



**COMMUNITY
PARTNERS OF WNY**
Performing Provider System



FALL 2019
NEWSLETTER

Value Based Viability: Continuing Momentum from DSRIP

Value based care is the future of health care economics, and for a lot of organizations, the future is now. The value based payment model was first emphasized by the Centers for Medicaid and Medicare Services (CMS) in 2008, and continues to gain momentum. As a result, health systems across the country increased efforts to establish relationships with community based organizations (CBOs), and develop and implement programs to maintain their viability and address non-medical interventions to improve patient health outcomes and quality of life.

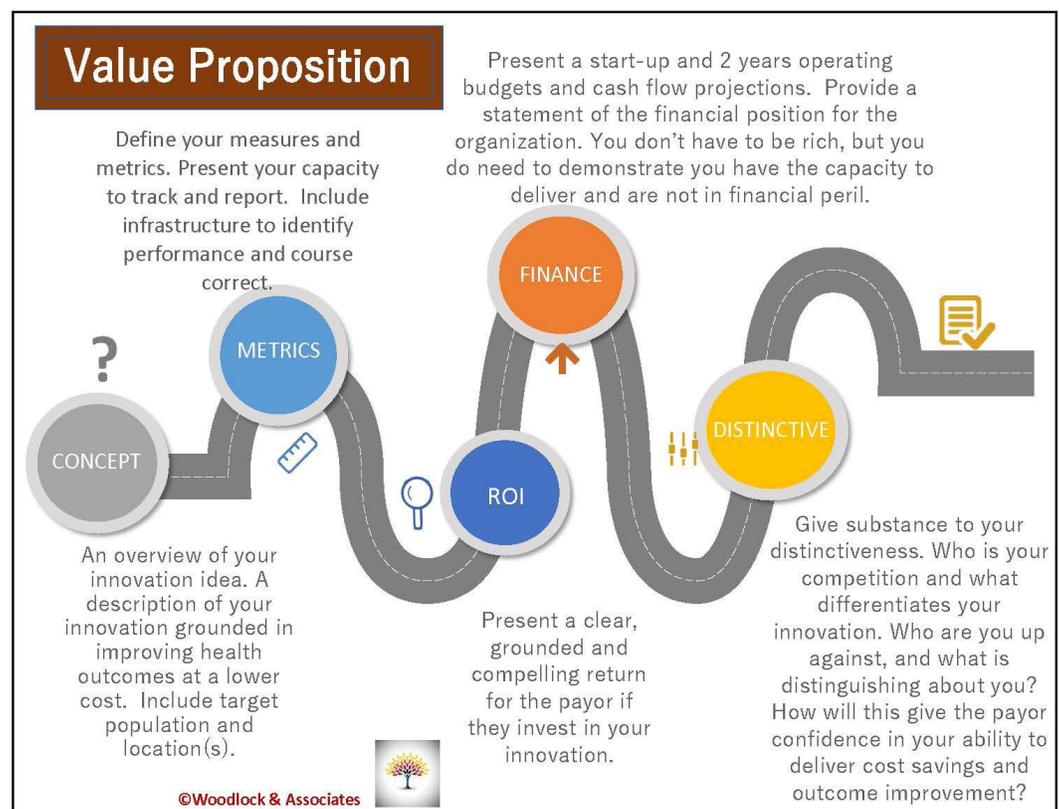
When DSRIP launched in 2015, the idea was to improve outcomes for patients by rewarding providers for delivering high value care; deliver quality over quantity, with a high degree of patient satisfaction, all while driving down overall costs.

Population health became a focus. Connecting people to resources which may be obstructed by the social and non-medical challenges of their lives was a necessity. This led to increased collaboration with CBOs by healthcare providers. Additionally, the New York State Department of Health (DOH) identified a performance milestone for all Performing Provider Systems (PPSs) around the training and improved readiness of partners in value based payment (VBP) models. Community Partners of Western New York (CPWNY) sought the counsel and

project management support of Kristin Woodlock to aid with their success with this milestone.

Founder of Woodlock & Associates, Kristin has decades of leadership experience ranging from the delivery of direct care in hospitals, to executive operations and policy work at the County Government, State Government, and Non-Profit Agency levels. Her unique background helps her guide healthcare and non-profit organizations through the complexities of evolutionary processes.

Part of the work Kristen does for CPWNY is around capacity building. "In the summer of 2018, high performing CBOs and networks began a capacity building process known as the VBP Innovation Project. Capacity building is unique to each organization, but includes



Value Based Viability (Cont.)

things like defining and building a value proposition, creating risk stratification, strengthening data systems for tracking, reporting and population health, contract formation, clinical and service integration,” states Woodlock.

Included in the process of defining a value proposition is showcasing the impact CBOs have on population health and what that ultimately will mean for Managed Care Organizations (MCOs). MCOs haven't traditionally contracted with CBOs, but with the shift to value based care, that may no longer be the case. “Value-based healthcare is a way to improve outcomes for patients and create value for payors. The dual benefit is inspiring. For too long the incentives have not been aligned with what works for healthcare consumers. Working with payors and CBOs to find this common ground is a game changer,” expresses Woodlock. “CPWNY is a leader in supporting Community Based Organizations and Networks to develop the capacity needed for participation in value-based healthcare.”

CBO, MCO, and provider team collaborations are another option. Flexibility is key with these structures.

One of the organizations CPWNY collaborates with for DSRIP and the VBP Innovation Projects is the Chautauqua County Health Network (CCHN), a network comprised of physicians, hospitals, healthcare providers, and community leaders. CCHN serves all the residents of Chautauqua County with the goal of structuring a healthcare system that provides access to quality services, and meets the needs of consumers as well as providers. Connecting rural Medicaid patients with health and social resources has helped to achieve some of the goals set by DSRIP. Keeping these patients connected and continuing to connect others is crucial to maintain the success for the groundwork that has been laid. Defining their value, will enable them to do so. This process can be difficult, but support from CPWNY and Woodlock has been invaluable.



Kristin Woodlock, Consultant,
and Founder & CEO of
Woodlock & Associates

“One cannot underestimate how different the many parts of the healthcare system are. Experience, culture, language, operations, relationships, needs and pain points are unique. One key discovery of the VBP Innovation project has been the need

for the payor and the provider to co-design a ‘use-case.’ As an example, the CCHN Project included working with a respected substance use prevention agency [a CBO]. At the outset they were ‘selling’ prevention. Now they are building a value proposition to screen and connect adolescents in a primary care practice with mild-moderate substance use. This includes marketing their ability to support a practice’s efforts to become a Patient Centered Medical Home, screen and intervene, and deliver the intervention in an effective, low-cost approach.”

“We have used our VBP Innovation project to help educate the provider community on the availability of the various services offered by CBOs. We are hoping that this will help them to focus on SDOH (Social Determinants of Health), improving outcomes for their patients and strengthen the community as a whole,” says Jen Graham, Clinical Transformation Coordinator, CCHN. “Thanks to working with Kristin, our CBOs have been able to receive in-depth coaching, education and guidance to strengthen their relationships with providers in our county. Her years of experience in the healthcare, government and the non-profit space have been invaluable to our team and partners. CPWNY has been an enormous asset to Chautauqua County through both DSRIP and now our VBP Innovation project.”

Mitigating Transportation Issues: Using Rideshare for Medicaid Members

This year, Community Partners of WNY (CPWNY) initiated an effort to mitigate transportation issues Medicaid patients face within our community. The project utilizes Circulation, Inc., a non-emergency medical transportation ride management company. The Catholic Health System Health Home was identified as a prime candidate for program utilization.

Three use cases were determined for metrics:

- Medication pickup
- Same-day medical and non-medical visits (non-urgent)
- Rides to the Department of Social Services for Medicaid enrollment

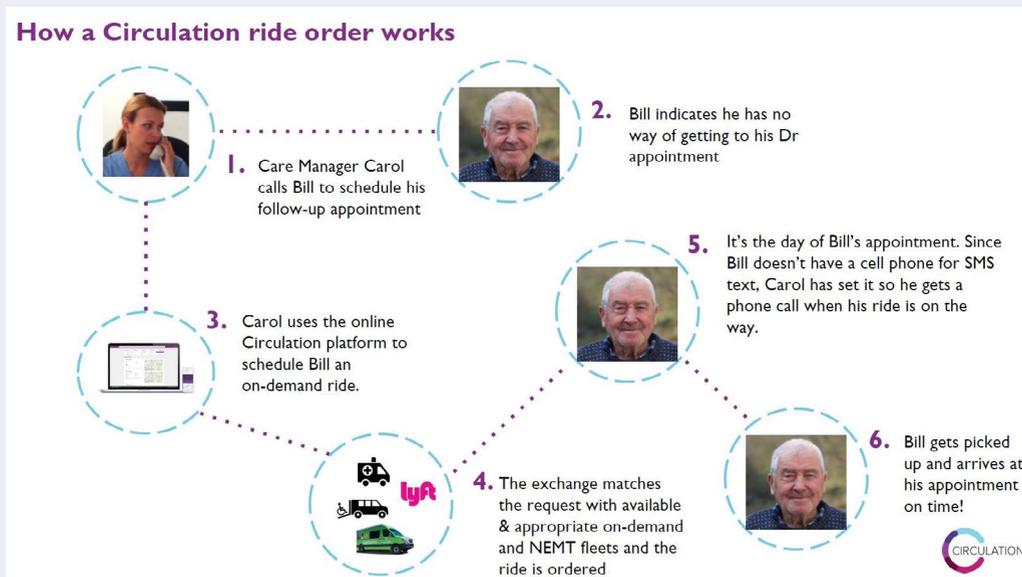
Quality metrics included:

- Medication compliance (prescriptions ordered vs. fulfilled)
- Consistency in enrollment in Catholic Health System Health Home care management agencies and in the Medicaid program (enrollment date lapse vs. re-enrollment dates and trend analysis)
- Reduction in ED visits
- Closing gaps in care for targeted sublists



After a couple months of low usage and several questions surfacing about a variety of rides their clients needed, CPWNY expanded the project to include a fourth use case, and broadly defined it as Social Determinants of Health Mitigation. This last use case allowed for a wide variety of rides to be ordered, from dental and counseling appointments, to grocery store visits. Additional guidelines were compiled to clarify what rides could be used for, asking clinicians to carefully select the rides that were able to tie back to their care plan, and clarifying regulations for non-urgent, non-medical rides.

The program has since taken off and is welcomed by the Health Home team and their clients. A total of 393 rides have been logged from June through the end of September. CPWNY is working on aggregating the measurements to see what impact offering transportation has on the total care for the health home members.



D'Youville Health Professions Hub



Joyce Markiewicz, Executive Vice President & Chief Business Development Officer, Catholic Health (left); Mark Sullivan, President & CEO, Catholic Health (center); and a CannonDesign team member (right) assemble a 3D model of the D'Youville Health Professions Hub, which is scheduled to be completed fall 2020.

CPWNY, Catholic Health, and D'Youville College have partnered to plan and fund the construction of a brand new health professions hub in Buffalo's West Side neighborhood. The hub will provide clinical care to the surrounding underserved community and provide training for health professionals of all levels that suits the ever evolving health care landscape. The innovative facility will offer certification programs and degrees, ranging from associates to advanced, in various healthcare disciplines. Catholic Health will also assist the administration of the hub by offering professional staffing and other resources for the community health center that will be a part of the facility. The project aims to address the social determinants of health by improving the community's access to quality care, and increasing both the number of working healthcare professionals and the career opportunities for community members in healthcare.

The construction of the facility at Connecticut Street and West Avenue kicked off on Friday, September 27, and featured speakers such as Lorrie Clemo PHD, president of D'Youville College, and Mark Sullivan, President and CEO of Catholic Health. Lorrie spoke on the impact of the Hub project, stating "It will have far-reaching social impact on our multi-ethnic, underserved community, which is D'Youville's mission in action." Construction of the Health Professionals Hub on D'Youville College's Buffalo campus is expected to be completed in fall 2020.

Upstate New York CBO Consortium



CBO Consortium OF UPSTATE NEW YORK

Connecting for Health Equity

The Healthy Community Alliance was awarded funding from the NYS Department of Health to assist Community Based Organizations (CBOs) with the development of long-term sustainability plans. CBOs that have addressed Social Determinants of Health for over two years were invited to join the Consortium.

Small CBOs that meet the requirements set by the consortium may register to become members and receive funding for trainings and technical assistance.

Technical assistance webinars and in-person classes have begun, but they are still accepting CBOs into this consortium to participate in this support and plan for their futures. These webinars include introductory, intermediate and advanced information on various topics including:

- Partnering and Contracting
- Strategic Planning
- Understanding Compliance
- Cultural Competency
- IT Security
- Understanding Health Homes

The webinars are also available to Consortium Members on their website, cboconsortium.org. More information on the CBO Consortium, key benefits of membership, and how to join can also be found.

The Future of DSRIP: DSRIP 2.0

The New York State Department of Health (NYSDOH) has released the draft of an amendment proposal, the purpose of which would be to extend the DSRIP program through to March 31, 2021 and potentially another three years beyond that.

You may find the full concept paper on our website at wnycommunitypartners.org/news.

Key Dates:

- Upstate public comment forum on the 1115 waiver: October 30, 2019 at Oncenter's Carrier Theater, 421 Montgomery Street, Syracuse, NY
- Written comments accepted via email to 1115waivers@health.ny.gov until November 4, 2019

This paper outlines the achievements of DSRIP and the need for further research and funding. The proposal from the New York State (NYS) seeks a four-year 1115 waiver amendment, which includes a one-year continuation of the current DSRIP Program, ending on March 31, 2021 and a conceptual agreement for an additional three years from April 2021 to March 31, 2024. The ask is for 8 billion dollars in federal share over the four year amendment period to be invested in DSRIP Performance (\$5B), Workforce Development (\$1B), Social Determinants of Health (\$1.5B), and Interim Access Assurance Fund (\$500M). The proposal also includes emphasis on the creation of Managed Care Organization (MCO) partnerships to create "Value-driving Entities" ("VDEs"). The hope is that MCOs will partner with Performing Provider Systems (PPSs), Community Based Organizations (CBOs) or Regional Health Information Organizations (RHIOs) to implement DSRIP "promising practices." These VDEs will have the potential to modify the current PPS structure and/or propose new teams with representation from the CBOs and RHIOs to collaborate with the MCOs and build on the Value Based Payment (VBP) models and contracts.

In the proposal, NYS focuses on "Promising Practices" that align with the priorities of Centers for Medicaid and Medicare Services (CMS): Substance use disorder (SUD) care and the opioid crisis, serious mental illness (SMI)/ serious emotional disturbance (SED), social determinants of health (SDOH), and primary care improvement and alternative payment models. The proposal also recognizes that several high-need and high-cost populations were not able to directly benefit from most DSRIP initiatives unless avoidable hospitalizations could be impacted. There is now a proposed list of these "high-need" priority areas: Reducing maternal mortality, children's population health, and long term care reform. These are another proposed focus of DSRIP 2.0, which came to be recognized in part due to the feedback given by PPS representatives at the June public comment session in Albany. CPWNY's Amy White-Storfer spoke at this forum and gave insights on how DSRIP 2.0 should look to better impact the community.

The paper encourages public and written comment and asks that stakeholder organizations consider how they would partner/design themselves aligned with these state and federal goals.



Amy White-Storfer, Director, Project Management Office, CPWNY, speaks at the public comment session in Albany on June 24.

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