NewYork-Presbyterian
Performing Provider System

DSRIP Meeting Agenda

Date and Time	June 15, 2015, 9:30-11:30am	**Meeting Title**	NYP PPS Project Advisory Committee
Location	MSCHONY 12th Floor, Klienman Conf Rm. 12-45	**Facilitator**	Kate Spaziani
GoToMeeting	none	**Conference Line**	Dial In: 855-640-8271 Passcode: 24545434

Invitees	
PAC Membership	
David Alge (NYP)	Daniel Lowy, LCSW (Argus Community)
Claudia Rosen (NYP)	Dianna Dragatsi, MD (Columbia University Medical Center)
Peter Steel, MD (NYP)	Jay Gormley (MJHS)
Perry Pong, MD (Charles B. Wang Community Health Center)	Angela Martin (VNSNY)
Patricia Peretz, MPH (NYP)	Niloo Sobhani (NYP)
Barbara Linder, MPA (NYP)	Steven Kaplan, MD (NYP)

Meeting Objectives	**Time**
1. Attribution/valuation update	20 mins
2. Capital Restructuring Financing Program (CRFP) update	20 mins
3. DSRIP project update: ED Care Triage	30 mins
4. DSRIP project update: Behavioral Health	30 mins
5. NYP PPS Committee Reports	20 mins

Action Items

Description	**Owner**	**Start Date**	**Due Date**	**Status**

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DSRIP Meeting Minutes

Date and Time	June 15, 2015, 9:30am – 11:30am	**Meeting Title**	NYP PPS Project Advisory Committee [PAC]
Location	MSCHONY, Klienman Conf Rm 12-45,	**Facilitator**	Kate Spaziani
Go to Meeting	n/a	**Conference Line**	855-640-8271 passcode: 24545434

Attendees	
DOH & Mental Hygiene, Ana Garcia	NMIC Maria Lizardo
Visiting Nurse Svc of New York, Angela Martin	Allied Service Ctr of NYC Eliana Leve (sp?)
Visiting Nurse Svc of New York, Sandy Merlino	Upper Manhattan Mental Health, Steve Muchnick
Lenox Hill Neighborhood House, Bradley Moore	Metropolitan center for Mental Health, Robert Basile
NYP, Claudia Rosen (presenter)	1199SEIU Training & Employment Funds, Faith Wiggins
NYP, Alessia Daniele	1199SEIU Training & Employment Funds, Pauline Boothe
ACMH (Asso For Case Mgmt & Housing), Daniel Johansson	NYP, Steven Chang
Argus Community, Daniel Lowy (presenter)	NYP, Agnes Peterson via phone
NYP PPS Executive Lead, David Alge (presenter)	Harlem United, Crystal D. Jordan via phone
YWHA of Washington Heights Deborah Katznelson	Methodist Home, Maria Perez via phone
Wash Heights Community Svc./NY Psychiatric Inst. Dianna Dragatsi	NYP, Niloo Sobhani (presenter)
ArchCare, David Grayson	Wash Heights Corner Project Taeko Frost via phone
NYP Human Resources, Eric Carr	Wash Heights Corner Project Jenna M. Tine via phone
NYP PPS, Isaac Kastenbaum	Isabella, Yaffa Ungar
Metropolitan Jewish Health System, Jay Gormley	NYP Peter Steel
NYP, Barbara Linder (presenter)	NYP Stephen Kaplan, MD (presenter)
NYP PPS Executive Lead, Kate Spaziani	Wash Heights Community Svc. /NY Psychiatric Inst., Jean-Marie Bradford
NYP, Emilio Carrillo, MD	ARC XVI Ft Wash Columbia Leadership Fern Hertzberg
Comm Health Network, Kenneth Meyer	NYP Patricia Peretz (presenter)
Wash Heights Comm Svc/NY Psych Inst. Lucia Capitelli	Charles B Wang, Perry Pong, MD (presenter)

Action Items

Description	Owner	Start Date	Due Date	Status

Meeting Minutes:

1. K. Spaziani opened the meeting, welcomed those calling in, and provided a meeting overview.

2. D. Alge presented on PPS Attribution and Valuation.

3. C. Rosen presented a CRFP update.

   Dan Johanssan (ACMH) questioned whether the timing of the CRFP awards will put the PPS behind in IT implementation. Niloo Sohhani (NYP) indicated the PPS won't be behind if awards are made in September or October. David Alge (NYP) responded that the problems would arise if the PPS does not receive sufficient CRFP funding.

4. P. Steel/P. Pong presented on the Emergency Department (ED) Care Triage project

   F. Wiggins (1199 Training & Employment Fund) asked how the project would link with homecare. P. Steel NYP) responded that patient navigators will communicate with social workers, who will work with homecare if necessary; He also indicated that the project team is working on risk stratification and strategy. P. Peretz (NYP) indicated that there is precedent for patient navigator linkages to homecare. E. Carrillo (NYP) provided that the medical home is part of this project, as well, and will provide connection to homecare services. P. Steel asked community based organizations (CBOs) to let the team know if there is a needed connection. P. Pong agreed that homecare is a missing piece.

   D. Johansson (ACMH) questioned how the patient navigators would link with health home care management. C. Rosen (NYP) indicated that a big piece that still needs to be filled out is ensuring consistency across various patient outreach initiatives and DSRIP projects to avoid confusion and redundancy.

   S. Merlino (VNSNY) questioned what the caseload will be for patient navigators and how they would communicate with providers. P. Steel indicated that currently patient navigators manage 10 patients per shift currently at Columbia and that the DSRIP team is looking at whether that current caseload can be increased and whether workload/shifts can be adjusted to adapt to the ebbs and flows of the ED. P. Steel indicated that the top challenge to the project's success will be managing workflow and discharge navigation.

   S. Muchnick (Upper Manhattan Mental Health) questioned whether the PPS would build a CBO database. I. Kastenbaum indicated that this is an issue across all DSRIPs and that the PPS is looking at how best to maintain a database with updated contact information. R. Basile (Metropolitan Center) suggested that there be opportunities for face-to-face introductions between CBOs and patient navigators. P. Pong (CBWCHC) indicated that access to specialty care will be a factor.

5. D. Dragatsi (WHCS/NYPSI) and D. Lowy (Argus) presented an update on the Behavioral Health Crisis Stabilization project.

6. Committee report-outs

   A. Martin (VNSNY) – Clinical Operations Committee
   - Reported that the committee is establishing a meeting schedule, developing a system for receiving updates from the project teams, creating measurement tools for assessing projects team progress, and reviewing scale and speed.

   J. Gormley (Metropolitan Jewish Health System) – Finance Committee
   - Reported that the committee is keeping track of the CRFP status, establishing meeting schedules and agendas, creating a system for receiving project reports, and determining how to conduct the financial readiness assessment for PPS members.
   - Reported that the committee is communicating with other PPSs to try to develop uniform processes so that PPS members in multiple PPSs have non-redundant reporting formats.

   I. Kastenbaum (NYP PPS) – IT/Data Committee
   - Reported that the committee is establising meeting schedules and agendas, working with other PPSs on coordinating reporting formats for the State baseline assessment of IT capacities
   - Reported that the committee is considering its approach to interoperability and IT support
   - A. Garcia (DOHMH) questioned what the PPS's plans are if any of its members fail any of these assessments; I. Kastenbaum (NYP PPS) responded that we are coordinating with other PPSs and the State on how to handle such situations.
   - F. Wiggins (SEIU Training and Employment Fund) asked about the PPS's plans for a workforce benchmarking survey. C. Rosen (NYP) and I. Kastenbaum indicated no decisions have been made yet.

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NYP PPS Update

NYS Attribution and Valuation Changes

June 15, 2015

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Award Summary and Breakdown

Original Forecast	**$ 123,854,455**			
Final Award	**$ 97,712,825**			
Variance ($)	**$ (26,141,630)**			
Variance (%)	**-21%**			
	Total	**P4R or "Guaranteed"**	**P4P**	***Expected Funds***
Final Award	**$ 97,712,825**	**$ 50,770,265**	**$ 46,942,560**	***$ 78,935,801***
DSRIP Fund	$ 58,332,817	$ 27,142,260	$ 31,190,557	*$ 50,770,265*
Safety-Net Equity Fund	$ 39,380,008	$ 23,628,005	$ 15,752,003	*$ 28,165,536*

- **Notes:**
  - **Forecast assumed 80,000 attributed lives and 8/1 PMPM communication of $4.88**
  - **Final award reduced 21% from forecast**
  - **Reduction due to 30,000+ lives excluded by State as "low-utilizers" under recent and dramatic change in attribution methodology**
  - **Expected funds reflect discounting for not achieving 100% of P4P**

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NYC PPS Award Summaries

PPS	Type	Max 5-Year Valuation
NYC HHC	Public	$ 1,215,165,724
Advocate Community Partners	Safety Net	$ 700,038,844
Maimonides	Safety Net	$ 489,039,450
Mount Sinai	Safety Net	$ 389,900,648
SBH Health System	Safety Net	$ 384,271,362
Stony Brook University	Public	$ 298,562,084
Westchester Medical Center	Public	$ 273,923,615
Staten Island PPS	Safety Net	$ 217,087,986
Bronx-Lebanon	Safety Net	$ 153,930,779
NYU-Lutheran	Safety Net	$ 127,740,537
NYP PPS	Safety Net	$ 97,712,825
New York Hospital Queens	Safety Net	$ 31,776,993

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NYP PPS Capital Application

June 15, 2015

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Overview of Capital Restructuring Financing Program (CRFP) Funds

CRFP Overall	NYS	NYC	ROS	Brooklyn (part of NYC)
Estimated Original Pool Split (per GNYHA)		50%	50%	
Original CRFP Pool	$ 1,200,000,000	$ 600,000,000	$ 600,000,000	
New CRFP Pool	$ 1,000,000,000	$ 700,000,000	$ 300,000,000	$ 700,000,000
Total CRFP $	**$ 2,200,000,000**	**$ 1,300,000,000**	**$ 900,000,000**	
Medicaid Lives (#)	6,800,000	4,080,000	2,720,000	1,400,000
Medicaid Lives (%)		60%	40%	21%
Matching Capital Per Medicaid Life	$ 324	$ 319	$ 331	$ 500
Estimated Matching Percentage (per GNYHA)	50%			

NYP PPS: Seeking $26M in CRFP Match on $47.7M in Projects

NYP Capital Projects ($22.4M including $11.2M match)

- ACN Primary Care Expansion ($15.8M)
- PPS IT Infrastructure ($6.6M)

Network Capital Projects ($25.3M including $10.5M match)

- ACMH
- ASCNYC
- Community Healthcare Network
- Harlem United/Upper Room AIDS Ministry
- Hebrew Home at Riverdale
- Isabella
- Methodist Home for Nursing and Rehabilitation
- St. Mary's Center Inc.

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DSRIP-related Capital Project: IT Infrastructure

- **$6.6M to support DSRIP Program across PPS**
- **Projects include:**
  - **Data analytics**
  - **Allscripts Care Director roll-out**
  - **Eclipsys/EHR enhancement**
  - **RHIO/SHIN-NY connectivity**
  - **Population health**
  - **Interfaces**
  - **CHW hardware and software**
  - **MyNYP**

8 Network Members submitted 10 capital projects for CRFP grant funding

Organization	Project Name	Description	Revised Request	Proposed Match %	Proposed Match $	Funding Sought
ACMH, Inc.	West 187th Street Crisis Respite	8-bed crisis respite unit in Upper Manhattan for primary psych	$ 3,235,872	31%	$ 1,000,000	$ 2,235,872
ASCNYC	Peer & Community Health Worker Training Institute	Build Peer Training Center to train CHWs to serve PPS	$ 600,000	50%	$ 300,000	$ 300,000
Community Healthcare Network	Inwood Expansion Project	10k sf primary care clinic (Upper Manhattan)	$ 3,061,000	50%	$ 1,530,500	$ 1,530,500
Community Healthcare Network	Lower East Side Expansion Project	10k sf primary care clinic (LES)	$ 3,061,000	50%	$ 1,530,500	$ 1,530,500
Harlem United/Upper Room AIDS Ministry	Integrated Primary and Behavioral Health Care Expansion Project	Clinic renovation/expansion @ West 124th	$ 1,522,865	50%	$ 761,433	$ 761,433
Harlem United/Upper Room AIDS Ministry	IT Infrastructure to Support Care Management	IT infrastructure to support care management	$ 330,862	50%	$ 165,431	$ 165,431
The Hebrew Home at Riverdale	EarlySense bed technology	EarlySense bed technology	$ 400,000	25%	$ 100,000	$ 300,000
Isabella	Residential Alternative to Hospitalization at End of Life in Northern Manhattan	16-bed Hospice inpatient unit operated by MJHS	$ 6,458,382	25%	$ 1,589,065	$ 4,869,317
Methodist Home for Nursing and Rehab	The Medical Village at Methodist	Conversion of 40 beds from general purpose to acute step-down plus 14-bed dialysis unit and enhanced ancillaries, including telemedicine	$ 5,800,000	52%	$ 3,000,000	$ 2,800,000
St. Mary's Center Inc.	The Integrated Primary Care Expansion Project	Clinic renovation @ West 126th to add Art 28, 31 and 32 capacity	$ 818,268	60%	$ 490,960	$ 327,308
			$ 25,288,249	**41%**	**$ 10,467,889**	**$ 14,820,361**

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Prioritization to DOH

1. NYP IT Infrastructure
2. ASCNYC Peer Training Institute
3. NYP ACN Primary and Specialty Expansion
4. Isabella (MJHS) Residential Hospice Unit
5. ACMH Crisis Respite
6. St. Mary's Center Primary Care/Behavioral Expansion
7. Harlem United Primary Care/Behavioral Expansion
8. Methodist Home Medical Village
9. CHN Inwood Expansion
10. Harlem United Care Management IT Infrastructure
11. CHN Lower East Side Clinic
12. Hebrew Home EarlySense Technology

ED Care Triage For At Risk Populations

NYP DSRIP Project 2.b.iii

Peter A D Steel, MD // Clinical Lead, NYP ED DSRIP Project
Perry Pong, MD // CMO, CBWCHC

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NYS DSRIP Specific Goal

Reduce avoidable hospitalizations and emergency department visits by 25% over 5 years

NYP DSRIP PROJECTS	
#	Description
2.a.i	Integrated Delivery System
2.b.i	Ambulatory ICU (Peds + Adult)
2.b.iii	ED Care Triage for At-Risk Populations
3.a.i	Integration of Primary Care and Behavioral Health
3.a.ii	Behavioral Health Community Crisis Stabilization Services
3.e.i	HIV Center of Excellence
3.g.i	Integration of Palliative Care into the PCMH Model
4.b.i	Smoking Cessation
4.c.i	Decrease HIV Morbidity

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ED Care Triage Project Goals

(a) identify patients who present to the ED and would benefit from being referred to follow-up primary care, specialty care, and other outpatient services

(b) assure that the referrals take place and the consequent care is initiated

State Mandates for DSRIP ED Care Triage Project

Requirements

Establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling:

Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards...

Develop process and procedures to establish connectivity between the emergency department and community primary care providers.

Ensure real time notification to a Health Home care manager...

For patients presenting with minor illnesses who do not have a primary care provider:

Patient navigators will assist…patient to receive an immediate appointment with a primary care provider...

Patient navigator will assist patient with identifying and accessing needed community support resources.

Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a PC).

Use EHRs and other technical platforms to track patients engaged.

Specifications

Target Populations

Frequent ED users with ambulatory-sensitive conditions

Geography(ies)

Uptown, East, Lower Manhattan

Key Attribution Collaborators

FQHCs and D&Ts (Article 28)

Community Physicians

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Patient Navigator Goals

(a) Improve access to care for patients who are discharged from the EDs

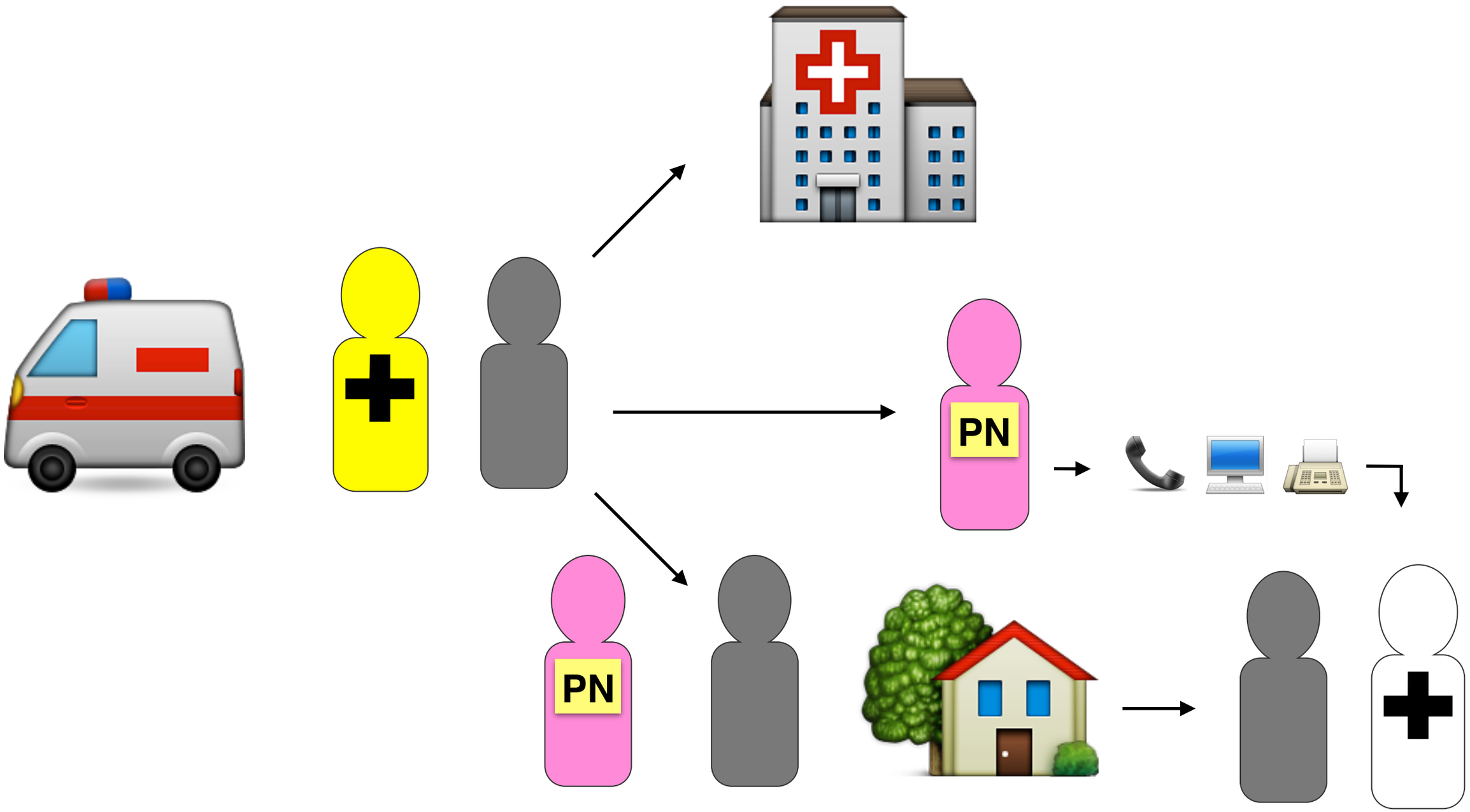
(b) Empower and educate patients to appropriately access and utilize health care services

(c) Work as part of the health care team to support patients and their families to achieve the most successful plan for continuity of care

(d) Support patients of all ages who are treated and released from the Emergency Department

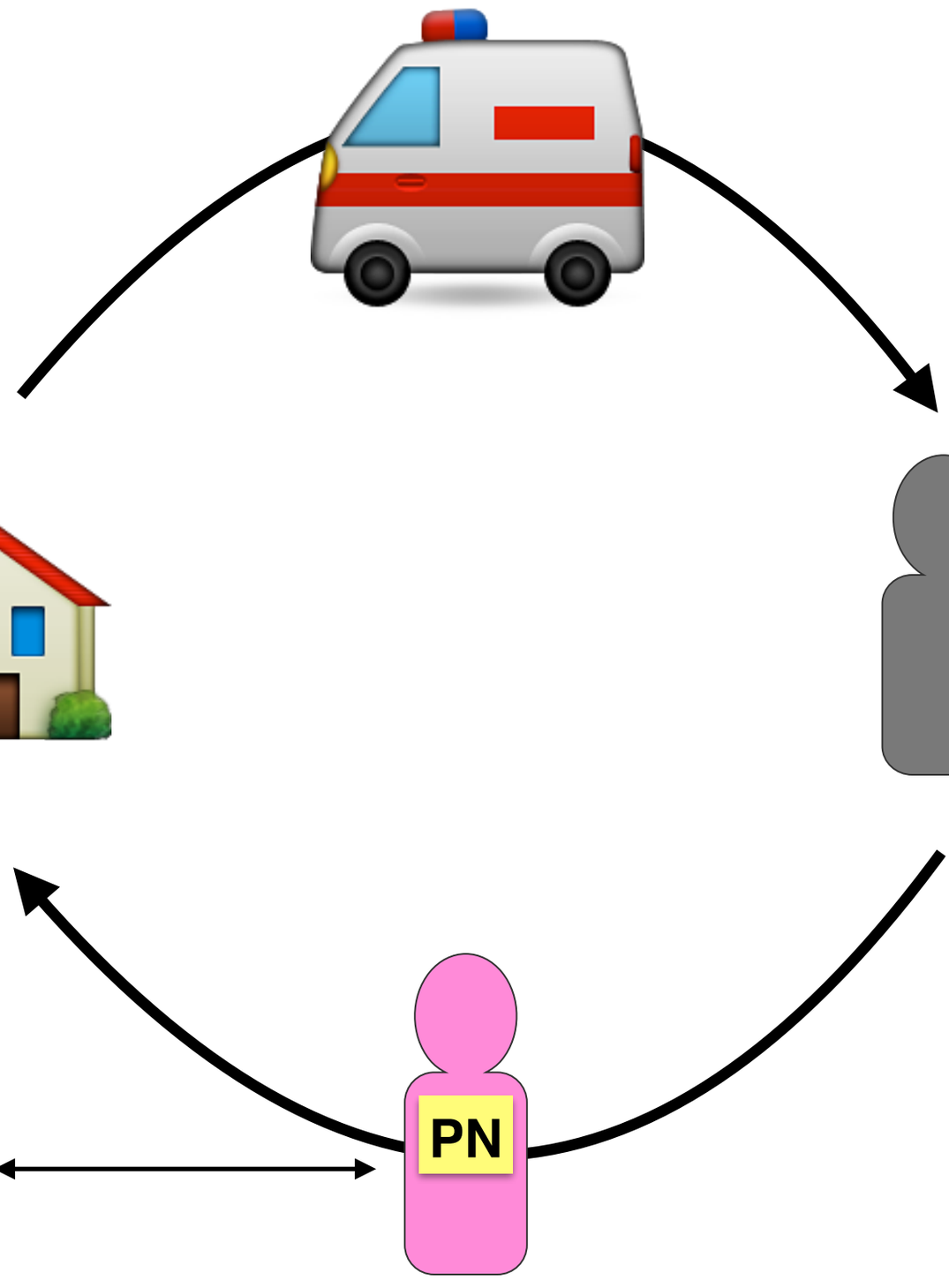
NYS DSRIP Specific Goal

Reduce avoidable hospitalizations by 25% over 5 years

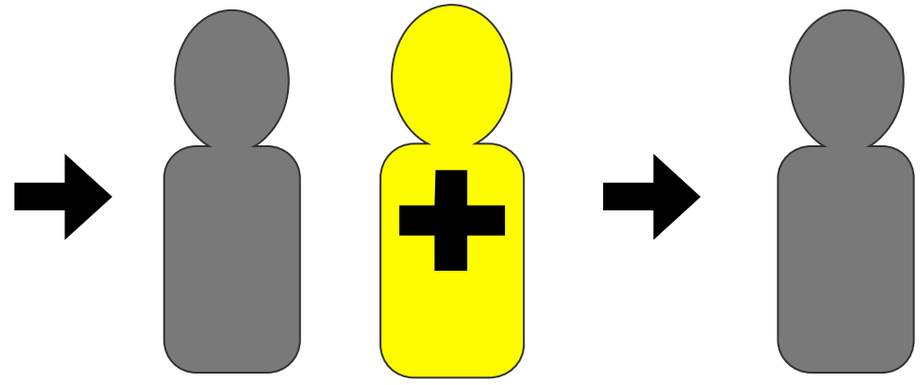


NYS DSRIP Specific Goal

Reduce avoidable emergency department visits by 25% over 5 years



Current NYP East Campus ED Work Flow

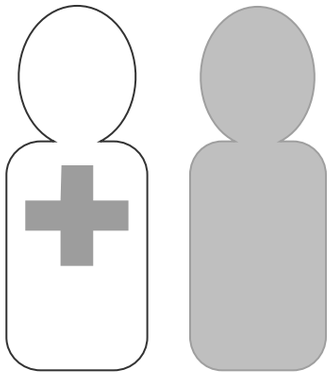


Discharge Instructions

Follow up with ……..

Call …….

Return to the ED if …..



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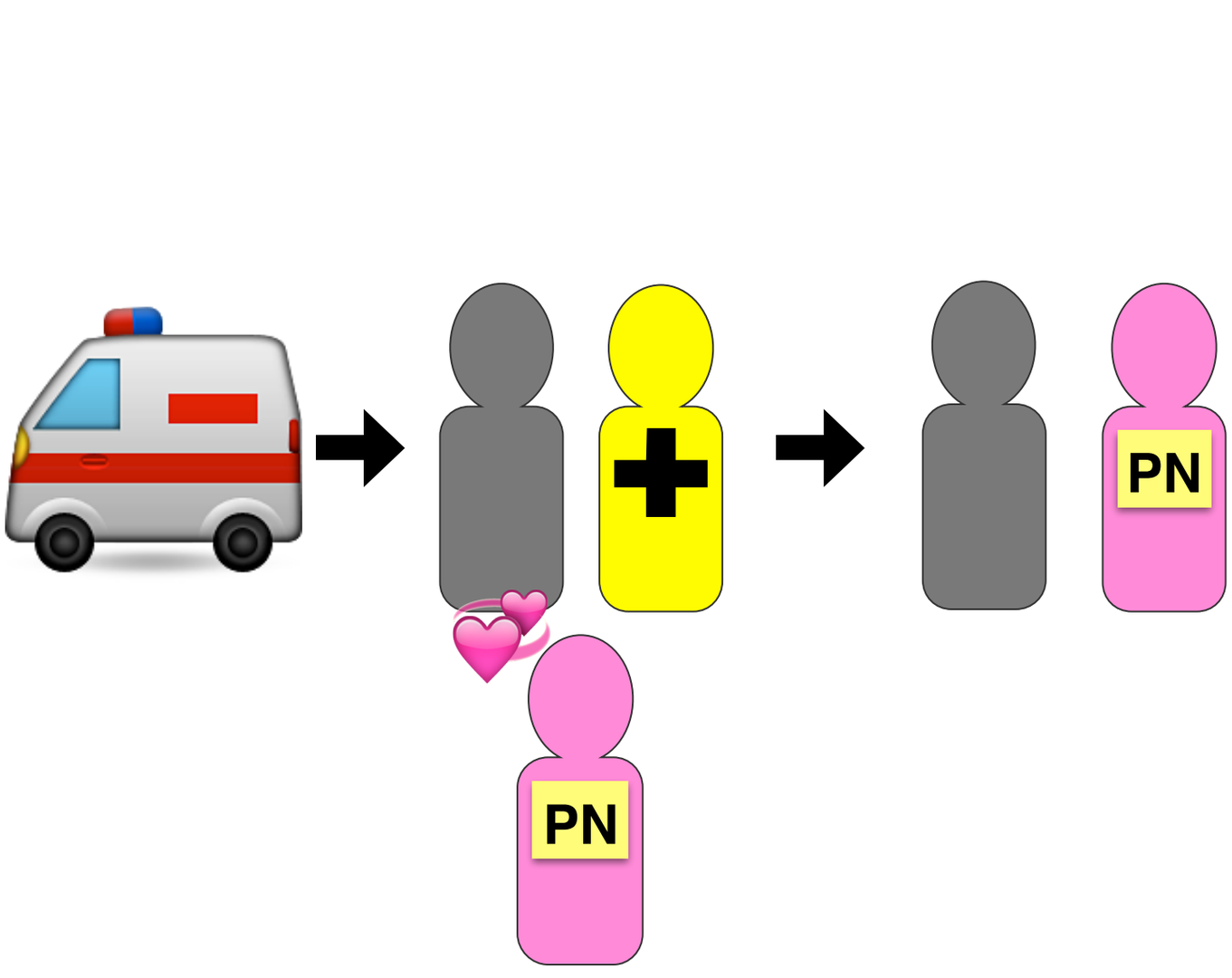
ED Work Flow Incorporating Patient Navigation I



- Schedules PCP +/- Specialist appointment
- Referral to Community Health Care Workers
- Referral to Social Workers
- Referral to NRS
- Warm hand off to CBOs

Assesses reason for ED utilization

Assess barriers to utilization of output services

Provide culturally sensitive education for access and utilization of health care system

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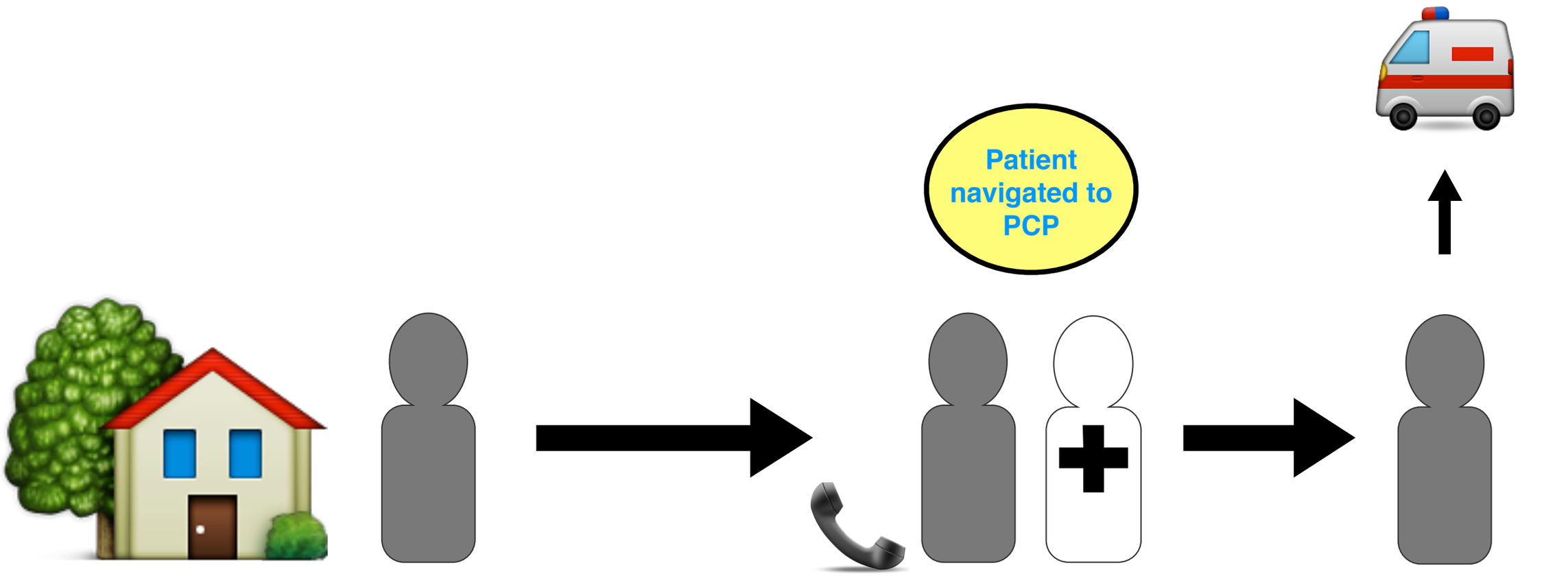
ED Work Flow Incorporating Patient Navigation II



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Discharge Call

Assess how pt is doing

Re-education of discharge instructions

Address questions & concerns

Reminder Call

48-72 hours before appointment

Encourage compliance

+/- Reschedule

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Adherence Call

Verify compliance with appointment

+/- Reschedule

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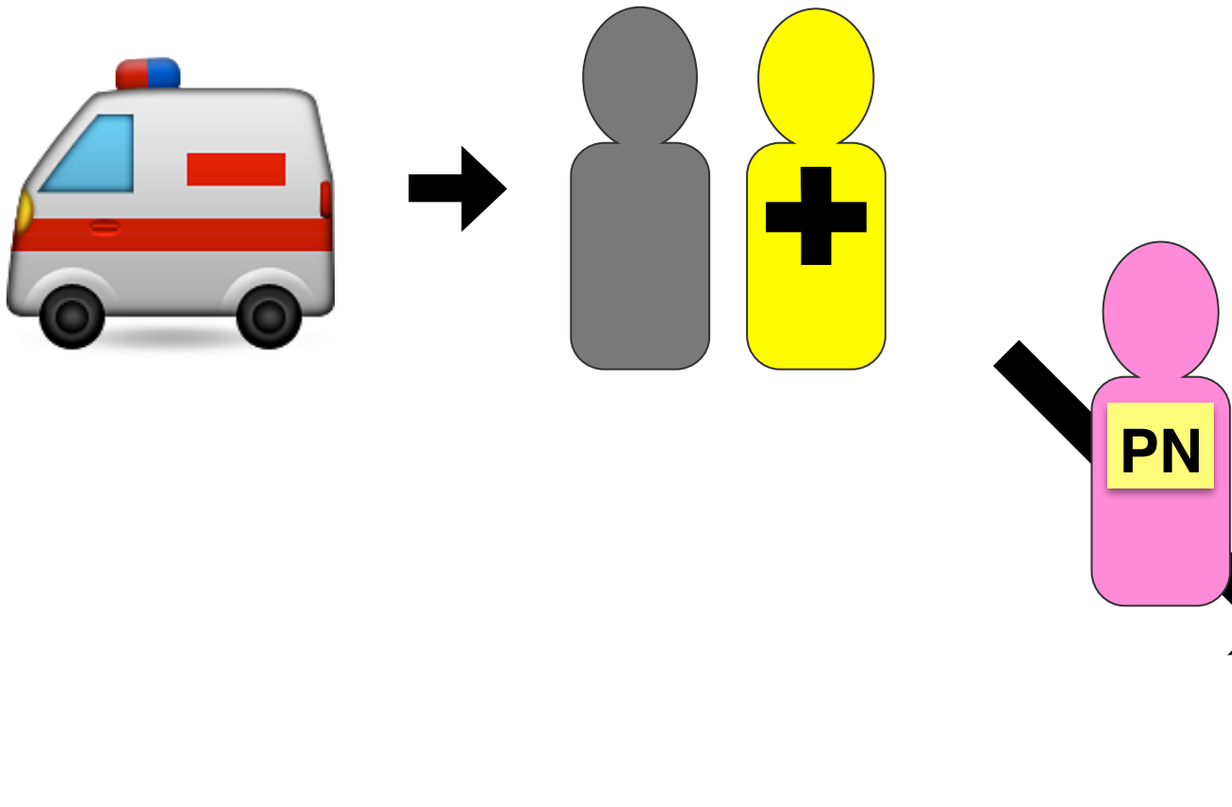
CBOs & Patient Navigation



NYP PPS Collaborators

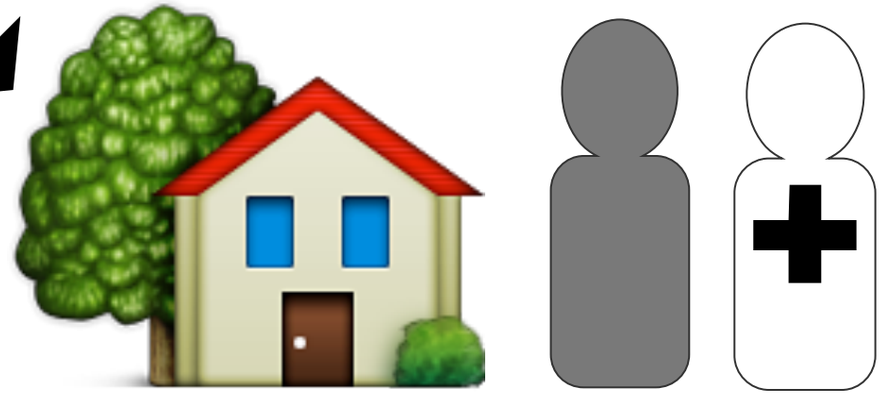
FQHCs: Community Healthcare Network, Charles B. Wang CHC, Harlem United, Access Center

NYP ACN

Independent MDs

Behavioral Health: NYS Psychiatric Institute & BH CBOs

Community-Based Organizations: Scattered across Manhattan and Southern Bronx



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NYP PPS Collaborators // Charles B Wang Community Health Center

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Perspective of FQHC Services

Support the effort to reduce unnecessary hospital admission and inappropriate ER use

Improve patient care and care coordination

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Future Vision of FQHC

Tighter communication mechanisms between ED and FQHC

Increased availability of primary care to reduce patients going to ER

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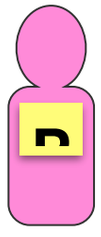
Needs of FQHC

Communication Mechanisms

Mechanism to directly share information from EMR



Support of patients (i.e. navigators)

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Patient Navigation Metrics

Scale and Speed Metric: The number of participating patients presented at the ED and appropriately referred for medical screening examination and successfully redirected to PCP as demonstrated by a connection with their Health Home care manager or a scheduled appointment within 4 weeks of ED discharge

Scale and Speed Commitment: At the completion of Year 3, ED Care Triage will schedule follow-up appointments for 21,497 Medicaid beneficiaries

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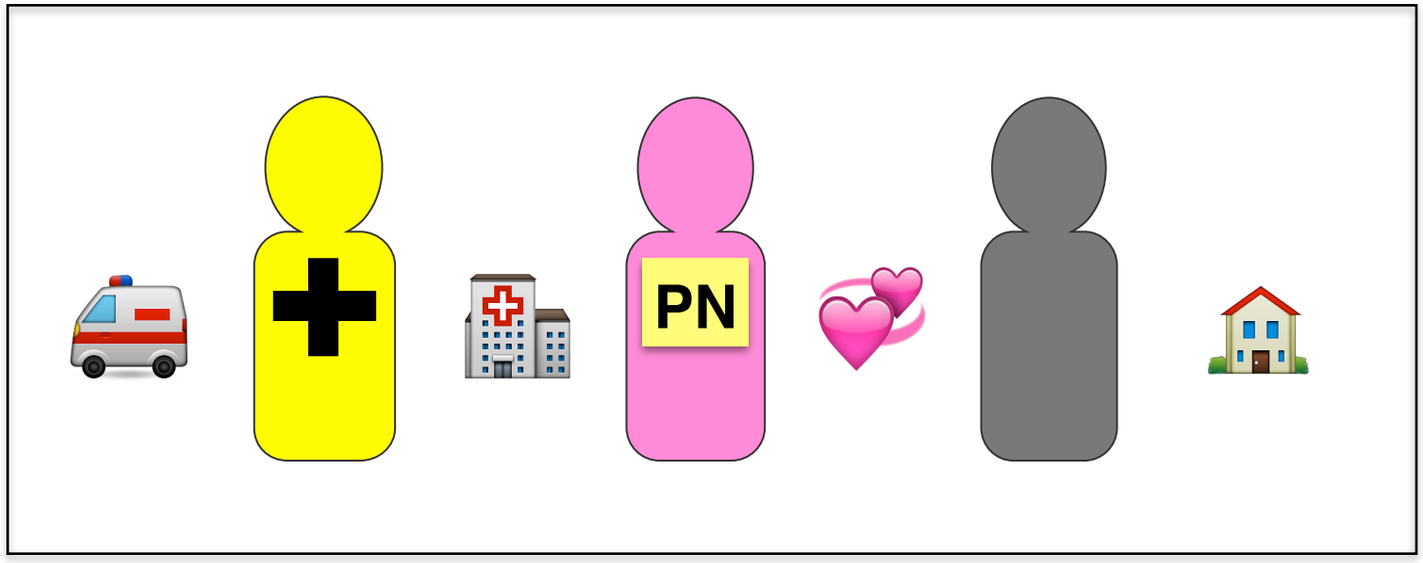
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Argus – NewYork-Presbyterian Partners in Improving Care

NYP PPS DSRIP Behavioral Health Project

June 15, 2015

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NYP DSRIP BH Crisis Stabilization Projects 3.a.ii

Goals	Strategies
1) Identify and Divert non-emergent patients with behavioral health concern from the medical and psychiatric emergency room 2) Link these patients rapidly to nearby ambulatory medical, psychiatric, substance use and social service providers	• Embed Psychiatric Nurse Practitioners in the Emergency Room triage who will collaborate with an Outreach worker, emergency room and community providers to deliver diversion care • Develop a mobile, Critical Time Intervention (CTI) like model, servicing the highest utilizers of emergency room and inpatient care for 6 to 9 months, and addressing their barriers to accessing community based care effectively linking them to community providers

NYP DSRIP BH Crisis Stabilization Projects

Design Solution	Infrastructure Development
• The CTI and ER diversion crisis programs *only* work if we successfully develop a network of community providers committed to common goals • Multidisciplinary CBO providers can delivered sustainable care which addresses the social determinants of public health problems that bring patients to hospitals unable to address unmet medical, psychiatric, substance use, housing, pharmacy, medical insurance, vocational and educational needs…	• Create a Central Portal for Access to Care • Establish collaborative care of patients through ongoing real-time communication and patient engagement that maximizes relationships and motivates patients to treatment compliance • Identify key collaborators and resources in support of shared goals for our patients • Institutionalize NYP-CBO funded and sustainable models

NYP DSRIP BH Crisis Stabilization with Argus

Goals	Strategies
• Identify and divert co-morbid mentally ill/substance users from emergency room and inpatient care • Utilize a specialty care community behavioral health agency for centralized access/diversion and care planning • Provide stabilization services for designated cohort and initiate engagement strategies • Determine and access appropriate levels of care for phase of Substance Abuse Disorder	• Embed a CSAC into Argus Upper Manhattan site, who is closely linked to an ER based outreach coordinator and CTI team • Access Substance Use Disorder specialty coordinated care to targeted cohort of NYP PPS participants • Align CSAC with already existing Care Management teams working with NYP or other identified Health Homes • Use Argus mobile van for transportation to appropriate level of care

NYP DSRIP BH Crisis Stabilization with Argus

Core Principles	Strategies
• CSAC and source of referral (NYP, other CBO partners, detox program etc.) work collaboratively from assessment through care plan • CSAC is “involved” as prime contact until finalized care plan is in effect • Continuation of contact over time of project during all transitions of care	• Dedicated liaison sub-specialist to coordinate access to /outcomes for care of Substance Use cohort throughout NYP PPS • Target medically and psychiatrically stable/at risk population for multi stage intervention for SUD • Collaborate with sub specialty care providers for treatment resistant patients • Harm reduction models with additional NYP PPS partners

NYP DSRIP BH Crisis Stabilization CSAC Role

- *CSAC participates in Emergency Department Rounds at NYP*
- *CSAC assesses patients on inpatient services/outpatient sites at NYP to assess need for substance abuse services*
- *CSAC is pivotal for engagement strategies for this deemed cohort "non compliant/hard to engage"*
- *Acts as content expert to care teams on strategies for compliance*

- *CSAC assesses/recommends level of care needs(detox, rehab ,crisis intervention)*
- *Immediate counseling engagement with patients (motivational interviewing)*
- *CSAC orchestrates transfers for sub acute services- mental health, ambulatory detox, services, day programs, support groups.*
- *Arranges access to Recovery support group off hours and on weekends*

- *Helps identify other health issues for identified SUD patients for referral and treatment planning*
- *Identify the subset of very high utilizers of emergency services who are not connected to outpatient mental health services and psychosocial resources*
- *Create database of high service users, entering data for tracking and monitoring outcome metrics*