

Date & Time	2/26/2018 at 8:00 – 9:00AM	Meeting Title	NYP PPS Executive Committee
Location	Virtual	Facilitator(s)	Betty Cheng, David Alge
WebEx	https://nyp.webex.com/join/anm9320video.nyp.org	Conference Line	Dial: 415-655-0001 Access code: 732-014-814

Invitees	
Co-Chair: David Alge (NYP)	Co-Chair: Betty Cheng (CBWCHC)
Jeremy Arnold (Finance – NYP)	Jay Gormley (MJHS)
Sharen Duke (The Alliance for Positive Change)	Ellen Harnett (Isabella)
Elaine Fleck (IT/Clinical Operations – NYP)	Isaac Kastenbaum (NYP)
Ana Garcia (Project Advisory Committee – NYP)	Dan Lowy (Argus)
David Grayson (Finance – Calvary)	Andrew Missel (NYP)
Alvin Lin (IT/Clinical Operations – NYC DOHMH)	Rachel Naiukow (NYP)

Meeting Objectives	Facilitator	Time	Start	End
Welcome & Roll Call	Betty Cheng	10 min	8:00	8:10
PAC 2017 Retrospective & Vision for the Future	Ana Garcia	15 min	8:10	8:25
PPS Updates	Isaac Kastenbaum	20 min	8:25	8:45
Update on DRAFT Data Brief	Andrew Missel	10 min	8:45	8:55
Next Steps	Andrew Missel	5 min	8:55	9:00

Action Items				
Description	Owner	Start Date	Due Date	Status
Confirm date of when NYS will announce/finalize MY3 P4P performance	Isaac Kastenbaum	12/18/18	1/31/18	Complete
Develop metric briefs for Executive Committee; How can IT/CO and PAC support?	Andrew Missel	12/18/18	3/31/18	Complete
Exec Comm to review/approve final CBO Impact Fund selections	RFP Review Workgroup	1/29/18	3/31/18	In-Progress

**AMAZING
THINGS
ARE
HAPPENING
HERE**

PAC 2017 Retrospective & Vision for the Future

NYP PPS Executive Committee
February 26, 2018

Membership & Participation

■ Membership

- *PPS collaborators, non-PPS member CBOs, local elected officials, Community Boards, Labor Unions, and other members as appropriate.*

■ Some of the Most Active Groups

- ACMH (PPS network member)
- Alliance for Positive Change (PPS network member)
- ArchCare (PPS network member)
- DOHMH (not a PPS network member)
- Hostos (not a PPS network member)
- Isabella (PPS network member)
- VNSNY (PPS network member)

■ Re-engagement Effort Under Way

Role & Responsibilities

- **Focus:** Advising the Executive Committee
- **The Committee will ultimately be responsible for:**
 - Gathering community feedback and guidance on the needs of the attributed Medicaid population
 - Providing input into the PPS's Community and Provider engagement plans
 - Disseminating information related to NYS Medicaid Reform initiatives (e.g. MRT, HARPs, etc.)
 - Reviewing periodic community needs assessment (CNA) updates
 - Reviewing and providing feedback on PPS project implementation
 - Identifying additional stakeholders to be engaged in PPS efforts, or venues for PPS efforts to be disseminated

Role & Responsibilities

- **Key Areas of Work To Date**

- Supporting the grant application
- Receiving & disseminating information about the PPS & DSRIP
- Discussions: Older Adults, Cultural Competency, Housing, Tobacco
 - Refer issues to DCP for further exploration & support

- **Opportunities**

- Shaping future RFPs
- Advising on the Collaborator Symposium

Discussion

- What upcoming or ongoing PPS issues can the PAC inform?
- What are additional ways to engage the PAC?

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NYP PPS Update

Executive Committee

February 26, 2018

New York State Updates

1. High-Level

1. Jason Helgerson is departing in April 2018
2. DY3Q4 ends 3/31/18
3. DY2 PPS audits on-going across State
4. MY3 Medical Record Review on-going to mid-March
5. “Opt Out” letters going to Medicaid beneficiaries (8/16 was last)
6. DSRIP Learning Symposium completed in early February

2. Granular-Level

1. MY3 Performance distribution delayed
2. OMH pushing forward PPS-view of PSYCKES

NYP PPS Update

1. Funds Flow Model Updates

- 1. Engagement -> On-track for April**
- 2. P4P -> On-track for April (pending NYS releases data)**
- 3. CBO Impact -> On-track for April contracting**

2. Alignment of NYP Health Home and PPS

3. PPS Governance Committee Rotation

4. Ready to distribute P4P data to PPS members (BH + PC-focus) in late March / April

NYP PPS Analytic Tools*

Measure Performance & Beneficiary Encounter Claims for the Measurement Year

Pts in Denominator by Metric Category & Provider Type

Billed Provider
(All)

Provider Type
(All)

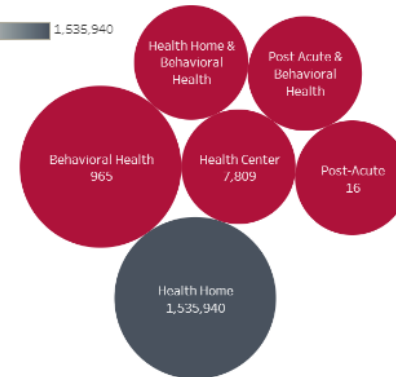
Metric Category

- ☐ (All)
- ☐ Null
- ☒ Access
- ☐ Disease Management
- ☐ Preventative Care

Blocked for HIPAA

Pts who fall in the denominator w/ Encounter Service Claims by Provider Type

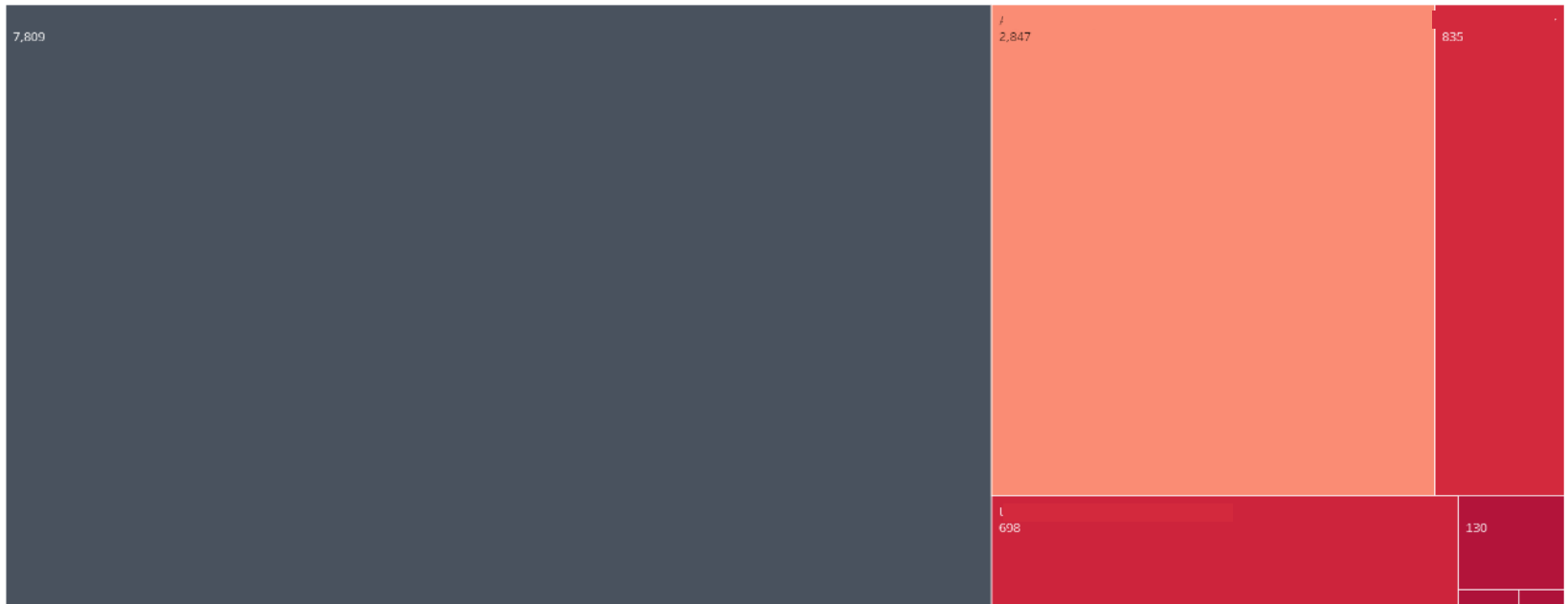
12 1,535,940



Patients who fall in the denominator w/ Enc Svc Claims by Billed Provider

Billed Provider
(Multiple values)

Measure
Adult Access Preventive (20 - 44)



NYP PPS NowPow Rollout

Action	Resource Directory	Patient Nudging / Screening	Referral Receiving	Referral Sending	Go-Live
8 CMMI CBOs	X	X	X	[NYP EDs, NYP ACN, Peds2000]	2018 Q2
80 PPS Collaborators	X	X	X		2018 Q4 & forward
80 PPS Collaborators				X	2019 Q1

*Actively coordinating with NYC HHC, Montefiore, NYC DOHMH, Mount Sinai, Maimonides

Monthly Data Breif: February 2018

Top Utilization & Access Metrics by Age Group, May 2017

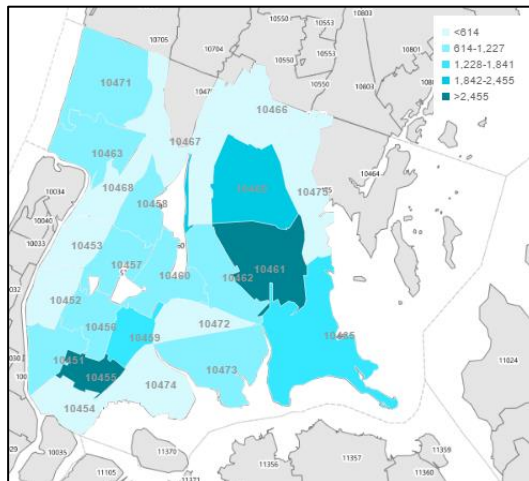
- Older adults aged 65+ (dually-eligible for Medicare and Medicaid) do not drive patters in ED utilization;
- However despite a higher proportion of older adults (duals) maintaining annual PCP visits compared to other adult age groups, older adults do drive unnecessary inpatient utilization (hospitalizations), especially in admissions for ambulatory sensitive conditions.

Metric	Target	Actual	Status	0-5yo	6-11yo	12-17yo	18-44yo	45-64yo	65+yo
Potentially Avoidable Inpatient Readmissions	521.30	510.27	On-Track	423.50	154.89	292.44	495.52	847.32	1950.08
Potentially Preventable ED Visits	35.80	38.76	Not On-Track	54.36	36.44	25.68	37.41	38.71	30.97
Potentially Preventable ED Visits - BH Diagnoses	74.77	86.15	Not On-Track	99.28	51.89	60.05	111.19	98.88	51.43
Potentially Avoidable Admissions for Ambulatory-Sensitive Conditions (PQI-90)	995.09	979.07	On-Track	N/A	N/A	N/A	547.86	1620.60	4524.18
Metric	Target	Actual	Status						
Adult Access to Annual PCP (20-44yo)	84.57%	83.89%	Not On-Track	Diff of 124 pts					
Adult Access to Annual PCP (45-64yo)	92.77%	92.18%	Not On-Track	Diff of 74 pts					
Adult Access to Annual PCP (65+yo)	92.06%	93.80%	On-Track						

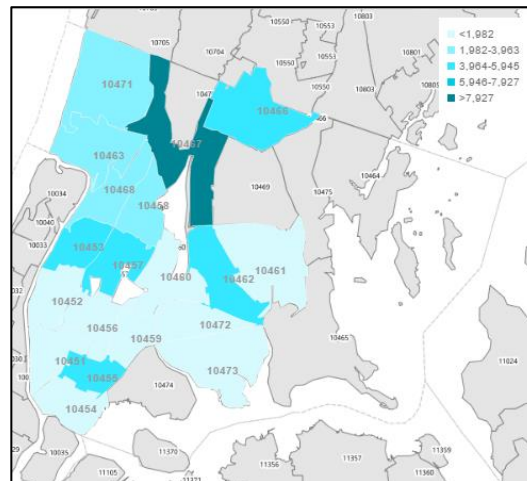
Geographic Hot Spots: Potentially Avoidable Admissions for Ambulatory Sensitive Conditions (PQI-90)

- In the Bronx, older adults (duals, age 65+) with avoidable admissions of these types are concentrated in a small geographic area (10463, 10468, 10452).

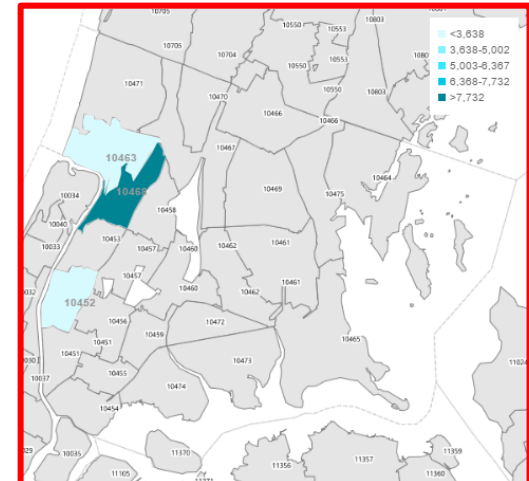
Avoidable Admissions 18-44yo



Avoidable Admissions 45-64yo

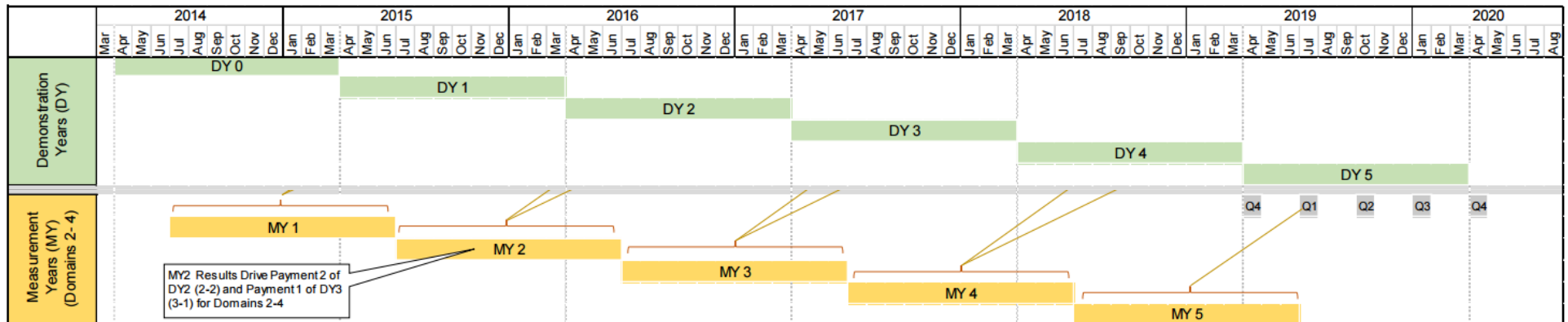


Avoidable Admissions 65+yo



Reference

DSRIP Timelines



Changes in Available P4P Revenue Over Time, by Metric

Total P4P Payments at Stake, All Metrics	Total Metric Value, MY2-5	Metric Value Trend	MY 2	MY 3	MY 4	MY 5
			Jul' 15-Jun'16	Jul' 16-Jun'17	Jul' 17-Jun'18	Jul' 18-Jun'19
	\$ 25,099,176		\$ 1,776,915	\$ 10,002,127	\$ 9,093,633	\$ 4,226,501

- General trends:
 - Behavioral health, substance use treatment, and HIV treatment metrics peaked in MY2;
 - Utilization and access to primary care metrics peaked in MY3;
 - Screening metrics are peaking in MY4.
- The timeline on 65% of P4P eligible dollars has already passed.