

# PROVIDER ROLES

## In Our Performing Provider System (PPS)



### CENTER for REGIONAL HEALTHCARE INNOVATION at WMCHHealth



#### Specialty and Developmental Disability Service Providers

Specialty and developmental disability (DD) providers deliver a range of services to adults and children with intellectual and developmental disabilities. These providers will be key partners in the crisis stabilization program and reduction of avoidable ER use. These providers will also work with our PPS network by delivering services that bridge care continuum gaps for Medicaid beneficiaries — from the primary care level through specific services that positively impact overall health and wellness for adults and children.



#### Government Agencies

State or local government agencies play an important role in providing public health, environmental, health education, community and behavioral health services, as well as population services. County health commissioners' offices will help to guide DSRIP initiatives that rely on coordinating with healthcare legislative bodies that have governance and oversight of population health and related services. Our PPS will collaborate closely with county and state health offices to meet DSRIP project initiatives.



#### Non-Primary Care Providers (Non-PCP)

Non-PCPs deliver specialized patient care. These types of providers include gynecologists, pulmonologists, endocrinologists, ophthalmologist, as well as other allied health professionals. They will be vital to the DSRIP population health and clinical improvement projects.



#### Hospitals

Hospital partners in our PPS will create medical villages that consolidate and reconfigure in-patient infrastructure to enhance primary and ambulatory care service capacity. Hospitals within our PPS will also play a significant role in helping to reduce potentially preventable readmissions (PPRs) by 25% through their participation in the Hospital Care Transition Program.



#### Skilled Nursing Facilities (SNF)

SNFs provide skilled nursing care and/or rehabilitation services to the injured, sick, or disabled. SNFs will play a vital role in the hospital Care Transition (2.b.iv) DSRIP Project supporting the overall reduction in hospital readmissions.



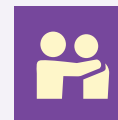
#### Pharmacies

While most correctly indicate that pharmacies are where we get prescriptions filled, they have other roles. Pharmacies will help care providers and Medicaid beneficiaries manage treatment regimens and follow-up on medication reconciliation through integration with EHRs and the larger RHIO if/when necessary.



#### Nursing Homes

While nursing homes are medical care facilities that generally house patients in need of long term care or rehabilitation services, they will play an active role within our PPS, participating in the process of seamless transitions between health care settings.



#### Behavioral Health (BH) Providers

Our PPS's behavioral health providers will collaborate to further develop behavioral health crisis services, behavioral health screenings in primary care settings across the PPS and develop tools and resources to support patient care and engagement. In some primary care settings, behavioral health providers will be collocating services in order to expedite treatment and destigmatize treatment of behavioral health diagnoses. Behavioral health providers will play a vital role in reducing avoidable ED and inpatient use.

### WMCHHealth PPS

PPPs are partnerships that include a designated lead provider for the group (WMCHHealth), usually a safety net hospital, and an array of providers including health homes, skilled nursing facilities, clinics and FQHCs, behavioral health providers, community based organizations and others.

### Centralized Services

The Center for Regional Healthcare Innovation will provide a range of centralized services for our PPS including, but not limited to: Clinical supervision; contracting with clinical staff who will collaborate with care coordinators and other health care professionals throughout our network; information technology (IT) services to support the network; training staff in our network to support achievement of DSRIP goals and administrative services.



## Primary Care Providers (PCP)

Primary care providers will integrate new patient care protocols and quality measures, such as employing specific health condition screenings and developing asthma management action plans. PCPs will employ evidenced-based protocols for DSRIP participation. These protocols are expected to positively impact the overall reduction in hospitalizations, ED visits. Improved screening protocols are expected to also assist in the early discovery of diseases and behavioral health disorders so that they can be addressed in a timely non-emergent manner.



## Community-based Organizations (CBOs)

Community based organizations (CBOs) provide a broad range of services that will complement the clinical transformation DSRIP hopes to deliver. CBOs will play an important role in communicating to at-risk communities about prevention (e.g. tobacco cessation, cancer screening) and assure that all messaging is language appropriate and culturally sensitive. Our PPS will also partner with CBOs to recruit culturally competent community members to serve as peer and community navigators to promote connectivity with the healthcare system.



## Health Homes and Care Management Providers

Health Homes and care management providers within our PPS will be integral in providing case management services for Medicaid recipients with chronic diseases. The Health Home at Risk project will be expanding these care management benefits to those who were previously ineligible. Case management services will be vital to reducing admissions and connecting Medicaid recipients to the services they need.



## Clinics

Clinics will play a critical role in DSRIP's 2.d.i – Patient Activation. Activation activities will ensure direct and timely coordination of resources, as well as the delivery of appropriate primary and preventive care in order to engage and educate the Medicaid and uninsured populations they serve.



## Substance Abuse Providers

The different types of substance abuse providers also include some of the non PCP previously mentioned but also include social workers, substance abuse treatment professionals and mental health counselors.

Their role(s) within our PPS will involve evidence-based care coordination services, especially in our 3.a.ii project where we address crisis stabilization services, and effective early intervention and ambulatory services.

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## Our PPS Network Overview | Provide Roles

- Primary care physicians
- Clinics
- Substance abuse
- Hospice
- Non-primary care practitioners
- Health homes
- Skilled nursing/nursing homes
- Community-based organizations
- Hospitals
- Behavioral health
- Pharmacy
- All others

## Our PPS Network Composition

Provider Types	Total Providers in Network
Primary Care Physicians	669
Non-PCP Practitioners	2,330
Hospitals	15
Clinics	47
Health Home / Care Management	58
Behavioral Health	429
Substance Abuse	32
Skilled Nursing Facilities / Nursing Homes	44
Pharmacy	8
Hospice	13
Community Based Organizations	148
All Other	1,798

