



COMMUNITY PARTNERS OF WNY

Performing Provider System

Western New York Bridging Gaps in Care
for the Medicaid Population



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COMMUNITY PARTNERS OF WNY

Performing Provider System

DSRIP Budget & Funds Flow Overview

Amy White-Storfer

Director, Community Partners of WNY

Budget & Funds Flow Methodology

- ✓ 5 Year Budget & DY1 Budget
- ✓ Who are we paying?
- ✓ Project attribution and Participation



Reminder: 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 Project Implementation & Administration	\$8,879,265	\$7,176,986	\$8,169,296	\$7,478,586	\$5,640,371	\$37,344,504
Cost of Administration	\$2,783,053	\$2,348,832	\$3,267,718	\$2,991,434	\$2,256,149	\$13,249,607
Cost of Project Implementation	\$6,096,212	\$4,828,154	\$4,901,578	\$4,487,152	\$3,384,223	\$24,094,897
Costs for services not covered	\$662,632	\$1,174,416	\$1,270,779	\$830,954	\$376,025	\$4,314,806
Revenue Loss	\$2,385,474	\$2,348,832	\$3,267,718	\$2,991,434	\$2,256,149	\$13,249,607
Internal PPS Provider Bonus Payments	\$1,192,737	\$2,218,341	\$5,264,657	\$4,985,724	\$4,010,931	\$17,672,390
New Other	\$132,526	\$130,491	\$181,540	\$332,382	\$250,683	\$1,027,622
Contingency Fund	\$132,526	\$130,491	\$181,540	\$332,382	\$250,683	\$1,027,622
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.



CPWNY 5 Year Budget Allocation by %

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



DY1: Budget & Spend

	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
<u>Budgeted DY1</u>	IDS	ED Triage	Care Transitions	Tele-medicine	PC & Behavioral Health	Cardiovascular Health	Maternal & Child (NFP)	Palliative Care	Promote MEB	Tobacco Cessation	Totals
Administration	1,785,549	81,588	78,329	63,818	72,472	52,239	11,112	33,206	111,116	7,317	2,296,746
Implementation	33,080	1,539,250	719,792	483,545	871,829	512,929	327,290	275,494	152,502	137,269	5,052,980
Revenue Loss	-	184,626	177,252	144,413	163,998	118,212	129,024	89,401	85,928	107,145	1,200,000
Internal Provider											
PPS Bonus Payments	-	306,684	294,435	239,886	272,419	196,363	214,324	148,505	142,737	177,980	1,993,334
Sevices Not Covered	-	66,314	63,665	51,870	58,905	42,459	46,343	32,111	30,864	38,484	431,014
Contingency Fund	-	15,385	14,771	12,034	13,667	9,851	10,752	7,450	7,161	8,929	100,000
Total	1,818,629	2,193,847	1,348,244	995,566	1,453,290	932,053	738,845	586,167	530,308	477,124	11,074,073
<u>Accrued Thru 12/31/15</u>											
Administrative	\$ 515,907	\$ 17,715	\$ 21,872	\$ 57,818	\$ 71,280	\$ 16,989	\$ 376	\$ -	\$ -	\$ -	\$ 701,957
Implementation	\$ 599	\$ 215,900	\$ 533,488	\$ 420	\$ 54,057	\$ 88,056	\$ 114,209	\$ 174,281	\$ -	\$ -	\$ 1,181,011
Revenue Loss	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Internal Provider PPS											
Bonus Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sevices Not Covered	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contingency Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 516,506	\$ 233,615	\$ 555,360	\$ 58,238	\$ 125,337	\$ 105,045	\$ 114,584	\$ 174,281	\$ -	\$ -	\$ 1,882,968

DSRIP Revenue received as of 12/31/15 is: \$4,124,180



Who are we paying?	For What Projects?	DY1 Planned Amounts <i>(approximate)</i>
Hospitals <ul style="list-style-type: none"> Catholic Health System WCA Hospital Others DY2 (after pilots) 	2ai, 2bii, 2biv, 2cii, 3bi	\$4.75 Million
PCP Providers: <ul style="list-style-type: none"> Catholic Medical Partners PCPs Chautauqua County PCPs (CCHN for practice support) 	2ai, 2bii, 2biv, 3bi, 3gi	\$2.5 Million <ul style="list-style-type: none"> Includes PCMH support via allocations from key projects
Palliative Care Partners <ul style="list-style-type: none"> Hospice 	2ai, 3gi	\$306,000
Behavioral Health /Substance Abuse Providers <i>(for PCP integration)</i> <ul style="list-style-type: none"> Spectrum Horizons Mid-Erie Catholic Charities Lakeshore BH <ul style="list-style-type: none"> Others for Model 1 focus Model 2 WIP 	2ai, 3ai	\$750,000



Who are we paying?	For What Projects?	DY1 Planned Amounts <i>(approximate)</i>
Maternal/Child Health Partners for Nurse Family Partnership: <ul style="list-style-type: none"> • Public Sector: Chautauqua County Dept of Health • Home Care Agencies: Mercy Home Care (part of Catholic Health System) 	2ai, 3fi	\$325,000
Tobacco Cessation Partner <ul style="list-style-type: none"> • Roswell Park 	3bi, 4bi	\$133,000
Community Based Organizations <ul style="list-style-type: none"> • Urban League • Community Health Worker Network • P2WNY • Chautauqua County Health Network (IPA) • Catholic Charities • MEB project partners (ECCPASA, Mental Health Association; many others) 	2ai, 2bii, 2biv, 2cii, 3bi, 3fi, 4ai	\$500,000



Who are we paying?	For What Projects?	DY1 Planned Amounts <i>(approximate)</i>
<p>PMO Budget:</p> <p>All Work Streams</p> <ul style="list-style-type: none"> • Workforce Consultants • Cultural Competency/HL • Performance Rpt • Clinical Integration • Practitioner Engagement • Financial Requirements • Reporting <p>IT/Technical</p> <p>Training Needs</p> <p>Communication & Community Engmt.</p> <p>Legal Support</p>	<p>All projects</p>	<p>\$1.9 million</p> <ul style="list-style-type: none"> • Expenses embedded in 2ai budget • Additional expenses spread across all project budget cost centers (e.g. software costs, audits)



Provider and Organizational Contracting

- All partners are required to sign a Master Service Agreement (MSA)
- The MSA is foundation for building specific project scope documentation.
- Partners are paid for project performance based on project scope documentation attached to MSA and compliance with the PPS reimbursement process.

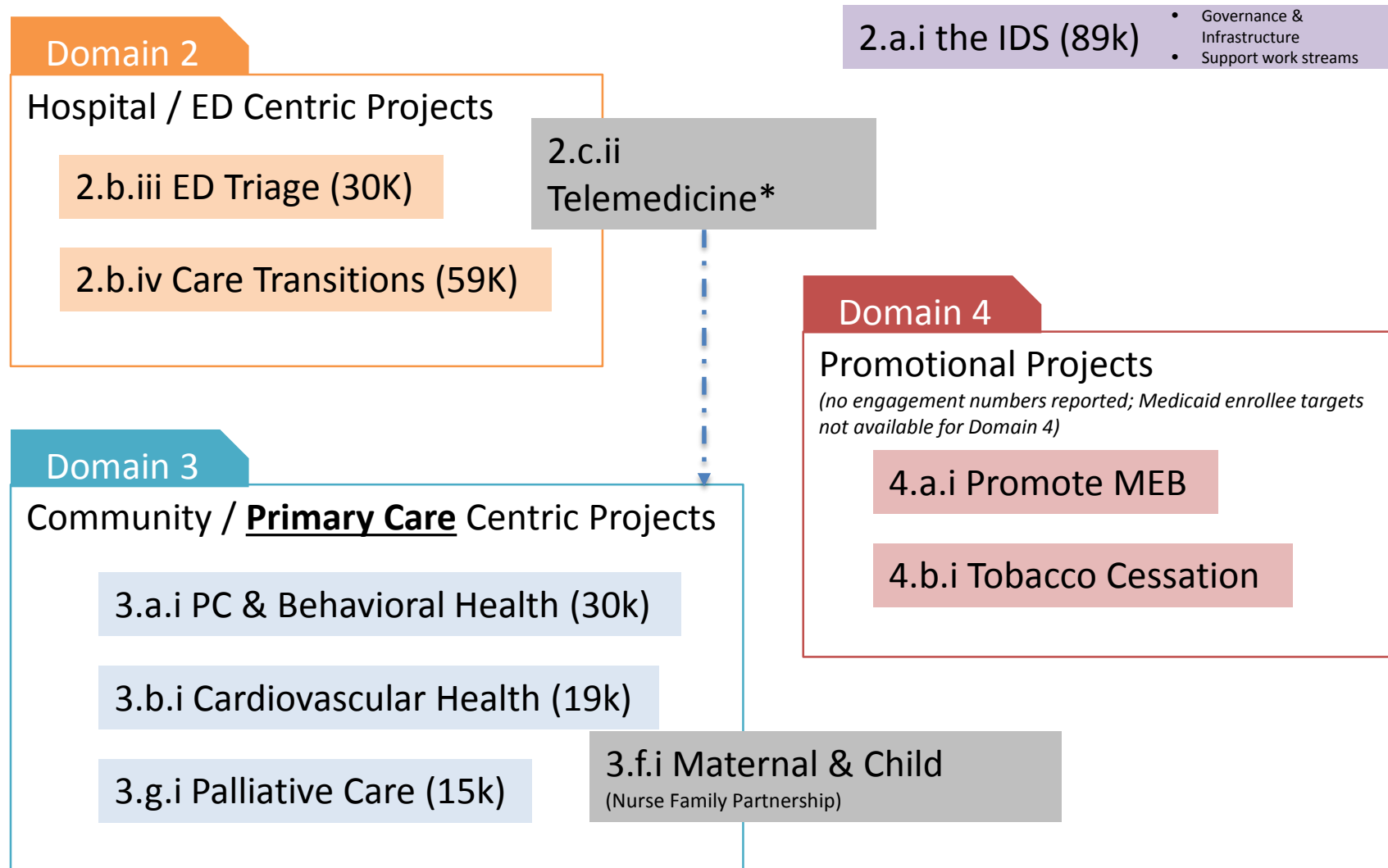


Focusing our work & resources: *Putting the pieces together*



Important Project Themes

(Medicaid Enrollee Estimates by Current DY1 Planned Partner Participation; enrollees attributed to our PPS)



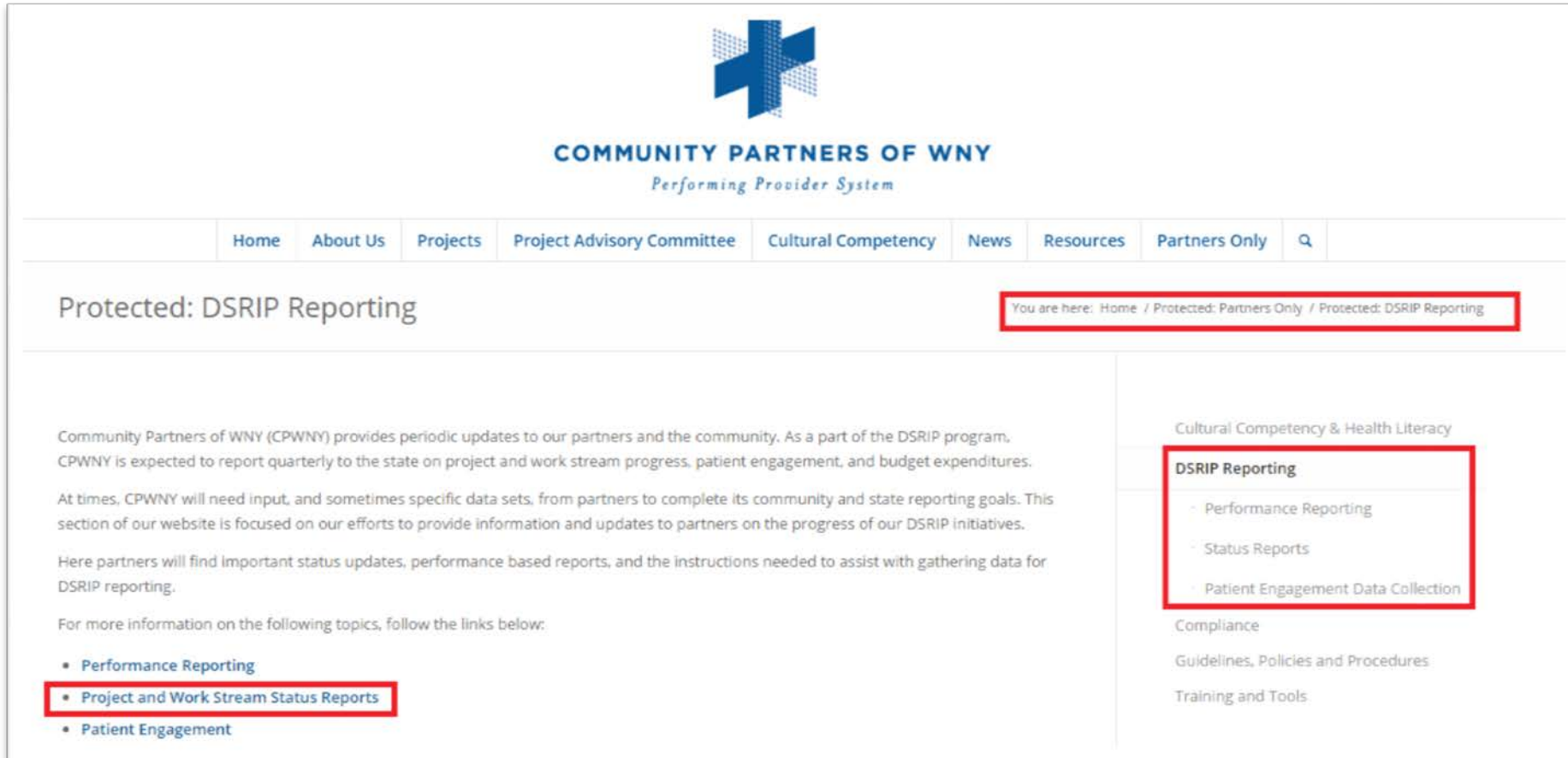
* Telemedicine pilot at WCA hospital; specialty linkages could occur in future



Reminder! For Current Project Updates

<http://wnycommunitypartners.org/partners/>

- DSRIP reporting link on right hand navigation (password protected)



The screenshot displays the website for Community Partners of WNY. At the top center is a blue cross logo with a grid pattern. Below it, the text reads "COMMUNITY PARTNERS OF WNY" and "Performing Provider System". A navigation menu includes links for Home, About Us, Projects, Project Advisory Committee, Cultural Competency, News, Resources, and Partners Only, along with a search icon. The main content area is titled "Protected: DSRIP Reporting". A breadcrumb trail at the top right indicates the current location: "You are here: Home / Protected: Partners Only / Protected: DSRIP Reporting". The main text explains that CPWNY provides periodic updates to partners and the community as part of the DSRIP program, reporting quarterly on project progress, patient engagement, and budget expenditures. It notes that partners will need to provide input and data sets to complete reporting goals. A list of links for more information is provided, with "Project and Work Stream Status Reports" highlighted in a red box. On the right side, a sidebar menu lists various categories, with "DSRIP Reporting" highlighted in a red box, containing sub-links for "Performance Reporting", "Status Reports", and "Patient Engagement Data Collection".

COMMUNITY PARTNERS OF WNY
Performing Provider System

Home About Us Projects Project Advisory Committee Cultural Competency News Resources Partners Only

Protected: DSRIP Reporting

You are here: Home / Protected: Partners Only / Protected: DSRIP Reporting

Community Partners of WNY (CPWNY) provides periodic updates to our partners and the community. As a part of the DSRIP program, CPWNY is expected to report quarterly to the state on project and work stream progress, patient engagement, and budget expenditures.

At times, CPWNY will need input, and sometimes specific data sets, from partners to complete its community and state reporting goals. This section of our website is focused on our efforts to provide information and updates to partners on the progress of our DSRIP initiatives.

Here partners will find important status updates, performance based reports, and the instructions needed to assist with gathering data for DSRIP reporting.

For more information on the following topics, follow the links below:

- Performance Reporting
- **Project and Work Stream Status Reports**
- Patient Engagement

Cultural Competency & Health Literacy

DSRIP Reporting

- Performance Reporting
- Status Reports
- Patient Engagement Data Collection

Compliance

Guidelines, Policies and Procedures

Training and Tools





COMMUNITY PARTNERS OF WNY

Performing Provider System

DSRIP Project Updates

Dr. Carlos Santos

DSRIP Medical Director

Highlighted Project :

2ai: Integrated Delivery System

- ✓ Seeking completion of master service agreements with WCA Hospital and Chautauqua County Health Network. Engaging of additional providers in Chautauqua.
- ✓ Leverage existing and future performance dashboards to help providers identify areas for improvement. Clinical transformation best practice proven at CMP.



Highlighted Projects :

2.b.iii, ED Triage Initiative for at Risk Patients

2.b.iv, Care Transitions model to reduce 30 day readmissions for chronic health conditions

- ✓ CHS Hospitals and MACC facility are the first wave of reportable numbers in the project
- ✓ WCA Hospital and Chautauqua County Health Network planning to contribute to the overall work of the project
- ✓ Ongoing discussion with Buffalo Urban League & Community Health Worker Network regarding Community Health Workers and how they can contribute to the project. (ED triage). Catholic Charities engaged in proposal to support this work.



Highlighted Project :

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

- ✓ Credentialing of physicians complete at our pilot location, WCA Hospital. Program fully functional, with patients being seen and reportable.
- ✓ Looking at Telemedicine to be incorporated into other projects, i.e. Behavioral Health
- ✓ Ongoing review of recently received proposals for the use of telemedicine



3.a.i Integration of Primary Care and Behavioral Health

- Model 1: Integrating Behavioral Health into Primary Care
 - Spectrum has developed a model for imbedding a satellite clinic at selected primary care sites.
 - Spectrum to train additional organizations on the model and regulations.
 - Three primary care sites selected to start, next steps to pair up additional organizations with primary care sites
- Model 2: Integrating Primary Care into Behavioral Health sites
 - Meeting in February with BH organizations to discuss the current state and readiness for this project.
 - Identified key issues: 1. lack of sustainable business model, 2. Insufficient volume in some areas, 3. difficult to integrate into the work flow
 - National Council for Behavioral Health engaged as a potential resource for training on this model.
 - Potential for telemedicine solution



3.b.i. Evidence based strategies for disease management in high risk/affected populations (Cardiovascular Disease Management)

- ✓ Adoption and implementation of two CISG Committee approved educational protocols regarding blood pressure recording and home monitoring of blood pressures. These new protocols are beginning to be rolled out to the practices.
- ✓ WCA Hospital and Chautauqua County Health Network engaged in practice support discussions with project management office.
- ✓ Continued data collection through EMR across practices for reporting purposes.



Highlighted project:

3fi: Nurse Family Partnership

- Nurse-Family Partnership is doing well in Chautauqua County.
 - ✓ started serving families in mid-September
 - ✓ have had over 50 referrals to the program and currently have 42 moms enrolled.
 - ✓ have 2 babies born to the program so far and both are doing well.
- Due to lack of secured dollars for DY2 and flow of funds, we are on hold with implementation of NFP in Erie County, but we are exploring additional funding options to get us off the ground at this time.
- We have met our patient engagement numbers for the first 3 quarters of DSRIP year 1, but we do not expect to hit our Q4 numbers with the halt on Erie County engagement.



Highlighted projects

3.g.i Integration of Palliative Care into the PCMH model

- ✓ Hospice Buffalo has had success working with six PCMH primary care practices to perform consults and refer to appropriate programs. Next steps to expand to additional sites.
- ✓ Chautauqua County Hospice has been engaged to work with PCMH practices in Chautauqua. Existing relationships with some practices – ready to begin as soon as budget and contract finalized.
- ✓ Niagara County Hospice has been engaged in early discussions.
- ✓ Working on methods for improving patient engagement performance.

4.b.i Promote Tobacco Use Cessation

- ✓ Roswell Park has begun hiring staff to assist with the project.
- ✓ Engaged in planning around next steps for achieving project deliverables



Highlighted projects

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

- ✓ Contract with Millennium finalized – CPWNY to be the lead organization managing the project on behalf of both PPSs
- ✓ 15 Organizations have been selected to implement MEB programs. Ready to go once individual contracts are finalized
- ✓ Mental Health Association of Erie County will oversee the media campaign, hired a communications director to manage this piece





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DSRIP Work Stream Updates

Highlighted Work-Streams:

Workforce Updates

- ✓ Aligned CPWNY's timeline with that of Millennium Collaborative Care across work stream
- ✓ Initial Compensation and Benefit survey collected from organizations and practices across PPS
- ✓ Rural-AHEC collecting and maintaining all information
- ✓ Data and documentation collection across 4 budget spend categories.
- ✓ Ongoing contract talks with R-AHEC to assist with remaining Workforce deliverables



Additional Updates:

Work Streams

Patricia Podkulski

Director, Medical Policy and Accreditation



Cultural Competence and Health Literacy

- Cultural Competency Health Literacy Strategy has been submitted to DOH for review.
- CPWNY has shared their strategy with Millennium PPS and working on ways to reduce health disparities in the counties of Erie, Chautauqua and Niagara.
- Improving cancer screening rates in coordination with P2 Collaborative, by training community health workers, patient navigators, and the general public on what cancer screening services provides and where screenings can occur at convenience of the disparate population
- We continue to have focus groups with Medicaid population and train on self management



Cultural Competence and Health Literacy

- Working on a Cultural Competence Health Literacy training strategy with Community Health Workers Network of Buffalo.
- To date, 2 different types of training (didactic vs interactive) have occurred and being analyzed for effectiveness. Have trained over 140 medical personnel thus far.
- Reaching out to our community based organizations based upon a reconciled list with Millennium, to provide training on patient / client self management forms reviewed and accepted by Medicaid focus groups .



Practitioner Engagement

- Have developed a practitioner communication and engagement plan that has been approved by our board and then submit to DOH for review
- Developed initial phase of performance reports to work with providers in creating strategies at the practice level for improvement.



Practitioner Engagement

CPWNY included professional groups in our governing bodies.

To interact with practitioners and to improve care to Medicaid patients we utilize:

- Territory Lead physicians,
- Office Based Care Coordinators,
- Care Management Advisors, and
- Clinical Transformation Specialists



Performance Reporting

- CPWNY has developed a Performance Reporting and Quality Improvement (PRQI) structure and plan. This is approved by CPWNY board.
- The PRQI plan includes high level reports that answer the question : how is CPWNY Medicaid beneficiaries having their needs met by looking at emergency room rates, top diagnosis, inpatient admissions.
- The PRQI plan also includes more practitioner specific reports that look at how well that practice patient population has blood pressure control, diabetes control, cholesterol control, to name a few.



Performance Reporting

- CPWNY has also developed a training program for organizations and individuals on Performance Reporting and Clinical Quality.
- We are able to track trainings to organizations and individuals completed by our Territory lead physicians, the clinical transformation specialists and our care management advisors.
- Our training plan is going to be submitted to the DOH at end of April 2016.



Population Health

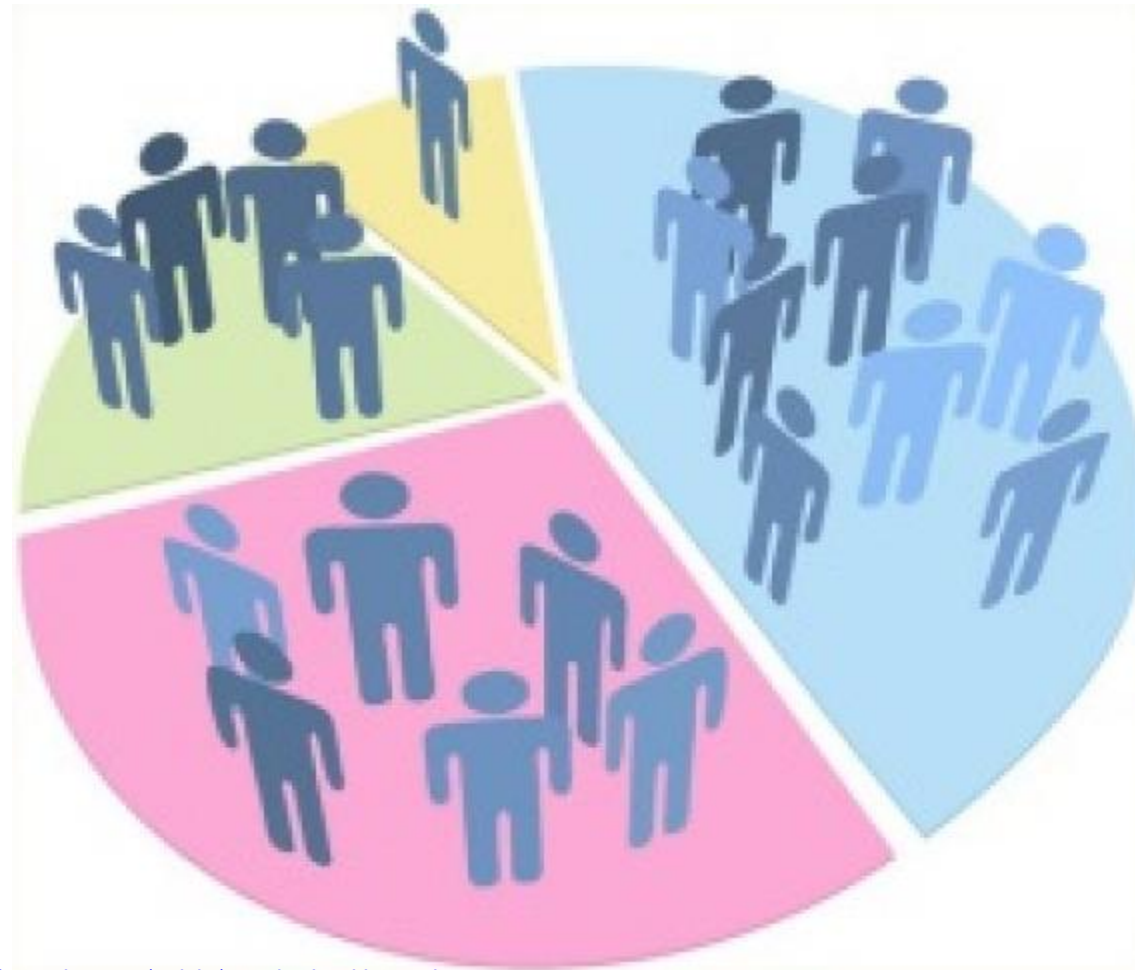
What is Population health ?

It is an approach to [health](#) that aims to **improve** the [health](#) of an entire human population. A priority in achieving this aim is to **reduce health inequities or disparities among different population groups due to** the [social determinants of health](#), **SDOH**. The SDOH include all the factors: social, environmental, poverty, cultural and physical the different populations are born into, grow up and function with throughout their lifetimes which can have a measurable impact on the health of human populations.*

*Wikipedia accessed 2.24.16



Population Health



<http://www.healthcare-informatics.com/article/premier-health-s-reti-thinking-strategically-about-data-analytics-and-population-health-accessed>
2.24.16



Population Health

CPWNY is developing a population health management roadmap to be approved by our board in by June 2016.

The roadmap includes plans to :

- Identify priority populations and address their disparities (improve access to care for example)
- Develop data and registries of people who need extra help with staying healthy at home rather than in the hospital (people with conditions that are difficult to manage without some help or guidance from the health care team)



Clinical Integration

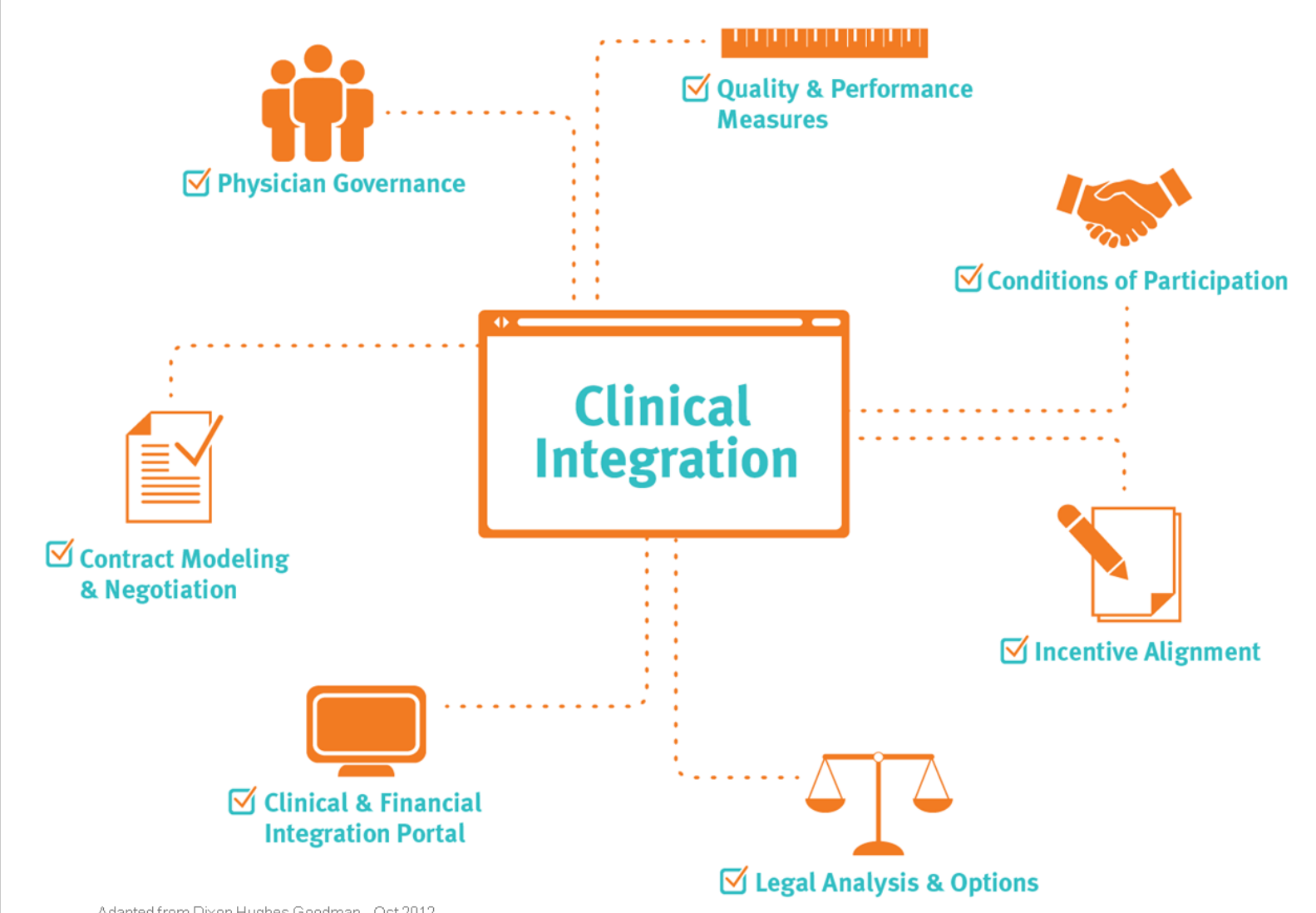
CPWNY will be doing some information gathering on how our doctors, hospitals, organizations are sharing information and working together.

Clinical Integration is concerned with how CPWNY is structured to:

1. Share information within the system
2. Involve health care providers
3. Has a governance structure
4. Promote integrity and compliance in healthcare
5. Works with health plans to improve quality



Clinical Integration



Adapted from Dixon Hughes Goodman - Oct 2012



Questions



Open Roundtable discussion

- Two 20 to 25 minute sessions
- All roundtable repeated
- Each table has a theme or project focus
- Feel free to remain in the same roundtable if discussion interests you or change to new roundtable
- Please complete your evaluation of the today's meeting
- Don't forget, all today's slides are posted in the PAC of our website at:
<http://wnycommunitypartners.org/project-advisorv-committee/>

