Westchester Medical Center PPS
Project Advisory Committee

June 1st, 2015
Via Webinar: 11:00 am – 12:00 pm
## Agenda

<table>
<thead>
<tr>
<th>Discussion Topic</th>
<th>Time</th>
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<tbody>
<tr>
<td>Welcome &amp; Status Update</td>
<td>11:00 – 11:15 am</td>
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<tr>
<td>- Valuation Update</td>
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<tr>
<td>- Master Services Agreement</td>
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<tr>
<td>- DSRIP Timeline</td>
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<tr>
<td>Finalizing the Implementation Plan</td>
<td>11:15 – 11:30 am</td>
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<tr>
<td>July 31(^{st}) Implementation Plan Submission</td>
<td>11:30 – 11:45 am</td>
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<tr>
<td>Partner Participation</td>
<td>11:45 – 11:50 am</td>
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<tr>
<td>Organization Contacts</td>
<td>11:50 – 11:55 am</td>
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<tr>
<td>Questions</td>
<td>11:55 – 12:00 pm</td>
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Status Update
DSRIP Award Letter
Valuation Amounts and Performance Funds

Key Points
The total amount WMC PPS can possibly earn is the “Total Valuation”: $273,923,615.

Total Valuation is divided into three categories that the State has yet to define and describe:
• “Net High Performance Fund”: $2,871,675
• “Additional High Performance Fund”: $6,866,752
• “Net Project Valuation”: $264,185,188

For the Operational Plan submission to the State on June 1, 2015, we will use the Total Valuation (i.e., $273,923,615) to calculate the budget and the funds flow.

Given the uncertainty around the parameters of the High Performance Funds and their relationship to incentive measures, we are seeking additional clarification from the State on how best to communicate the funding distribution.
DSRIP Timeline
The First Year: Planning, Quarterly Reports, and Payments

<table>
<thead>
<tr>
<th>Domain 1 Implementation Plan Submitted (June 1)</th>
<th>Project Implementation Plans Submitted (July 31)</th>
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<tbody>
<tr>
<td></td>
<td>Quarterlly Report #1 [Apr –Jun Period] (Jul 31)</td>
</tr>
<tr>
<td></td>
<td>Quarterly Report #2 [Jul –Sep Period] (Oct 31)</td>
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<tr>
<td></td>
<td>Quarterly Report #3 [Oct –Dec Period] (Jan 31)</td>
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- **1st DSRIP Year 1 Payment**
  - $25.1 M (60% of Year 1 Payment) received May 18

- **2nd DSRIP Year 1 Payment**
  - $8.3 M (20% of Year 1 Payment) received late Jan

- **3rd DSRIP Year 1 Payment**
  - $8.3 M (20% of Year 1 Payment) received late July
Master Services Agreement Status

- March 13th - Draft MSAs sent to providers
- March 24th – Webinar on MSA
- April 24th - Webinar on MSA
- May 14th - 250 MSAs were sent to providers for signature
- May 27th - Signed MSAs due to CRHI
- May 29th - We have received 47

REMINDER - Please return MSAs ASAP
Project Schedule Development: Summer-Fall 2015

- Continue development of programmatic cost categories and components
- Develop project schedules for contracting with providers
- Convene all project advisory quality committees
- Convene implementation workgroup; primary care, behavioral health and other projects
- Conduct in-depth assessment of IT, PCMH, workforce, and behavioral health crisis stabilization services
- Conduct community Focus Group
- Convene cross-PPS Clinical Council with Population Health Improvement Program (PHIP)
- Save the dates for WMC PPS Clinical Quality Conference- October 14th, 15th, or 16th TBD
Finalizing the Implementation Plan
Governance: Milestones and Steps

- Finalize governance structure and subcommittee structure
- Establish a clinical governance structure, including clinical quality committees for each DSRIP project
- Finalize bylaws and policies or Committee Guidelines where applicable
- Establish governance structure reporting and monitoring processes
- Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)
- Finalize partnership agreements or contracts with CBOs
- Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)
- Finalize workforce communication & engagement plan
# Governance Structure Updates: Milestone #1, DY1

<table>
<thead>
<tr>
<th>i. Governance structure updates</th>
<th>Target Completion Date</th>
<th>Supporting Documentation</th>
</tr>
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<tbody>
<tr>
<td><strong>Milestone: Finalize governance structure and sub-committee structure</strong></td>
<td>DY1, Q3</td>
<td>Governance and committee structure, signed off by PPS Board. Subsequent quarterly reports will require updates on committee structure and memberships (if relevant).</td>
</tr>
<tr>
<td><strong>Step 1. Identify standing committees.</strong></td>
<td>DY1, Q1</td>
<td></td>
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<tr>
<td><strong>Step 2. Transition Executive Committee (EC) from Planning EC to Operational EC; confirm member appointments.</strong></td>
<td>DY1, Q1</td>
<td></td>
</tr>
<tr>
<td><strong>Step 3. In partnership with other PPSs in the region establish Hudson Region DSRIP Clinical Committee (HRDCC).</strong></td>
<td>DY1, Q2</td>
<td></td>
</tr>
<tr>
<td><strong>Step 4. Solicit and appoint members of the: Nominating Committee, Finance Committee, IT Committee, Workforce Committee and Quality Steering Committee.</strong></td>
<td>DY1, Q3</td>
<td>AHEAD OF SCHEDULE</td>
</tr>
</tbody>
</table>
# Governance Structure Updates: Milestone #2, DY1

<table>
<thead>
<tr>
<th>Milestone: Establish a clinical governance structure, including clinical quality committees for each DSRIP project</th>
<th>Clinical Quality Committee charter and committee structure chart</th>
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<tr>
<td></td>
<td>Subsequent quarterly reports will require minutes of clinical quality committee meetings to be submitted.</td>
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<table>
<thead>
<tr>
<th>Step 1. Establish project-oriented workgroups of the WMC PPS Quality Committee.</th>
<th>NEED TO GIVE PRELIMINARY STATUS FIRST QUARTERLY REPORT</th>
</tr>
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<tbody>
<tr>
<td>Step 2. Convene the WMC PPS Quality Committee.</td>
<td></td>
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<tr>
<td>Step 3. Develop meeting schedules, identify staff support, and draft charter for each Committee and Workgroup.</td>
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</table>
## Governance Structure Updates: Milestone #3, DY2

<table>
<thead>
<tr>
<th>Milestone: Finalize bylaws and policies or Committee Guidelines where applicable</th>
<th>DY2, Q1</th>
<th>Upload of bylaws and policies document or committee guidelines.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsequent quarterly reports will require PPSs to articulate any updates that have been made to their bylaws, policies or committee guidelines.</td>
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| Step 1. Draft WMC PPS policies and procedures, including Committee guidelines, conflicts of interest policy, compliance plan and dispute resolution procedures. | DY1, Q4 |
|                                                                                                       |
| Step 2. WMC PPS Executive Committee approval of Committee Charters. | DY2, Q1 |
|                                                                                                       |
| Step 3. Publish policies and procedures and communicate to PAC members. | DY2, Q1 |
Implementation Plan Submission
## DSRIP Projects

<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Domain 2: Systems Transformation Projects</strong></td>
<td></td>
</tr>
<tr>
<td>2.a.i</td>
<td>Create an Integrated Delivery System Focused on Evidence-Based Medicine and Population Health Management</td>
</tr>
<tr>
<td>2.a.iii</td>
<td>Health Home At-Risk Intervention Program</td>
</tr>
<tr>
<td>2.a.iv</td>
<td>Create a Medical Village Using Existing Hospital Infrastructure</td>
</tr>
<tr>
<td>2.b.iv</td>
<td>Care Transitions Intervention Model to Reduce 30-day Readmissions for Chronic Health Conditions</td>
</tr>
<tr>
<td>2.d.i</td>
<td>Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care (Project 11)</td>
</tr>
<tr>
<td><strong>Domain 3: Clinical Improvement Projects</strong></td>
<td></td>
</tr>
<tr>
<td>3.a.i</td>
<td>Integration of Primary Care and Behavioral Health Services</td>
</tr>
<tr>
<td>3.a.ii</td>
<td>Behavioral Health Community Crisis Stabilization Services</td>
</tr>
<tr>
<td>3.c.i</td>
<td>Implementation of Evidence-Based Strategies in the Community to Address Chronic Disease – Diabetes</td>
</tr>
<tr>
<td>3.d.iii</td>
<td>Implementation of Evidence-Based Guidelines for Asthma Management</td>
</tr>
<tr>
<td><strong>Domain 4: Population-Wide Prevention Projects</strong></td>
<td></td>
</tr>
<tr>
<td>4.b.i</td>
<td>Promote Tobacco Use Cessation, Especially Among Low SES Populations and Those with Poor Mental Health</td>
</tr>
<tr>
<td>4.b.ii</td>
<td>Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings - Cancer</td>
</tr>
</tbody>
</table>
## Activated Patients

<table>
<thead>
<tr>
<th>Project</th>
<th>Actively Engaged Patients</th>
<th>Sep-15</th>
<th>Mar-16</th>
<th>Sep-16</th>
<th>Mar-17</th>
<th>Sep-17</th>
<th>Mar-18</th>
<th>Sep-18</th>
<th>Mar-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.a.iii Health Home At Risk</td>
<td>The number of participating patients who completed a comprehensive care management plan.</td>
<td>500</td>
<td>5,000</td>
<td>4,000</td>
<td>10,000</td>
<td>7,500</td>
<td>20,000</td>
<td>8,000</td>
<td>20,000</td>
</tr>
<tr>
<td>2.a.iv Medical Village (Orange+Ulster)</td>
<td>The number of participating patients who had two or more distinct non-emergency services from at least two distinct participating providers at a Medical Village in a year.</td>
<td>600</td>
<td>2,000</td>
<td>2,200</td>
<td>6,000</td>
<td>3,500</td>
<td>9,450</td>
<td>4,400</td>
<td>12,000</td>
</tr>
<tr>
<td>2.b.iv 30 d Readmits (all hospitals)</td>
<td>The number of participating patients with a care transition plan developed prior to discharge who are not readmitted within that 30-day period.</td>
<td>250</td>
<td>1,000</td>
<td>1,200</td>
<td>2,800</td>
<td>1,750</td>
<td>5,600</td>
<td>2,200</td>
<td>5,600</td>
</tr>
<tr>
<td>3.a.i BH/PC Integration</td>
<td>Number of patients screened (PHQ-9 / SBIRT)</td>
<td>2,000</td>
<td>5,000</td>
<td>5,000</td>
<td>12,000</td>
<td>9,000</td>
<td>23,000</td>
<td>19,000</td>
<td>31,000</td>
</tr>
<tr>
<td>3.a.ii BH Crisis Stabilization</td>
<td>Participating patients receiving crisis stabilization services from participating sites, as determined in the project requirements</td>
<td>150</td>
<td>500</td>
<td>250</td>
<td>750</td>
<td>1,000</td>
<td>2,000</td>
<td>1,200</td>
<td>3,150</td>
</tr>
<tr>
<td>3.c.i Diabetes</td>
<td>The number of participating patients with at least one hemoglobin A1c test within previous Demonstration Year (DY).</td>
<td>500</td>
<td>1,250</td>
<td>2,700</td>
<td>8,039</td>
<td>2,700</td>
<td>8,039</td>
<td>2,700</td>
<td>8,039</td>
</tr>
<tr>
<td>3.d.iii Asthma (primary DX only)</td>
<td>The number of participating patients with asthma action plan</td>
<td>500</td>
<td>1,200</td>
<td>2,500</td>
<td>6,800</td>
<td>2,500</td>
<td>6,800</td>
<td>2,500</td>
<td>6,800</td>
</tr>
<tr>
<td>2.d.i Patient Activation</td>
<td>Number of individuals who completed PAM® or other patient engagement techniques.</td>
<td>5,000</td>
<td>12,000</td>
<td>10,000</td>
<td>25,000</td>
<td>20,000</td>
<td>45,000</td>
<td>30,000</td>
<td>81,500</td>
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Project Advisory Quality Committees:

- **Asthma**
  - Guidelines; Standard treatment protocols; Training
  - Asthma Action Plan; Telemedicine
  - Clinical Interoperability System; Patient Registries
  - Agreements with MCOs
  - Connection to QE

- **Cancer Screening**
  - Clinical Guidelines for Cancer Screening
  - Technology plan to embed cancer screening guidelines and alert and reminders in EHR; Cancer screening registry
  - Analytics platform to support patient identification
  - Team based Care models

- **Diabetes**
  - Evidenced based best practices
  - Clinical interoperability system; patient registries; alerts and reminders in EHR; tracking system
  - Agreements with MCOs
  - PCP linkages to Health Homes
  - PCMH

- **Health Home at Risk**
  - Evidence based practice guidelines
  - PCMH; Connection to QE
  - Patient Registries; Engage patients with care plan
  - PCP partnerships with HH; links to Social Services

- **Hospital Transition**
  - Standard Protocols for Care Transition interventions; agreements with MCOs
  - Early notification of planned discharges
  - Social Services included in work-flow
  - Patient Registries; Engage patients with care plan

- **Behavioral Health**

- **Crisis**

- **Primary Care Integration**

- **Cancer Screening**

- **Diabetes**

- **Health Home at Risk**

- **Hospital Transition**

- **Patient Activation**

- **Tobacco Cessation**

Confidential-Not for Distribution
DSRIP Governance Overview

Local Hub Governance

Regional Clinical Council (Cross-PPS)

Local Deployment Medical Villages: Peg Moran
- Bon Secours Charity Health System
- Health Alliance

Local Deployment BH: Peg Moran
- BH Crisis
- Integrated Delivery System at BH sites
  - EHR, MU, HIE
  - Medication Reconciliation
- Medical services at BH sites (Asthma, Cancer Screening, Cardiovascular, Diabetes, Tobacco)
- Patient Activation (PAM & Healthify)
- Links to Health Home Primary Care and Hospitals
- Cultural Competency

Local Deployment PC/HH/Hospital: Dr. Janet Sullivan
- Integrated Delivery System:
  - PCMH & BH Integration
  - EHR, MU, HIE
  - Medication Reconciliation
  - Medical Neighborhood
- Asthma & Tobacco
- Cancer Screening
- Cultural Competency
- Diabetes & CVD
- Health Home at Risk
- Hospital Transition/HH links
- Patient Activation (PAM & Healthify)

Local Deployment Community Engagement: Dr. Deborah Viola
- Patient Engagement @ CBOs (PAM & Healthify)
- Links to Social Services (Housing, Food, etc)
- Cultural Competency & Health Literacy
- Training
- Public Health Initiatives @ LGUs
- Community voice in DSRIP
CRHI Project Management Office

- Responsible for all timelines and deliverables.
- Review Projects re implications for:
  - Governance
  - DSRIP Budget & Funds Flow
  - Cultural Appropriateness
  - Workforce
  - Community Engagement
  - ACO/VBP/Financial Sustainability
  - Cross-PPS Coordination
  - IT & Reporting
  - Medical Village

Deployment Design Team
(Supporting Excellence)

Deployment Field Team
(Supporting Excellence)

Data Collection, Clinical Informatics and Reporting
(Supporting Excellence)

WMC PPS EXEC

Quality Steering Committee

- Reviews project plans and recommends for approval by the PAC Exec.

Project Advisory Quality Committees
- Asthma
- Behavioral Health (Crisis & Primary Care Integration)
- Cancer Screening
- Diabetes
- Health Home at Risk
- Hospital Transition Care
- Patient Activation

WMC PPS Quality Committee

Cross PPS Lead Committee

- Hudson Region DSRIP Clinical Council (HRDCC) With PHIP
  - Evidence Based Protocols
  - Hudson Region DSRIP Behavioral Health Work Group—Crisis Stabilization & Integration of primary and BH care.

- Hudson Region DSRIP Public Health Council (HRDPHC)
  - Tobacco Cessation

- Hudson Region DSRIP Behavioral Health Council
  - BH Crisis Intervention

Local Hub Governance

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- Cancer Screening
- Cultural Competency
- Diabetes & CVD
- Health Home at Risk
- Hospital Transition/HH links
- Patient Activation (PAM & Healthify)

Local Deployment, Community Engagement: Dr. Deborah Viola
- Patient Engagement @ CBOs (PAM)
- Links to Social Services (Housing, Food, etc)
- Community voice in DSRIP
Opportunities to Participate
WHAT’S YOUR PASSION?

☐ We are committed to being a learning organization!

☐ We will be forming groups within our PPS and with the other PPSs in our region to discuss and share information about our projects. Look for announcements in our newsletter and on our website: www.crhi-ny.org

☐ We will be mixing it up on the MIX to share information within our groups.

JOIN THE MRT Innovation eXchange - MIX
https://www.ny-mix.org/login

☐ Save the dates for WMC PPS Clinical Quality Conference- October 14th, 15th, or 16th TBD
Contacts
WMC PPS Contacts

**CRHI Executive Staff**

<table>
<thead>
<tr>
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<th>Phone</th>
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<tbody>
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**CRHI Senior Staff**

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<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
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**Primary Contact for PPS Partners by county:**

**Dutchess, Putnam, Westchester, Ulster**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
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**Delaware, Sullivan, Orange, Rockland, Ulster**

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<tr>
<th>Name</th>
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<th>Email</th>
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<tbody>
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</tbody>
</table>
Questions