Hudson Valley DSRIP

Project Advisory Committee Webinar

August 21, 2014
8:30 – 9:30 am
Housekeeping

• Please mute your phone line

• Submit questions via the “chat” function
## Agenda

<table>
<thead>
<tr>
<th>I</th>
<th>Welcome, Introductions and Objectives</th>
<th>8:30 – 8:40 am</th>
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<tr>
<td></td>
<td>• Tony Mahler, Senior Vice President of Strategic Planning, Westchester Medical Center and Chair, Hudson Valley DSRIP PAC Executive Committee</td>
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<td>Question and Answer Period</td>
<td>9:05 – 9:30 am</td>
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Meeting Objectives

- Provide an update on the DSRIP application development and planning process to the full Project Advisory Committee (PAC) since our PPS all stakeholder meeting in June and submission of our planning application.

- Provide an update on the development of our Behavioral Health project plans as an example of approach.

- Discuss opportunities for PAC members to engage in the process.

- Provide a forum for questions and discussion.
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The Hudson Valley DSRIP Initiative serves all seven counties of the Hudson Valley.

The Hudson Valley is home to an estimated 407,885 Medicaid lives.

Nearly 200 community providers are partners in the Hudson Valley DSRIP Performing Provider System (PPS).

Hudson Valley DSRIP Initiative Principles:
- Transparent
- Patient and Family Focused
- Culture of Continuous Learning and Improvement
- Inclusive and Community Led

Hudson Valley Map:
- Sullivan
- Ulster
- Dutchess
- Orange
- Putnam
- Westchester
- Rockland
2014 DSRIP Planning Overview

- Plan/conduct community needs assessment
- Assess gaps
- Analyze patient service areas/determine Hubs
- Develop project plans

- Finalize content for and write DOH Project Plan Application

- Finalize any project revisions based on needs assessments and gap analysis
- Develop implementation priorities/strategies for hubs based on local strengths and needs
PPS Milestones

- Founded the Center for Regional Healthcare Innovation (CRHI) at Westchester Medical Center and hired seasoned leadership to support DSRIP success
- Submitted DSRIP Letter of Intent in May 2014
- Designated as an Emerging Performing Provider System (PPS) in May 2014
- Held all-stakeholder meeting in for those interested in WMC-led Hudson Valley PPS in June 2014
- Submitted Planning Grant Application in June 2014
- Launched a comprehensive 7 county Community Needs Assessment in July 2014
- Launched Behavioral Health Workgroup meetings in July 2014
- Announcement of DSRIP Planning Grant Award to help offset some costs of developing DSRIP Project Plan Application
- Executive Committee held first meeting in August 2014
- Clinical and Program Planning Sub-Committee held working session in August 2014
- Project Advisory Committee (PAC) update webinar in August 2014 (today)
## Community Needs Assessment (CNA): Data Collection & Analysis Underway

<table>
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<th>Elements</th>
<th>Objectives</th>
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| **A** Description of Health Care Resources & Community Resources | • Assessment of capacity, service area, Medicaid status, and any particular areas of expertise  
   • Data on the availability, accessibility, affordability, acceptability and quality of health services  
   • What issues may influence utilization of services such as hours of operation, transportation, sliding fee scales, etc. |
| **B** Description of Community to be Served | • Health status of population  
   • Distribution of health issues, based on analysis of demographic factors above, with particular attention on identification of issues related to health disparities and high-risk populations within the Medicaid and uninsured populations |
| **C** Description of Major Health & Health Service Challenges | • Discussion of the contributing causes of poor health status, including the broad determinants of health including factors such as behavioral risk factors, environmental risks, socioeconomic factors, and basic necessity resources including housing and access to affordable food, and transportation, among others |
CNA Next Steps

• Define Hotspots for all conditions
• Continue to gather data, information and knowledge from other sources
• Circulate and share all aspects of CNA
• Identify issues and service challenges
• Cross walk DSRIP project selection/plans with CNA findings

Save the Date!
Clinical & Program Planning Sub-Committee and CNA Summit
Thursday, October 9th
Time and Location TBA
11 Projects Selected for the Hudson Valley DSRIP Initiative

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<th>Domain 2: Systems Transformation Projects</th>
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<td>2.a.iv</td>
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<td>2.b.vi</td>
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Projects selected through a collaborative, stakeholder-driven process considering community needs and best leveraged opportunities for reform and success. Subject to revision based on input from CNA process.
PPS Committees and Workgroups Drive Project Planning

Getting from 11 projects chosen To 11 detailed project plans

- Project Advisory Committee (PAC)
- PAC Executive Committee
- Business, Operations and Finance Sub-Committee
  - Workforce Workgroup
  - Payers Workgroup
- Clinical & Program Planning Sub-Committee
  - Behavioral Health Workgroup (Child, Integrated Care, Crisis Stabilization)
  - Perinatal and Early Childhood Workgroup
  - Transitions of Care Workgroup
  - Care Management/Care Model (including Health Homes)
  - Patient and Provider Engagement and Support

Supported by staff-led Project Management Office (PMO) workstreams including:

- Project management
- CNA
- Centralized Services Planning (including IT)
- Metrics & Analytics
- Financial Model development
- Detailed budgeting
- Outreach & Communications
Project Advisory Committee (PAC)

Project Advisory Committee Role and Scope

- Overall DSRIP planning advisory body
- Comprised of one member per PPS partner – inclusive of all PPS partners
- Input across workstreams, Committees, and Workgroups
- Monthly meetings will provide planning updates and seek partner feedback
- Opportunity to participate in planning process in addition to Committees and Workgroups

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<th>Date</th>
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| AUG 21 | PAC Webinar (Today)  
Planning process update |
| SEPT 24 | PAC In-Person Meeting  
Project discussion, Planning process update |
| OCT 27 | PAC In-Person Meeting  
CNA report out, Project Plan Application information request(s) |
| NOV 19 | PAC Webinar  
Project Plan Application update |
| DEC 18 | PAC Webinar  
Review final Project Plan Application (post-submission) |
Clinical & Program Planning Sub-Committee Update

The Clinical & Program Planning Sub-Committee met on August 13, 2014

- Over 100 PPS partners attended and participated
- The Sub-Committee received presentations on the project development process and updates from the Community Needs Assessment
- Sub-Committee participants self-selected into one of four breakout sessions focused on:
  1. Hospital to Home Care Transitions
  2. Chronic Disease Preventive Strategies – Cardiovascular Health
  3. Increase Access to Chronic Disease Preventive Care and Management – Cancer
  4. “Medical Neighborhood” (e.g., primary to specialty care transitions)

Clinical & Program Planning Sub-Committee Next Steps

- Continue developing project plans and incorporate input from Sub-Committee
  - Some workgroups will directly support development of specific project plans
  - Some workgroups will support components of multiple project plans due to crosscutting nature of project elements
- All project plans will be informed by the Community Needs Assessment (CNA)
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Behavioral Health Workgroup Update: Workgroup Responsibilities

1. Develop content for two Clinical Improvement Project Plans:
   1. Integration of primary care & BH services
   2. BH community crisis stabilization program

2. Give input on community needs assessment related to DSRIP projects and other high priority BH concerns, such as crisis prevention, that are not addressed by selected projects

3. Support local hubs as they consider local needs/implementation issues
Integration may be achieved by choosing 1 model of care based on community needs assessment:

**Care Models:**

1. **Incorporate BH specialists in a collaborative care model in established primary care clinics.** Primary care must meet PCMH* or Advance Primary Care standards within first year of project.

2. **Integrate primary care services into established BH treatment programs.** Licensure issues for co-located clinics must be addressed; primary care must meet PCMH* or Advance Primary Care standards within first year of project.

3. **Improving Mood-Providing Access to Collaborative Treatment (IMPACT) Model.** Integrate depression treatment into primary care through collaboration between PCP, depression care manager & psychiatrist.

**Note:** If needs assessment supports and partners believe pursuing multiple approaches will be more effective, PPS may choose one approach to implement with fidelity for DOH reporting and another to implement with more flexibility.

*NCQA 2014 Level 3 Patient Centered Medical Home (PCMH) Recognition*
Crisis Stabilization System:
Components of a Comprehensive Response

- A 24/7 Regional Triage/Assessment Center
- Mobile Multidisciplinary BH Teams
- Mobile Peer Recovery Network
- Crisis Respite Services
- “Living Rooms”
- Urgent Care After-Hours Service
- EHR and HIE connectivity to share information
Behavioral Health Workgroup Timeline

Upcoming Behavioral Health Workgroup Meetings
• Sept. 19th: Integrated Care Team meeting
• Sept. 19th: Crisis Stabilization Team meeting
• Sept. 30th: Full Behavioral Workgroup meeting
• Oct (TBD): Full Behavioral Workgroup meeting

Project plan outline completed
Project plan draft completed
Finalize content for & write DOH plan

August
September
October
November
December

Hub implementation plans developed and integrated

December 16: DSRIP application due
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Stay Engaged!

• Bi-weekly newsletter will keep PPS partners apprised of upcoming meetings, recent accomplishments, and new developments

• A new website will be launched to serve as a central repository of all presentation materials, meeting updates, and contact information
  • Anticipated launch second week of September

• We request your timely reply to information gathering requests
  • CNA survey link forthcoming

• Participate in upcoming meetings
# Next Steps – Upcoming Meeting Dates

*(note: dates/times are subject to change)*

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<tr>
<td>August 21st</td>
<td>8:30 – 10:00 am</td>
<td>Project Advisory Committee</td>
<td>Webinar</td>
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<td>September 15th</td>
<td>9:00 am – 12:00 pm</td>
<td>Perinatal and Early Childhood Workgroup</td>
<td>In-Person</td>
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<tr>
<td>September 16th</td>
<td>3:00 – 5:00 pm</td>
<td>Care Management Workgroup</td>
<td>In-Person/ Webinar</td>
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<td>September 19th</td>
<td>9:00 – 11:00 am</td>
<td>Behavioral Health – Integrated Care</td>
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<td>11:30 am – 1:30 pm</td>
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<td>September 30th</td>
<td>1:30 – 3:30 pm</td>
<td>Behavioral Health Workgroup</td>
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<td>October 9th</td>
<td>All day summit</td>
<td>CNA Report Out Clinical &amp; Program Planning Sub-Committee</td>
<td>In-Person</td>
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<td>10:00 am – 12:00 pm</td>
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