People-Stokes, NYS Assembly member, announces "Buffalo Health Matters!" at a press event on May 20 at Bennett High School. The location was also the scene for the community conversation held on May 26. Buffalo Mayor, Byron Brown, delivered the keynote address. Catholic Health's Dr. Paul Updike, MD, addressed the issue of chemical dependency and joined other local leaders that were present to discuss issues, resources, and options for those suffering from mental illness, and substance abuse disorders.

Tools for Serving Inherited Pain Patients

The care of patients with chronic pain conditions can often be clinically challenging. The Erie County Medical Society, Catholic Medical Partners and CPWNY, in collaboration with the Erie County Department of Health, have directives for emergency room and primary care practitioners to address this serious issue in our community. CPWNY is making many of these resources available on their website.

In light of recent events in the WNY area, the issue of caring for pain patients inherited from other providers has become particularly pressing. For many patients with chronic pain, the use of chronic opiate therapy (COT) is appropriate. For some, because of the issue of toxicity, or possibly co-occurring substance use disorder (SUD), the ongoing use of opiate therapy may not be appropriate. For materials and information on working with patients in pain, visit wnycommunitypartners.org/partners/training-and-tools/.

Compliance Corner

PARTNER ACTION REQUIRED

Prior to receiving funds, partners must comply with the CPWNY Compliance Program, including implementation and training.

Please visit wnycommunitypartners.org/partners/compliance/ and complete the attestation regarding your own Compliance Programs. In addition, the CPWNY Compliance Plan can be found on the website, along with training and education materials.

If you need assistance or have questions, please contact Compliance Officer, Kimberly Whistler, at (716) 821-4471 or kwhistler@chsbuffalo.org.



COMMUNITY PARTNERS OF WNY

Performing Provider System

Workstream Update:

Workstreams provide structure in key areas of service delivery for the PPS. The workstream efforts are led by key staff of the PPS and members of the partner community, as required by the implementation plan submitted to the New York State Department of Health.

- **IT Systems and Processes Data Governance:** Baseline assessment and security assessments with the independent contractor, The Chartis group, have been completed. The team continues to convene with the IT and Data Governance Committee to work on data security processes and procedures.

- **Cultural Competency and Health Literacy (CC/HL):** The PPS strategy to reduce health disparities was approved by NYS with no further recommendations. The PPS Training Strategy has been completed by Community Health Worker Network of Buffalo and was approved by the board on May 4. Training is mandatory for DSRIP, and will be offered to all partners in a variety of ways (i.e. videos with attestations, large participation programs, office based programs, train the trainers). PPS continues to do focus groups with the assistance of P2 to evaluate self-management forms and education of self-management.

- **Workforce:** Rural AHEC is contracted to assist PPS in gathering information from its partner organizations and providers and has completed the Compensation and Benefit analysis. Examples include obtaining a target workforce state, developing a transition roadmap for achieving the target workforce, performing gap analysis on workforce needs, and developing a training strategy for any skills needed for new or redeployed hires.

- **Population Health Management:** Comprised of three areas (IT infrastructure, PCMH attainment, and Identification of priority target populations) and plan to address their disparities. The Crimson population health tool implementation is in progress. Practices are undergoing training on the care management tool. The PCMH strategy is in place, prioritizing practices due for PCMH renewal and looking to engage non-PCMH practices voluntarily.

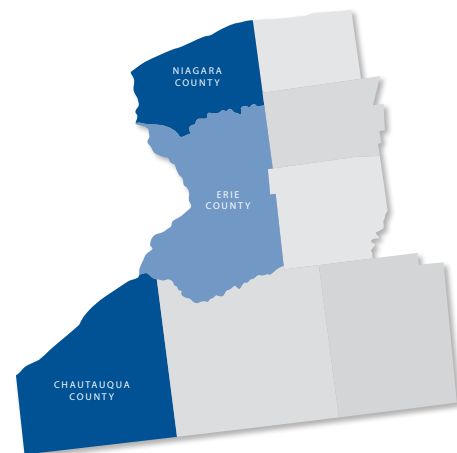
- **Performance Reporting:** The performance reporting communication structure has been approved by the executive board and submitted to NYS. A training program is planned on clinical quality and performance reporting. CPWNY training is focused on one-to-one office-based training, rather than large formal training, and practitioners and their staff are being met at their convenience and comfort level. CPWNY training strategy, as well as the Performance Reporting Communication Structure, were submitted to NYS and we are awaiting approval.

- **Practitioner Engagement:** Regional provider leads engaged in information sharing about PPS initiatives. A practitioner engagement plan is in review. One-on-one meetings continue with practices on the clinical integration plan.

- **Governance:** CPWNY governance structure includes PPS-wide professional groups that contribute to the evolution of the PPS structure and success of the DSRIP initiatives. A communication plan, with the assistance of professional public relations personnel, was developed. The CPWNY Communication and Engagement Plan focuses on the community, stakeholders, public sector and practitioner engagement. The practitioner engagement aspect includes performance reporting at the provider level, with reports on the PPS, overall. This newsletter is one aspect of the strategy that also includes webinars, emails, and meetings, just to name a few. The Communication and Engagement Plan was submitted to NYS and we are awaiting approval.

- **Clinical Integration (CI):** Currently in progress. We are assessing providers who will be integrated in the network, key data points for sharing access and interfaces that have an impact on clinical integration, and ensuring data sharing agreements are in place. Catholic Medical Partners' experience in clinical integration will serve as the foundation for the PPS's CI plan.

- **Financial Stability and Funds Flow:** The Finance Committee, at Catholic Health, reports on, and provides updated DSRIP year two budgets. This committee and its members, continue to support the timely review of project funding and reimbursement from its partners.



For additional status updates on the projects or workstreams, please contact the appropriate DSRIP project coordinator or staff member.

Brief Project Updates:

2.a.i Create integrated delivery systems that are focused on evidence based medicine/population health management:

The team has finalized contracts with new partners in Chautauqua County, including seven new practices. Five have submitted data towards project patient engagement numbers. Next quarter, the remaining two will submit data. CPWNY has also finalized a contract with the Chautauqua County Health Network (CCHN), which, along with WCA Hospital, will help assist with further expansion in the Chautauqua area as well as fulfill project and workstream requirements.

Project Lead: Dr. Carlos Santos.

2.b.iii ED Triage for at risk patients:

WCA Hospital is successfully submitting patient engagement numbers and we are exploring the role community health workers can play in supporting this project.

Project Lead: Cheryl Freidman.

2.b.iv Care Transitions model to reduce 30-day readmission for chronic health conditions:

WCA Hospital has successfully submitted patient engagement numbers. CCHN is a key leader in supporting PCMH practices and data gathering in Chautauqua County.

Project Lead: Peggy Smering.

2.c.ii Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services:

Implementation with inpatient and Emergency Department acute neurology is underway at WCA Hospital. Further expansion of the program may include psychiatrist support for mental health and chemical dependency. Equipment needs vary based on project.

Project Lead: Dr. Carlos Santos.

3.a.i. Integration of primary care and behavioral health services:

Both Spectrum Human Services and Horizon Health Services have begun the initial phases of primary care integration. The team engages regularly with Millennium Collaborative Care (MCC) PPS on implementation strategy for expanding primary care services at behavioral health sites. The team is targeting local health homes and HEALTHeLINK to discuss existing capabilities for data sharing and alerts in order to target high value performance measures. The project has recently achieved its patient engagement targets.

Project Lead: Bruce Nisbet.

3.b.i Cardiovascular Health: Evidence based strategies for disease management in high risk/affected populations (adult):

Two new blood pressure protocols were approved by the PPS clinical committee and the Medical Director. Additional patient engagement numbers were collected from practices in Chautauqua County using e-clinical works EMR (electronic medical record), WCA hospital, and the newly contracted practices in that area. With these additional data sources, CPWNY was able to meet the Q4 patient engagement requirements. CPWNY will engage CCHN in the successful implementation of this project.

Project Lead: Peggy Smering.

3.f.i Increase support programs for maternal & child health (including high risk pregnancies) example:

In partnership with the Chautauqua County Department of Health, we have successfully implemented Nurse-Family Partnership across the county. Nurse home visitors are paired with high-risk moms and support them until the baby turns two years old. PPS is serving nearly 50 families across the county, with a goal caseload of 65 families by the end of next quarter. In Erie County, new approaches to address maternal-infant HEDIS measures are being explored. A pilot program, utilizing Community Health Workers, is in the development stage, with hopes of implementation within the next few months.

Project Lead: Julie Lulek.

3.g.i Integration of palliative care into the PCMH model:

PPS has engaged the Hospice organizations from all three counties. Chautauqua Hospice successfully submitted patient engagement numbers and Chautauqua and Niagara Hospices have made initial contact with identified primary care practices in their respective counties. CPWNY and the three Hospice organizations have begun discussions about the new Palliative Care Outcome Scale (POS) Survey Requirement for measuring and reporting outcomes' performance to the Department of Health.

Project Lead: Dr. Chris Kerr.

4.a.i Promote mental, emotional and behavioral (MEB) well-being in communities:

This project has successfully executed contracts with 15 partner organizations to implement targeted programming across the eight counties of WNY. MCC and CPWNY co-hosted (with additional partners) a community event to raise awareness about addiction and mental health disorders. The MEB Public Awareness campaign is identifying a public relations firm to help with messaging and measurement of the campaign's impact.

Project Leads: Ken Houseknect and Robin Mann.

4.b.i Promote tobacco use cessation, especially among low socio-economic (SES) populations and those with poor mental health:

Roswell recently hired project implementation staff. Working with the NYS Smoker's Quitline to identify which EMRs currently have automatic referral capabilities with the Opt-to-Quit Program. The Roswell team is completing outreach to community organizations, focused on interest in promoting tobacco use cessation and clean air policies.

Project Leads: Dr. Andrew-Hyland, Dr. Maansi Travers and Lisa Damiani.

Meet CPWNY: Staff & Leadership

The core responsibility of the project management team within CPWNY is to help our organizations reach and educate the populations the DSRIP program is designed to bring together (patients, providers, and community based organizations).

Meet the Team

Carlos Santos, M.D.

CPWNY Medical Director, 716-862-2458.

Amy L. White-Storfer

Director, CPWNY, 716-862-2186.

Oversees all 10 projects and 11 workstreams;
Accountable for the Governance workstream.

Mark Gburek

Project Administrator, 716-828-2484.

Workforce workstream;

2.a.i: Integrated Delivery System;

2.c.ii: Telemedicine;

2.b.iii: ED triage;

2.b.iv: Care Transitions;

3.b.i: Cardiovascular.

Cara Petrucci

Project Administrator, 716-862-2462.

3.a.i: Integration behavioral health/primary care;

3.g.i: Integration of palliative care into PCMH;

4.a.i: Promote mental, emotional, and behavioral well-being;

4.b.i: Promote tobacco use cessation in populations with low socio-economic status and poor mental health;

Oversees project management tool.

Julie Lulek

Nurse Family Partnership, Project Lead and Project Coordinator, 716-923-9784.

3.f.i: Maternal Child Health

Dr. Dapeng Cao

Senior Healthcare Analyst, 716-862-2167.

Michelle Johnston

CPWNY Administrative Assistant, 716-862-2449.

Supports all governing bodies and NYS reporting tool completion.

Patricia Podkulski

Director, Medical Policy and Accreditation, 716-862-2160.

Workstreams: Cultural Competency and Health Literacy, Practitioner Engagement, Population Health, Clinical Integration, Performance Reporting.

Kimberly Whistler, Esq

DSRIP Compliance Officer, 716-821-4471.

Michael Galang, D.O., CIO, CHS

DSRIP Information Technology

(Barb Balk – Project Manager – IT – 716-862-2189).



**COMMUNITY
PARTNERS OF WNY**

Performing Provider System

SERVING NIAGARA, ERIE AND CHAUTAUQUA COUNTIES

WNYCommunityPartners.org