PPS Network Update: Moving Into Implementation Phase

We wanted to provide our network a quick overview of recent activities.

- **DSRIP Application Scores.** New York State recently published DSRIP Application scoring summaries for Performing Provider Systems (PPS). Our positive scores are very encouraging and reflect the State’s confidence that our PPS meaningfully intends to build and coordinate our network of care providers to deliver on the performance metrics set for each DSRIP project. Our scores on speed of implementation and scale of implementation reveal that we are a new entity with a lot of infrastructure to build relative to the milestones we must reach to receive incentive payments from New York State. We thank all our partners for their continued support and collaboration as we strive to improve the quality of health care services in the region.

  [CLICK HERE to read Westchester Medical Center’s DSRIP Scoring Summary.]

- **DSRIP Implementation Plan.** The next step in the DSRIP process will be the submission of a detailed implementation plan. Join us for the February 23 PAC webinar where we will provide details on the Implementation Plan submission. [See page 3 for PAC webinar details.]

**PRIMARY CARE PPS WEBINAR**

So much of our DSRIP work will depend on primary care providers. Register now for the WMC PPS Primary Care Provider Webinar on either March 10 or March 11. The webinar will cover information gathering about primary care sites within our PPS; provider roles in DSRIP projects; Patient Centered Medical Home (PCMH) and meaningful use. [Visit www.crhi-ny.org and check out the events calendar for meeting details.]
CRHI Team to Discuss DSRIP Implementation at Upcoming HVHRON Meeting

The CRHI team has been invited by Sherlita Amler, MD, Commissioner of Health, Westchester County Department of Health and member of the PAC Executive Committee, to the next Hudson Valley Health Regional Officers Network meeting on March 6. We welcome this opportunity to provide an update of our DSRIP implementation plan process and discuss overall goals with the County Commissioners of Health, Mental Health and Social Services. We will also discuss opportunities for the PPS in the region to work with county organizations on public health initiatives. County commissioners should have received email notification of this meeting. If you require additional meeting information please email us at crhi@wcmc.com.

Westchester Medical Center PPS to meet with Providers on Behavioral Health Projects

Keep an eye out for details about our upcoming meeting in March with providers to discuss next steps and implementation of the DSRIP Behavioral Health Primary Care Integration project.

Upcoming Career Opportunities

Very soon, the Westchester Medical Center Performing Provider System will be entering the DSRIP implementation phase. We will be recruiting for new positions in Project Management, Clinical Support, Field Outreach and Information Technology. Resumes may be sent to crhi@wcmc.com. Be sure to list which area you are applying for in the body of your email.

Our PPS Network Composition

<table>
<thead>
<tr>
<th>PROVIDER TYPES</th>
<th>TOTAL PROVIDERS IN NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physicians</td>
<td>609</td>
</tr>
<tr>
<td>Non-PCP Practitioners</td>
<td>1,878</td>
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<tr>
<td>Hospitals</td>
<td>20</td>
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<tr>
<td>Clinics</td>
<td>50</td>
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<tr>
<td>Health Home / Care Management</td>
<td>27</td>
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<tr>
<td>Behavioral Health</td>
<td>324</td>
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<tr>
<td>Substance Abuse</td>
<td>28</td>
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<tr>
<td>Skilled Nursing Facilities / Nursing Homes</td>
<td>43</td>
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<tr>
<td>Pharmacy</td>
<td>4</td>
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<tr>
<td>Hospice</td>
<td>7</td>
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<tr>
<td>Community Based Organizations</td>
<td>148</td>
</tr>
<tr>
<td>All Other</td>
<td>1,152</td>
</tr>
</tbody>
</table>
CNA Highlights Opportunities for Improvement

The collaborative community needs assessment identified several specific conditions and community needs that informed our DSRIP project selection.

Key findings include:

- Social and economic determinants of health – employment status, housing, community resources – are important factors impacting health and wellness of Medicaid beneficiaries.
- Transportation access to health care services in many communities is very limited.
- Housing and services that help people stay in their homes are important supports for vulnerable populations.
- The CNA identified broad categories and specific health conditions to focus on: cardiovascular, respiratory, behavioral health, infectious diseases, cancer, and diabetes management.
- Roughly 30% of the population has public health insurance and roughly 10% are uninsured.
- Approximately 10% of the residents in the lower Hudson Valley are living with a disability.
- Because of insufficient care alternatives, both medical and preventable behavioral health hospitalizations and ER visits are fairly high.
- Cumulative responses from the community survey indicated cancer, diabetes and cardiovascular disease as the top health concerns.
- Findings from our focus groups indicate that some Medicaid beneficiaries feel stigmatized by care-providers; they don’t feel as if care delivery is in their best interest. This impacts their willingness to follow-up on health plans and disease management.
- Nine zip codes within our region were identified as hotspots that would benefit from improved health care delivery services. Of those nine zip codes, seven were identified as Medically Underserved Areas (MUAs) by the federal government.

Deb Viola, MBA, PhD Speaks at New York Medical College AMWA Luncheon

CRHI’s, Deborah Viola, PhD, Vice President and Director, Health Services Research and Data Analytics and Andrew Maroko, PhD, Assistant Professor, Department of Health Sciences CUNY School of Public Health were recently invited to speak at the New York Medical College chapter of the American Medical Women’s Association “Neighborhood Disadvantage and Preventive Health” luncheon in January. Dr. Viola discussed among other things, the collaborative community needs assessment, social and economic determinants of health, the importance of taking patients’ social histories and translating that information into indicators that might positively impact health. “It was a pleasure participating in the AMWA luncheon,” said Dr. Viola. “Our next generation of physicians and health care providers have to be leaders in recognizing and incorporating into their practices, those non-clinical factors that impact patient health and reduce health care disparities.”
WHERE WE ARE
OUR DSRIP ACTIVITIES TO-DATE

PREFACE
The Westchester Medical Center-led PPS network has identified six goals that align with New York State’s DSRIP program:

1. Create an integrated delivery system
2. Decrease hospitalizations and ED visits
3. Transform behavioral and physical care delivery services
4. Establish robust information exchange between providers
5. Improve health of Medicaid and uninsured populations
6. Move to a value-based contracting model.

OUR PPS
Partners in our network will collaborate on DSRIP projects to transform healthcare delivery services in the Hudson Valley region.

COMMUNITY NEEDS ASSESSMENT (CNA)
Identified several specific conditions and community needs that informed our DSRIP project selection. Seven zip codes in the region have been designated Medically Underserved Areas (MUAs).

DSRIP PROJECTS
Our PPS has identified the eleven DSRIP projects in which we will engage.

PROJECT HUBS
Hubs will allow us to centralize services geographically; allows for efficient assessment of performance.

PAC + WORKGROUPS
Project Advisory Committee (PAC) and Workgroups provide guidance, governance, counsel and leadership on DSRIP Projects and CNA.

PROJECT APPLICATION
We submitted our application to NYS in December 2014.

IMPLEMENTATION PLAN
We will submit our DSRIP Project Implementation plan in April 2015.

DSRIP YEAR 1
April 2015: DSRIP Year 1 begins.