

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

2.a.iv. Create a Medical Village Using Existing Hospital Infrastructure

Project Response & Evaluation:

1. Project Description and Justification

1a. Utilizing data obtained from the Community Needs Assessment (CNA), please address the identified gaps this project will fill in order to meet the needs of the community. Please link the findings from the Community Needs Assessment with the project design and sites included. For example, identify how the project will develop new resources or programs to fulfill the needs of the community.

In order to create more effective and efficient care models, Bon Secours Community Hospital (BSCH) in Orange County and HealthAlliance Hospitals in Ulster County will create Medical Villages that consolidate and reconfigure in-patient infrastructure to enhance primary and ambulatory care service capacity. Both BSCH's and HealthAlliance's transformations are supported by data on inpatient occupancy rates and Prevention Quality Indicators (PQI) that suggest an increased need for ambulatory services that provide the right care at the right time and place.

significant progress on restructuring our region's inpatient infrastructure, excess bed capacity remains. Recent studies show a 62% hospital licensed bed occupancy rate for the region, which is below the New York average of 65.3%. The region also has a higher rate of hospital beds per 100,000 people than the State average (297 versus 289 beds). With respect to access to ambulatory care, 78.3% of the population in Orange and 79.6% in Ulster have a regular healthcare provider, rates that are lower than the State average.

In western Orange County, the current healthcare delivery system is acute-care centric. At BSCH, occupancy is 47% on its 55 staffed beds. As a safety-net hospital, BSCH is grappling with sustaining service provision to the large number of medically underserved in a service area that is rural, geographically remote, and has a population-wide burden of ambulatory-sensitive and chronic conditions. In Port Jervis, overall PQIs are 134%; acute conditions are 117% with pneumonia at 131% and dehydration at 203%; and respiratory is 216% with COPD at 362%.

To provide timely, effective, and comprehensive care, BSCH's Port Jervis Medical Village strategy is threefold: (1) reduce staffed beds by 25 (from 55 beds to 30) over 5 years, (2) create a six bed observation unit, and (3) develop two primary care centers, including an FQHC and a primary care/urgent care office. In addition to the FQHC partnership, BSCH will recruit primary care physicians and work to certify practices to NCQA PCMH Level 3 accreditation.

In Ulster County, HealthAlliance is a safety-net provider for an at-risk population who depend upon essential services such as obstetrics (OB), substance abuse, and psychiatry: 70% of HealthAlliance's OB admissions are Medicaid beneficiaries from the city of Kingston, and

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

HealthAlliance represents nearly 80% market share of substance abuse and psychiatry services. Kingston also represents a “hotspot” with respect to ambulatory sensitive conditions: in 2012, overall PQIs were 133%. Acute conditions were 140% with pneumonia at 148% and dehydration at 146%; respiratory was 151% with COPD at 157%.

In recent years, HealthAlliance has seen consistent decline in patient volumes. From 2007 to 2012, discharges decreased by 10%, patient days by 21%, ED visits by 7%, and surgeries by 27%. Volume and occupancy rates have steadily decreased, and HealthAlliance now operates at close to 60% occupancy for 300 beds across its Mary’s Avenue and Broadway campuses. Based on declining volumes and a shifting emphasis to primary and preventive care, HealthAlliance has developed a plan to consolidate services into a single facility (the Mary’s Avenue campus), reduce licensed beds from 300 to 200, and use the vacated facility (the Broadway campus) to create a Medical Village. Redevelopment plans for the Broadway Campus (which include the Institute for Family Health, an FQHC), will expand primary care, behavioral health, and crisis stabilization services. HealthAlliance will explore relocation of the outpatient behavioral health services into the Medical Village, educational and workforce redevelopment opportunities including simulation laboratories and seminar space, and development of population health and care coordination resources.

b. Please define the patient population expected to be engaged through the implementation of this project. The definition of patient population be specific and could be based on geography, disease type, demographics, social need or other criteria. This patient population that the PPS expects to actively engage over the course of the project will be a subset of the total attributed population.

Our PPS will target attributed patients who utilize services offered at the BSCH and HealthAlliance Medical Village sites. As noted below, BSCH and HealthAlliance serve different geographic regions and have differing strategies for the development of their Medical Villages.

Located in western Orange County, BSCH’s Port Jervis “hot spot” patient population is 14,600. Five percent of the Port Jervis population are foreign born, of which 88% entered the US before 2010. Of those less than 5 years old, 10% spoke a language other than English at home. Of those speaking a language other than English at home, 48% spoke Spanish and 52% spoke some other language; 21% reported that they did not speak English “very well.” Among the civilian, non-institutionalized population, 12% had no insurance. Fourteen percent of the population is estimated to be in poverty, with 19% of children and 11% of people over 65 years old below the poverty level. Among the non-institutionalized population, 17% reported a disability. BSCH’s Medicaid unduplicated member count is 4,133 for acute care and 482 for behavioral health. Based on the patient population characteristics, BSCH’s Medical Village will focus on the following conditions: (1) all chronic conditions with emphasis on respiratory and diabetes; (2) heart disease; (3) mental and behavioral health; and (4) cancer.

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

Located in Ulster County, HealthAlliance serves the Kingston community, which has a population of 35,000. Nine percent of Kingston population are foreign born, of which 98% entered the US before 2010. Of those less than 5 years old, 57% speak Spanish, 34% speak other European languages, and 7% speak Asian languages. Among the civilian, non-institutionalized population, 12% had no insurance. Fifteen percent of the population is estimated to be in poverty, with 24% of children and 8% of people over 65 years old below the poverty level. Among the non-institutionalized population, 17% reported a disability. Based on the patient population characteristics and disease prevalence in the Kingston “hot spot,” HealthAlliance’s Medical Village will focus on the following conditions: (1) diabetes; (2) cardiac conditions; (3) respiratory conditions; and mental and behavioral health.

c. Please provide a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project. In addition, identify any needed community resources to be developed or repurposed.

In alignment with our PPS’s Medical Village project, BSCH and HealthAlliance will consolidate and convert inpatient capacity into space for primary care and preventive services.

Based on a comprehensive planning process involving 217 stakeholder interactions, BSCH proposes to realign its certified bed capacity to reflect historical utilization and anticipated reductions in unnecessary admissions due to enhanced access to and usage of primary care services. BSCH will reduce 25 staffed beds and will decertify 36 licensed beds, including six intensive care unit beds and 30 medical/surgical beds.

BSCH will create a six-bed observation unit to provide post-stabilization for short-term treatments, assessment, and a determination concerning admission, discharge or transfer that can reasonably be expected within 48 hours. BSCH will develop a FQHC partnership and develop a walk-in urgent/primary care center to provide timely, comprehensive care for non-emergent and primary care services including peer-supported wellness and education space and co-location of space for services agencies.

BSCH has developed a comprehensive Community Asset Map identifying resources that will be provided in the Medical Village for various services (e.g., smoking cessation, diabetes and nutrition education, local pharmacy, FQHC, home visit programs, a fitness center). BSCH will develop an evidence-based care coordination/transitional care program that links patients with community-based primary care providers, improves patient competence and confidence in self-management of health conditions, enhances provider-to-provider communication, and provides supportive assistance to transition individuals to the least restrictive environment for care. BSCH will also recruit additional primary care physicians.

HealthAlliance has held frequent community meetings to discuss the provision of a high quality, more accessible, lower cost, financially sustainable care delivery system. In September 2011, HealthAlliance announced its intent to move clinical care from its Broadway campus into its

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

Mary's Avenue campus, continuing to provide all behavioral health and other essential services to the community. To advance its planning efforts, HealthAlliance held numerous public information sessions, engaged a design-build firm to quantify projected expenses, and hired Gordian-Dynamis Solutions for consulting guidance. To date, HealthAlliance has determined the appropriate mix of patient services to meet anticipated demand for primary and ambulatory care. Because HealthAlliance is currently reviewing proposals from parties interested in the proposed Medical Village location, specific details are still evolving. Potential options under consideration include expansion of primary care and behavioral health services, colocation with a FQHC, the addition of crisis stabilization services, the creation of simulation labs and seminar space for educational and workforce redevelopment programs with local colleges, and the development of a population health, care coordination infrastructure to be used by the DSRIP PPS and HealthAlliance Physician Network. With respect to PCMH in HealthAlliance's Medical Village, the Institute for Family Health has achieved Level 3 2011 PCMH recognition and will submit to meet 2014 standards in 2015. The majority of the Institute's providers have already met or are prepared to meet Meaningful Use.

Across both HealthAlliance's and BSCH's Medical Villages, we will provide central services to assist participating safety net providers meet PCMH certification, meaningfully use EHRs, and share information with the local RHIO, HealthlinkNY. We have begun discussion with HealthlinkNY to expand connectivity to and utilization of its automated admissions, discharge, and transfer alert functionality. We will also establish an analytics platform to incorporate data from EHRs to track patients and support program measurement and evaluation.

d. Describe anticipated project challenges or anticipated issues the PPS will encounter while implementing this project, and describe how these challenges will be addressed. Examples include issues with patient barrier to care, provider availability, coordination challenges, language and cultural challenges, etc. Please include plans to individually address each challenge identified.

Both BSCH and HealthAlliance face conversion costs and funding challenges, potential disruptions in care delivery during the transition period, and workforce training and redeployment considerations.

To contain costs, BSCH will contract locally for the following: ED contracts for urgent care; contracts for outpatient psychiatric services; and rehabilitation, laboratory, radiology and surgical contracts for outpatient services. In exchange for space, local organizations will provide specific services including smoking cessation and diabetes education, a local pharmacy, nutrition program, and fitness programs.

To fund infrastructure development, BSCH and HealthAlliance will apply for the Capital Restructuring Financing Program, new market tax credits, foundation funding for capital and VAP funding for operating losses. Both Medical Villages will also attempt to offset losses

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

through expansion of outpatient services—including laboratory, diagnostic radiology, and ambulatory surgery.

Medical Village development requires facility changes, closures, and creation of new services that shift patterns of care. ED patients, out of habit, may arrive at the wrong campus location. To mitigate potential disruptions in care delivery, BSCH and HealthAlliance are conducting comprehensive community engagement and planning to identify needs, assets, health behavior and utilization patterns and perceptions. BSCH and HealthAlliance will continue efforts to increase awareness of and promote access to the new services. Dedicated outreach programs will focus on identified health needs of the community and include comprehensive marketing and communication efforts.

Rebalancing health delivery to focus on primary and ambulatory care will result in staffing growth in certain job categories (e.g., outpatient, care management, community health workers) and staffing reductions in some inpatient units. Our PPS is committed to retaining/retraining/redeploying impacted staff to meet the skill-mix required to maintain employment or gain skills for new positions. This includes working with our labor organizations to access retraining resources for both new positions and for at-risk workers. To aid the development of an effective workforce strategy, BSCH and HealthAlliance will create a detailed timeline documenting the specifics of bed reduction and rationale.

e. Please outline how the PPS plans to coordinate on the DSRIP project with other PPSs that serve and overlapping service area. If there are no other PPS within the same service area, then no response is required.

Under DSRIP, patients may receive care from any provider, some participating in multiple PPSs. Cross-PPS collaboration, coordination and alignment of clinical implementation will be critical to achieving DSRIP goals across our region and State. The three PPSs serving our region, led by Montefiore Medical Center, Refuah Health Center, and WMC, will establish a provider-led Regional Clinical Council to support development of a regional system of efficient and effective care, patient safety, and quality improvement.

The Council will review DSRIP project and implementation plans and make recommendations to align overlapping approaches. Region-wide coordination, requirements, and expectations will minimize providers' implementation burdens and create consistent, high quality patient experiences. The Council will identify region-wide care improvement goals and serve as a forum to share and evaluate clinical strategies and practices.

Continuing the cooperation that resulted in the creation of a one region-wide CNA, the PPSs in our region have embraced collaboration throughout the selection, design, and development phases of their respective DSRIP projects. To address potential barriers or disruptions due to market overlaps or consolidation, BSCH will hold reoccurring meetings with representatives

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

from the Refuah-led PPS to coordinate regional implementation, share and spread successful innovations, maximize synergies, and collaboratively problem-solve. In Ulster and Dutchess Counties, the RCC will hold reoccurring meetings with representatives from the Montefiore-led PPS to develop coordinated efforts to address any potential disruptions in services due to consolidation.

Question 1f below states "Please indicate the total number of staffed hospital beds this project intends to reduce." Our PPS Number of Beds Committed for Reduction is: 125 beds. (There is an error in the application tool that prevents us from entering data in the table below and we have been directed by DOH and KPMG to answer question 1f at the end of our entry for question 1e).

f. Please indicate the total number of staffed hospital beds this project intends to reduce.

Project Scale	Number of Beds Committed For Reduction
Expected Number of Staffed Beds to be Reduced	

2. Scale of Implementation

DSRIP projects will be evaluated based upon the overall scale and broadness in scope, in terms of expected impact the project will have on the Medicaid program and patient population. Those projects larger in scale and impact will receive more funding than those smaller in scale/impact. Progress towards and achievement of PPS commitments to these scale measures as provided in the application will be included in achievement milestones for future PPS funding. In order to assess scale, please complete the following information:

2a. Please indicate the total number of Medical Villages this project will establish by the end of Demonstration Year (DY), or sooner as applicable. These numbers should be entered in the table as Total Committed.

See accompanying Speed & Scale Excel document

b. Please indicate the total expected volume of patients the PPS intends to engage throughout this project by the end of Demonstration Year (DY) 4. This will become the Expected # of Actively Engaged Patients. Patient scale is measured by the total number of patients that are expected to be actively engaged by the end of Demonstration Year 4.

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

See accompanying Speed & Scale Excel document

3. Speed of Implementation/Patient Engagement

DSRIP projects will be evaluated based upon the proposed speed of implementation and timeline for patient engagement. The projects with accelerated achievement of project requirements and active engagement of patients will receive more funding than those taking longer to meet goals. Progress towards and achievement of PPS commitments to these scale measures as provided in the application will be included in achievement milestones for future PPS funding. In order to assess speed and patient engagement, please complete the following information:

3a. Please indicate the Demonstration Year (DY) and Quarter by which all participating Medical Villages will achieve project requirements. Project speed is measured by how fast all the project requirements for all chosen locations are met.

PPSs will be expected to meet these requirements for all of the providers, sites, or other categories of entities included in the PPS “total committed” scale metric, unless otherwise specified in the Domain 1 DSRIP Project Requirements Milestones and Metrics.

See accompanying Speed & Scale Excel document

b. Please indicate the expected timeline for achieving 100% engagement of total expected number of actively engaged patients identified. For example, the PPS may indicate that 25% of targeted patients will be actively engaged by the end of Demonstration year 1, 50% by the end of Demonstration year 2, etc.

See accompanying Speed & Scale Excel document

4. Project Resource Needs and Other Initiatives (750 word limit, Not Scored)

4a. Will this project require Capital Budget funding? (Please mark the appropriate box below)

Yes	No
X	

Please describe why capital funding is necessary for the Project to be successful.

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

Our two Medical Villages will require capital funds to consolidate and reconfigure in-patient infrastructure to enhance primary and ambulatory care service capacity.

BSCH needs capital funding to create a six-bed observation unit and to convert space and acquire new equipment to support two primary care centers (a FQHC and a primary care/urgent care office).

HealthAlliance needs capital funding to execute its construction and renovation plans for consolidation of inpatient hospital services into a single facility (on the Mary’s Avenue campus) and then the conversion of the Broadway campus into a Medical Village for outpatient services. Redevelopment plans for the Broadway Campus include expansion of primary care and behavioral health and crisis stabilization services, as well as the acquisition of new equipment for such uses as redeveloping existing facilities into simulation laboratories and seminar space.

The Westchester-led PPS will seek capital funds to develop a shared, health IT infrastructure that supports region-wide population health management efforts. The population health management system will include: (1) a centralized care management platform; (2) a patient registry; (3) equipment and software for telehealth and remote monitoring; (4) enhancement of partners' EHR and HIE capabilities; and (5) analytic tools and reporting systems for network management. Collectively, these tools support critical communication and coordination among our PPS partner organizations. This capability will be shared across all 11 DSRIP projects and is central to our IDS development.

4b. Are any of the providers within the PPS and included in the Project Plan currently involved in any Medicaid or other relevant delivery system reform initiative or are expected to be involved in during the life of the DSRIP program related to this project’s objective?

Yes	No
	X

If yes: Please identify the current or expected initiatives in which the provider is (or may be) participating within the table below, which are funded by the U.S. Department of Health and Human Services, as well as other relevant delivery system reform initiative(s) currently in place.

Name of Entity	Medicaid/Other Initiative	Project Start Date	Project End Date	Description of Initiatives

4c. Please describe how this proposed DSRIP project either differs from, or significantly expands upon, the current Medicaid initiative(s) identified above. A PPS may pursue a DSRIP

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

project that exists as part of another effort if the PPS can demonstrate a significant enhancement to the existing project.