NewYork-Presbyterian
Performing Provider System

# DSRIP Meeting Agenda

| | | | |
|---|---|---|---|
| **Date and Time** | 11/20/15 | **Meeting Title** | NYP PPS Clinical Operations Committee |
| **Location** | Heart Center Room 3 | **Facilitator** | Dr. Emilio Carrillo, Angela Martin |
| **Go to Meeting** | https://global.gotomeeting.com/join/158738573 | **Conference Line** | Dial +1 (646) 749-3122<br>Access Code: 158-738-573 |

| **Invitees** | |
|---|---|
| **Chair:** Angela Martin (VNSNY) | **Chair:** Emilio Carrillo, MD (NYP) |
| Alissa Wassung (God's Love We Deliver) | Tamisha McPherson (Harlem United) |
| David Pomeranz (Hebrew Home) | Ana Garcia (NYC DOHMH) – Web |
| David Chan (City Drug & Surgical) | Maria Lizardo (Northern Manhattan Improvement Corporation) |
| Jean Marie Bradford, MD (NYPSI) | Susan Wiviott (The Bridge) |
| Eva Eng (Arch Care) | |
| Bill Mead (St. Mary's Hospital for Children) | |

| **Meeting Objectives** | **Time** |
|---|---|
| 1. Review of action items from last meeting | 5 mins |
| 2. Report on Governance Committees | 5 mins |
| 3. IT Update | 10 min |
| 4. NYSDOH Site Visit | 5 min |
| 5. Project Status Reporting | 15 min |
| 6. Follow-up to Transitions of Care Presentation | 10 min |
| 7. Identify action items for next meeting | 5 mins |

**Action Items**

| **Description** | **Owner** | **Start Date** | **Due Date** | **Status** |
|---|---|---|---|---|
| Share project status updates with the committee via e-mail | L. Alexander | 10/23/2015 | 11/20/2015 | Completed |
| Share Julie Mirkin's slides with the committee via e-mail | L. Alexander | 10/23/2015 | 11/20/2015 | Completed |
| Share timeline for organizational deliverables development and Committee review | L. Alexander/I. Kastenbaum | 11/9/2015 | 11/20/2015 | Completed |
| Develop project status dashboard for Committee feedback | L. Alexander/I. Kastenbaum/Co-Chairs | 10/23/2015 | 11/20/2015 | In progress |

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|---|---|---|---|
| **Date and Time** | 11/20/15, 9am-10am | **Meeting Title** | NYP PPS Clinical Operations Committee |
| **Location** | Heart Center Room 3 | **Facilitator** | Dr. Emilio Carrillo, Angela Martin |
| **Go to Meeting** | https://global.gotomeeting.com/join/158738573 | **Conference Line** | Dial +1 (646) 749-3122<br>Access Code: 158-738-573 |

| **Attendees** | |
|---|---|
| **Chair:** Angela Martin (VNSNY) | **Chair:** Emilio Carrillo, MD (NYP) |
| Alissa Wassung (God's Love We Deliver) | Tiffany Sturdivant-Morrison (NYP) |
| Jose Caseres (City Drug & Surgical) | Lauren Alexander (NYP) |
| David Chan (City Drug & Surgical) | Sam Merrick (NYP) |
| Jean Marie Bradford, MD (NYPSI) | Susan Wiviott (The Bridge) |
| Eva Eng (Arch Care) | Bill Mead (St. Mary's Hospital for Children) |
| Adriana Matiz (NYP) | Mary Hanrahan (NYP) |
| Julie Mirkin (NYP) | Lisa Zullig (GLWD) |

| **Meeting Objectives** | **Time** |
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| 1. Review of action items from last meeting | 5 mins |
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**Action Items**

| **Description** | **Owner** | **Start Date** | **Due Date** | **Status** |
|---|---|---|---|---|
| Schedule meeting to discuss pharmacy and medication issues as they relate to Healthix | L. Alexander/E. Carrillo | 11/20/2015 | 12/18/2015 | In progress |
| Form Cultural Competency and Health Literacy Workgroup | E. Carrillo | 11/20/2015 | 1/31/2016 | Not started |
| Share GLWD nutrition tool across projects | T. Sturdivant-Morrison | 11/20/2015 | 12/31/2015 | In progress |
| Have T. Sturdivant-Morrison present on project status reporting at next meeting | T. Sturdivant-Morrison | 12/18/2015 | 12/18/2015 | Not started |
| A. Wassung to share cultural competency training tool with L. Alexander | A. Wassung | 11/20/2015 | 11/20/2015 | Complete |

**MINUTES:**

- A. Martin opened the meeting.
- L. Alexander provided an update on the work of the other Governance Committees, including the Finance Committee and the Executive Committee.
    - Dr. E. Carrillo provided an overview of the conversation that took place at the recent Executive Committee meeting around the Cultural Competency and Health Literacy Strategy. Particularly, the Executive Committee members were interested in learning more about what the training component of the strategy would entail. Dr. E. Carrillo requested volunteers to join a Cultural Competency and Health Literacy Workgroup to begin addressing this issue and the other elements included in the strategy.

    - A. Wassung mentioned a tool that she thought might be useful with regards to cultural competency training. She said she would forward it to L. Alexander.
- N. Brown provided an update on the work of the IT/Data Governance Committee and related IT activities across the PPS. The update included:
    - A review of the goals of team-based care and interoperability
    - An overview of the IS platforms that will be used to support interoperability across the network, including Healthix and Allscripts Care Director.
    - A review of the two tracks that will drive interoperability efforts, including highly connected collaborators (will require substantial information exchange) vs. connected collaborators (modest information exchange).
    - Dr. J. Bradford asked what percentage of the collaborators are in the connected group.
    - D. Chan asked how the highly connected vs. the connected groups were developed. He also inquired about the process by which data is put in Healthix.
    - J. Caseres asked if you can see patient medications in Healthix as well as documentation of adherence issues.
    - There was continued discussion around Healthix and what pharmacy information it includes. The group decided that a separate meeting to discuss the pharmacy component was warranted. L. Alexander will work with Dr. E. Carrillo to schedule.
    - A. Wassung asked about whether organizations that are outside of the clinical arena can access information in Healthix, specifically whether they would be able to get alerts when a patient goes to the hospital.
    - A. Wassung inquired about whether patients will be identified by PPS in Healthix. She also asked about how alerts work.
    - D. Chan asked if Healthix was prepared for the influx of data that would be generated by the various PPSs usage of the RHIO.
    - J. Caseres asked if SureScripts will be integrated with the IT tools.
- J. Mirkin provided a brief update of the follow-up that has taken place with collaborator organizations since her presentation at the last Clinical Operations Committee.
    - A. Wassung and L. Zullig from God's Love We Deliver reported on the Community Partners Program Referral Tool for Medically Tailored Home-Delivered Meals.
    - Dr. J. Bradford inquired about training around this tool with home health aides.
    - M. Hanrahan inquired if physician authorization is required every 30 days.
    - The group discussed how to bring this tool and others like it back to the projects. T. Sturdivant-Morrison will help with this process.
- Dr. E. Carrillo reported that the PPS had a recent NYS DOH site visit and that it went very well.
- Dr. E. Carrillo reviewed action items.
- Dr. E. Carrillo and A. Martin closed the meeting.

AMAZING THINGS ARE HAPPENING HERE

# Clinical Operations Committee Meeting

November 20, 2015

NewYork-Presbyterian
Performing Provider System

# Review Approach to Team-Based Care

- Goals of team-based care and interoperability
- Two Tracks
  - Highly-Connected-Collaborators
  - Connected-Collaborators
- Healthix
  - Phased timeline by Collaborator Track (June 2016 and October 2016)
  - Portal Access for all Collaborators
  - Other versions as necessary (e.g. event notifications)
- Allscripts Care Director
  - Based on Health Home model
  - Implemented at Highly-Connected-Collaborators *(June 2016)*
  - Will support collaborative care planning and documentation

# NYS DOH UPDATE: PROJECT LEVEL

The following table represents a brief summary of the implementation progress for the ten projects selected by the New York and Presbyterian Hospital Performing Provider System:

| ID | Description | Recruitment | Collaborator Engagement | Challenges | Successes |
|---|---|---|---|---|---|
| **2.a.i** | IDS | Recruited full PMO, multiple IS staff to support interoperability and analytics, CHW Managers | Executing PPS Participation Agreements and beginning to execute Service Agreements for funds flow to support CBO-based CHWs and Peers; beginning interoperability pilots; independent community physician PCMH transformation sub-contract being negotiated | 1. CRFP funding required to recruit full IS staff<br>2. CRFP funding required to implement interoperability infrastructure | 1. Anticipated recruitment of 30 CHWs and Peers<br>2. Coordination of PCMH transformation across projects |
| **2.b.i** | Ambulatory ICU (Adult and Pediatrics) | Recruited Project Manager, RN Care Managers, Depression Care Manager, BH Care Manager, Psychiatric Nurse Practitioners; anticipated recruitment of CHWs | Engaged with collaborators around community health workers (CHWs), home health providers, health home providers, and community-based mental health providers | 1. Recruiting specialized staff | 1. Recruiting staff<br>2. Developing fully functional registries<br>3. Incorporating residents into interdisciplinary meetings<br>4. Starting pilot in largest practice |
| **2.b.iii** | ED Care Triage | Recruited campus-specific Managers and Supervisors, as well as 11 Patient Navigators | Establishing a pilot with a multi-site FQHCs to trial same/next scheduling and transmission of post-discharge summary of care documents; Navigators will also handoff to CBO-based CHWs for follow-up | 1. Delays in Union approval of job descriptions at one campus | 1. Recruiting staff<br>2. Developing Navigator workflow<br>3. Engaging ED Care Team in redesign |
| **2.b.iv** | 30-Day Transitions | Recruited the majority of Transition of Care RN Care Managers and Project Manager; anticipated recruitment of CHWs | Initial presentation to Clinical Operations Committee spurred significant interest in post-discharge collaboration | 1. Identifying simple method to target those patients at highest risk of readmission | 1. Successful recruitment fairs<br>2. Establishing single model across all NYP campuses |

# NYS DOH UPDATE: PROJECT LEVEL

| ID | Description | Recruitment | Collaborator Engagement | Challenges | Successes |
|---|---|---|---|---|---|
| **3.a.i** | BH Integration (Model 2) | Recruited Project Manager and 'Outreach Coordinators' to assist in coordination of primary care and mental health resources for all four sites; anticipated recruitment of CHWs | Strong on-going collaboration with NYS Psychiatric Institute community-based BH practices, collaborating to recruit primary care resources; collaborating with two CBOs to establish interoperability for warm referrals | 1. CRFP funding required to open necessary space<br>2. Integration of NYSPI practices to share IT infrastructure | 1. Strong relationships built with primary care practices<br>2. Sub-contract executed to bring CBO-based CASAC to BH practices |
| **3.a.ii** | BH Crisis | Recruited Project Manager and Psychiatric Nurse Practitioners to support rapid triage in CPEP | Currently piloting handoffs from CPEP triage to CBO-based behavioral health providers | 1. CRFP funding required to open necessary space<br>2. Waivers required to operate community-based care team | 1. Close coordination with NYCDOHMH and other key collaborators<br>2. Comprehensive IT specifications developed |
| **3.e.i** | HIV Center of Excellence | Recruited Project Manager, Data Analyst, Attending Physician, Nurse Practitioner, Care Coordinator, RN Care Manager, and Practice Care Facilitator | Six core collaborators engaged in End the Epidemic Steering Committee, focused on identifying each other's strengths, developing IT specifications, and highlighting best practices that might be shared across network. | 1. CRFP funding required to open necessary space<br>2. Waivers required for some components of intervention<br>3. Access to necessary data | 1. Successful recruitment of most of staff to enhance access and engagement<br>2. Significant progress in planning pop health registries |
| **3.g.i** | Palliative Care | Recruited Social Worker, Nurse Practitioner; in-progress to recruit Palliative Care MD; anticipated recruitment of CHW | Anticipated engagement with home health, home-based hospice, and other community-based palliative care services; strong relationships already exist | 1. Recruiting part-time staff<br>2. Scheduling meaningful training for busy Primary Care staff | 1. Recruited majority of staff<br>2. Collaborative workflow development with Ambulatory ICU<br>3. Strong buy-in of Internal Medicine practice leadership at NYP |

| ID | Description | Recruitment | Collaborator Engagement | Challenges | Successes |
|---|---|---|---|---|---|
| **4.b.i** | Tobacco Cessation | Anticipated recruitment of social workers, community health worker, and nurse practitioner to provide group and individual counseling and treatment | Collaborating with NYS Psychiatric Institute, local FQHC in Lower Manhattan, NYS Quit Line, NYC DOHMH, and local NYS Health Systems Change Grantee (NYC Treats Tobacco) | 1. Developing interventions with no immediate metrics<br>2. Creating common processes across institutions<br>3. Aligning with Meaningful Use Requirements | 1. Strong relationship with NYSPI<br>2. Strong assessment of current practices |
| **4.c.i** | Reduce HIV Morbidity | Recruited Program Manager; anticipated recruitment of 10 CHWs and Peers | Six core collaborators engaged in End the Epidemic Steering Committee *(see 3.e.i above)* | 1. CRFP funding required to open necessary space<br>2. Waivers required for some components of intervention<br>3. Access to necessary data | 1. Engagement of core community collaborators around shared mission<br>2. Identification of several CBO programs to support linkages across CBOs |