



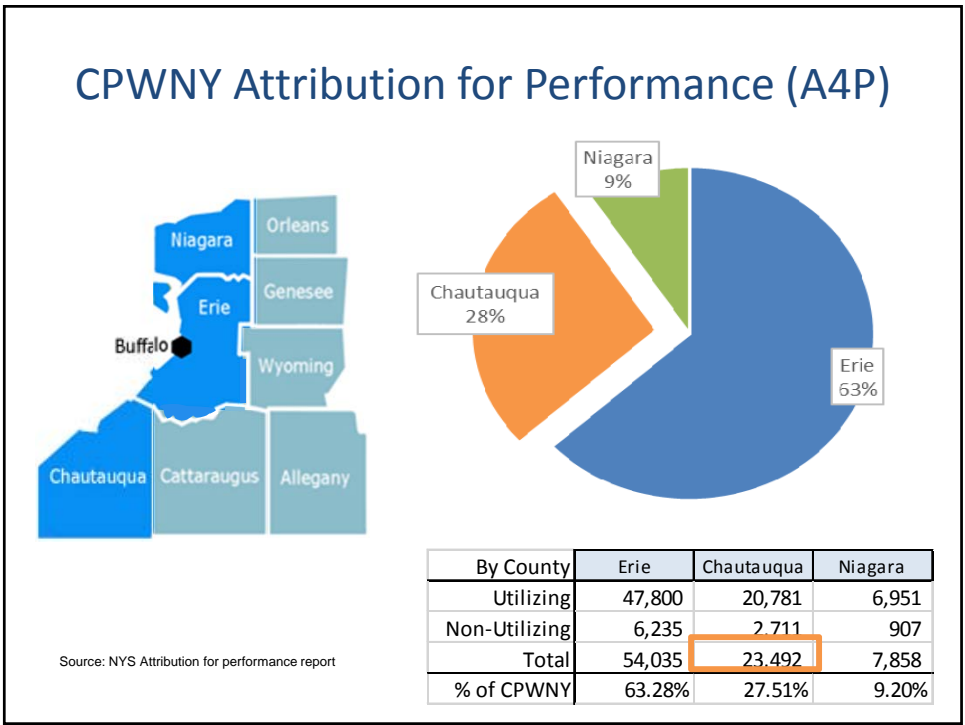
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Performing Provider System

Chautauqua County DSRIP

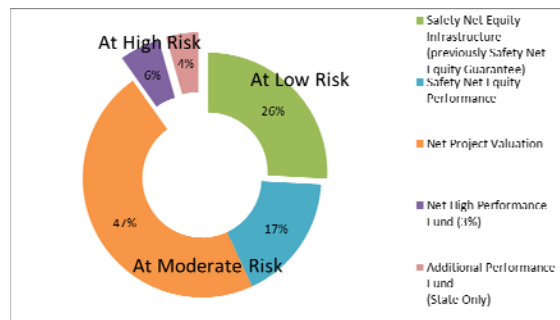
Budget and Planning Discussion

12/22/2015



CPWNY 5 Year Potential Award Overview

Valuation Bucket	Amount	Risk	At What Risk?	# of Payments
Safety Net Equity Infrastructure (previously Safety Net Equity Guarantee)	\$23,856,680	Low	CPWNY reporting to MCOs on selected activities	10
Safety Net Equity Performance	\$15,904,454	Moderate	CPWNY reporting to MCOs on selected metrics	4
Net Project Valuation	\$43,394,151	Moderate	CPWNY reporting & performance Domain 1-4 metrics (report to NYS)	11
Net High Performance Fund (3%)	\$5,062,760	High	CPWNY higher performance on selected metrics (report to MCOs)	4
Additional Performance Fund (State Only)	\$4,035,358	High	NYS overall performance metrics unknown	4



CPWNY 5 Year Revenue Expenditure Projection

Budget Items	DY1*	DY2	DY3	DY4	DY5	TOTAL
Waiver Revenue	\$13,252,634	\$13,049,065	\$18,153,991	\$16,619,080	\$12,534,159	\$73,608,929
Cost of Administration	21%	18%	18%	18%	18%	19%
Cost of Project Implementation	46%	37%	27%	27%	27%	32%
Costs for services not covered	5%	9%	7%	5%	3%	6%
Revenue Loss	18%	18%	18%	18%	18%	18%
Internal PPS Provider Bonus Payments	9%	17%	29%	30%	32%	24%
Contingency Fund	1%	1%	1%	1%	1%	1%
Other	0%	0%	0%	1%	1%	0%
Total Expenditures	\$13,252,634	\$13,049,065	\$18,153,991	\$16,619,080	\$12,534,159	\$73,608,929
Undistributed Revenue	\$0	\$0	\$0	\$0	\$0	\$0

• **Assumptions**

- CPWNY achieves 100% of at-low-risk dollars
- CPWNY achieves 80% of at-moderate-risk dollars
- At-high-risk dollars are not budgeted for until further clarification.

* Due to funds flow schedule (the last DY1 Net Project Valuation payment will be paid to PPS in DY2), DY1's expected total revenue is **\$11,074,075**.

DY1 Revenue Expenditure Projection by County

Budget Items \ County	Erie	Chautauqua	Niagara
	63.28%	27.51%	9.20%
Waiver Revenue	\$7,008,112	\$3,046,813	\$1,019,150
Cost of Administration (21% in DY1)	\$1,471,704	\$639,831	\$214,021
Cost of Project Implementation (46% in DY1)	\$3,223,732	\$1,401,534	\$468,809
Costs for services not covered	\$350,406	\$152,341	\$50,957
Revenue Loss	\$1,261,460	\$548,426	\$183,447
Internal PPS Provider Bonus Payments	\$630,730	\$274,213	\$91,723
Contingency Fund	\$70,081	\$30,468	\$10,191
Other	\$0	\$0	\$0
Total Expenditures	\$7,008,112	\$3,046,813	\$1,019,150

- DY1's expected total revenue is \$11,074,075
- Chautauqua County's allocated cost of administration supports the PPS infrastructure, operations, and the care management team.
- The budget items service not covered, revenue loss, bonus payments, and contingency fund are allocated but not yet distributed.

CPWNY Partners in Chautauqua County

- 155 individual practitioners (20 Safety Net)
 - Approximately 107 physicians
 - 24 physician assistants
 - 22 nurse practitioners
 - 1 dentist, 1 mid-wife
- 28 organizational partners (7 Safety Net)
 - 9 hospitals (NYS definition, WCA listed multiple times)
 - 8 SNFs - 2 adult care facilities
 - 1 hospice - 1 health home - 1 long-term services
 - 1 CBO - 1 adult home - 1 ACO
 - 1 rural health network
 - 2 others



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Next Steps in Chautauqua County

- Program Design Discussion
- Key partners:
 - ✓ WCA Hospital
 - ✓ Chautauqua County Health Network

Integrated Delivery System Deliverables

- All PPS safety net providers are actively sharing EHR systems with local RHIO and sharing health information among clinical partners by end of DY3
 - directed exchange (secure messaging)
 - Use of Direct Messaging/Patient Portals in EHRs
 - alerts and patient record look up
 - HealtheLink is HIE of record for CPWNY



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Integrated Delivery System Deliverables

- Achieve 2014 Level 3 PCMH primary care certification for all participating PCPs, expand access to primary care, and meet EHR Meaningful Use standards by the end of DY 3.
 - Suggest CCHN provide clinical transformation support to achieve/enhance practice transformation.
 - Training and support from Catholic Medical Partners to new staff and practices

Integrated Delivery System Deliverables

- Perform population health management using EHRs and other IT platforms, use of targeted patient registries.
 - Crimson Population Health Tools is a longer term option (CPWNY IT Data Governance Committee overseeing IT gap assessment)
 - Use decision support embedded in EHRs
- Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.
 - Connection between the ED triage, Care Transition teams and community groups.
 - Centralized team of social workers (lead agency, WCA)
 - Understand formal and informal resource networks



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DSRIP Primary Care Initiatives

- Emergency Department Triage (2.b.iii): Triage non-acute patients and refer to primary care, for attributed members (from health plans) and for patients w/out a PCP
- Care Transition (2.b.iv): Effective referral to PCP, follow up for 30 days, and a reduction in readmissions
 - Planning a centralized team (with lead agency, WCA) staff to support triage effort and care coordination.
 - Guidelines from Catholic Health System shared with team based at WCA.

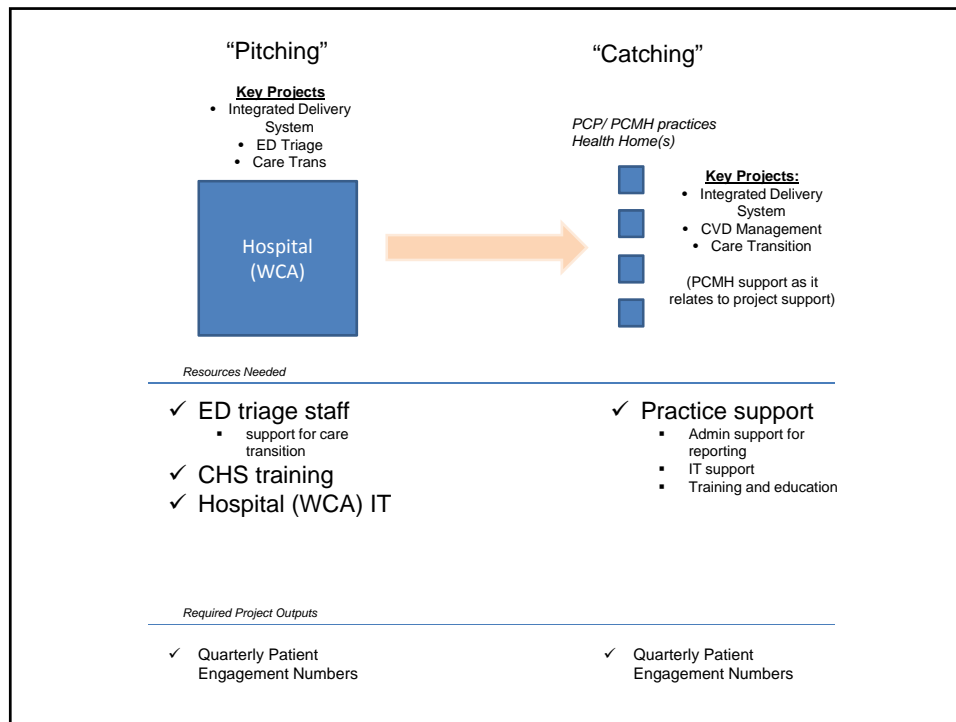


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Support Efforts of PCMH

(focus for many projects)

- Catholic Medical Partners (CMP), the identified DSRIP PMO, has a team that works on PCMH accreditation currently.
 - CPWNY plans to use established PCMH practices for in-network care transition and practice enhancement.
 - 70% of our CPWNY PPS identified practices are at least PCMH 2011. The DSRIP and CMP team plans for target practices to reach PCMH 2014 level 3 as a part of the 2017 renewal requirements. Working with a partner ACO to develop a plan to hit PCMH 2014 for non-CMP practices.
 - Additionally, currently PPS is linking levels 1-3 in ED triage with PCMH for patients leaving acute care.
- ✓ As cited earlier, CCHN proposal in review for additional clinical transformation staff.



DSRIP Primary Care Initiatives

- (3.g.i) Integration of Behavioral Health and Primary Care (PCMH level 3)
 - a) Behavioral health satellite clinic in primary care office
 - b) Integration of behavioral health tools (PHQ-9, SBIRT) with referral agreements for patients that test positive
 - c) Collaborate with behavioral health providers that have integrated a primary care practitioner into their sites
- Very collaborative with MCC
- Current project lead: Spectrum Health Services.
- Short term: Piloting the project in Erie
- Longer term: Potential for co-location and referral partnerships in Chautauqua. Use of telemedicine.



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DSRIP Primary Care Initiatives

- Cardiovascular Disease Management (3.b.i): adoption of 9 evidence-based cardiovascular guidelines into primary care practices
 - Leadership at WCA will collaborate on program design in Chautauqua County.
 - Tobacco project (4.b.i): establish referral process to NYS Smoker's Quitline, include 5As in EMR
 - CDM project benefits from 4.b.i
- Integration of Palliative Care into primary care practices (PCMH) (3.g.i)
 - Project Lead: Hospice Buffalo, Dr Kerr connecting with Chautauqua area Hospice.



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Additional Projects for Chautauqua

- Nurse Family Partnership (3.f.i)
 - Begin in September
 - Collaboration with Chautauqua County health department
- Telemedicine (2.c.ii)
 - Begin roll out at WCA Hospital; Anticipate reportable patient engagement numbers Jan 2016
- Promote MEB (4.b.i)
 - Projects Leads: ECCPASA and Mental Health Association
 - Highly collaborative with MCC



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Practice Engagement Strategy

- Dr. Carlos Santos meeting with physician groups to communicate project goals and deliverables.
- Mark Gbruek Project Coordinator assigned to work with Dr Santos

Other DSRIP Participation Requirements

- Data IT Gap & Security Assessment forthcoming to partners
- This spring: Workforce Survey; Comp & Benefits Survey
- Master Participation Agreements signatures

Questions



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