Community Partners of WNY (CPWNY) is the sole Performing Provider System (PPS) to select DSRIP project 2.c.ii--Expand Usage of Telemedicine in Underserved Areas to Provide Access to Otherwise Scarce Services. CPWNY has partnered with Women's Christian Association Hospital (WCA) in Jamestown, NY, to focus on reaching underserved areas in the Chautauqua region.

In order to implement this project, WCA has contracted with Specialist On Call (SOC), a leader in the telemedicine field. SOC utilizes evidence-based protocols from organizations such as the American Heart Association, the American Stroke Association, and the National Stroke Association. When the need arises at WCA for additional expertise, SOC is contacted, and an SOC specialist can remotely interact with the physicians and patient inside WCA through the use of a webcam and screen, to provide the necessary consultation/treatment. This interaction is real-time, saving valuable minutes in the delivery of care, and helping to deliver the best possible outcome. At the end of each consultation, all medical information is transferred securely to WCA hospital.

Dr. Carlos Santos, CPWNY DSRIP Medical Director, is optimistic about the partnership with WCA and the opportunities that come with this project. “The use of telemedicine is innovative and groundbreaking. We are very excited to use this new platform to improve the care of patients in rural communities, such as Jamestown in Chautauqua County and WCA Hospital, who do not have readily available access to some areas of specialty care. Areas we are concentrating on include: critical care (ICU), acute neurology and stroke treatment in the emergency room, ambulatory neurology, and maternal fetal medicine,” he states.

Pioneering projects of this magnitude inevitably results in challenges. One such challenge for CPWNY’s efforts in telemedicine has been the process for credentialing SOC’s providers at WCA. The process has been difficult and time consuming, resulting in the delay of the program’s implementation until the end of January 2016. This late start prevented CPWNY from meeting the patient engagement requirement numbers for submission quarters. Moving forward, WCA plans to explore ways to allow for a quicker credentialing process.

Another issue encountered has been securing payment from Managed Care Organizations (MCO) for telemedicine services. On January 1, 2016, a NYS law was passed that designated telemedicine services as a reimbursable service, including the Medicaid Managed Care population, as long as the telemedicine service was not administered in the patient’s home. Proper documentation via HIPPA compliant devices has been arranged, but there is still no clear delineation of how the services will be covered by MCO’s.

The following case illustrates how the telemedicine project is working to address the needs of DSRIP patients:

A 36-year-old, right-handed, male presented to the WCA Emergency Department with difficulty speaking and reading, severe headache, and numbness of his right hand. His symptoms had been present for approximately 30-45 minutes. An urgent CT scan of his brain was ordered and completed while a teleneurology consult with Specialist on Call (SOC) was initiated. The CT was normal, but the teleneurologist felt that further diagnostic imaging, not currently available at WCA, was necessary. After consultation with the ED physician, the decision was made to immediately transfer the patient to a tertiary care center. Follow-up received from the tertiary center revealed that the patient’s symptoms had cleared completely, and further diagnostic work-up revealed no abnormalities. The most likely diagnosis was hemiplegic migraine. He was discharged home and back to work within one day.
Telemedicine (Cont.)

Without a clear revenue stream, there is considerable apprehension by providers to engage this service, but Dr. Santos sees success on the horizon. “It will take some time for both patients and providers to feel more comfortable with the use of this new tool in our medical bag, but the possibilities are endless, and could result in significant savings to our financially strained healthcare system,” he notes.

In addition to the specialty areas that CPWNY is already focusing on, chemical dependency and mental health have been identified as critical service needs for the community surrounding WCA. CPWNY is hopeful telemedicine services can address those needs. A lack of clarity for telemedicine regulations has been another large hurdle, however, and challenges with obtaining and completing appropriate Office of Mental Health (OMH) forms have delayed achieving success with providing services to these patients. Additionally, the Office of Alcohol and Substance Abuse Services (OASAS) does not have any guidelines for telemedicine in place at this time and has been working to provide final language. WCA hospital is continuing to collaborate with OMH and OASAS on clarification of the regulations in order to have this project take off.

Even though there have been delays in momentum with some of the telemedicine projects, there have been significant advances, as well. One promising pilot currently in development, focuses on establishing a Maternal Fetal Medicine specialist (MFM) relationship to assist patients at WCA with Nuchal Translucency scans to determine risks of anomalies such as Down Syndrome; to manage high risk pregnancies; and to identify birth defects. This program model consists of sonograms being completed at WCA’s facility and the utilization of a MFM specialist at an offsite location in Buffalo for interpretation of the scans. Telemedicine will help address the need for patients to travel out of the WCA area for these types of appointments, with the hope of achieving higher compliance with follow-up procedures such as ultrasounds for complicated pregnancies. The anticipated volume and need are significant, so this program is expected to greatly assist this rural area with a higher level of service and quality.

“It is clear this [telemedicine] is a new way of delivering care to patients closer to where they live, potentially in their own homes. We are positive this system of delivering care will prevail; it is too valuable to be dismissed,” Dr. Santos affirms, “It is the wave of the future.”

For more information on CPWNY’s 2.c.ii Telemedicine Project, contact Carlos Santos, MD, DSRIP Medical Director, at csantos@chsbuffalo.org.

Mid-Point Assessment

As a part of our Delivery System Reform Incentive Payment (DSRIP) program, Community Partners of Western New York Performing Provider System (CPWNY PPS) submitted its required Mid-Point Assessment, that highlights the overall organizational efforts made by the PPS through the end of the first quarter of DSRIP Year 2. CPWNY is confident in its efforts and progress in achieving key milestones for the DSRIP Workstreams.

To reach its milestones, CPWNY has an engaged community-based governance structure. The leadership team is pleased with the community’s engagement in the work of the Executive Governing Board, the Clinical Governance Quality Committee, the Data IT Governance Committee and the Financial Governance Committee. Communication highlights of these groups include: a regular meeting schedule; key decision documentation; and advance publication of all meeting materials to facilitate two-way communication.

In addition to the involvement of the community at the governance level, CPWNY includes the community in its quarterly Project Quality Committees and Project Advisory Committee (PAC) activities. The CPWNY team is grateful to have Medicaid user attendance and active participation in our meetings. The CPWNY PAC has been praised by its attendees for its transparency and open discussion about both project successes as well as challenges. CPWNY and its network continue to participate in an effort called “Chew and Chats,” which provides educational sessions at community/neighborhood venues to engage the population in self-management and health supporting initiatives.

CPWNY has also established a committee comprised of various community members to serve as its Data IT Governance Committee (DIGC), which collectively provides leadership, oversight, and strategic level recommendations. This is an integral part of the governance structure of the PPS. The DIGC Committee consists of representatives from community-based organizations, the local Regional Health Information Organization (RHIO), physicians, vendors, Hospice, hospitals, and project leads. In the first year of implementation, the DIGC successfully implemented several key initiatives which align with the PPS workplan. Among them are TigerText (secure text messaging), MobileMD patient portal, Crimson Care Management Tool, and the creation of a Patient Claims Data warehouse.

CPWNY is confident that with the diligent work of our project coordinators and continued community participation, it will continue to meet and achieve the goals of DSRIP.
Medical Records Review

As an essential part of the DSRIP process, the New York State Department of Health (NYSDOH) has contracted Verisk Health to conduct a medical record review (MRR) of a random sample of all Performing Provider System (PPS) participants across New York State, including network partners of the Community Partners of WNY (the Sisters of Charity Hospital PPS). Between August 2016 and December 2016, Verisk Health may request medical records regarding Medicaid members to complete the NYS MRR request. This is not an optional process and neither PPS’s nor our partner organizations, can decline participation. We respectfully ask our partner organizations’ understanding and cooperation in this important process.

Promote Tobacco Use Cessation, Especially Among Low SES Populations And Those With Poor Mental Health

CPWNY is taking part in the Opt-to-Quit™ program in order to help achieve success with project 4.b.i Promote Tobacco Use Cessation, Especially Among Low SES Populations And Those With Poor Mental Health (Focus Area 2; Goal #2.2).

The New York State Smokers’ Quitline (NYSSQL) is a free and confidential program providing evidence-based tobacco cessation services to NYS tobacco-using residents. Located at, and operated by Roswell Park Cancer Institute, it is supported through the NYS Department of Health. The Quitline’s Opt-to-Quit™ program provides healthcare sites with a systematic referral process that identifies all tobacco-using patients and refers them to the Quitline unless they opt out. The Opt-to-Quit™ program is designed to be an adjunct to a healthcare site’s cessation intervention, supporting the providers’ work to help patients quit once discharged, or outside of an office visit.

NYSSQL services include: cessation coaching, nicotine patches, web interactive and informational services, text and messaging services, social media, and triage to health plan programs.

For additional information, please contact:
The Quitline, Mon-Thurs: 9am-9pm, Fri-Sun: 9am-5pm Patricia Bax, RN, MS: patricia.bax@roswellpark.org.

Medical Home–The Journey to Value-Based Payment

The NYS Department of Health hosted a presentation by the Medical Home Network of Chicago on June 16, 2016, to share their experience in system collaboration and value-based payment with the New York DSRIP community.

The recording of the webinar Medical Home Network – “The Journey to Value-Based Payment” is now available online at:

https://www.youtube.com/watch?v=a6zyPxt0G6w&feature=youtu.be

The Medical Home Network (MHN) is dedicated to transforming healthcare delivery and improving the health of their patients and community. Their goals and aims are consistent with New York’s DSRIP Plan.
Work Flow Updates:

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**: The CPWNY team continues to convene with the Data IT Governance Committee (DIGC) on a monthly basis to oversee and report on the PPS’s IT processes and procedures. CPWNY, in support of the project management office, continues its efforts in carrying out the PPS’s milestones, NYS security requirements, and collaboration with Millennium Collaborative Care and the local RHIO, HEALTHeLINK. These efforts are ongoing and are discussed through ad hoc meetings, quarterly workgroups and committees.

- **Cultural Competency and Health Literacy (CC/HL)**: CPWNY is charged with the responsibility of providing training to our partners regarding cultural competency and health literacy, with a focus on clinicians as a priority. Starting in September, the CPWNY Project Management Office will be reaching out to practices to set up training on cultural competency and health literacy. Options for training include: in-house training at the practice sites, a quarterly large training at a venue to be determined, videos with CME, CEUs that are free to anyone, or a “train the trainer” option. For those who view the videos, an attestation form is available at <wnycommunitypartners.org> that will need to be completed and forwarded to Patricia Podkulski via email to ppodkuls@chsbuffalo.org or faxed to 716-886-0704, Attn: Patti Podkulski.

- **Workforce**: R-AHEC continues working with CPWNY on performing a gap analysis, developing a transition roadmap for future workforce requirements, developing a training strategy for employee development, and tracking of new or redeployed employees. R-AHEC has met with partners and sent a formal request for data on budget spending across the NYS specified categories. This information will be reported to NYS on the upcoming submission on October 31, 2016. Ongoing meetings between R-AHEC and CPWNY for collaborating on developing a system for tracking of the PPS’s trainings and educational opportunities will occur.

- **Population Health Management**: IT implementation is underway of the Crimson Care Management model which promotes and supports the Care Transition Strategy and Care Planning of the population –identifying high-risk patients with socioeconomic barriers to care (thus reducing disparities) that visit the ED. This Workstream is also focused on the attainment of NCQA PCMH 2014 standards, which is being monitored along with training by CMP Clinical Transformation staff and Care Management Advisors for Niagara and Erie practices, and the Chautauqua County Health Network for Chautauqua county.

- **Performance Reporting**: High level reports will be completed and placed on our website by September 30, 2016. Data collection for Medent EMRs will be completed in October, for provider specific comparison and organization overall. An opportunity to attend a large group educational session regarding Rapid Cycle Evaluation will be coming in September/October – stay tuned.

- **Practitioner Engagement**: Newsletters, like this one, are distributed quarterly, CPWNY also has meetings via Catholic Medical Partners (for IPA members) and by Chautauqua County Health Network for Chautauqua County practitioners, as well as Project Advisory Committee meetings.

- **Governance**: Governance committees continue to meet on a regular basis. These include the Executive Governing Committee, Clinical Governing Committee, the Data and IT Governing Committee, and the Financial Governing Committee. The community is regularly engaged in DSRIP updates, and is also solicited for two-way feedback as part of the Project Advisory Committee (PAC), which meets once per quarter. Recently, CPWNY participated in a shared community-wide conversation about DSRIP and its projects’ progress at a meeting hosted by the P2WNY Collaborative and the Health Foundation of Western and Central New York.

- **Clinical Integration (CI)**: The Clinical Integration (CI) Strategy has been approved by the CPWNY Clinical Governance Committee. The strategy focuses on integration of network partners through the definition of a common set of DSRIP related performance metrics, practitioner incentives, technology implementation to coordinate care, a sound Care Transition Strategy and continuous education regarding the CI program. Information regarding the CI Strategy can be found on the CPWNY website.

- **Financial Stability and Funds Flow**: The Finance Committee, led by David Macholz at Catholic Health, reports on and provides updates to the community committee on DSRIP year 2 budgets. CPWNY received its Net Project Valuation payment from NYS Dept of Health DY1/Q2. The PPS partners continue to submit invoices to the team for contracted services under DSRIP projects. Contract review for additional project implementation efforts continues. Equity payments are flowing from Managed Care Organizations in accordance with the rules and processes set-up by the NYS Dept. of Health. A workgroup for Value Based Payment education and on-going efforts was formed as a sub-group of the Finance Committee.
Brief Project Updates:

2.a.i. Create integrated delivery systems that are focused on evidence-based medicine/population health management: As of DV2 Q1, all seven practices in the Chautauqua area have submitted data for the quarterly submission. Chautauqua County Health Network (CCHN) continues to assist CPWNY in working with the Chautauqua practices in moving toward 2014 PCMH standards. Ongoing meetings are being held with both CCHN and WCA Hospital to expand and support practices in the Chautauqua area. Project Lead: Dr. Carlos Santos

2.b.iii. ED triage for at-risk patients: The Crimson Care Management (CCM) module tool is in development for implementation across CPWNY ED sites for tracking of encounters. This tool will not only allow patients to be identified for engagement numbers for the state, but will also allow CPWNY greater reporting capabilities to identify trends associated with unnecessary ED visits. Newly created “Patient Navigator” positions will be incorporated directly into the ED at the two pilot locations, Sisters of Charity Hospital and Mercy Hospital of Buffalo. Health Connections, a department of Catholic Health System, will provide the same services for after hour visits to the ED. Both will utilize the CCM module, allowing for greater continuum of care. WCA Hospital continues to submit data towards this project. Project Lead: Cheryl Friedman

2.b.iv. Care Transitions model to reduce 30-day readmission for chronic health conditions: WCA Hospital continues to submit patient engagement numbers. The implementation of the CCM module tool will allow for greater continuum of care. The newly created Patient Navigator positions inside the ED will allow for potential handoffs to a Social Worker to assist in cases where challenges/barriers to care have been identified. Project Lead: Peggy Smering

2.c.ii. Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services: Two additional pilot projects are in development: triaging the developmentally disabled population to reduce avoidable ED visits, and partnering with WCA Hospital for a Maternal Fetal Medicine program. The Maternal Fetal Medicine program will allow patients in the Chautauqua area to stay within their region for services currently not available to them, with the goal of providing a better scope of services and achieving a higher patient compliance of care. Both projects have been identified as serving critical needs in the area. Project Lead: Dr. Carlos Santos

3.a.i. Integration of primary care and behavioral health services: Spectrum Human Services began offering services at the Mercy Comprehensive Care Center (MCCC) in mid-September. Horizon has identified a counselor to begin offering services at designated sites. WCA Hospital will offer chemical dependency services at Family Health Medical Services in Chautauqua beginning in early October. CPWNY and its community partners are currently discussing a community health worker model to assist in linking behavioral health patients to primary care. CPWNY continues to collaborate with Millennium Collaborative Care on developing a community-wide standard of care for behavioral health integration. Project Lead: Bruce Nisbet

3.b.i. Cardiovascular Health: Evidence based strategies for disease management in high risk/affected populations (adult): Chautauqua County Health Network (CCHN) is assisting CPWNY with working with the Chautauqua practices on this project. CCHN has received policies and procedures from CPWNY, is disseminating them throughout the practices, and is also playing an important role in collection of data for quarterly submission to the state. Project Lead: Peggy Smering

3.f.l. Increase support programs for maternal & child health (including high risk pregnancies): In partnership with the Chautauqua County Department of Health, CPWNY has successfully implemented a Nurse-Family Partnership program across the county. Nurse home visitors are paired with high-risk moms and support them until the baby turns two years old. CPWNY’s goal of enrolling and serving over 60 families within the first year in Chautauqua County has been met. In Erie County, new approaches to address maternal-infant HEDIS measures are being explored. A pilot program utilizing Community Health Workers is being developed to improve access and adherence to prenatal care. Project Lead: Julie Lulek

4.a.i. Promote mental, emotional and behavioral (MEB) well-being in communities: This project has successfully begun promotion of school-based programs that launched with the 16-17 school year. The public awareness campaign completed the research phase, has finalized the creative message, and will officially roll out in early October. Two DSRIP-sponsored mental health first aid trainings session have been held for community organizations that work closely with the Medicaid population. Additional outreach is underway to identify additional organizations interested in the MHFA training. 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: As CPWNY’s lead partner on the tobacco cessation project, Roswell Park has established a multidisciplinary team to carry out the project deliverables. Representatives from the Opt-to-Quit™ program have hosted educational sessions about the program for key behavioral health partners, Chautauqua County Health Network, and Catholic Medical Partners primary care practices. Roswell has successfully engaged the Buffalo Municipal Housing Authority to adopt a smoke-free policy in all of its residential buildings and campuses. Roswell will host cessation counseling sessions for residents to ease the transition once the policy is enacted. 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, MD**  
CPWNY Medical Director, 716-862-2458

**Phyllis Gunning**  
Director, Clinical Program, 716-862-2482

**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.

**Michelle Johnson**  
Project Coordinator, 716-862-2449

**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

**Danielle Walsh**  
Healthcare Analyst I, 716-886-0704

**Brittany Bolden**  
CPWNY Administrative Assistant, 716-862-2166  
Supports all governing bodies and NYS reporting tool completion.

**Patricia Podkulski**  
Director, Medical Policy and Accreditation, 716-862-2160  

**Kimberly Whistler, Esq**  
DSRIP Compliance Officer, 716-821-4471

**Michael Galang, DO, CIO, CHS**  
DSRIP Information Technology  
(Barb Balk – Project Manager – IT – 716-862-2189)