



COMMUNITY PARTNERS OF WNY

Performing Provider System

Western New York Bridging Gaps in Care
for the Medicaid Population

PAC Meeting

6.20.16



Dr. Carlos Santos, MD

Medical Director, Community Partners of WNY

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Director, Community Partners of WNY





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Performing Provider System

DSRIP Project Updates

Dr. Carlos Santos, Medical Director

Highlighted Project :

2ai: Integrated Delivery System

- Completion of master service agreements with WCA Hospital and Chautauqua County Health Network. PPS's lead organizations in the Chautauqua area to assist with implementation of projects and work streams
- New Chautauqua area practices have signed contracts with PPS. Majority of the practices have submitted quarterly patient engagement numbers, which allowed the PPS to hit targets for the respective projects for first time
- Leverage existing and future performance dashboards to help providers identify areas for improvement.



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

- Crimson Care Management and Population Health tool implementation underway. Notifications being sent to primary care physicians about their patients activities. Information being passed between patients primary care and discharging facility
- Follow up appointments scheduled within 7 days of discharge
- Roll out Crimson Care Management tool to additional departments for better continuity of care (ED Triage project)
- PPS developing standard patient outreach process
- Ongoing meetings with Millennium Care Management for collaboration on best practices for ED Triage Project



Highlighted Project :

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

- WCA pilot project up and running, with reportable patient engagement numbers. Three clinical areas of focus are inpatient neurology, outpatient neurology , and critical care
- WCA and PPS in early discussions to expand the project out to incorporate a Maternal Fetal Medicine program
- Looking at possibility of Telemedicine to be incorporated into Behavioral Health project. Meeting ongoing with providers who can potentially fill this need
- Pilot Project with Developmentally Disabled Population



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

- **Model 1: Integrating Behavioral Health into Primary Care**
 - Spectrum has begun to implement a satellite clinic at one of our CMP primary care practices.
 - Working with CHS to understand and address the regulatory constraints for developing satellite sites at our CHS clinics.
 - Horizon proposal under review for integrating a staff member into additional CMP primary care sites to counsel patients and help with performance on outcomes measures.
- **Model 2: Integrating Primary Care into Behavioral Health sites**
 - Working with multiple data sources to identify the demand for primary care services at behavioral health sites and the locations in need
 - Plan to establish different models of integration including referral agreements, working relationships with primary care sites, and care management and patient follow up



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

- Chautauqua County Health Network (CCHN) in practice support discussions with PPS. Ongoing monthly quality meetings have been established
- PPS has shared with CCHN the rationale for guidelines for developing the PPS protocols
- PPS implementing Roswell Park's "Opt to Quit" smoking cessation program, extended to CCHN and Chautauqua area practices
- 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 78 referrals to the program and currently have 52 moms enrolled.
 - have 12 babies born to the program so far and all are doing well fairly well.
- Due to lack of secured dollars for DY2 and flow of funds, we are on hold with implementation of NFP in Erie County and are exploring and developing alternative models to address maternal-child health in order to touch more lives, with fewer resources.
- Due to a discount awarded by the state for Q4, we met our patient engagement numbers for all 4 quarters of DSRIP year 1, but we do not expect to hit our numbers in year 2 with the current halt on Erie County engagement.



Highlighted projects

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

- Hospice organizations from Erie, Niagara, and Chautauqua are all signed up to participate in the project.
- Hospice Buffalo continues to work with identified CMP practices and is working on establishing an embedding schedule at the CHS clinics.
- Hospice Chautauqua has begun outreach to six practices in Chautauqua County to educate about the program and establish a referral process.
- Niagara Hospice finalized their contract in early June and initial introductions have been made with four practice sites in Niagara County.

4.b.i Promote Tobacco Use Cessation

- Roswell Park hired staff to assist with the project.
- Initial discussions with the NYS Smoker's Quitline about the Opt-to-Quit Program including current relationships with primary care practices and goals for the program
- Initial outreach to community organizations on availability of tobacco cessation services and promotion of clean outdoor air policies.



Highlighted projects

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

- All 15 organizations have finalized their contracts and begun to implement programs across the 8 counties
 - Program target populations cover audiences ranging from elementary school kids to adults
 - Program messaging ranges from prevention of substance abuse, developing life skills and wellness strategies, reducing stigma, and educating on best practices for mental health interventions
- Media Campaign creative team has been selected and initial focus groups to be held in the upcoming weeks to inform the creative messaging
- CPWNY continues to work collaboratively with MCC on this project





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DSRIP Work Stream Updates

Mark Gburek, Project Administrator

Patti Podkulski, Director Policy &
Accreditation

Highlighted Work-Streams:

Workforce Updates

- Completed contract with R-AHEC to assist with the remaining Workforce milestone deliverables, as well as tracking of all educational and training requirements. R-AHEC currently contacting/visiting organizations and practices within the PPS to collect and store this data.
- Compensation and Benefit survey finalized and will be submitted to the state on the next quarterly submission
- Budget spend requirements successfully submitted on last quarter submission.



Cultural Competence and Health Literacy (CCHL)

- Cultural Competency Health Literacy Strategy has been reviewed and approved by the NYS DOH .
- Improving cancer screening rates and BP screenings in coordination with P2 Collaborative and Millennium of the disparate population— We continue to have focus groups with Medicaid population and train on self management
- 2nd deliverable of the CCHL work stream is to develop a CCHL training strategy. The Community Health Worker Network of Buffalo (CHWNB) has developed the strategy which has been approved by our board and will be submitted at end of July



Cultural Competence and Health Literacy

- Training is coordinated with Millennium to avoid duplication of efforts
- Training will commence September 2016 once the training strategy is approved by the NYS DOH.



Practitioner Engagement

- Have developed a practitioner communication and engagement plan that has been approved by the NYS DOH.
- Engagement of practitioners in projects is progressing
- A newsletter has been sent out via email updating partners of our progress to date



Practitioner Engagement

- To interact with practitioners, as a refresher, to improve care to Medicaid patients we utilize:
 - Territory Lead physicians,
 - Office Based Care Coordinators,
 - Care Management Advisors, and
 - Clinical Transformation Specialists
- Currently engage the practitioners in their performance reports as they are being developed; with clinical integration; with population health and implementation of Crimson.



Performance Reporting

- CPWNY has developed a Performance Reporting and Quality Improvement (PRQI) structure and a plan has been approved by the NYS DOH.
- High level reports are on the CPWNY website for all partners to view.
- Provider specific reports will be available when we are able to retrieve claims data information. Currently the practices can run registries to gauge quality metrics.



Performance Reporting Training

- Training strategy associated with this milestone has been reviewed and approved by the NYS DOH.
CPWNY utilizes:
 - Territory Lead Physicians to work with other physicians
 - Clinical Transformation Specialists and
 - Care Management Advisors
- To implement training on performance reporting
- Will be working with the Chautauqua County Health Network (CCHN) to assist in endeavors in Chautauqua County.

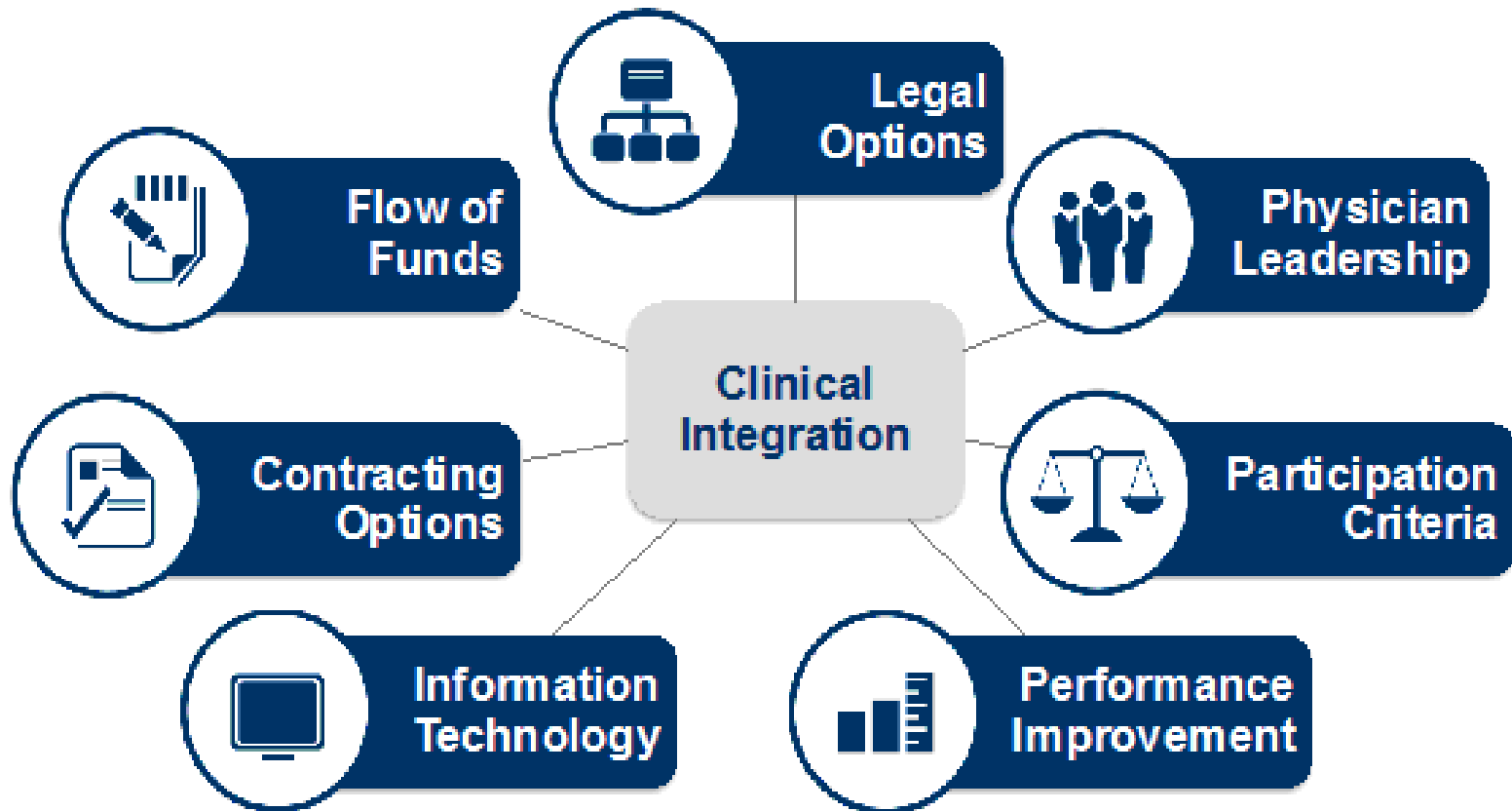


Population Health

- CPWNY has put together a Population Health roadmap that is comprised of :
 - Population Health /Care Management Program Description
 - IT infrastructure
 - Plans for Achieving Patient Centered Medical Home
 - And Identification of priority target populations and plans to address their health disparities
- The plan is being submitted to DOH for review and approval at the end of July



Clinical Integration



Butts,Dennis; Strilesky,Michael; Fadel,Matthew;
Goodman,Dixon; "The 7 Components of a Clinically
Integrated Network", 2012, accessed 5/4/16
beckerhospital review .com



Clinical Integration

- A clinical integration needs assessment document has been developed and approved by the Clinical Governance Committee. This document will be submitted to NYS DOH end of July for review and approval.
- This is a planning document to determine who will be integrated in our PPS to improve upon performance measures, promote continuum of care through sharing of information about patients, and be participative in the components leading to integration





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Upcoming Events and Announcements

Announcement

Save the date!

4.25
CME
Credits

Engaging Patients in End Of Life Decisions

Honoring patient wishes and values

**Millennium Hotel
Buffalo NY**

**Saturday
Sept 17**

7:30am - 12:30pm

Visit www.p2wny.org for more information or to register!

Physicians
\$50

Healthcare Office Professionals
\$20



Community Partners of WNY PPS

Value Based Purchasing Boot Camps

One of four sets of sessions. CPWNY is included in Central, Finger Lakes, Western Region

Info found at:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_bootcamp/index.htm

Session 1 **August 31st**, Session 2 **September 21st**, Session 3 **October 6th**

All are at the Rochester, NY: National Museum of Play at The Strong

- Registrations will open 3 weeks in advance and close 1 week before the event. Event registration is free and open to the public.

Can't make these sessions?

Webcasting of the first session is already available (Applicable for all PPSs who cannot attend sessions above)

<https://www.totalwebcasting.com/view/?id=nysdohvbp>



Save the Date

- P2WNY and Local PPS “A Report to Community”
 - August 31, 2016
 - WNED Offices, Lower Terrace, Downtown Buffalo



PPS Mid-Point Assessment

- The Mid-Point Assessment will focus on the progress made by the CPWNY through the end Q1 DSRIP Year 2
- Looks at progress on
 - Establishing necessary organizational foundation
 - Implementation of the project requirements consistent with the approved DSRIP Project Plan (which includes the PPS application and the PPS implementation plan).
- Part of the NYS agreement with Federal CMS



PPS Mid-Point Assessment

Also includes:

- Project Narratives
- Overall Narrative (Governance and Work streams)
- PPS Lead Financial Stability Documentation
- Safety Net Status Review
- 360 Evaluation by Partners (Survey)
- PPS Network Updates (additions and removals of partners)



Website Highlights: What's New?

Public Sections

- Newsletter; Spring Summer 2016: tab “Resources”
- News and Events: tab “News”
- PAC slides: tab “Project Advisory Committee”

“Partners Only” Section:

- DSRIP Reporting & Comprehensive Status updates, section “DSRIP Reporting”
- Compliance Training and Attestation, section “Compliance”
- Reimbursement tools and FAQs, section “Training and Tools”
- Pain Management Tools for Providers, section “Training and Tools”





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DSRIP Budget DY2

Important Project Themes

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

Domain 2

Hospital / ED Centric Projects

2.b.iii ED Triage (30K)

2.b.iv Care Transitions (59K)

2.c.ii
Telemedicine*

2.a.i the IDS (89k)

- Governance & Infrastructure
- Support work streams

Domain 3

Community / Primary Care Centric Projects

3.a.i PC & Behavioral Health (30k)

3.b.i Cardiovascular Health (19k)

3.g.i Palliative Care (15k)

3.f.i Maternal & Child
(Nurse Family Partnership)

Domain 4

Promotional Projects

(no engagement numbers reported; Medicaid enrollee targets not available for Domain 4)

4.a.i Promote MEB

4.b.i Tobacco Cessation

* Telemedicine pilot at WCA hospital; specialty linkages coming in future



Reminder: DY1 Project Budget

Total DY1 Budgeted Revenue: \$11M

- Safety Net Equity Infrastructure: \$5M
- Safety Net Equity Performance: \$1M
- Net Project Valuation: \$5M

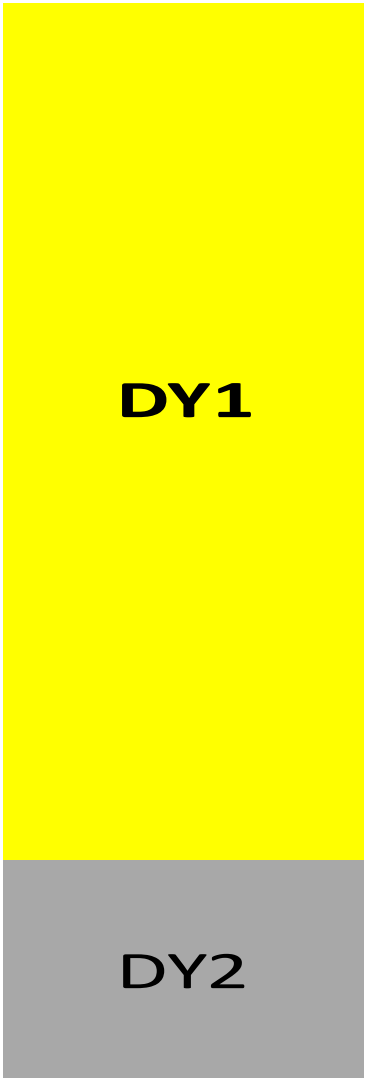
**** Budgeted to receive all dollars in DY1 ****



But, are there remaining dollars from DY1 in the DY2 budget?

What happened??





	<u>SN EG</u>	<u>SN EP</u>
Apr-15		
May-15		
Jun-15		
Jul-15		
Aug-15		
Sep-15		
Oct-15	\$5M	
Nov-15		
Dec-15		
Jan-16		\$1M
Feb-16		
Mar-16		
Apr-16		
May-16	\$5M	
Jun-16		

SN EG=
Safety-Net Equity Guarantee

SN EP=
Safety Net Equity Performance



DY2 Budget Planning Strategy

- DSRIP year 2 time period (April 2016-March 2017)
- Note: Program changes make budgeting more difficult
- Continue to budget for 10 projects & all work stream efforts
- Project valuation- Varies by project (16% to 5%)
- No guaranteed dollars (Change from DY1)
- Contract with managed care organizations (4 total)
- Budget for expected dollars received not accrued
- Budget approved Finance Committee (4/18/16)



CPWNY DY2 Project Budget

Total DY2 Budgeted Revenue: \$11M

- Safety Net Equity Infrastructure: \$5M
- Safety Net Equity Performance: \$2M
- Net Project Valuation: \$4M

Projected to receive all dollars within DY2 time period

Revenue allocated to projects based on eligible payments for project specific metrics



CPWNY DY2 Project Budget

Revenue for DY2 is based on projected payments for:

- Safety Net Equity Infrastructure (no longer “guarantee”): Contracts in process, lower risk, budgeting to be paid at 100%
- Safety Net Equity Performance: Contracts in process, budgeting to be paid at 80%
- Net Project Valuation: Budgeting to be paid at 80%, no change from DY1.

Budget does not include:

- Net High Performance Fund
- Additional Performance Fund NYS



CPWNY DY2 Project Budget

Total DY2 Budgeted Expenses: \$11M

- Budget to break even overall
- Gains subsidize losses of other projects
- Expenses primarily consist of:
 - Salaries – Administrative & Clinical
 - Project Service Fees
 - Public Relations
 - Contracted Services
 - Legal Fees
 - Provider Payments
 - Overhead



DY2 Project Budget

	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	
	IDS	ED Triage	Care Transitions	Telemedicine	PC & Behavioral Health	Cardiovascular Health	Maternal & Child (NFP)	Palliative Care	Promote MEB	Tobacco Cessation	Total
Revenue											
Low Risk Program - EI	562,934	449,325	431,365	351,478	825,775	714,357	742,648	215,624	217,057	260,774	4,771,336
At Risk Programs - NPV & EPP	737,276	588,482	564,959	460,331	1,081,520	935,595	972,648	282,403	284,280	341,536	6,249,030
Total Revenue	1,300,211	1,037,807	996,324	811,808	1,907,295	1,649,952	1,715,295	498,027	501,337	602,310	11,020,366
	12%	9%	9%	7%	17%	15%	16%	5%	5%	5%	
Expenses											
Salaries & Benefits	1,350,315	1,070,598	996,324		646,563	289,498	644,009	856,468		446,891	6,300,666
Consulting Fees	18,000										18,000
Purchased Services					10,000		15,000			9,438	34,438
Legal Fees	40,000									1,888	41,888
Rent Expense					5,689						5,689
Media/Public Relations	25,000						1,500		139,565	4,719	170,784
Contracted Services	125,000								181,989	9,438	316,427
IT- Website	9,244										9,244
IT- Performance Logic	39,500										39,500
IT- Server	4,536										4,536
Project Service Fees				411,450			32,427	6,700			450,578
Meetings/Catering	20,000									1,888	21,888
Travel	10,000				1,200		12,585	14,904		5,000	43,689
Training	25,000				30,000		10,261			7,078	72,340
Cultural Competency	45,000									10,000	55,000
Cellular Phone					1,024		3,163	5,000		1,888	11,074
IT Hardware - Laptops, Misc.	5,400				2,607		3,900	5,500			17,407
Office/Print Supplies	5,000				1,280		2,340	2,610		10,000	21,230
Other	9,239				1,991		3,003			10,853	25,086
Minor Equipment					237						237
Provider Engagement Payments	1,377,000										1,377,000
Revenue Loss	1,983,666										1,983,666
Total Project Allocation	5,091,900	1,070,598	996,324	411,450	700,591	289,498	728,189	891,182	321,554	519,080	11,020,366
Net Income / Loss per Project	(3,791,689)	(32,791)	0	400,358	1,206,704	1,360,454	987,107	(393,155)	179,782	83,229	(0)
Allocate Income to Offset Loss	3,791,689	32,791	0	(400,358)	(1,206,704)	(1,360,454)	(987,107)	393,155	(179,782)	(83,229)	0





Community Health Worker Network
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<http://www.chwbuffalo.org/>

Using Community Health Workers to Improve Health Outcomes



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Informing the Training Strategy for Cultural Competency and Health Literacy