



**COMMUNITY  
PARTNERS OF WNY**  
*Performing Provider System*



SUMMER 2018  
NEWSLETTER

## Measuring Changes in the Workforce: Rural-AHEC's Role in DSRIP

Achieving DSRIP's primary objective of reducing avoidable hospital use by 25% over a five-year period requires a restructuring of how healthcare is delivered. It requires innovation, collaboration, and a strong workforce, that ultimately results in changes to staffing roles and needs. Properly collecting and analyzing data surrounding these changes is important to give New York State a comprehensive view of how the initiatives are impacting the healthcare community. For this collection and analysis, Community Partners of WNY (CPWNY) contracts with WNY Rural Area Health Education Center (R-AHEC), a non-profit organization headquartered in Warsaw, NY.

One way that New York State gathers workforce information is through Compensation and Benefits Surveys. Performing Provider Systems (PPS's) were instructed to conduct surveys through a third party in DSRIP Years 1, 3, and 5, to determine how staffing needs changed throughout the life of the program. R-AHEC surveys CPWNY partners regarding employment status based on the NYS job title list. Questions include the number of individuals employed within a specific job title, the number of position vacancies, average cash and benefit compensation, and Collective Bargaining Agreements (Union) status.

Additionally, the State collects information through Workforce Strategy Spending and Workforce Impact Analysis data collections. Workforce Strategy Spending is broken into categories to see how much DSRIP funds were attributed to: Retraining, Redeployment, and Recruiting.

All information collected is kept strictly confidential.

Why is this data collection so important? "The state monitors the funds they disperse to the PPS through the workforce budget and the staffing impact collections. It's a process of checks and balances to ensure that need is being met," says Valerie Putney, Director of Programs for R-AHEC. She adds, "Data collection gives a snapshot of what jobs are emerging in our region and allows us (healthcare facilities, community based organizations, educational institutions, etc.) to start

developing plans and partnerships to address those emerging needs."

Many challenges surface as new jobs are created and existing positions are repurposed. In Western New York, the challenges arise primarily in recruitment and retention. "DSRIP funds downstate were spent on retraining and redeploying, however, in our area, there is a shortage of qualified healthcare professionals to meet the need, especially in rural areas, so many of our dollars were deployed to recruitment, and training," states Putney.

Three key R-AHEC team members work closely with CPWNY and its partners. Rustam Ushurov is a Program Coordinator. He gathers information for the Compensation and Benefits Surveys, analyzes it, and compiles reports for CPWNY who then submits it to the State. Jennifer Irwin, a Program Specialist, collects workforce spending and staffing impact data, and

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Rustam Ushurov, Program Coordinator;  
Valerie Putney, Director of Programs;  
Catherine Huff, CEO; and Jennifer Irwin, Program  
Specialist, in front of WNY R-AHEC'S Headquarters.

## Rural-AHEC's Role in DSRIP (Cont.)

tracks all training. As the Director of Programs, Putney oversees the tasks performed for CPWNY and attends State and PPS meetings.

"R-AHEC does the important work of helping us measure the impacts of DSRIP on the workforce - the needs and shifts in staffing models, training needs, as well as money spent on training," explains Amy White-Storfer, Director, Project Management Office, Community Partners of WNY.

R-AHEC's mission is "to improve health and healthcare through education." In addition to the services they provide CPWNY, their work includes pipeline programming for youth, preceptor development/student housing for medical/health profession students, health workforce development, and rural healthcare technology infrastructure development.

Learn more about R-AHEC's work and how they help impact population health, visit: [r-ahec.org](http://r-ahec.org).

## New York State DSRIP Program Reaches Milestone

Good News! New York State announced it has passed all four Statewide Accountability Measures, exceeding their goals of improving healthcare for Medicaid recipients. The State passed its federal test of the DSRIP program on four key metrics: success of statewide projects, statewide metrics performance, total Medicaid spending, and Managed Care plan expenditures. This is a welcomed success, although there is still much work to be done.

New York State Medicaid Director Donna Frescatore announced, "While we are on a clear path to success, our work is far from over. In the months and years ahead, we will shift our focus toward improving performance metrics and health outcomes as we work to change the culture of health care."

The full press release can be read here: [health.ny.gov/press/releases/2018/2018-06-01\\_medicaid\\_redesign\\_efforts.htm](http://health.ny.gov/press/releases/2018/2018-06-01_medicaid_redesign_efforts.htm)

## Project Advisory Committee (PAC) Recap



Dan Lukasik, Director of Workplace Well-Being for the Mental Health Association of Erie County talks about *Mindset*, a workplace mental health program, at the Project Advisory Committee meeting on 3/20.

The Project Advisory Committee met on March 20, 2018 at the Millennium Hotel in Buffalo. The meeting featured presentations by Ken Houseknecht, Executive Director, and Dan Lukasik, Director of Workplace Well-Being, for the Mental Health Association of Erie County, who discussed the mental health crisis in the United States. They specifically addressed mental health in the workplace and shared moving personal stories. Dan introduced their comprehensive and innovative workplace mental health program, *Mindset*. *Mindset* is a research-based program that encourages mental well-being at work via education, awareness, prevention, early detection and early intervention.

To learn more visit [right-mindset.com](http://right-mindset.com).

For the full PAC presentation, please visit our website at: [wnycommunitypartners.org/project-advisory-committee/](http://wnycommunitypartners.org/project-advisory-committee/)



## Join our Project Advisory Committee!

Contact us at:

[wnycommunitypartners.org/contact-us/](http://wnycommunitypartners.org/contact-us/)  
and mention that you want to participate in our PAC!

# The Shift to Value Based Payment Conference

On June 6, over 350 representatives from healthcare organizations throughout Western New York attended “The Shift To Value Based Payment” conference at the Adam’s Mark Hotel in downtown Buffalo.

Co-hosted by Community Partners of WNY and Millennium Collaborative Care, in partnership with the Western New York chapters of the Healthcare Financial Management Association and Healthcare Executives Forum, the full-day conference featured a series of presentations by nationally recognized experts on Value-Based Payment and performance, as well as a wide array of break-out sessions and collaborative discussions in the afternoon.



Over 350 people attended “The Shift to Value Based Payment” conference on June 6.



Former Medicaid Director, Jason Helgerson, delivered the keynote speech.

Former New York State Medicaid Director and founder of Helgerson Solutions Group, Jason Helgerson, served as the keynote speaker. He gave an energized presentation about why healthcare reimbursement models are shifting to value-based payment, how to conduct a readiness assessment to see if you are prepared to take on risk contracts, and innovative approaches by other healthcare organizations in New York to positively impact population health and lower avoidable emergency department use.



Healthcare reform leaders Eric Linzer, Ryan Ashe, and Frank Winter engaged in a panel discussion moderated by CPWNY’s Amy White-Storfer.

Eric Linzer, President & CEO at New York Health Plan Association; Ryan Ashe, MPA, PMP, Director of Medicaid Payment Reform at NYS; and Frank Winter, Partnership Manager at Centers for Medicare & Medicaid Services participated in a panel discussion moderated by CPWNY’s Director, Project Management Office, Amy White-Storfer, MBA, PMP. The panel weighed in on audience-submitted questions about the VBP programs at the State and Federal level, and the impact to health plans and providers.

The day-long forum also featured a series of breakout sessions on topics such as: Engaging Physicians in VBP, Social Determinants of Health for VBP, Strategies for Risk Bearing Entities & Provider Sponsored Plans, Value-Based Contracting for the Behavioral Health Population, and others.

A full listing of conference speakers and presentations can be found by visiting [bit.ly/vbpmaterials](http://bit.ly/vbpmaterials).

# Project Highlights

## Maternal-Fetal Health:

- A new community health worker (CHW) started at the Neighborhood Health Center (primary care center) in Niagara Falls at the end of May. Buffalo Urban League continues to develop and expand the CHW model to support the work of Catholic Health hospital-based clinics. The program has expanded from one CHW, who started at Mercy Comprehensive Care in January 2017, to six CHWs and one supervisor.
- CPWNY continues to work with Chautauqua County to transition all of the day-to-day management work of the Nurse-Family Partnership program.

## Integrated Delivery:

- The team reviewed a proposal and demo from Circulation.com, a third party transportation system application for high-need populations and for those patient visits for which the Medicaid Transportation System does not work. Currently CPWNY is reviewing its usage by primary care, health home and rural OB/GYN sites as part of reduction in ED utilization for high-risk populations.
- Sisters Hospital After-Hours Primary Care Center continues planning and provider recruitment effort for evening hours.

## DY3-DY4 Performance Improvement Incentive Initiative

### Behavioral Health:

First quarter data has been received for the cohort of eight behavioral health organizations in Erie and Niagara counties. Representatives from each organization met at Catholic Health on May 7 to review first quarter trends and discuss process improvement. Clinical and electronic system workflows have been adapted to improve tracking of PCP appointments and developing standardized communication with providers. Partners reported regional interoperability, bidirectional communication between behavioral health and primary care. Sharing of accurate, timely data is important for long-term sustainability.

### Primary Care-Adult/Pediatrics:

The six CHS clinics adapted new workflows and reporting mechanisms during the first quarter. Overall, clinics saw modest improvement, achieving approximately 30 percent of total opportunity. Eighteen Catholic Medical Partners (CMP) practices began implementation in mid-April and are establishing workflows and strategies to engage patients. The goal of this initiative is improving access to primary care by engaging Medicaid patients who have not seen a provider in the past 18 months. Addressing no-show rates is a common focus for improvement across organizations. Eight Chautauqua County practices, guided by Chautauqua County Health Network, are participating in a regional effort targeting key performance metrics.

### OB/GYN:

Standard reports for collecting prenatal and postpartum visit data were validated. Outreach to 10 OB/GYN practices began, with an expected implementation date of July 1. The goal of this initiative is to increase early prenatal care and postpartum follow-up.

Detailed status updates available at [wnycommunitypartners.org](http://wnycommunitypartners.org).



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