

WMCHealth PPS Project Advisory Committee

**October 15th, 2015
Via Webinar: 10:00–11:00 a.m.**



**Performing Provider
System (PPS)**

Westchester Medical Center Health Network

WMCHHealth PPS PAC Webinar Agenda

October 15, 2015

TOPIC
I. Introduction
II. PPS Update <ul style="list-style-type: none">• Final workplan approved• First quarterly report to Independent Assessor submitted• On-site meeting with Independent Assessor
III. Network Update <ul style="list-style-type: none">• MSA Update• Schedule B's
IV. Budget and Funds Flow <ul style="list-style-type: none">• DSRIP Budget• Provider Funds Flow Framework for Program Implementation
V. Clinical Governance <ul style="list-style-type: none">• PPS Governance Structure• WMCHHealth PPS DSRIP Summit and Quality Meeting
VI. Next Steps

PPS Update

Network Update

WMC HEALTH PPS NETWORK UPDATE

- Key additions to Network Partners in ALL provider types
- 204 Master Services Agreements (MSA's) and agreements with network partners received to date

Next Steps

- NYS DOH opens the PPS Networks in October
- Agreements for Projects and related resources “Schedule B”

Budget and Funds Flow

DSRIP Budget

DSRIP Budget Submitted to DOH and Approved

Budget Items	DY1	DY2	DY3	DY4	DY5	TOTAL	5 Year %
Waiver Revenue	\$41,834,599	\$44,581,933	\$72,094,581	\$63,839,476	\$41,834,599	\$264,185,188	
Cost of Project Implementation	\$20,353,727	\$27,360,547	\$28,863,585	\$27,444,339	\$22,021,458	\$126,043,657	47.7%
Internal PPS Provider Bonus Payments	\$0	\$3,250,887	\$26,006,159	\$35,059,257	\$32,123,006	\$96,439,309	36.5%
Revenue Loss	\$4,183,460	\$4,458,193	\$7,209,458	\$6,383,948	\$4,183,460	\$26,418,519	10.0%
Innovation Pool	\$0	\$1,000,000	\$4,000,000	\$4,000,000	\$1,000,000	\$10,000,000	3.8%
Administration	\$836,692	\$891,639	\$1,441,892	\$1,276,790	\$836,692	\$5,283,704	2.0%
Total Expenditures	\$25,373,879	\$36,961,267	\$67,521,094	\$74,164,333	\$60,164,616	\$264,185,188	
Undistributed Revenue	\$16,460,720	\$24,081,386	\$28,654,874	\$18,330,017	\$0	\$0	



2.a.i
34.8M



2.a.iii
28.6M



2.a.iv
33.5M



2.b.iv
26.7M



2.d.i
30.9M



3.a.i
23.9M



3.a.ii
23M



3.c.i
18.6M



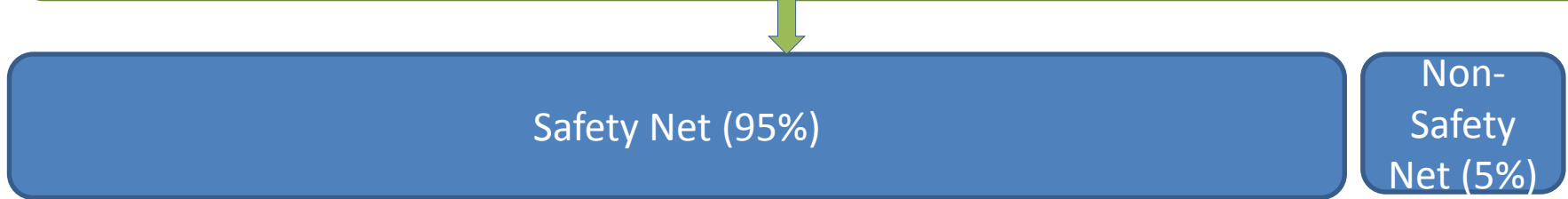
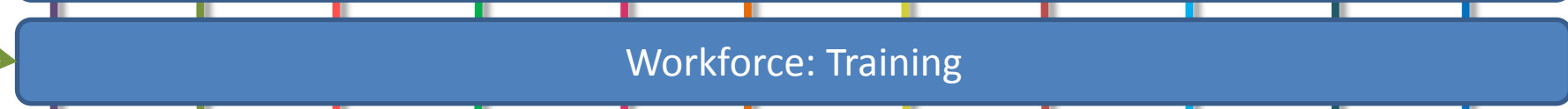
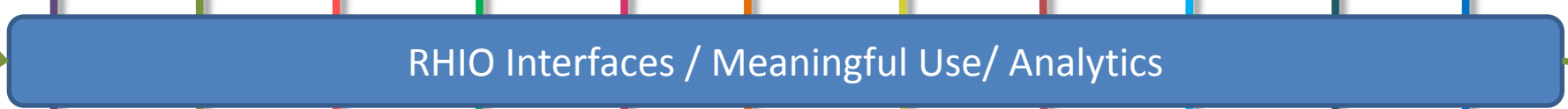
3.d.iii
19.3M



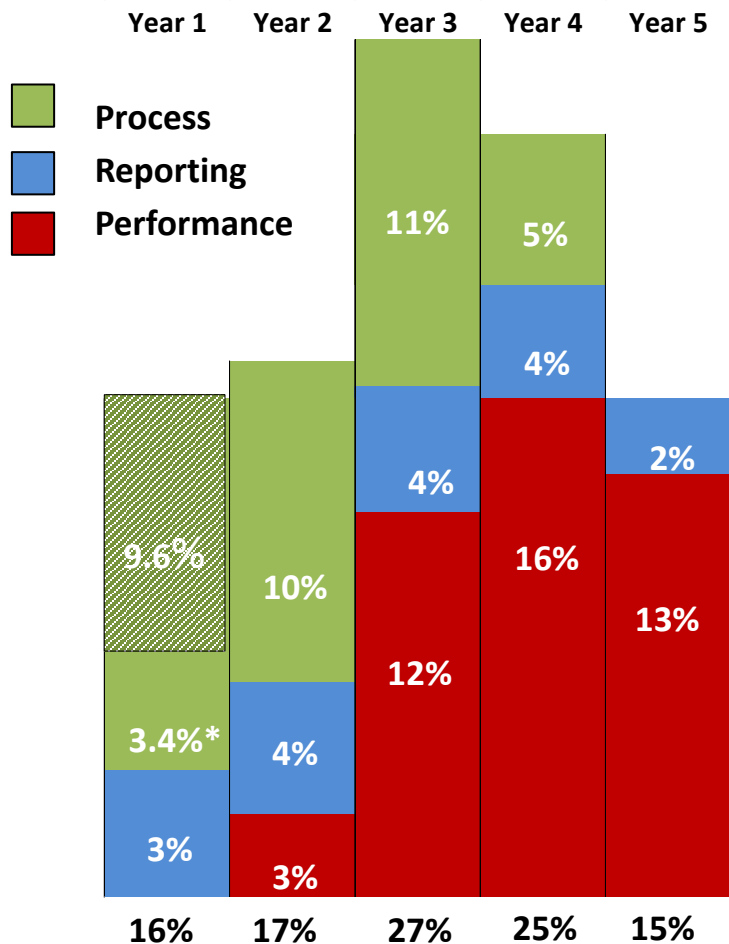
4.b.i
14.2M



4.b.ii
10.6M



Uneven Distribution Over 5 Years



1. Organizational Work Stream Milestones

1. Governance
2. Workforce
3. Cultural Competency
4. Financial Sustainability-Value Based Purchasing

2. Quarterly Project Milestones









1. Project Milestones (e.g. “MU”)
2. Activated Patients
3. Network/ Provider Engagement

3. Population Clinical Performance Measures

1. Pay for Reporting
2. Pay for Performance

* 60% of first year money (~9.6% of total) will be available for “start-up” based on submission of accepted application; all other payments will be based on completing milestones or hitting performance targets

Quarterly Project Milestones

Project	Actively Engaged Patients	Sep-15	PCPs	Specialists	Hospitals	BH Crisis Providers	Medical Village Providers	Health Homes	CBOs	Mar-16
		9/30/2015								3/31/2016
 2.a.iii Health Home At Risk	The number of participating patients who completed a new or updated comprehensive care management plan.	500	✓						✓	5,000
 2.a.iv Medical Village (Orange+Ulster)	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.	600					✓			2,000
 2.b.iv 30 d Readmits (all hospitals)	The number of participating patients with a care transition plan developed prior to discharge.	250			✓					1,000
 3.a.i BH/PC Integration	The number of patients who receive appropriate mental health or substance abuse preventive screening in a primary care setting.*	2,000	✓							5,000
 3.a.ii BH Crisis Stabilization	Participating patients receiving crisis stabilization services from participating sites, as determined in the project requirements.	150				✓				500
 3.c.i Diabetes	The number of participating patients with at least one hemoglobin A1c test within previous Demonstration Year.	500	✓	✓						1,250
 3.d.iii Asthma (primary DX only)	The number of participating patients with asthma action plan.	500	✓	✓	✓					1,200
 2.d.i Patient Activation	Number of individuals who completed PAM.**	5,000	✓		✓		✓		✓	12,000

* Reflects recent PCG guidance. (For 3ai participating primary care sites must offer on-site BH services.)

REPORTING NOW: April 1, 2015 – Sept 30, 2015

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Provider Funds Flow Framework For Program Implementation

Category	Purpose of Funding *	Budget **	Support For Partners
Local and Regional Partner Integration Activities	To provide some support for partner resources required to designate a DSRIP contact, respond to required assessments and surveys, participate on committees and in local deployment work groups.	\$5 M	Quarterly support for WMCHHealth PPS network partners for participation in PPS committee and survey activities.
PCMH, MU and HIE Support	To provide technical assistance to eligible PCPs to achieve NCQA Level 3 2014 PCMH standards; to PCPs and others to connect to RHIO, exchange clinical information via Direct and achieve MU Stage 2.	\$6 M	Technical support for PCPs to meet PCMH requirements; for PCPs and others to connect to RHIO and meet MU2.
Expanding Care Management	To provide support for hospitals, PCPs and specialists to improve transition services through links to Health Homes and to expand Health Home-like care coordination services to better serve Medicaid customers with chronic conditions including links to community based services to address social determinants of health.	\$15 M	Support for care management through Health Homes, through WMCHHealth, or direct support to partners. Support proportional to Medicaid population served, community need and WMCHHealth PPS attribution.
Reporting Patient Engagement	To provide some support for clinical partner resources required to report patient engagement and other clinical performance metrics as required for each project.	\$5M	All provider types as specified by each performance measure; Proportional to reporting.
Population Health Analytics & Other Project Support	To create the analytics platform needed to support population health management and sustained quality improvement including: identification of patient populations at risk who could benefit from targeted interventions, identifications of gaps in care, identification of ineffective or inefficient patterns of care, evaluation interventions, monitoring of compliance with project requirements.	\$32 M	Creation of actionable information about patients and populations served by partner organizations to help partners successfully prepare for the transition to value based reimbursement, e.g., support for Medical Village implementation, BH and CBO partners to expand BH Crisis services, Stanford Diabetes Program, telemedicine for expanded asthma services, Public Health campaigns around tobacco cessation and cancer screening.
Key Project Requirements	To provide technical assistance, staffing or other specific project requirements.	\$5 M	Workforce support, 1199 training, Cultural Competency Training, Focus Groups and Summits.
	Total Above	\$68M	

* Considerations: (1) regional needs (2) Safety-Net status (3) attribution (4) proportional to Medicaid patients served and (5) performance.

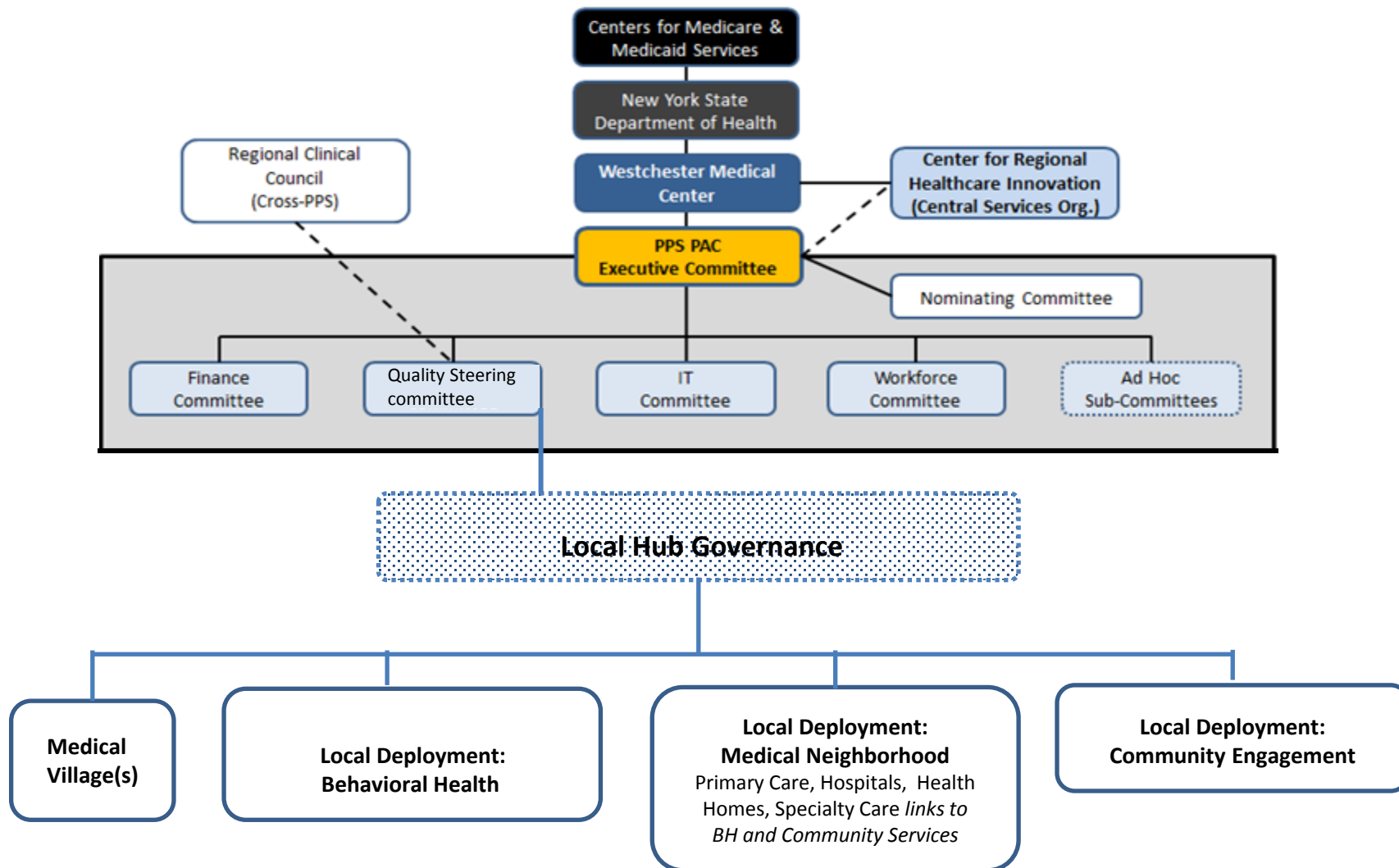
** Budgeted 5 year Support for Program Implementation; distribution of funds to the PPS is subject to state distribution methodologies.

WMCHHealth PPS: Support for Partner's participation

- Designating a contact person for PPS communication;
- Completing requested baseline assessment surveys for Workforce, IT, PCMH readiness (if applicable), Financial Sustainability, Compliance and Cultural Competency;
- Updating network information: sites of operation, employed and affiliated providers;
- Participating in WMCHHealth PPS governance and project implementation including sending a delegate to the annual Summit and Quality meeting and planning related to applicable projects.

Clinical Governance

WMCHealth PPS Governance Overview



WMC PPS EXEC

Cross PPS Lead Committee

Quality Steering Committee

WMC PPS Advisory Quality Committee

Project Advisory Quality Committees

- Asthma
- Behavioral Health (Crisis & Primary Care Integration)
- Diabetes
- Health Home at Risk
- Hospital Transition Care
- Community Engagement
- Medical Village

Hudson Region DSRIP Clinical Council (HRDCC) With PHIP

**Hudson Region DSRIP Public Health Council
Tobacco & Cancer Screening**

Hudson Region DSRIP Behavioral Health Council

Local Hub Governance

Medical Villages

Local Deployment: Behavioral Health:

- 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 Activations (PAM)
- Links to Health Home, & Primary Care
- Cultural Competency

Local Deployment: PC/HH/Hospital "Medical Neighborhood"

- Integrated Delivery System: PCMH & BH Integration, EHR, MU, HIE, Medication Reconciliation, Referral tracking
- Asthma & Diabetes Management
- Cancer Screening & Tobacco Cessation
- Cultural Competency & Health Literacy
- Care coordination; Hospital Transitions; links to Health Homes
- Patient Activation (PAM & platforms to link to community services and peer support?)

Local Deployment, Community Engagement:

- Patient Engagement @ CBOs (PAM & focus groups)
- Links to Social Services (Housing, Food, etc)
- Cultural Competency & Health Literacy Training
- Public Health Initiatives @ LGUs
- Community voice in DSRIP

WMCHHealth PPS DSRIP Summit and Quality Meeting

November 5, 2015

AGENDA SUMMARY

8:15 am: Breakfast Meetings:

- Asthma, Diabetes, Health Home Expansions, Care Transitions

9:30 am: General Session:

- Cultural Competency
- Value Based Payment
- Community Care North Carolina: Helping Practices Help Patients
- All Project Status Report

2:35 pm: Workshop: DSRIP in Primary Care

- Technical Support for: Patient Centered Medical Home, Connecting to HealthLink NY for Health Information Exchange
- Primary Care & Health Homes: Support for primary care based care management
- Building the Medical Neighborhood for DSRIP and Beyond

Location: Westchester Marriott, Tarrytown, NY

Every Partner Organization to send a delegate to the Quality Meeting

Full registration link:

[Click to Register](#)

Full registration link:

<http://www.crh-ny.org/center-for-regional-healthcare-innovation/wmchealth-pps-dsrip-summit-and-quality-committee-delegate-form>

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