# DSRIP Meeting Agenda

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Meeting Title</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/23/16, 9-11am</td>
<td>NYP PPS Clinical Operations Committee</td>
<td>Dr. Emilio Carrillo, Sandy Merlino</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Conference Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Center Room 4</td>
<td>Dial +1 (408) 650-3123 Access Code: 676-507-237</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Go to Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="https://global.gotomeeting.com/join/676507237">https://global.gotomeeting.com/join/676507237</a></td>
</tr>
</tbody>
</table>

## Invitees

**Chair:** Sandy Merlino (VNSNY)

- Alissa Wassung (God’s Love We Deliver)
- Susan Wiviott (The Bridge)
- David Chan (City Drug & Surgical)
- Jean Marie Bradford, MD (NYPSI)
- Carol Cassell (Arch Care)
- Bill Mead (St. Mary’s Hospital for Children)

**Chair:** Emilio Carrillo, MD (NYP)

- Tamisha McPherson (Harlem United)
- Amy Shah (NYC DOHMH)
- Maria Lizardo (Northern Manhattan Improvement Corporation)

## Meeting Objectives

<table>
<thead>
<tr>
<th>Time</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 mins</td>
<td>1. Review of action items from last meeting</td>
</tr>
<tr>
<td>15 mins</td>
<td>2. Status report/PPS updates, Isaac Kastenbaum</td>
</tr>
<tr>
<td>30 mins</td>
<td>3. Tobacco Cessation Project Presentation, Dr. David Albert</td>
</tr>
<tr>
<td>20 mins</td>
<td>4. Healthix Presentation, Patricia Hernandez</td>
</tr>
<tr>
<td>10 mins</td>
<td>5. Cultural Competency and Health Literacy Update</td>
</tr>
<tr>
<td>15 mins</td>
<td>6. Clinical Integration Needs Assessment</td>
</tr>
<tr>
<td>2 mins</td>
<td>7. Identify action items for next meeting</td>
</tr>
</tbody>
</table>

## Action Items

<table>
<thead>
<tr>
<th>Description</th>
<th>Owner</th>
<th>Start Date</th>
<th>Due Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share results of Governance Committee rotations</td>
<td>L. Alexander</td>
<td>7/22/2016</td>
<td>8/10/2016</td>
<td>In progress</td>
</tr>
<tr>
<td>Update Outlook invite to reflect bimonthly, 2-hour meeting schedule</td>
<td>L. Alexander</td>
<td>7/22/2016</td>
<td>8/10/2016</td>
<td>In progress</td>
</tr>
<tr>
<td>Send monthly update during August</td>
<td>L. Alexander/Co-Chairs</td>
<td>7/22/2016</td>
<td>8/31/2016</td>
<td>In progress</td>
</tr>
<tr>
<td>Submit Population Health Roadmap to Executive Committee for approval</td>
<td>L. Alexander/E. Carrillo</td>
<td>7/22/2016</td>
<td>8/31/2016</td>
<td>In progress</td>
</tr>
<tr>
<td>Share slides from VBP bootcamp</td>
<td>L. Alexander</td>
<td>7/22/2016</td>
<td>8/10/2016</td>
<td>In progress</td>
</tr>
</tbody>
</table>
**Date and Time:** 9/23/16, 9-11am  
**Location:** Heart Center Room 4

**Meeting Title:** NYP PPS Clinical Operations Committee

**Facilitator:** Dr. Emilio Carrillo, Sandy Merlino

**Go to Meeting:** [https://global.gotomeeting.com/join/676507237](https://global.gotomeeting.com/join/676507237)

**Conference Line:** Dial +1 (408) 650-3123  
**Access Code:** 676-507-237

**Invitees**

- **Chair:** Lauren Alexander (NYP)  
- Alissa Wassung (God’s Love We Deliver)  
- Susan Wiviott (The Bridge)  
- David Chan (City Drug & Surgical)  
- Jean Marie Bradford, MD (NYPSI)  
- Isaac Kastenbaum (NYP)  
- Jyoti Parth (NYP)

**Meeting Objectives**

<table>
<thead>
<tr>
<th>Meeting Objectives</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review of action items from last meeting</td>
<td>2 mins</td>
</tr>
<tr>
<td>2. Status report/PPS updates, Isaac Kastenbaum</td>
<td>15 mins</td>
</tr>
<tr>
<td>3. Tobacco Cessation Project Presentation, Dr. David Albert</td>
<td>30 mins</td>
</tr>
<tr>
<td>4. Healthix Presentation, Patricia Hernandez</td>
<td>20 mins</td>
</tr>
<tr>
<td>5. Cultural Competency and Health Literacy Update</td>
<td>10 mins</td>
</tr>
<tr>
<td>6. Clinical Integration Needs Assessment</td>
<td>15 mins</td>
</tr>
<tr>
<td>7. Identify action items for next meeting</td>
<td>2 mins</td>
</tr>
</tbody>
</table>

**Action Items**

<table>
<thead>
<tr>
<th>Description</th>
<th>Owner</th>
<th>Start Date</th>
<th>Due Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send monthly update during October</td>
<td>L. Alexander</td>
<td>9/23/2016</td>
<td>10/31/2016</td>
<td>Not started</td>
</tr>
<tr>
<td>Share project status report and tobacco cessation project slides</td>
<td>L. Alexander</td>
<td>9/23/2016</td>
<td>10/14/2016</td>
<td>Not started</td>
</tr>
<tr>
<td>Share link to VBP website</td>
<td>L. Alexander</td>
<td>9/23/2016</td>
<td>10/14/2016</td>
<td>Not started</td>
</tr>
<tr>
<td>Invite Tiffany Sturdivant-Morrison to the next meeting to present on health home and DSRIP alignment</td>
<td>L. Alexander/E. Carrillo</td>
<td>9/23/2016</td>
<td>10/14/2016</td>
<td>In progress</td>
</tr>
<tr>
<td>Draft clinical integration needs assessment for review at next Committee meeting</td>
<td>L. Alexander/Co-Chairs</td>
<td>9/23/2016</td>
<td>11/18/2016</td>
<td>In progress</td>
</tr>
<tr>
<td>F/U on Healthix questions with Patricia Hernandez</td>
<td>L. Alexander</td>
<td>9/23/2016</td>
<td>11/18/2016</td>
<td>In progress</td>
</tr>
<tr>
<td>Successes</td>
<td>Challenges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Contract finalized with New York State Psychiatric Institute (NYSPI) to embed primary care in outpatient BH sites [BH Integration]</td>
<td>- Healthix rollout due to CRFP delays [All Projects]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Contract finalized to extend Mobile Medical Unit operating hours with Harlem United [HIV]</td>
<td>- Finalization of Healthify legal contract [All Projects]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Health Home referrals made for high-risk inpatient discharges [Transitions of Care]</td>
<td>- Access to New York State Medicaid claims data; recreating on internal data [All Projects]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 30 field-based (CHWs, Peers, CASAC) recruited [All Projects]</td>
<td>- Access to substance use support in community [All Projects]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Completed CTI team recruitment [BH Crisis Stabilization]</td>
<td>- Clinical Space for Service Delivery [Adult Amb ICU, Tobacco, Palliative Care]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Collaborator engagement [HIV, Palliative Care, BH Crisis, Transitions of Care]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tobacco Cessation service and billing best practices webinars scheduled [Tobacco Cessation]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Final staff recruited for expansion of Patient Navigator program to Lower Manhattan Hospital [ED Care Triage]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinical Operations Committee Meeting
September 23, 2016

David Albert, DDS, MPH, Project Lead
Jyoti Parth, MPH, Program Manager
Meeting Agenda – Operations

Tobacco Cessation

- Project overview
- Where the project is to date
- Results to date
- Challenges and Successes
Project Overview

- To achieve sustainable integration of evidence-based tobacco cessation services in all primary and behavioral health services across the PPS
<table>
<thead>
<tr>
<th></th>
<th>NYS Core Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adopt tobacco-free outdoor policies</td>
</tr>
<tr>
<td>2</td>
<td>Implement the US Public Health Services Guidelines for Treating Tobacco Use</td>
</tr>
<tr>
<td>3</td>
<td>Use electronic medical records to prompt providers to complete 5 A's (Ask, Assess, Advise, Assist, and Arrange)</td>
</tr>
<tr>
<td>4</td>
<td>Facilitate referrals to the NYS Smokers' Quitline</td>
</tr>
<tr>
<td>5</td>
<td>Increase Medicaid and other health plan coverage of tobacco dependence treatment counseling and medications</td>
</tr>
<tr>
<td>6</td>
<td>Promote smoking cessation benefits among Medicaid providers</td>
</tr>
<tr>
<td>7</td>
<td>Create universal, consistent health insurance benefits for prescription and over-the-counter cessation medications</td>
</tr>
<tr>
<td>8</td>
<td>Promote cessation counseling among all smokers, including people with disabilities</td>
</tr>
</tbody>
</table>
Project Overview: Specific Goals

- Understand current cessation practices at NYP ACN practices
- Implement EHR-facilitated cessation assessment and counseling at NYP ACN
- Implement provider and staff training including certification programs
- Establish or expand cessation clinics at NYP/CU & NYP/WC
- Establish cessation treatment at NYSPI outpatient clinics (Inwood and Audubon)
- Establish a steering committee to guide and assist program development and implementation
- Develop patient education programs to support tobacco cessation
- Facilitate compliant, consistent and accurate tobacco cessation billing practices at NYP ACN
- Engage collaborators for tobacco cessation
- Develop tobacco cessation training program for DFTA funded case managers
UNDERSTANDING COMMUNITY-LEVEL TOBACCO USE
How many patients do we expect to be smoking?

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYP SCM</td>
<td>2.3%</td>
</tr>
<tr>
<td>NYP Eagle</td>
<td>7.3%</td>
</tr>
<tr>
<td>Washington Heights</td>
<td>10.2%</td>
</tr>
<tr>
<td>NYC Overall</td>
<td>14.9%</td>
</tr>
<tr>
<td>Expected Prevalence*</td>
<td>15.8%</td>
</tr>
</tbody>
</table>

*Weighted estimated based on NYC Community Health Survey 2011-2013 pooled data. Zip code attribution mapped to UHF neighborhood code.
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 (NYPJ) 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 NYPJ you are at a vantage point to help us to 1) better understand current practices at NYPJ and 2) plan for the development of tobacco counseling clinics at NYPJ.

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 (NYPJ DSRIP)

David A. Albert, DDS, MPH
daa1@columbia.edu/ 212-342-8388.
Discovery, Planning and Implementation

Tobacco Cessation Clinic

Summer 2016

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

NYPH – Website (2010-2015)

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-QUIT5 (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
NEEDS ASSESSMENT STRATEGY

Clinician Surveys 15 items assessing current practices & training needs
- Paper and web deployment
- IRB (#AAAQ0759)

Clinician Interviews
- Semi-structured interview guide ~ 45 minutes
- Content analysis

Chart Audit
- Identify Eagle tobacco diagnoses Amagla
- Highest tier of utilizers
- Examine SCM chart using CUI tool
- Determine process for capturing cessation activities
Q. In the past month, when treating patients who use tobacco, how often did you prescribe or recommend NRT or medications?
Q: To What Extent Is The Following Factor A Barrier Against Tobacco Cessation Activities:

Lack of Time During Consultation

Hyg/RN/NP: 100.00%
OB/Gyn/Peds/Psychiatrist: 90.00%
Family Physician: 100.00%
Internist: 94.70%
Social Worker: 75%
Q: To what extent is the following factor a barrier against tobacco cessation activities:

- Social worker
- Internist
- Family Physician
- OB/Gyne/Peds/Psychiatrist
- Hyg/RN/NP

Bar graph showing the percentage of providers indicating the lack of knowledge on tobacco cessation.

- Social worker: 80.00%
- Internist: 60.00%
- Family Physician: 50.00%
- OB/Gyne/Peds/Psychiatrist: 80.00%
- Hyg/RN/NP: 80.00%

NewYork-Presbyterian Performance Provider System
Q: To What Extent Is The Following Factor A Barrier Against Tobacco Cessation Activities:

Patients' Resistance
CHART AUDIT RESULTS (N=100)

- 45% of individuals had past month conflicting tobacco documentation
  (e.g. classified as a current and non-smoker within the past month)

- Both patient recall and provider compliance issues likely

- Non-standard observations
  216 non-standard observations identified
  ~ 8 commonly used
CLINICIAN SURVEY RESULTS (N=112)

On a scale of 0 - 10, to what extent do you think the following changes would impact tobacco cessation activities within your practice?

<table>
<thead>
<tr>
<th>#</th>
<th>Answer</th>
<th>Average Value</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Greater access to cessation resources including medications and materials</td>
<td>6.35</td>
<td>2.95</td>
</tr>
<tr>
<td>2</td>
<td>Greater access to staff trained in tobacco cessation</td>
<td>6.25</td>
<td>3.29</td>
</tr>
<tr>
<td>1</td>
<td>Additional tobacco cessation training</td>
<td>6.24</td>
<td>2.80</td>
</tr>
<tr>
<td>4</td>
<td>Greater access to the tobacco cessation quitline</td>
<td>5.97</td>
<td>3.26</td>
</tr>
<tr>
<td>7</td>
<td>Access to performance feedback tools</td>
<td>5.69</td>
<td>3.30</td>
</tr>
<tr>
<td>8</td>
<td>Appointing a tobacco cessation point person within the practice</td>
<td>5.64</td>
<td>3.45</td>
</tr>
<tr>
<td>6</td>
<td>Changes to the electronic health record such as reminders or clinical decision support</td>
<td>5.39</td>
<td>3.33</td>
</tr>
<tr>
<td>5</td>
<td>Changes to the electronic health record to facilitate better tobacco documentation</td>
<td>5.00</td>
<td>3.43</td>
</tr>
</tbody>
</table>
**CLINICIAN INTERVIEW FEEDBACK (N=12)**

“Some features are totally nonsensical. What’s the difference between ‘Current Every Day’ and ‘Heavy’? ...I can’t spend [time] reading through each of the options and wondering what will come up, I just need to click through it and get on with the visit”

<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use/Smoking History</td>
<td></td>
</tr>
<tr>
<td>□ Never smoker: has not smoked &gt;100 cigs in lifetime</td>
<td>□ Current every day smoker: &gt;100 cigs &amp; smokes daily</td>
</tr>
<tr>
<td>Cigarettes (packs per day)</td>
<td>□</td>
</tr>
</tbody>
</table>

| Other Tobacco Use | □ | □ | □ |
| Smoking Cessation Treatment (for current and former users): | □ MD Advice | □ Not Interested in quitting | □ RX given | □ Referral made | □ Fax to Quit |
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

[Image of a computer screen showing a medical record and a tobacco use section]
Steering Committee

- Community members
- Ambulatory care leaders
- CUMC, Cornell & NYPSI providers
- DSRIP project collaboration and cross fertilization
- Subcommittees on community collaboration, pharmacy and behavioral health
Subcommittee: Pharmacy

- Pharmacy Workgroup Summary
  - Members: David Chan (City Drug & Surgical); Melissa O’Brien, ACN, Khusbu Patel, ACN
  - Identified process for getting pharmacotherapy into ACN practices
  - Medication has been ordered and will be in place at the following clinics: AIM, AIM East, Audubon, Broadway, Farrell, HP6, Rangel, VC3, Washington Heights
  - Next steps:
    - Monitor utilization and workflow
    - Work with community pharmacists to support tobacco treatment (collaborator engagement)
Subcommittee: Behavioral Health

- Behavioral Health Summary
  - Members: Dr. Jean-Marie Bradford, Dr. Ned Nunes, Dr. John Sahs, Dr. Erica Chin, Dr. Warren Ng, Julie Chipman
  - Pharmacotherapy training provided to NYSPI providers by Dr. Jill Williams (Rutgers Medical School)
    - Video will be made available for dissemination to other providers and incorporated into future trainings
  - Next Steps:
    - Data analysis on Adult Outpatient Psych Tobacco Screening
    - Training for Outpatient Psych providers to support accurate assessment and treatment for tobacco use
Tobacco Cessation Clinic – West Campus

Individual Counseling
- Nurse Practitioner (NP)
- Tobacco Cessation Patient Navigator

Clinic Locations and Schedule
- AIM/AIM East
- Audubon
- Rangel
- VC3
- Broadway
- Farrell
- Washington Heights
- HP6
Clinical Services: Successes

- Clinic sessions established across 8 practice sites
- Patient volume increasing, due to referrals
- A few patients have successfully quit smoking!
- Positive feedback from patients and providers
- Positive engagement from Resident training sessions, as well as staff informational sessions
- Patients are able to connect with NP directly via cell phone
Clinical Services: Challenges

- Providers are still unaware of services
- Poor show rate despite Televox reminder calls
- Minimal scheduling in some clinics vs. overload in AIM East
- Frontline staff still unsure of procedures, despite prior education and planning
Clinical Services: Next Steps

- In-service PFA teams at each site to address questions and barriers
- Patients with a current tobacco use status are proactively being contacted to engage in treatment
- Marketing plan developed to increase service visibility for staff and patients
- Considering adapting 1 or 2 clinic sessions to become walk-in sessions
- Expansion of sessions at (AIM East)
Training: Online Modules

On-line Training

- New York City Department of Health & Mental Hygiene (NYCDOH) on-line course identified as most “complete”
  - Prevalence and health impact of tobacco use
  - 5 A’s (Ask, Advise, Assess, Assist, Arrange)
  - Motivational Interviewing
  - Tobacco cessation medications
  - Interactive case studies
  - Pre and post quizzes

- NYCDOH willing to allow us to adapt their on-line course to meet NYPH provider needs identified i.e. develop modules
Training: Online Modules, cont’d.

NYPH Learning
- Has developed 4 modules using the NYCDOH on-line course
  - Treating Tobacco Use:
    - Helping your patients quit tobacco use: why it’s important*
    - The Five A’s Stages of Treatment
    - Assist with Motivational Interviewing
    - Assist with tobacco cessation medications
  - Resources Tab
    - Heavy smoking index
    - Medication prescribing chart
    - Resources/Services available at NYPH and WCIMA
    - Patient education materials (multiple languages)
  - Pre and Post Quizzes for each module
    - Pre and post data will be measured in the aggregate

* Edited version of previously developed NYPH Tobacco Cessation video
Training: Audience

NYPH Learning

- Training provided to:
  - MDs – Attendings, Residents, and Medical Assistants
  - Nursing – NPs and Nurses
  - Social Workers

- Approval Process:
  - MAs, MDs, Attendings and Residents: - Drs. Joseph Tenenbaum, Maria Hamm de Miguel, Lyuba Konopasek, and Steven Kaplan
  - Nursing: - Director of Nursing Education and Continuing Education, Center for Professional Nursing Practice and Program Director, Division of Nursing Education and Continuing Education
  - Social Work: - Social Work Manager, Ambulatory Care

- Initial approval has been obtained. Final approval will be provided after the above have been given the opportunity to review the electronic version of the modules and resources.
Training: Supplemental Materials

NYPH Learning Solutions/Talent Development

- The Learning Solutions/Talent Development/Job Aid group will work with the NYP Learning Center and the NYP Tobacco Team to develop “job aid” training on the use of the revised SCM screens regarding patient tobacco use and referral for services.

Columbia University College of Dental Medicine

- Dental Provider training will be provided via an already developed online course that will be made available to dentists and dental hygienists.
Training: Provider Sessions

ACN On-Site Training

- Training sessions with AIM residents, once per month

- Three in person training sessions at each ACN practice (primary care clinicians). Sessions will include:
  - Review of tobacco cessation pharmacotherapeutics
  - Case presentations and discussion
  - Case discussions presented by primary care clinicians

- Two in person training sessions at each ACN practice (medical assistants). Sessions will include:
  - How to screen for tobacco use and accurately determine tobacco status
  - How to motivate patients to action on tobacco cessation
Training: NYP Website Resources

NYP.org

- Smoking / Tobacco search
  - Inaccurate information has been removed and replaced

Search results for "smoking"

Smoking Cessation
NewYork-Presbyterian has launched a comprehensive smoking cessation program for our patients, with multiple resources to help them quit:

http://www.nyp.org/community-professionals/smoking-cessation

Smoking Cessation
NewYork-Presbyterian Hospital's smoking cessation classes:

http://www.nyp.org/clinical-services/smoking-cessation

Smoking Cessation
NewYork-Presbyterian offers several smoking cessation programs for people who want to quit smoking:

http://www.nyp.org/clinics/services/cancer-screening-and-awareness/smoking-cessation

Preventive Medicine and Nutrition
NewYork-Presbyterian’s doctors, dietitians, and others help with weight management, nutrition, lipid disorders, smoking cessation, other health issues:

http://www.nyp.org/clinical-services/preventive-medicine-and-nutrition

About Smoking
One in five Americans will die from tobacco-related illness, making smoking the leading preventable cause of premature death in the United States:


SMOKING CESSATION

Help Your Patients Quit Smoking

NewYork-Presbyterian has launched a comprehensive smoking cessation program for our patients, with multiple resources to help them quit:

PATIENT BROCHURE

- Still Smoking? The time to quit now [English] [Español]

REFERRAL RESOURCES
Includes information on Quitlines, counseling services available at NewYork Presbyterian, and pharmacotherapy formulary information - PDF format.

- Quitlines and Counseling Services
- Pharmacotherapy Formulary Information

Why Your Patients Should Quit Smoking

Up to 70% of smokers say they would like to quit smoking. But they often struggle to kick the habit. Research shows that patients who get advice on quitting from a health professional – even just for a few minutes – are 30% more successful in quitting than those who don’t.
Collaborator Engagement: Needs Assessment

Q8 - Which of the following NYP PPS tobacco cessation program services are you interested in receiving assistance on: (Check all that apply)

<table>
<thead>
<tr>
<th>Answer</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Cessation Webinar Series</td>
<td>77.78%</td>
<td>7</td>
</tr>
<tr>
<td>Onsite training at your organization</td>
<td>66.67%</td>
<td>6</td>
</tr>
<tr>
<td>Tobacco cessation materials and posters for your organization</td>
<td>55.56%</td>
<td>5</td>
</tr>
<tr>
<td>Telehealth tobacco cessation counseling for your clients</td>
<td>55.56%</td>
<td>5</td>
</tr>
<tr>
<td>Group Counseling services at your organization</td>
<td>44.44%</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>
Collaborator Engagement: Next Steps

- Implementation of webinar series
  - Topics: e-cigarettes; hookah; reimbursement; brief interventions; patient education; EHR/Meaningful Use support; pharmacotherapy

- Onsite training and assistance for select group of collaborators
  - Target audience: FQHCs, DFTA-funded case management groups

- Assistance with patient resources and educational materials

- Development of discussion board
West Campus – Tobacco Cessation

- Fall 2016 Implementation
  - Improved meaningful use tobacco cessation screen
  - Tobacco cessation medication favorites list
  - Medication application at ACN practices
    - Nicotine patch initial application
    - Nicotine gum and lozenge initial application
  - Training sessions for primary care clinicians
    - Case presentations/ pharmacotherapeutics
  - Training sessions for residents
  - Training for behavioral health providers
  - Enhanced referral options
    - NYS Quitline built in to Allscripts
    - Tobacco clinic order

- Medical assistant screening assessment and work flow evaluation

Note: Comprehensive Certified Tobacco Treatment Specialist Training (CTTS) was conducted in April. This will be repeated on the East Campus in April, 2017.
Summary

- Successes
- Challenges
- Action Plans
Clinical Integration

Milestone #1: Perform a clinical integration 'needs assessment'

Minimum Standards of Supporting Documentation to Substantiate Successful Completion of the Milestone: The PPS must demonstrate that it has performed a clinical integration needs assessment. The PPS must provider the IA:

- A copy of a planning document that describes the clinical integration process which identifies:
  - The providers in the network who will be integrated.
  - Key data point for shared access and the key interfaces that will have an impact on clinical integration.
- List of providers who have been — or will be — integrated.
- Meeting schedules regarding the development of the Clinical Integration Needs Assessment document.
  - A template, "Meeting Schedule Template" has been developed to capture meetings, which have occurred in the past quarter. This template is mandatory and must be utilized to facilitate IA review. In completing the template, the IA is only looking for a list of meetings, dates conducted, and whether there are meeting minutes or an attendees list available. As part of random sampling the IA MAY request a list of attendees or minutes after review of the meeting template.

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 PPS’s clinical integration ‘needs assessment’ to ensure that it meets minimum standards.
- The IA will contact a random sample of the providers identified to confirm their role in the PPS’s clinical integration efforts.
- Review the meeting schedule and select a random sample of meeting dates and request and review the meeting agenda, sign-in sheets and meeting minutes for those dates. The IA may also contact a random sample of individual listed in the meeting attendance list to verify their participation in the meetings.
- Ensure that technology and data components that are relevant for clinical integration are spelled out and data sharing agreements are in place.

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 on the clinical integration needs assessment whenever it is modified. If there have been no changes, the PPS should indicate that there have been no changes to the document.
Milestone #2: Develop a Clinical Integration Strategy

Minimum Standards of Supporting Documentation to Substantiate Successful Completion of the Milestone: The PPS must demonstrate that it has developed a Clinical Integration Strategy approved by the governing committee. The PPS must provide the IA:

- A copy of the document outlining its Clinical Integration Strategy, that spells out:
  - Clinical and other information for sharing.
  - Data sharing systems and interoperability.
  - A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers.

- A copy of the training schedule for providers across settings (including ED, inpatient, and outpatient) regarding clinical integration, tools and communication for coordination.
- A template, **Training Schedule Template** has been developed to capture trainings which have occurred in the past quarter. This template is mandatory and must be utilized to facilitate IA review.

- A copy of the training schedule for operations staff on care coordination and communication tools.
- A template, **Training Schedule Template** has been developed to capture trainings which have occurred in the past quarter. This template is mandatory and must be utilized to facilitate IA review.

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 clinical integration strategy to ensure that it meets the minimum requirements.

- Review the training schedule and random sample of training dates and request and review training handouts and attendance sheets. The IA may also contact a random sample of the providers and operations staff identified to verify their attendance and details of the training.

- [It is imperative that the PPS provide correct and up-to-date contact information for the individuals and organization involved so that the IA will not have to contact the PPS unnecessarily should the contact information be incorrect.]

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 on the implementation of the clinical integration strategy.
NYP PPS
Healthix Implementation

9/23/2016
NYP PPS Healthix Connectivity Strategy

- By utilizing Health Information Exchange, the NYP PPS can support team-based care throughout the PPS network.

- Since January 2016, the NYP PPS has been conducting Health Information Readiness Assessments with its collaborators in order to understand each organization’s IT infrastructure and current RHIO connectivity.

- Kickoff Meetings
  - Review of HIE Assessment
  - Overview of Healthix
  - Discussion of workflows
  - Transition to scoping/planning meetings with Healthix
Healthix Implementation Progress for 35 “Highly Connected” Collaborators

September 2016

Phase 1
HIE Assessment 66%
- HIE Assessment Pending 12
- HIE Assessment Complete 23

Phase 2
Kick-off 57%
- Kickoff Pending 3
- Kickoff Complete 20

Phase 3
Scoping 40%
- Scoping Pending 2
- Scoping Started 4
- Scoping Complete 14

Phase 4
Contracting 40%
- Contracting Pending 0
- Contracting Started 0
- Contracting Complete 14

Phase 5
Healthix Integration 20%
- Healthix Integration Pending 0
- Healthix Integration Started 7
- Healthix Integration Complete 7

NewYork-Presbyterian
Performing Provider System
Healthix Implementation Progress for 50 “Connected” Collaborators

September 2016

Phase 1
HIE Assessment
26%
- HIE Assessment Pending
  37
- HIE Assessment Complete
  13

Phase 2
Kick-off
26%
- Kickoff Pending
  0
- Kickoff Complete
  13

Phase 3
Scoping
10%
- Scoping Pending
  5
- Scoping Started
  3
- Scoping Complete
  5

Phase 4
Contracting
10%
- Contracting Pending
  0
- Contracting Started
  0
- Contracting Complete
  5

Phase 5
Healthix Integration
4%
- Healthix Integration Pending
  0
- Healthix Integration Started
  3
- Healthix Integration Complete
  2
## Gap Mitigation Approach

<table>
<thead>
<tr>
<th>Non-Healthix Participants</th>
<th>Non-Healthix Participants</th>
<th>Healthix Participants</th>
<th>Healthix Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>No EHR, EHR cannot share data with Healthix</td>
<td>EHR can share data with Healthix</td>
<td>EHR not currently sharing data with Healthix</td>
<td>EHRs that share data with Healthix</td>
</tr>
<tr>
<td>Will be scoped and contracted</td>
<td>Will be scoped and contracted</td>
<td>Will be newly scoped with a revised contract</td>
<td>Achieve Healthix connectivity for all collaborators</td>
</tr>
<tr>
<td>Will receive portal access and dial tone services</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---
Accessing Healthix Data

Consent Processes

- There is no consent needed for organizations to send data to Healthix since Healthix is a business associate under HIPAA.

- Consent is required to access or view patients/clients’ data. A patient must provide written consent in order for a provider at the organization to view the data.

- Once Healthix connected, PPS Collaborators will consent patients/clients during registration.
Benefits of Healthix Utilization

- Sharing a patient record across health providers may reduce unnecessary labs/images and can prevent adverse drug events.
- Obtaining a comprehensive snapshot of a patient’s medical history across providers and time.
- Healthix Clinical Event Notifications (CENs) facilitate the management of patients, especially those with chronic diseases. Physicians/Clinicians are notified via CENs based on a variety of clinical events (hospital discharges, ER visits and more).
- Allows for team members (outside the hospital walls) to have access to shared data and coordinate care among all team members/organizations.