NewYork-Presbyterian
Performing Provider System

NewYork-Presbyterian PPS Newsletter

Welcome to the February 2017 NYP PPS newsletter. We hope you enjoy the updates!

Shift to Focus on Pay-for-Performance Metrics: Throughout the past two months, the NYP PPS Governance Committees and the PPS PMO have been discussing an exciting transition that will impact many aspects of the PPS's efforts. As we all know, as we progress through the five years of DSRIP, more of the funding from New York State is tied to improving our network's performance on specific quality metrics.

We currently receive funds from NYS for meeting certain reporting milestones (i.e. submitting progress reports); however, more and more of the funding will now be based on our ability to improve healthcare quality and outcomes for our attributed population. Over the five years, the pay-for-performance dollars amount to approximately **$19.5 million of our current five-year budget of $79.5 million.**

In order to receive these performance funds, the NewYork-Presbyterian PPS must demonstrate improvements in 44 utilization, clinical quality and patient satisfaction metrics. These metrics range from avoidable utilization measures to disease management, health screening and population health metrics.

Until now, we have used a project structure to try to achieve the goals of DSRIP; however, it has become clear that **more focus is needed on quality improvement and workflow redesign interventions** that will directly impact the performance metrics and increase the probability of realizing the full revenue opportunities.

To meet this new focus on performance metrics, we are going to reorganize ourselves to be more aligned with where the changes in practice need to happen to affect the quality metrics. Instead of organizing, budgeting, governing and communicating by projects, the **PMO and PPS will establish six new working teams called Population Lines:**

Population Line	Scope / P4P Metrics (Not Exhaustive)
CBO/Social Determinants	Navigating psychosocial services, standard screening/referrals, housing, legal aid, nutrition support, substance use access
Transitions / High Utilizers	Potentially preventable utilization, follow-up for BH hospitalizations, transitions to/from ED and inpatient
Community Providers	Screenings, tobacco cessation, utilization, primary care access as well as PCMH achievement at our FQHCs, primary care, and behavioral health community collaborators
Sexual Health	HIV, STI, HCV screening, referral, engagement at NYP and our collaborators
Adult Medicine at NYP	Screenings, tobacco cessation, utilization, primary care access, etc.
Pediatrics at NYP	Screenings, tobacco cessation, utilization, primary care access, etc.

Each Population Line - regardless of focus - will be responsible for achieving the quality targets set by New York State. The existing project-related efforts will be compressed into these Population Lines; there will be no immediate changes to workflows, relationships, etc., including those that have been established with network collaborators.

This shift creates an opportunity to look at how (1) we organize ourselves to impact the population, (2) we allocate resources to achieve the necessary performance and (3) we leverage project management, IT and analytic support to be successful.

This work will just be kicking off in March, and we will leverage the Governance Committees to drive the work forward and inform how the network is reorganized around the Population Lines.

Future PPS newsletters will feature different aspects of this transition, including in-depth looks at each Population Line, specifics on quality metric performance and new interventions available for our community.

NYP PPS Resource Corner: This is a reminder about the following new resources available from the NYP PPS.

Quality Interactions Resource Center: An online resource designed to help you improve your patients' and clients' experiences and assure better health outcomes by managing cross-cultural situations in your daily interactions. Click here to access the tool and here to sign up for an upcoming training demo on how to use the platform.

Cultural Competency and Health Literacy Training Tip Sheets: Visit this page on the NYP PPS website to access a new set of training tips sheets on the following topics:

- Society, Culture and Race in Clinical Care
- Gender Identity and Sexual Orientation
- Disability
- Health Literacy
- Linguistic Barriers
- Teach-back and Barriers to Adherence Discussion

We encourage you to print and use these in your practices and offices. Visit our webinar page here to sign up for a series of training webinars to be offered in each topical area.

HI-FIVE (Health Informatics for Innovation, Value and Enrichment): A training program that covers essential topics for the changing healthcare landscape, including Healthcare Data Analytics, Population Health, Care Coordination and Interoperability, Value-Based Care and Patient-Centered Care. Learn more by visiting the HI-FIVE website.

PPS by the Numbers: We are pleased to share the following data demonstrating some of the exciting achievements of the ED Care Triage Project, which uses a Patient Navigator model to support patients who are not well-connected to primary care and/or insurance to effectively navigate the health system.

- Since its start, the ED Care Triage project has expanded the Patient Navigator Program to two additional emergency departments: Weill Cornell Medical Center (November 2015) and Lower Manhattan Hospital (October 2016). Eight Patient Navigators were integrated at Weill Cornell and three Patient Navigators were integrated at Lower Manhattan. The Program footprint now encompasses five unique emergency departments, with 33 total Patient Navigators.
- In its first year, Patient Navigators at Weill Cornell Medical Center supported 3,041 patients.
    - Of those patients without a primary care provider, 88% were linked to a primary care appointment.
    - Of those patients for whom a follow-up appointment was made, 80% attended that appointment.
- In its first month, Patient Navigators at Lower Manhattan Hospital supported 475 patients.
    - Of those patients without a primary care provider, 81% were linked to a primary care appointment.
    - Of those patients for whom a follow-up appointment was made, 78% attended that appointment.

Project Approval and Oversight Panel (PAOP) and Public Comment Day Update: Leadership from the NYP PPS completed their presentation to the Project Approval and Oversight Panel on February 2, 2017 and the recommendations for the NYP PPS made by the Independent Assessor were accepted by the panel. Presentations from all 25 PPSs, a summary of the meeting and PPS recommendations as voted on by the PAOP can be found here on the NYS DOH website. In addition, summaries of the testimony from the January 31st public comment day on the DSRIP Program as well as written public comment that was submitted to the NYS DOH can be accessed here.