

DSRIP Meeting Agenda

Date and Time	1/8/16, 3-4:30PM	Meeting Title	NYP PPS Finance Committee
Location	Milstein Hospital Heart Center Room 3	Facilitators	Jay Gormley, Brian Kurz
Go to Meeting	https://global.gotomeeting.com/join/809392461	Conference Line	Dial +1 (646) 749-3122 Access Code: 809-392-461

Invitees	
Ilana Avinari (Methodist)	Alan Wengrofsky (Community Healthcare Network)
Phil Zweiger (ASCNY)	Maria Guevera (NMPP)
Steve Zhou (Village Care)	Dan Del Bene (SPOP)
Daniel Johansson (ACMH)	NYP Co-Chair: Brian Kurz
Fay Pinto (Elizabeth Seton Center for Pediatrics)	Co-Chair: Jay Gormley (MJHS)
David Grayson (ArchCare/Calvary)	

Meeting Objectives	Time
1. Update on Financial Health Assessment	5 mins
2. Review Financial Sustainability Strategy	10 mins
3. Presentation on Tobacco Cessation Project, David Albert, MD	15 mins
4. Presentation on Pediatric Ambulatory ICU Project, Maura Frank, MD	15 mins
5. Presentation on Behavioral Health Projects, Mary Hanrahan, MSW, LCSW	15 mins
6. Committee Rotations Process	10 mins
7. Identify Action Items	5 mins

Action Items				
Description	Owner	Start Date	Due Date	Status
Extend meeting time on Jan 8 th to 1.5 hours	Lauren Alexander	12/4	12/24	Complete
Share requirements for organizational deliverable related to Financial Health Assessment	Lauren Alexander	12/4	1/8	Complete

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Steve Zhou (Village Care)	NYP Co-Chair: Brian Kurz
Daniel Johansson (ACMH)	Co-Chair: Jay Gormley (MJHS)
Fay Pinto (Elizabeth Seton Center for Pediatrics)	Jyoti Parth (NYP)
David Grayson (ArchCare/Calvary)	Jennie Overell (NYP)
Maria Moreno (NYP)	Mary Hanrahan (NYP)
Barbara Linder (NYP)	David Albert (NYP)
Maura Frank (NYP)	

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Action Items				
Description	Owner	Start Date	Due Date	Status
Reschedule Behavioral Health to present at the next meeting	L. Alexander	1/8/2016	2/12/2016	Complete
Share project presentation slides	L. Alexander	1/8/2016	2/11/2016	Complete

MINUTES:

- B. Kurz opened the meeting.
- B. Kurz provided an update on the financial health assessment. The survey was launched at the end of December. The deadline for completion is February 29, 2016. We have received a few responses to date. We will send periodic reminders to collaborators to complete the survey.
- B. Kurz reviewed the financial sustainability strategy. The strategy outlines the high-level metrics and their associated thresholds that will be used to assess what the PPS will constitute as a financially fragile organization and the steps for addressing fragility. No one indicator will solely indicate financial fragility, but rather they will be taken as a whole. If there is a red flag on one indicator, we will do a deeper dive to assess mitigating circumstances and if the outlying metric truly an indication of financial fragility. The proposed thresholds are:
 - Total days cash-on-hand – The PPS recommends no less than 60 days.
 - Ratio of assets to liabilities – The PPS recommends a ratio of greater than 50%.
 - Operating margin – The PPS recommends a margin less than 1%.
 - Income-to-debt ratio – The PPS recommends 40%.

DSRIP Meeting Agenda

- P. Zweiger, D. Johansson and D. Del Bene raised the issue of credit lines and suggested that we take this into account when analyzing cash-on-hand, proposing that a line of credit can be a good indicator of financial health.
- S. Zhou asked for more clarity around income-to-debt ratio, specifically which debt this is referring to and whether it is overall liability. He suggested overall liability as an additional indicator to the four chosen. B. Kurz responded that since the survey is already live we will collect on the current indicators and can probe for more information as needed.
- P. Zweiger inquired as to whether restricted cash balance should be included in cash on-hand. The group determined that it should not.
- B. Kurz asked for the Committee's feedback as to whether the financial assessment results should be blinded when reporting to the Committee. The group felt that the results should indeed be blinded.
 - D. Grayson asked whether the Participation Agreement covers confidentiality *between* organizations.
- Dr. D. Albert presented on the Tobacco Cessation Project. He covered the following:
 - Project overview and goals
 - NYS requirements
 - Discovery, planning and implementation as it relates to assessment of tobacco cessation services in the ACN, developing a tobacco cessation clinic and expanding use of the EMR to engage the patient and provide disease management related to tobacco cessation
 - How funds are being spent
 - Challenges
 - Successes
- M. Hanrahan inquired about which settings tobacco cessation programming works best, the target population of the project and whether incentivization has worked.
- B. Linder asked about writing prescriptions for cessation medications and the concerns that mental health providers sometimes express about interactions between these medications and mental health medications. This could be a potential issue for cross-collaboration between the behavioral health and tobacco cessation projects. She also asked about the effectiveness of smoking cessation support groups.
- D. Johansson suggested that ACMH may be able to support tobacco cessation activities. They offer 45 minute sessions with clients and might be able to dedicate some of this session to a discussion around tobacco cessation if they were provided with training materials.
- D. Grayson inquired as to the role that the Finance Committee can take in supporting the work of the tobacco cessation project. In particular, given the absence of specific outcome measures from the State, can the Committee assist in providing a framework for outcomes and measuring success? It is important to establish a process that will sustain revenue once DSRIP funds end.
- D. Johansson asked about whether the project is collaborating with MCOs.
- Dr. M. Frank presented on the Pediatric Ambulatory ICU Project. She covered the following:
 - Project overview
 - Current state of the project as it relates to project leadership, care management, community collaborators and IT enhancement
 - How funds are being spent
 - Metrics
 - Results (successes) and challenges
- B. Linder asked about how patients are being identified (i.e. upon presentation or through a registry).
- Dr. D. Albert inquired as to whether DSRIP will cover extended clinic hours.
- D. Grayson asked how the project is performing with regard to metrics and whether the goals they have set are achievable.
- B. Kurz discussed the Committee rotations process and noted that the PPS is considering extending terms beyond a year in order to support continuity.
- B. Kurz noted the next meeting date would be held on Friday, February 12, 2016.
- D. Johansson noted that it is helpful to hear the project presentations.
- B. Kurz closed the meeting.

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Financial Sustainability Strategy

**NYP PPS Finance Committee
Friday, January 8, 2016**

Oversight and Frequency

- **NYP PPS Finance Committee** is responsible for assessing financial health of network collaborators
- Ultimate oversight by **NYP PPS Executive Committee**
- The financial health of network members will be assessed **annually**

Criteria to Assess Financial Health

- **Total days cash-on-hand**
 - The PPS recommends no less than 60 days
- **Ratio of assets to liabilities**
 - The PPS recommends a ratio of greater than 50%
- **Operating margin**
 - The PPS recommends a margin less than 1%
- **Income-to-debt ratio**
 - The PPS recommends 40%

Procedures to Establish Baseline Metrics

- Collected through **online survey tool**
- PMO to **launch survey annually** and monitor responses
- Data to be **analyzed** by NYP PPS PMO/Finance Co-Chairs and staff person from NYP Finance Department
- **Results shared** with NYP PPS Finance Committee (aggregated)
- **Initial baseline metrics** being collected between December 2015 and February 2016

Identifying Financially Fragile Collaborators

Thresholds established for 4 main criteria to assess financial health



NYP PPS Finance Committee Co-Chairs to speak to financial leaders at organizations who are operating outside of established thresholds



NYP PPS Finance Committee Co-Chairs to make a determination about organization's financial fragility

Identifying Financially Fragile Collaborators CONT.

**If deemed financially fragile, report to be made to NYP PPS
Finance Committee (organizations to be deidentified)**



**Next steps determined by the NYP PPS Finance Committee, including
increased monitoring or beginning official process to sever relationship**



Report to be made to the NYP PPS Executive Committee

Monitoring and Assisting Financially Fragile Collaborators

- Financially fragile organizations to be **monitored more closely and frequently**
 - By NYP PPS PMO and Finance Committee Co-Chairs
- **Increase in non-onerous reporting**, as appropriate
 - i.e. Review of balance Sheets and Profit and Loss Statements
- Organizations to receive **advice and counsel** from NYP PPS Finance Committee Co-Chairs

The following outlines the financial sustainability strategy for the New York and Presbyterian Hospital Performing Provider System:

Oversight: The NYP PPS Finance Committee is the governing body that holds the responsibility for assessing the financial health of network collaborators with ultimate oversight by the NYP PPS Executive Committee.

Criteria to Assess Financial Health: The NYP PPS Finance Committee has established the following criteria and associated thresholds to be used in assessing the financial health of network members. The criteria will be examined for the most recent FY completed.

- Total days cash-on-hand – The PPS recommends no less than 60 days.
- Ratio of assets to liabilities – The PPS recommends a ratio of greater than 50%.
- Operating margin – The PPS recommends a margin less than 1%.
- Income-to-debt ratio – The PPS recommends 40%.

Frequency of Assessment: The financial health of network members will be assessed on an annual basis.

Procedures to Establish Baseline Metrics: Financial health data will be collected through an online survey tool with analytic capability. The PPS Project Management Office (PMO) will be responsible for launching the survey annually and ensuring data is collected from all network members. The NYP PPS PMO, Finance Committee Co-Chairs and a staff person from the NYP Finance Department will then analyze the data and share the results with the Finance Committee. To protect the confidentiality of network members, only aggregated data will be shared. Initial baseline metrics will be collected from December 2015 to February 2016 for the most recently completed FY. Subsequent survey data can then be compared to this baseline data collected in DY1.

Identifying Financially Fragile Collaborators: The PPS has established thresholds as indicated above for the four main criteria that will be used to assess the financial health of network members. These thresholds have been approved by the NYP PPS Finance Committee. Organizations' responses to these criteria provided through the online survey tool will be compared to the threshold. For those organizations who respond outside of the established thresholds, the NYP PPS Finance Committee Co-Chairs will have a conversation with the financial leaders at the given institution to further explore the organization's financial situation. Based on this conversation, the Co-Chairs will make a determination about the financial fragility of the organization. If the organization is deemed to be financially fragile, a report will be made to the NYP PPS Finance Committee and next steps will be determined (organizations will be de-identified during this process). Possible next steps may include increased monitoring of the distressed organization or a recommendation to begin the official process of severing the relationship with the organization, as per the NYP PPS Participation Agreement. If the decision to remove an organization is made, the PPS will be sure to keep that service available (e.g. housing, substance use, etc.) within the PPS through another provider. A determination of how the status of the organization impacts their ability to deliver services will also be made and discussed with financial leaders at the organization. A final recommendation on next steps regarding the distressed organization will be presented to the NYP PPS Executive Committee (identities of organizations will be shared with the Executive Committee).

Monitoring of Financially Fragile Collaborators: Organizations that are deemed financially fragile will be monitored more closely and more frequently by the NYP PPS PMO and the Finance Committee Co-Chairs. The organization may be asked to increase reporting, as appropriate. The PPS will work with the organization to develop non-onerous reporting mechanisms, including, but not limited to, review of balance sheets and Profit and Loss Statements.

Assisting Financial Fragile Collaborators: Network members who are deemed financially fragile will receive advice and counsel from the NYP PPS Finance Committee Co-Chairs.

Milestone #2: Perform network financial health current state assessment and develop financial sustainability strategy to address key issues

Minimum Standards of Supporting Documentation to Substantiate Successful Completion of the Milestone: The PPS must demonstrate that it has developed a financial sustainability strategy. The PPS must provide the IA:

- A copy of the financial sustainability strategy document. The document should articulate:
 - Evidence that the finance committee or a subcommittee thereof has been entrusted with responsibility to assess the financial health of network partners.
 - Specification of the criteria to assess the financial health of network partners.
 - Frequency at which financial assessment of partners will be done (semi-annually, annually, etc.) has been specified.
 - Procedures to get baseline financial metrics have been established.
 - Steps to identify financially fragile partners have been put in place.
 - Provisions to evaluate financially distressed partners more closely and more frequently.
 - Steps to assist financially distressed partners.

Validation Process: As part of its oversight responsibilities, the IA will be validating the completion of Domain 1 milestones and measures. The IA will conduct a more extensive review of certain information to ensure the information submitted by the PPS is accurate and verifiable. Furthermore, the IA will:

- Review the criteria and processes developed by the PPS to assess the financial health of its partners to ensure that they adequately identify and address potential problems.

Minimum Standards of Supporting Documentation to Substantiate Ongoing Quarterly Report Updates: After the successful completion of the initial milestone, the PPS must provide the following information to the IA each quarter.

- Updates to the financial sustainability strategy, as applicable.

Validation Process: The IA will perform the validation process similar to the methodology described above.

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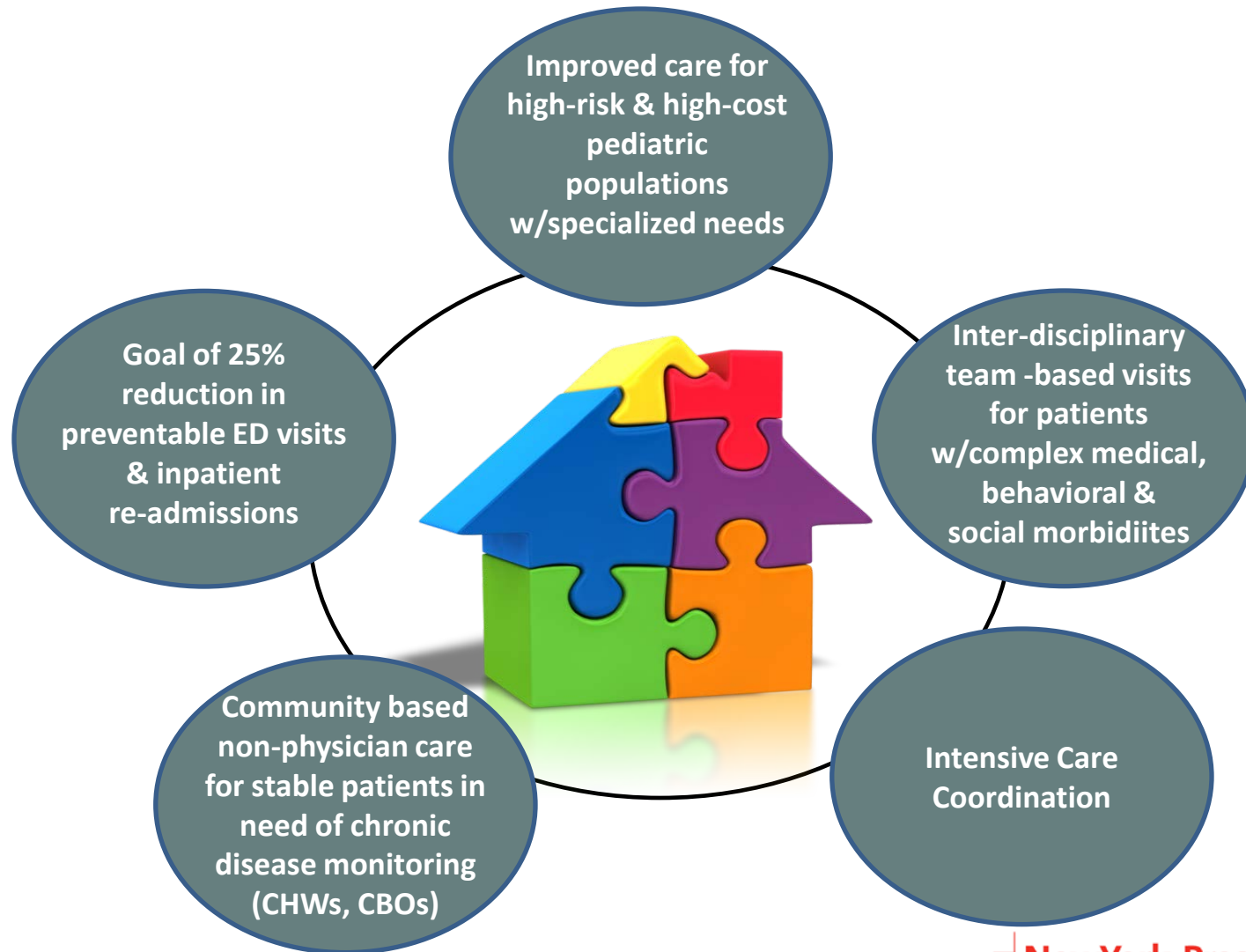
Pediatric Ambulatory ICU

NYP PPS Finance Committee Meeting

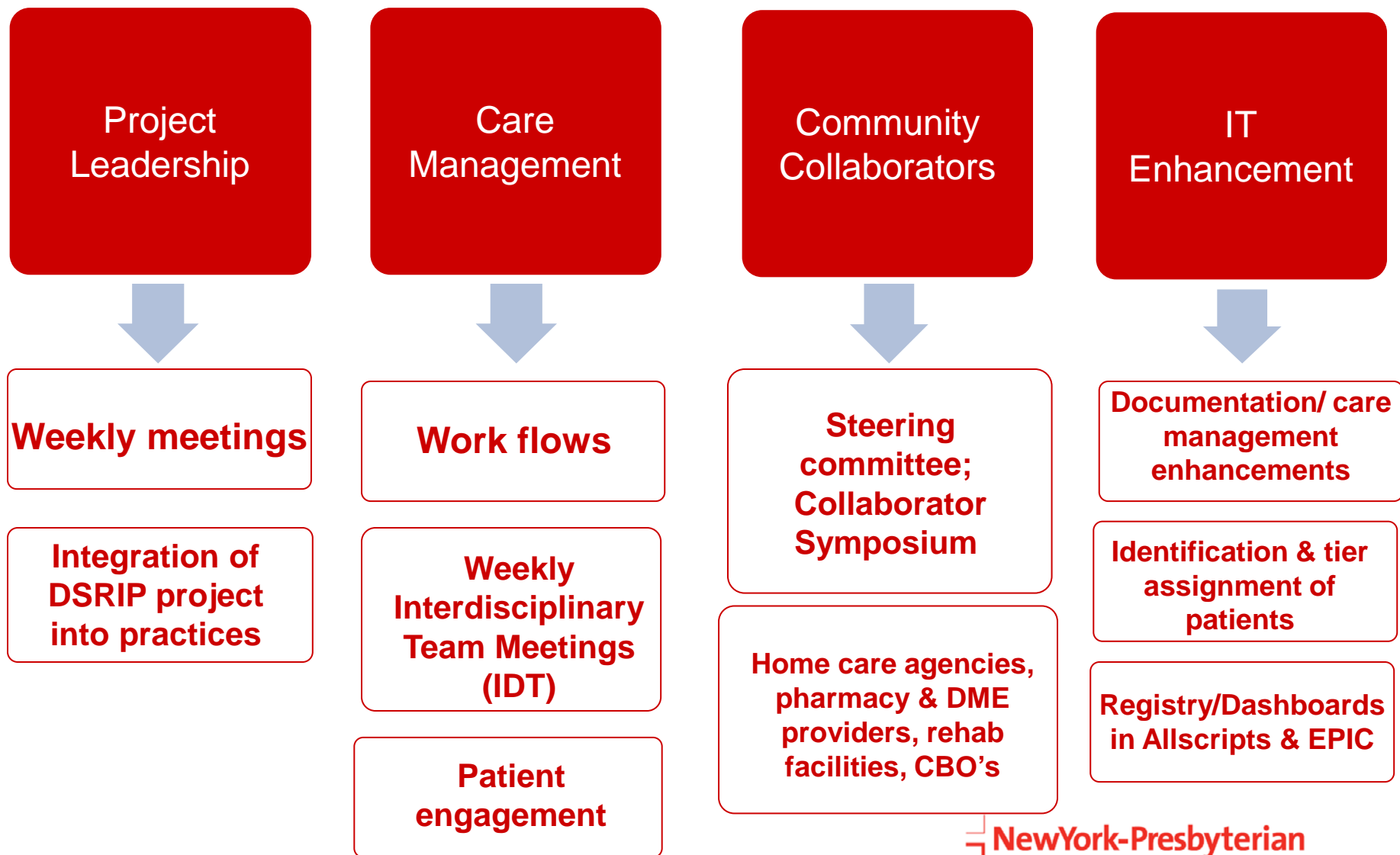
Friday, January 8, 2016

3-4:30pm

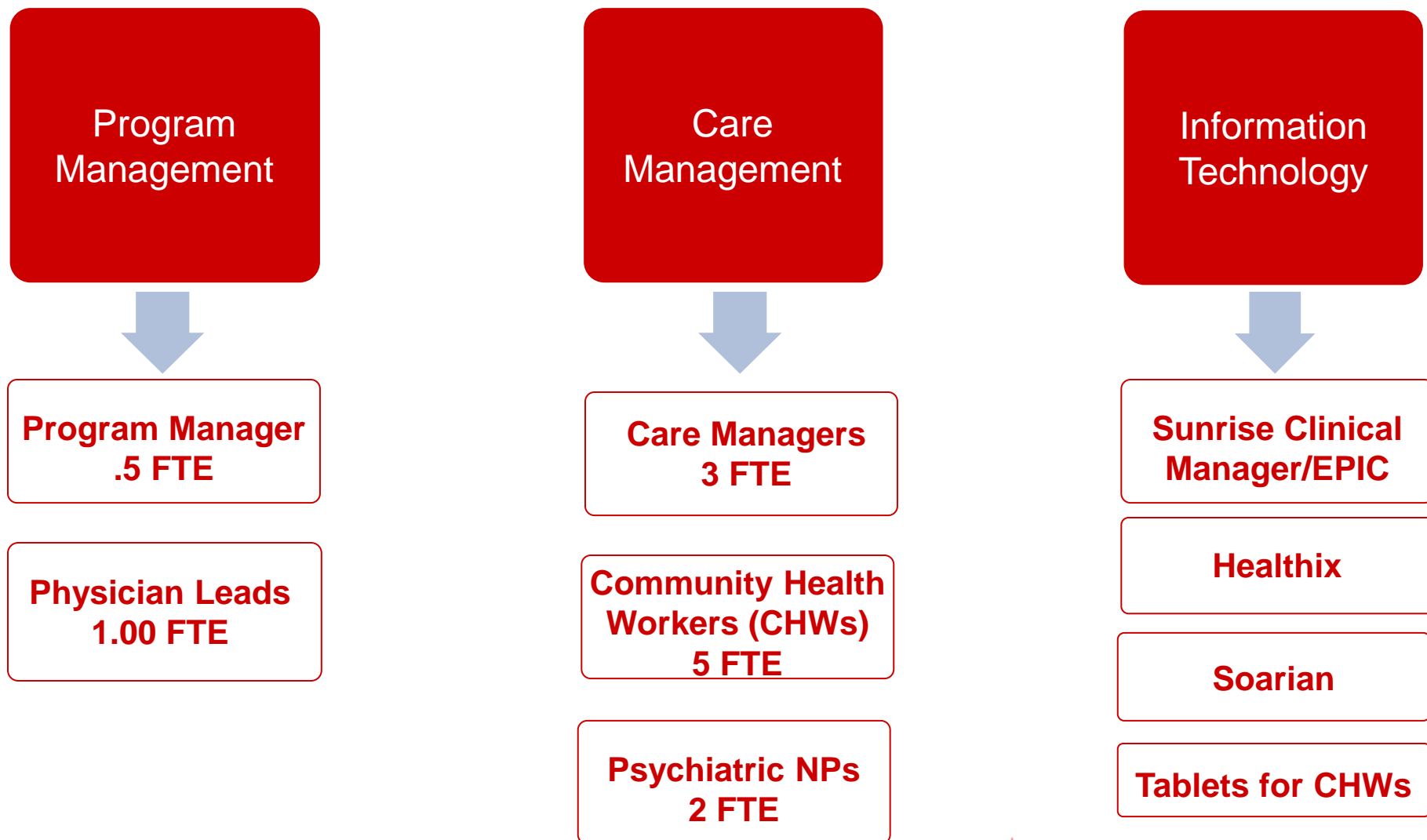
Project Overview: Ambulatory ICU Model for Children with Special Health Care Needs (CSHCN)



Current State of the Project



How Funds Are Being Spent



Metrics

Patient Engagement = 2+ services to patient annually

- **DY4,Q4: 21,170 patients (Pediatric and Adult Ambulatory ICU)**
- **DY1,Q2: 3388 patients**
- ✓ **Benchmark 80% of Expected Patient Engagement achieved**

Results (Successes)

- Hiring/onboarding
- Integration of Ambulatory ICU into practice
- IDTs at every practice site
- IT development:
Registries, CSHCN label
- Engagement of community collaborators
- Improved patient satisfaction

Challenges

- IT
 - Epic development of registry (NYP-WC)
 - ED/Inpatient Alerts (NYP-CU)
- Healthix
- CHW contracts
- Extended hours
- Regulatory Waiver

4.b.i Tobacco Cessation

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NYP PPS Finance Committee Meeting
Friday, January 8, 2016

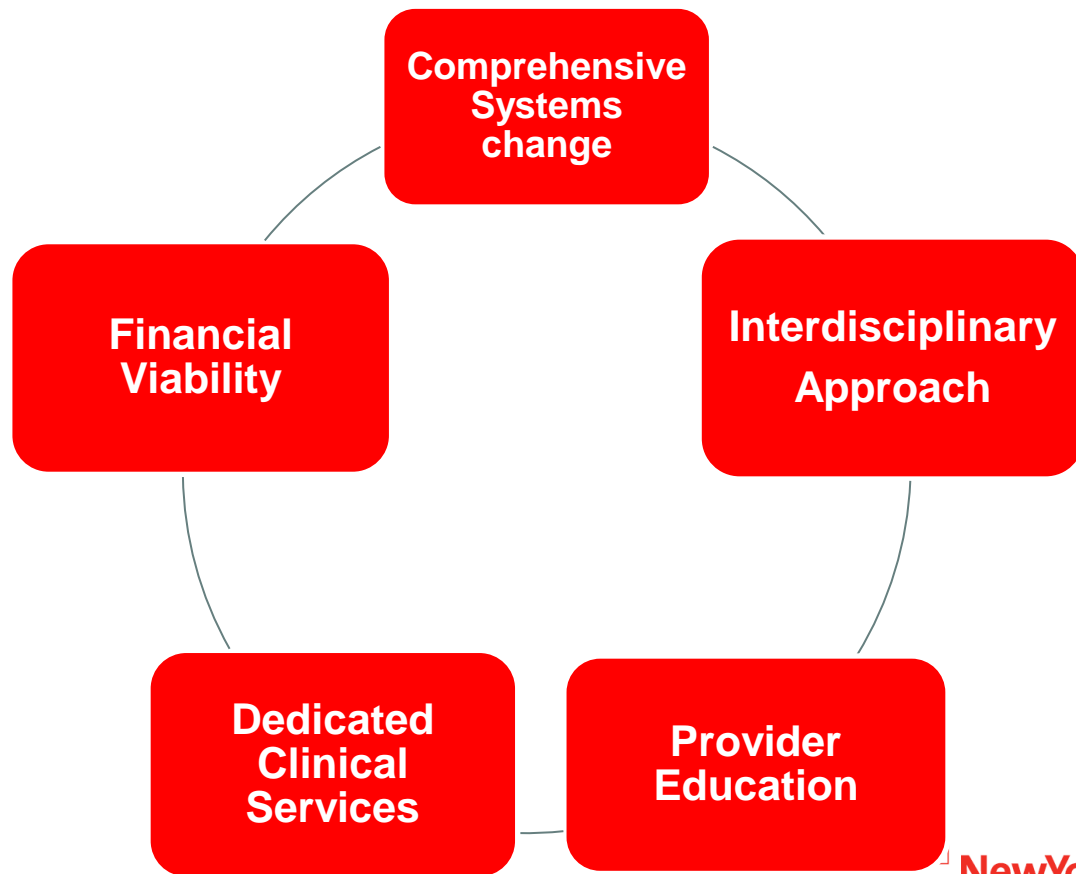
Dr. David Albert, DDS, MPH, Project Lead
Jyoti Parth, MPH, Program Manager

NYS Core Components

1	Adopt tobacco-free outdoor policies
2	Implement the US Public Health Services Guidelines for Treating Tobacco Use
3	Use electronic medical records to prompt providers to complete 5 A's (Ask, Assess, Advise, Assist, and Arrange)
4	Facilitate referrals to the NYS Smokers' Quitline
5	Increase Medicaid and other health plan coverage of tobacco dependence treatment counseling and medications
6	Promote smoking cessation benefits among Medicaid providers
7	Create universal, consistent health insurance benefits for prescription and over-the-counter cessation medications
8	Promote cessation counseling among all smokers, including people with disabilities

Project Overview

- To achieve sustainable integration of evidence-based tobacco cessation services in all primary and behavioral health services across the PPS



Project Overview: Specific Goals

- **Understand current cessation practices at NYP ACN practices**
- **Implement EHR-facilitated cessation assessment and counseling at NYP ACN**
- **Establish cessation clinics for NYP/CU, NYP/WC, and Lower Manhattan**
- **Establish cessation treatment at NYSPI outpatient clinics (Inwood and Audubon)**
- **Develop patient education programs to support tobacco cessation**
- **Facilitate compliant, consistent and accurate tobacco cessation billing practices at NYP ACN**

Discovery, Planning and Implementation

Assessment

Tobacco Cessation Services at NYP Ambulatory Care Network

- Provider survey
- Semi-structured interviews
- Chart review
- Analysis of data
 - Analytics expertise
 - Data Coordinating Center
 - Amalga -Tableau
 - TRACS
 - Eagle
- Ultimate goal is development of ACN tobacco cessation systems change
- Provider feedback

Invitation to Participate in a Quality Improvement/ Quality Control (QI/QC) Tobacco Cessation Project

Dear colleague:

The New York Presbyterian Hospital (NYPH) is conducting a survey about the healthcare providers' perceived barriers, attitudes and practices towards tobacco cessation activities in outpatient settings.

As a healthcare practitioner in NYPH you are at a vantage point to help us to 1) better understand current practices at NYPH and 2) plan for the development of tobacco counseling clinics at NYPH.

Your participation is of utmost importance and will be invaluable to inform the interventions that will work best for the particular population served by your clinic. Analysis will be done at the practice level and anonymity will be preserved at all times.

Please feel free to reach to us with suggestions, ideas and any comments.

Tobacco Cessation Project Lead (NYPH DSRIP)

David A. Albert, DDS, MPH

daal@cumc.columbia.edu/ 212-342-8588.

Discovery, Planning and Implementation

Tobacco Cessation Clinic

Spring 2016

NYPH – Website (2010-2015)

- **Face-to Face Individual and Group Counseling**
- **Licensed Clinical Social Worker (LCSW)**
- **Nurse Practitioner (NP)**
- **Tobacco Cessation Patient Navigator**

New York State and NYPH Smoking Cessation Referral Resources

This pocket card from NewYork-Presbyterian Hospital (NYPH) provides information for health care providers on smoking cessation referral resources and nicotine pharmacotherapy medications for patients.

New York State Smokers' Quitline 1-866-NY-QUITS (1-866-697-8487)

- Free telephone counseling with a trained Quitline specialist
- Free two-week supply of nicotine replacement therapy

New York State Smokers' Quitline Fax-to-Quit Program (www.nysmokefree.com)

- Health care provider can refer patients to NYS Smokers' Quitline
- A Quitline specialist calls the patient and provides counseling and nicotine replacement therapy
- A progress report on the patient's tobacco use is faxed to the provider

AIM Practice Smoking Cessation Clinic, 622 West 168th St., Vanderbilt Clinic, 2nd Floor

- Individual smoking cessation counseling sessions,
Monday 9 a.m.-12 p.m.
- Call (212) 305-6354 for appointment

CIMA Practice Smoking Cessation Class, 505 East 70th St., Helmsley Tower, 4th Floor

- Monthly group sessions, weekday evenings
- Call (212) 746-2881 for appointment

Publication Date: March 2009

 **NewYork-Presbyterian**
The University Hospital of Columbia and Cornell

 **NewYork-Presbyterian**
Performing Provider System

Discovery, Planning and Implementation

EMR – West Campus

Meaningful Use

■ Current State

- Limited in engaging the patient and providing disease management

■ Future State

- Computerized Decision Support System (CDSS)
- Enhanced referral options
 - NYS Quitline built in
 - Tobacco clinic referral

Allscripts

The screenshot displays the Allscripts EMR interface for a patient named Escalon, Liel. The top navigation bar includes various tools like Prescription, Allergies, Signature, Worklist, Task, Print, SuperBill, Secure Messaging, Path Mgr, iCharge, PACS, and Feedback. The main area shows a flowchart titled 'Amb Allm Flowsheet, From 28-Sep-2015 to 28-Sep-2015' with columns for dates and times. A dialog box titled 'Tobacco Use/Smoking History' is open, showing a list of smoking status options with radio buttons. The options include: Never smoker, Current every day smoker, Current some day smoker, Light smoker, Heavy smoker, Former smoker (smoked in the last 12 months, stopped between 12 and 24 months ago, stopped more than 24 months ago), Smoker, current status unknown, and Unknown if ever smoked. The dialog box has 'OK' and 'Cancel' buttons at the bottom.

How Funds Are Being Spent

- **Personnel Costs:**
 - **Project Team (Lead, Manager, Educator, Analyst)**
 - **Collaborators (Columbia Dental Medicine; Data Coordinating Center)**
 - **Clinical Staff:**
 - **1.0 FTE Nurse Practitioner (West ACN)**
 - **1.0 FTE Pt. Navigator (West ACN)**
 - **0.2 FTE Nurse Practitioner (Behavioral Health, NYSPI)**
- **OTPS Expenses:**
 - **CTTS training, software, transcription services, office space, data & hardware, telecom, meeting expenses**

Challenges

- **Identifying tobacco cessation processes across several distinct institutions**
- **Documentation of patient smoking status and follow up assistance**
- **Lack of performance metrics for Domain 4 projects**

Successes

- Active partnership with DSRIP BH/NYSPI to impact mental health patients
- Submission of TRAC request for relevant data
- Collection of over 70 provider surveys and completion of 11 face-to-face interviews
- Connections with NYCDOHMH, NYCTT, and other NYC PPS groups to collaborate on tobacco efforts
- Identification of HERCULES opportunity with cessation billing