



**COMMUNITY
PARTNERS OF WNY**
Performing Provider System



FALL 2018
NEWSLETTER

Behavioral Health Plays Key Role In Integrated Healthcare Delivery

Preventive medicine is a strong focus in healthcare, aiming to positively affect population health by addressing illness risk factors prior to onset. This emphasis is illustrated by the many initiatives and projects launched as part of the DSRIP program. Since behavioral health has a direct correlation to physical health, integrating behavioral health into the primary care setting (DSRIP project 3.a.i.) is an opportunity to improve care for many patients.

With the help of Community Partners of WNY (CPWNY), three models of primary care integration were implemented in the Western New York region. All three provided updates on their progress at the CPWNY Project Advisory Committee Meeting held on July 19.

Frank R. Laurri, MD, & Associates, PC is an internal medicine/family practice office in Niagara County. Past challenges for the practice included connecting patients with behavioral health services, confirming they scheduled an appointment (and if they kept it), and the ability to collaborate clinically with behavioral health providers. The practice partnered with the Niagara County Department of Mental Health to co-locate services at the office. Providers and clinical staff refer patients directly to behavioral health services, often through a warm hand-off between the clinical staff and the counselor. This process results in higher appointment compliance rates. Patients' behavioral health appointments are logged within the practice's scheduling system by the receptionist for improved communication between the primary care (PC) and behavioral health (BH) providers. Onsite collaboration has also led to shared documentation and medication management; all helping to mitigate the original issues.

"We found that patients are more likely to attend an appointment with a BH provider if introduced in the clinic by the primary care provider. During the 'warm hand-off,' the provider explains services they will provide, schedules an appointment for the patient, and answers any questions the patient may have. Usually,

when a PC physician refers to an outside BH provider, patients are less likely to follow up to schedule an appointment, and even then, the show rate is 50%. Show rates for referrals in the integrated practice projects exceed 80%, indicating that patients are more willing to engage in behavioral health counselling if provided in a trusted, safe environment," states Gunning.

Horizon Health Services provides integrated counseling at three locations for **Primary Care of WNY (PCWNY)** via a dedicated counselor who rotates among the locations. For their model, referrals are made through the EMR, enabling immediate coordinated care. Triage is sent directly to the counselor. Challenges were identified with insurance billing, co-pays associated with services, and the cost for patients with high deductible plans. Additionally, EMRs do not talk to each other. HEALTHeLINK, the area's Regional Health Information Organization (RHIO) is helpful, but is dependent on patients and providers utilizing it. So far, the integration counselor has seen over 400 patients at PCWNY

(Continued on page 2)



Tami Kaczmarek from Frank R. Laurri, MD & Associates, PC presents at the June Project Advisory Committee meeting about her practice's experience with integrating behavioral health at their location.

Behavioral Health (Cont.)

locations and top diagnoses include depression, anxiety, and alcohol use disorders. A measure of success is an 86% show rate for referrals to Horizon.

HOPE Treatment and Counseling Center is a collaboration between **Endeavor Health Services** and **Inspired Health Group**. The center's goal is to better understand people's needs medically, physically and emotionally, and promote wellness and balance in all life areas. Among the services provided are comprehensive assessments, physical health screenings, individual therapy, medication monitoring, family and group therapy, and health education. Referrals to the clinic are acquired by marketing to the community, meetings with local schools, and warm hand-offs from physicians in the area. Similar to Horizon Health and PCWNY, billing has been a challenge, however, the clinic is working with insurance companies to add new service codes. Compatibility with IT platforms and EMRs also pose a challenge, but the center has still yielded positive patient care results.

Another challenge for the practices was securing satellite clinic licensing, which is necessary for billing purposes. The application and approval process is lengthy and time consuming, and can take several months to years.

"Behavioral health and primary care integration is particularly difficult due to low profit margins and regulatory constraints. We are fortunate to be able to support our partners with bridge funding through DSRIP to pilot innovations they might not otherwise be able to try," states Gunning. "We received positive feedback from our providers and all projects report feeling that their patients are better served because of this collaboration."

For more information on CPWNY's efforts with project 3.a.i., please contact Phyllis Gunning at: pgunning@chsbuffalo.org or Roxanne Cuebas at: rcuebas@chsbuffalo.org.

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

Just Tell One Receives Second Gold Excalibur Award



Carol Doggett, Senior Director of Marketing, Communications, and Outreach for the Mental Health Association, and Dick Shaner, Jr., Senior Vice President of Martin Davison Public Relations pose with their Gold Excalibur Award at the awards ceremony on June 27.

Each year, the Public Relations Society of America (PRSA) Buffalo Niagara Chapter celebrates the programs, projects and people that strengthen and sharpen our profession with the yearly Excalibur Awards. The 29th Annual Excalibur Awards were held on June 27 at the Tralf Theatre. At the awards, Martin Davison Public Relations and the Mental Health Association received a Gold Excalibur for their work on the Phase II Launch of the JustTellOne.org campaign. The award was in the Tactic category for the October 3, 2017 press conference. Judging was based on planning/content, execution/creativity/quality, results and technical compliance. Entries were judged by an impartial panel from another PRSA chapter.

This is the second Gold Excalibur Award for the campaign, receiving the same honor at last year's award dinner.

Join our Project Advisory Committee!

Contact us at:

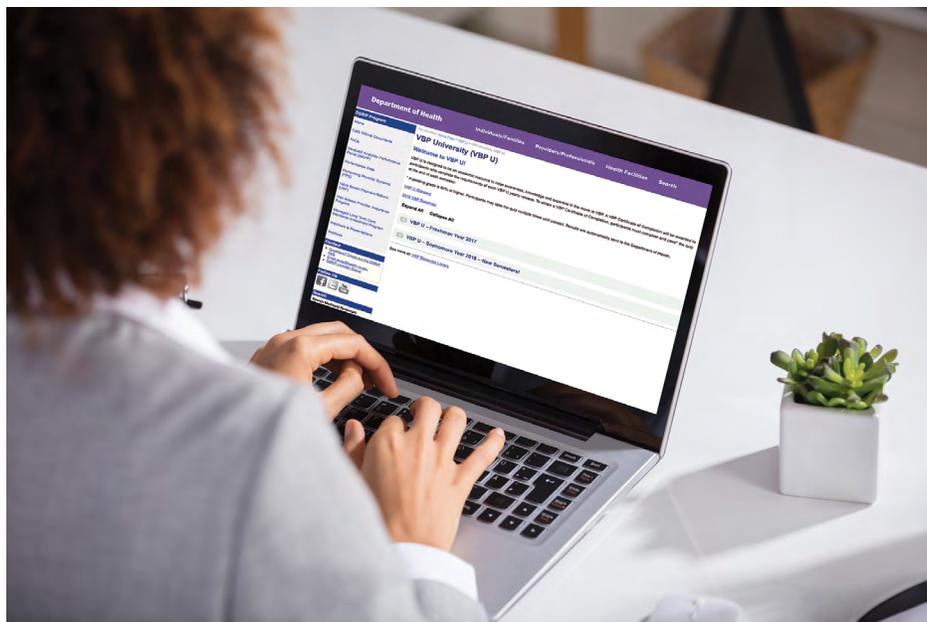
wnycommunitypartners.org/contact-us/
and mention that you want to participate in our PAC!

VBP U: Sophomore Year

With the success of the first year of VBP U, the NYS Department of Health has introduced the second year, Sophomore Year. This educational resource is intended to enhance the understanding and expertise for the move to Value Based Payment (VBP).

The VBP U Sophomore Year, Semester 1 and Semester 2 resources can be found at:

health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_u/index.htm



Social Determinants of Health Survey Launched

The New York State Department of Health has released a survey on the creation and use of Social Determinants of Health (SDH) assessment tools. The purpose of this survey is to get a sense of the variations of SDH assessment tools currently being used across the state. Stakeholders are asked to complete this brief survey and/or distribute to member networks before September 27.

To take the survey, please visit:

surveymonkey.com/r/SDHtool

Social Determinants of Health Resources Available

The Bureau of Social Determinants of Health launched an initiative this year to identify creative ways in which to address the social determinants of health (SDH). They have created an SDH toolkit, webinars, and a resource library, accompanied by various news and engagement reports for community-based organizations.

To access the resources, visit:

health.ny.gov/health_care/medicaid/redesign/sdh/index.htm

Our Clinical Quality Performance: Summary of Recent Results

Annual Measurement Year results are released for each DSRIP Performing Provider System (PPS) and cover a period from July 1 to June 30. Results are compiled from NYS Medicaid claims data, reviews of clinical medical records, and patient surveys. Performance results lag for approximately one year due to claims data delay and data collection aggregation processes. Performance results show achievement toward Annual Improvement Targets (AITs) for quality measures associated with the PPS's chosen projects and DSRIP performance indicators of preventable hospital utilization. AITs are re-set each year based on the prior years' results and NYS DSRIP goals.

CPWNY recently received Measurement Year 3 (MY3) results for its 77 performance measures, covering July 1, 2016, to June 30, 2017. Overall:

- 29 measures (37.6%) improved from the previous year
- 43 measures (55.8%) did not improve from the previous year

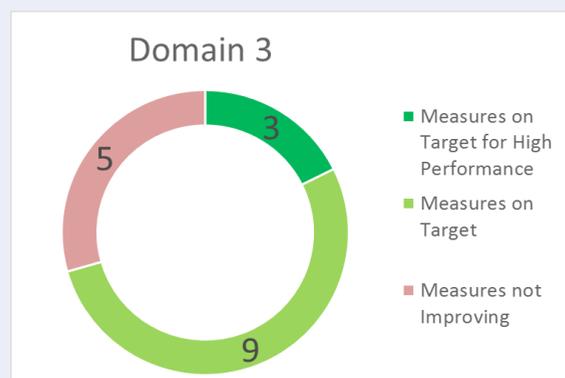
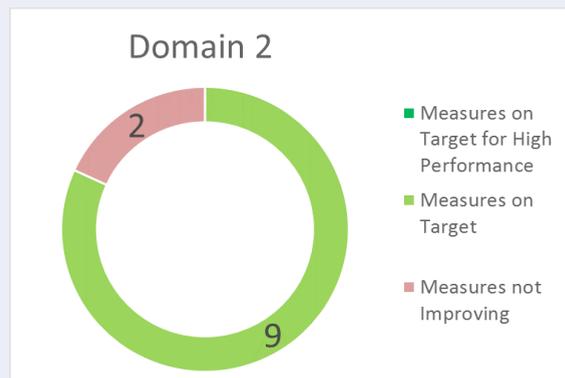
Compared to CPWNY's Year 3 Annual Improvement Targets:

- 11 measures (14.3%) met MY3 improvement targets
- 26 measures (33.8%) did not meet MY3 improvement targets
- 40 measures (51.9%) have no improvement target (MY3 results as baseline or no target required)

Annual Measurement Year results inform clinical and related partner programming for future initiatives. For example, CPWNY saw continuous improvement for Potentially Preventable ED Visits (PPVs) in MY2 and MY3, but missed meeting AITs by a slim margin. CPWNY has been working with network partners to implement programs aimed at addressing PPVs.

CPWNY is monitoring performance for Measurement Year 4 (MY4). Preliminary data from the first six months of claims-only data show positive trends over MY3:

- Several Domain 2 (System Transformation) measures are on target to achieve performance goals. These are key hospital-based performance metrics, such as preventable ED visits, and preventable readmissions. Nine measures are on target to achieve annual performance goals. Two measures are not improving at this time.
- For Domain 3 (Clinical Improvement) measures such as behavioral health, cardiac, palliative care, and maternal/child health related measures, three measures are on target to achieve the annual High Performance goals. Nine measures are on target to achieve annual performance goals and five measures are not improving at this time.



Project Highlights

Primary Care and Behavioral Health Integration:

Niagara County Department of Mental Health's Satellite license application has been approved for providing care at primary care centers within Catholic Medical Partners' (CMP) network. They will begin billing for services in October 2018 at their current co-located site. Additionally, starting August 31, 2018, a mental health clinician from Baker Victory services began offering pediatric services at OLV Family Care Center (PCP) for children and adolescents, supplementing services provided by Spectrum Human Services for adults.

Integrated Delivery:

A planning team comprised of representatives from Sisters Hospital Administration and emergency department (ED) leadership, Catholic Health (CHS) Care Management, Buffalo Urban League Community Health Workers (CHWs) and CPWNY was formed to explore an ED Community Care Coordination model. Based on the successful pilot with CHWs in Catholic Health clinics, a CHW will be added to reach out to Multi-Visit Persons (MVPs) beyond the walls of the Emergency Department, in the community. Overseen by an ED supervisor, the CHW will conduct an initial social screening and develop a care plan for addressing barriers to care. Referrals and follow-up mechanisms will be established. Additionally, the team is exploring IT/EMR solutions to support CHWs' activity in the new workflow.

DY3-DY4 Performance Improvement Incentive Initiative

Behavioral Health:

Second quarter results show significant improvement, from 28 percent of total opportunity earned in Q1 to 44 percent in Q2 across eight participating organizations. Clinical and electronic system workflows have been adapted to improve tracking of primary care appointments and communication with providers. Regional interoperability, bi-directional standard communication between behavioral health and primary care, and sharing of accurate, timely data are important focus areas for long-term sustainability, based on participant feedback.

Primary Care-Adult/Pediatrics:

Second quarter results for six CHS clinics show minimal improvement. Two common focuses for improvement across the clinics are: 1) ability to reach patients and 2) addressing no-show rates. CHWs are engaged in assisting with outreach to patients in the community. First quarter results for 17 Catholic Medical Partner practices show improvement over the baseline. The goal of this initiative is to improve access to primary care by engaging Medicaid patients who have not seen a provider in the past 18 months. Eight Chautauqua County practices, guided by the Chautauqua County Health Network, are participating in a regional effort targeting key performance metrics.

OB/GYN:

Eleven OB/GYN practices are in the implementation phase of pay for performance initiatives, as of 7/1/18. The goal is to increase early prenatal care and postpartum follow-up care. Accurate and timely documentation of a patient's delivery date is a common focus area for this project, which will improve communication among providers, as well as the tracking of patients needing follow-up appointments.

Detailed status updates available at wnycommunitypartners.org.



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SERVING NIAGARA, ERIE AND CHAUTAUQUA COUNTIES

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