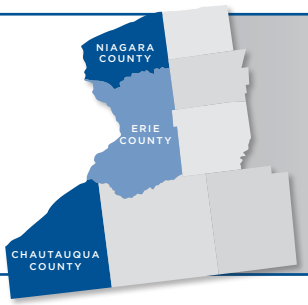
SERVING NIAGARA, ERIE AND CHAUTAUQUA COUNTIES

COMMUNITY PARTNERS OF WNY

*Performing Provider System*




WINTER 2016 NEWSLETTER

# Compliance Office—
## Accessible and Available to you

CPWNY has implemented a compliance program designed to ensure Partner Organizations are aware of and follow the applicable state and federal laws and code of conduct. The Compliance Plan is available to all Partners on the CPWNY website, as well as training and educational tools. Partners can learn more about our compliance program by visiting our website at http://wnycommunitypartners.org.

If there is a compliance concern or complaint, contact the CPWNY Compliance Officer, Kimberly Whistler, directly at 716-821-4471 or by email at kwhistler@chsbuffalo.org. She can help ensure education on compliance issues, as well as facilitate, monitor and investigate compliance related activities within the CPWNY Partnership. Also available is the Catholic Health Compliance Line at 888-200-5380, which is accessible 7 days a week and calls may be placed anonymously.

# Your Patient Portal

### Is a secure, easy-to-use online connection to your health information provided by Catholic Health

Community Partners of WNY and Catholic Health are pleased to provide you with secure online access to information from your medical records at Catholic Health and other WNY healthcare providers.

Your patient portal allows you to see lab results, radiology reports, doctor's notes and other important information to help you take an active role in your healthcare.

As this important tool develops and expands, we hope that the information it provides will give you both the knowledge and peace of mind to help you stay well.

### How to get started

Following your visit to a Catholic Health facility for either inpatient or outpatient services, you can keep connected to your healthcare information by logging on to your secure patient portal. Very soon, you will be able to use the patient portal to view information from MOST other major healthcare facilities in WNY as well.

Please logon soon after your visit to check for important information and to become familiar with the Patient Portal.

**https://www.catholichealthconnect.org**
Click on "Request an Account" to sign up.

NOTE: In order to activate an account, you must have had a visit that generated a medical record at a Catholic Health Facility since December 15, 2013

# Spotlight on Cultural Competency and Health Literacy:
## Meeting people where they're at.

MCCC partnered with the Hanes Supply Company Inc. during the holidays to distribute toys to families of MCCC. Pictured are MCCC team members: Jeanne O'Hara (Office Manger), Jane Colern (RN Team leader) and Michelle Delo (RN Clinical Coordinator).

Cultural Competency and Health Literacy is a workstream within the DSRIP project compendium that has garnered a great deal of attention statewide. There are webcast meetings bringing upstate and downstate PPS's together in addressing the components to a cultural competency, health literacy strategy that takes a holistic view of a patient when administering health care.

When developed and implemented as a framework, cultural competence enables systems, agencies, and groups of professionals to function effectively to understand the needs of groups accessing health information and health care—or participating in research- in an inclusive partnership where the provider and the user of the information meet on common good.

The practices within CH reflect the organization wide mission values of reverence, compassion, justice and excellence as they consider the patient is complex with many facets that need to be taken into consideration for "health" to occur.

An example of a culturally competent health care organization is Mercy Comprehensive Care Center (MCCC), located on 397 Louisiana St., Buffalo, N.Y. 14204, Buffalo. Nancy Stoll, Practice Administrator, exemplifies cultural competency and health literacy is achieved by the dedication and passion of the staff. MCCC recognized early on that established workflows were not always effective or appropriate for many patients. Facing diversity, cultural differences, and language barriers, as well as some apprehension on the best way to provide care, workflow systems were developed to improve the patient's experience, allowing for the most meaningful and effective interactions, which included:

- Selecting a provider, with experience caring for disparate populations, to specifically care for refuges and patients that would benefit from an extended visit due to language and health literacy barriers, understanding that productivity would not be measured as a typical practice would;
- Creating a dedicated Refugee Clinic team that would care for the patients exclusively. Staff volunteered with the understanding that their workflows would be developed to meet diversity and challenges;
- Engaging staff with resources to understand cultures and countries of origin. Developing relationships with Caseworkers to learn about issues affecting care;
- Understanding appointment times are a concept to learn, creating an Open ACCESS Model for patients, not requiring that appointments are made;
- Ensuring the whole family was able to be seen together, which meant providing refreshments as visits are extended;
- Active partnering with Catholic Charities to include all team members in discussions related to the care delivery for the patients;
- Transitioning from a phone only interpreter system to a FaceTime Option, allowing the interpreter to see body language and strengthen communication;
- Connecting patients with literacy issues to Social Work;

- Obtaining medications for patients without insurance;
- Bridget's Closet: offering nearly new clothing to all new born and up;
- Offering Parenting Skills Mentoring with connections to agencies for specific needs;
- Connecting patients with various insurance programs for case worker support: such as Mom's Care, elder care, patients in need of supervision;
- Life Coach Program: Providing Mentoring to assist patients to achieve life skills;.
- Partnering with South Park High School to encourage patients to obtain GED;
- Partnering with Junior League assisting with clothing and donations;
- Partnering with Hanes Supply Inc., who donated to MCCC patients in need;
- Work in progress : Community Room to provide outreach, connection, Educational Offering related to nutrition, loss, stress, lack of resources;

These various programs and strategies undertaken by MCCC are part of the larger CPWNY Cultural Competency and Health Literacy Strategy that is being promoted throughout the PPS. The CPWNY Cultural Competency and Health Literacy Strategy is due for submission January 30, 2016.

CPWNY's Cultural Competency and Health Literacy summarized approach encompasses:

1. Collaboration with Community Based Organizations such as Community Health Worker Network, P2 Collaborative, Health Homes, and Millennium CC PPS.
2. Reduce identified health disparities via early detection cancer screenings such as breast, colorectal with follow up; blood pressure screening and follow-up; behavioral health screening and follow-up; Universal approach to health literacy; all with emphasis on self-management—targeted population is African American, Hispanic, Immigrants and Refugees, Native American, Asian, (depending on county impact). Initiatives involved in the strategy will be to dissect patient registries and patient experience surveys by race, language, ethnicity, at the provider practice level to monitor disparities. A CPWNY Training Strategy is forthcoming in March 2016.

For more information and free CME courses on cultural competency please go to our website at: http://wnycommunitypartners.org/cultural-competency-and-health-literacy. For any questions please contact Patricia Podkulski at 716-862-2160.

# DSRIP Virtual Community: Participating in the MIX

### Share your Ideas on the MIX

Join the discussion around Medicaid Redesign, share your ideas and collaborate with experts in the field of health care at the MRT Innovation eXchange, known as the MIX. The MIX is a forum for building solutions to the complex challenges we face in our health delivery system related to New York State's Medicaid Program. The MIX is an idea bank, and allows users to post new ideas as well as build on the ideas of others. The goal of the MIX is to accelerate the process by which large communities of experts and stakeholders connect and collectively build solutions to the challenges we face in our journey through healthcare transformation.

Join us now at www.NY-MIX.org.

# Project Advisory Committee Update

On December 7 the Community Partners of Western New York Project Advisory Committee convened at the Millennium Hotel in Cheektowaga to update partners and the community on the progress of the CPWNY Delivery System Incentive Program (DSRIP) Implementation Plan and to get input on project plans moving forward. Various topics were covered at the meeting including:

- DSRIP year one budget overview highlighting a 5-year revenue expenditure projection totaling nearly $74 million.
- **The Nurse Family Partnership Project Update** — goals of the program are to transform the lives of vulnerable first-time mothers living in poverty and improve prenatal care, quality of parenting and life prospects for mothers by partnering them with a registered nurse. Among the many impressive outcomes, it was noted that every dollar invested in Nurse-Family Partnership could yield more than five dollars in return.
- **Chautauqua Network Update** — Meetings with individual groups & practitioners, CPWNY will require signed contracts with groups or practitioners by year end (2015), contract has no downside risk for practitioners, goal is to provide resources to meet gaps in care, financial benefit is tied to performance of project deliverables.
- **Cultural Competency and Health Literacy** — Two prong approach: reduce health disparities through identification utilizing registries and individualizing strategies based on findings; teaching and engagement of partners in cultural competency and health literacy.

For the full presentation slides please visit http://wnycommunitypartners.org/wp-content/uploads/2015/12/DSRIP_PAC_12.7.15.pdf.

# Work stream 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 which was submitted to the New York State Department of Health in 2015.

- IT Systems and Processes Data Governance–The CPWNY team has contracted with the CHARTIS Group to complete the IT Gap & Security Assessments. Barb Balk at Catholic Health System is project coordinator for this effort and it is being led by Dr. Michael Galang, CIO for Catholic Health System.

- Cultural Competency and Health Literacy (CC/HL) – Cultural Competency/Health Literacy Strategy has been approved by the CPWNY Executive Governance Board. The strategy addresses approaches to reduce health care disparities and is to be submitted to DOH January 2016. Patient self-management tools have been evaluated by focus groups in Niagara, Erie and Chautauqua counties and will be made available to patients and practices in the coming months. A partner CC/HL training strategy, due June 2016, is development by the Community Health Worker Network of Buffalo.

- Workforce–Independent contractor, Rural-AHEC, has completed a baseline employment survey. This survey was timed to align with PPS, Millennium Collaborative Care, to avoid redundancy and duplication of effort.

- Population health management–Implementation of Crimson population health tool is being realized within the PPS. Crimson will create population health dashboards as data and registries are available, incorporating the ability to define health disparities. Strategic plans for practice roll out PCMH 2014 achievement, including re-certification, are underway.

- Performance Reporting–Policies and procedures to identify what information, by what means it is shared, with whom, and security measures, are being developed. The goal is creation of meaningful clinical quality and performance dashboards. A required practitioner practice Rapid Cycle Evaluation training strategy, to assist practitioners in quality improvement endeavors (also an important deliverable for PCMH) is being developed.

- For provider engagement, CPWNY has gathered contacts from the IT & Governance committee to discuss its technical roadmap, which must be approved by PPS board. Strategy documents are in review.

- Governance–Key working committees are now up and running. Community based organizations and key provider practices are represented in the CPWNY governance structure, including quality governance teams that meet minimally quarterly.

- Clinical integration– Workstream lead, Patricia Podkulski reports out that the Clinical Integration needs assessment is planned for early 2016.

- Financial Stability and Funds Flow–The financial committee, led by David Macholz at Catholic Health System, reports provider level budget and funds flow planning. The reporting structure for projects to the lead agency, Sister's Hospital is in development. Financial workgroups meet once a week to continue to respond to budget concerns and the needs of the projects and project management office of CPWNY.

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

## Value-Based Payments

To ensure the long term sustainability of the DSRIP investments in the waiver, the Terms and Conditions (§ 39) state that NYS must submit a multi-year roadmap for comprehensive payment reform: Value Based Payments (VBP). The Roadmap was submitted to CMS and received approval on July 22, 2015.

The NYS Department of Health also has a video on Value Base Payments: An Introduction (also available in Spanish). The video provides an overview of what VBP are, its important role in the NYS Medicaid program, and how it will help to improve patient outcomes.

The English version of the video can be viewed at: https://www.youtube.com/watch?v=9D4M-QsaNfM.

The Spanish version of the video can be viewed at: https://www.youtube.com/watch?v=Aq4sJq8Xj40.1
We encourage you to share the video with your colleagues and other who may be interested in the states move to VBP. Questions related to VBP should be directed to dsrip@health.ny.gov.

## Patient Engagement update:

For Patient Engagement goals, in Q2 of DSRIP year 1, CPWNY has had success in the following projects by achieving proposed numbers at 83% for ED Triage, 211% for Care Transitions, and 110% for Maternal and Child (NFP).

# Brief Projects Updates:

**2.a.i Create Integrated Delivery systems that are focused on Evidence Based Medicine/Population Health Management:**
CPWNY team is completing master service agreements with all partners and organizations; leveraging existing and future performance dashboards to help providers identify areas for improvement; engaging providers in Chautauqua. Project Lead is Dr. Carlos Santos; Project Coordinator is Mark Gburek.

**2.b.iii ED Triage for at risk patients:**
Sisters Hospital, South Buffalo Mercy, and WCA Hospital are in first wave project work. We are implementing community health workers, as well as our team from Health Home Partners of WNY, in the ED to assist with follow up outside current model. Project Lead is Cheryl Freidman at CH; Project Coordinator is Mark Gburek.

**2.b.iv Care Transitions model to reduce 30 day readmission for chronic health conditions:**
Social workers engaged from Catholic Medical Partners care transition team to provide DSRIP focus and care transition support. Project Lead is Peggy Smering from Catholic Medical Partners; Project Coordinator is Mark Gburek.

**2.c.ii Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services:**
Many thanks to WCA Hospital in Jamestown, NY, who has championed piloting this work! Physician credentialing in progress. Consults to begin January 2016. Project Lead is Dr. Carlos Santos; Project Coordinator is Mark Gburek.

**3.a.i. Integration of primary care and behavioral health services:**
Thank you to Spectrum Health Services, our lead organization for this project! This project is being implemented in collaboration with fellow PPS, Millennium Collaborative Care. Identification of existing referral agreements and relationships will help facilitate roll out to targeted Primary Care Provider (PCP) sites; a data sharing project is in progress to help identify need for primary care services in behavioral health sites. Project Lead is Bruce Nisbet, from Spectrum Health Services; Project Coordinator is Cara Petrucci.

**3.b.i Cardiovascular Health: Evidence based strategies for disease management in high risk/affected populations (adult):**
Crimson population management tools will be piloted in March 2016 at CH facilities for a window into population health, disease management and patient engagement opportunities tied this project. Project Lead is Peggy Smering from Catholic Medical Partners; Project Coordinator is Mark Gburek.

**3.f.i Increase support programs for maternal & child health (including high risk pregnancies) example:**
Nurse Family Partnership (NFP): Engagement with a nurse home visitor for new moms lasts for 18 months. Many thanks to Chautauqua County Department of Health, our first NFP partner! Together, NFP has twenty clients enrolled in Chautauqua County and has a goal to implement Erie County in 2016. Project Lead and Coordinator is Julie Lulek at CH.

**3.g.i Integration of palliative care into the PCMH model:**
Thank you to the Hospice Buffalo team, the lead agency for this project! This fall, the team started in earnest to integrate palliative care into a targeted list of Patient Centered Medical Home (PCMH) PCP sites. Our team is planning outreach to Chautauqua & Niagara County Hospices for engagement of PCMH practices in their respective counties. Project Lead is Dr. Chris Kerr from Hospice Buffalo; Project Coordinator is Cara Petrucci.

**4.a.i Promote mental, emotional and behavioral (MEB) well-being in Communities:**
Thank you to ECCPASA and the Mental Health Association for championing the work of this NYS prevention agenda focused program! This project is heavily collaborative with fellow PPS, Millennium Collaborative Care. Hiring and ramp-up for this project continues through first part of 2016. Project Leads are Karl Shallowhorn from the Mental Health Association and Erica Boyce from ECCPASA; Project Coordinator is Cara Petrucci.

**4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health:**
Thank you to Roswell Park for their leadership on this NYS prevention agenda focused program! This team has a budget in place and is focusing its work on primary care outreach and enhancement for the NYS Smoker's Quitline Opt-to-Quit program beginning in early 2016. Project Leads are Dr. Andrew Hyland, Dr. Maansi Travers and Lisa Damiani from Roswell; Project Coordinator is Cara Petrucci.

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# Meet CPWNY: Staff & Leadership

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

## Meet the Team

**Carlos Santos, M.D.**
CPWNY Medical Director, 716-862-2458.
2.a.i: Integrated Delivery System and
2.c.ii: Telemedicine.

**Amy L. White-Storfer**
Director, CPWNY, 716-862-2186.
Oversees all 10 projects and 11 workstreams;
Accountable for the Governance workstream.

**Mark Gburek**
Project Coordinator, 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 Coordinator, 716-862-2462.
3.a.i: Integration behavioral health/primary care;
3.f.i: Maternal child health;
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.

**Dr. Dapeng Cao**
Senior Healthcare Analyst, 716-862-2167.

**Michelle Johnston**
CPWNY Administrative Assistant, 716-862-2449.

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

**Betsy Bittar**
DSRIP Project Coordinator – Finance, 716-828-2983.

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