NewYork-Presbyterian
Performing Provider System

DSRIP Meeting Agenda

Date & Time	2/16/18 @ 10:00 – 11:00AM	**Meeting Title**	IT – Clinical Operations Committee
Location	NYP Milstein Hospital 177 Fort Washington Ave. **Heart Center Rm. 3**	**Facilitator**	Alvin Lin & Elaine Fleck
WebEx	https://nyp.webex.com/join/anm9320video.nyp.org	**Conference Line**	Dial: 415-655-0001 Access Code: 732-014-814

Invitees	
Chair: Alvin Lin (NYC DOHMH PCIP/REACH)	**Chair:** Elaine Fleck (NYP)
Mitze Amoroso (ArchCare)	~~Stuart Myer (VillageCare)~~
~~Jean Marie Bradford (NYPSI)~~	~~Rachel Naiukow (NYP)~~
David Chan (City Drug & Surgical)	Julissa Nunez (VNSNY)
Patricia Hernandez (NYP)	~~Linda Reid (VNSNY)~~
Dan Johansson (ACMH, Inc.)	Todd Rogow (Healthix)
~~Steven Lam (CBWCHC)~~	Marcy Thompson (The Alliance for Positive Change)
~~Sandy Merlino (VNSNY)~~	Catherine Thurston (SPOP) - Excused
Nelson Mesa (NYP)	Terri Udolf (St. Christopher's Inn)
~~Sarah McNabb (NYP)~~	Alissa Wassung (God's Love We Deliver)
Andrew Missel (NYP)	Susan Wiviott (The Bridge)

Meeting Objectives	Facilitator	Time	Start	End
Welcome & Roll Call	Elaine Fleck	5 min	10:00	10:05
New Program for Aging-in-Place & Implications for VBP	Susan Wiviott	25 min	10:05	10:30
Healthix Review of Changes to Alert Notifications & Medical History of Pediatric Patients	Harold del Pino Todd Rogow Patricia Hernandez	15 min	10:30	10:45
Review Data One-Pager	Andrew Missel	10 min	10:45	10:55
Next Steps	Andrew Missel	5 min	10:55	11:00

Action Items				
Description	**Owner**	**Start Date**	**Due Date**	**Status**

Aging in Place in Mental Health Housing

Supporting the Needs of Older Adults with SMI

The Bridge

The Bridge’s mission is to change lives, by offering ***help, hope and opportunity*** to the most vulnerable in our community. We offer a comprehensive range of evidence-based rehabilitative services, including mental health and substance abuse treatment, housing, vocational training and job placement, healthcare, care coordination, education and creative arts therapies.

The Bridge

- Founded in 1954, The Bridge serves over 2,700 New Yorkers with serious behavioral health disorders.

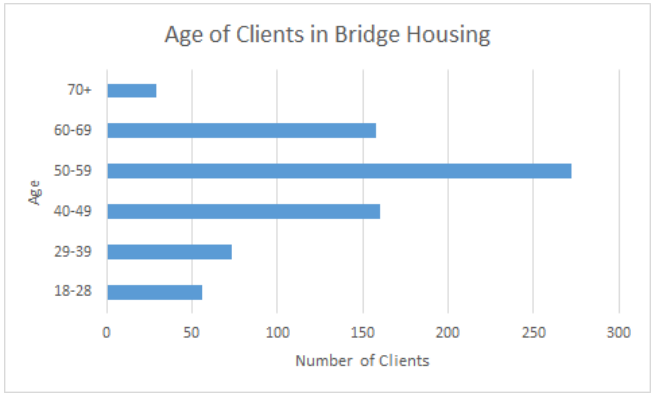
- The Bridge houses more than 1,200 individuals in 23 fully-supported residential buildings and nearly 500 scatter site apartments. We provide additional housing in a shelter and Safe Haven and mobile ACT teams provide services to clients in their homes. Two new buildings are set to open in 2018, and three are in development.

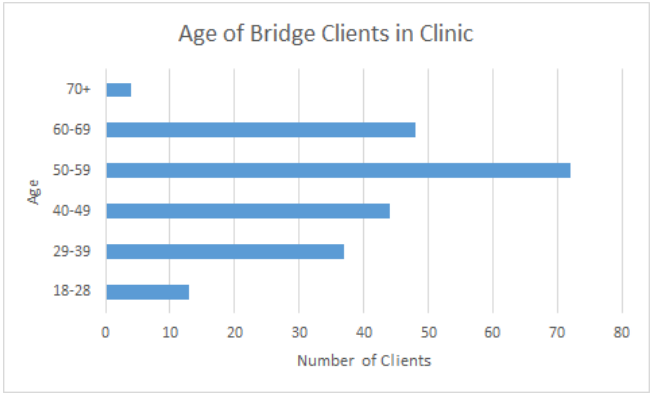
- The Bridge offers a comprehensive range of evidence-based services, including mental health and substance abuse treatment, vocational training and job placement, healthcare, education and creative arts therapies. Bridge services are tailored to each individual to support their recovery and independent living goals.

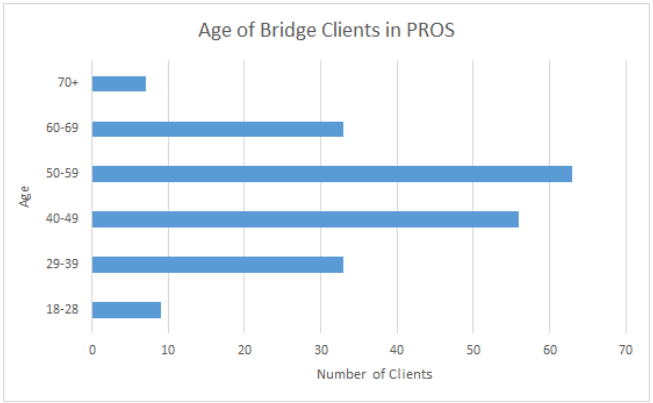
Identifying A Need

The Bridge
MENTAL HEALTH AND HOUSING SOLUTIONS

We noticed a need for aging services







The Need

- 317 men and women in Bridge housing are over the age of 60

- An additional 104 are between the ages of 55 and 59

Aging and Homelessness

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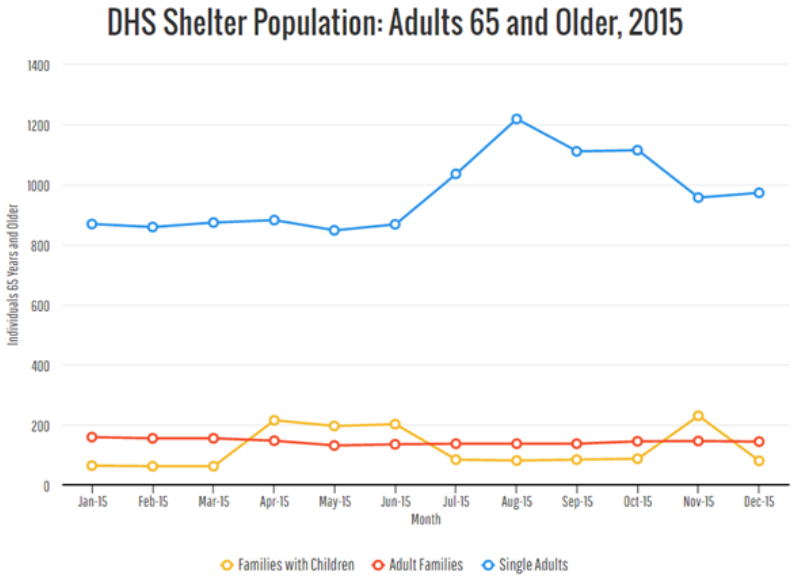
In 2015, DHS shelters took in **14,786 adults** age 65 and older. **78.5%** of this age group entered the shelter system as homeless single adults. According to the Corporation for Supportive Housing, elderly individuals experiencing homelessness have a mortality rate that is three to four times that of the general population, largely due to untreated illnesses, severe impairment



Identifying a Need

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MENTAL HEALTH AND HOUSING SOLUTIONS

Specialty Aging Services are necessary due to:

- diagnoses of serious mental illness
- serious/earlier onset of medical conditions
- homelessness
- institutionalization
- psychiatric treatment
- illicit drug use
- low socioeconomic status
- Health Homes ineligibility

Systems Change

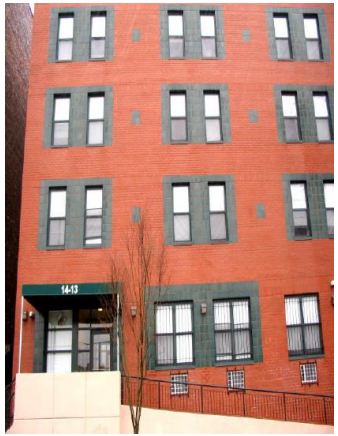
We recognized that if we were going to meet the complex needs of our growing cohort of older clients, while at the same time staying in tune with rapidly changing payment methodologies, we had to establish a suite of services that would achieve the Triple Aim for older adults:

- Improved outcomes
- Improved experience of care for the individual
- Reduce costs

Peter Beitchman House

In 2007, The Bridge opened the Peter Beitchman House in the South Bronx, offering specialized permanent housing for individuals with co-occurring mental health diagnoses and serious medical conditions.

- ❑ 16 DHS beds referred from shelter
- ❑ 8 beds for non-homeless



The building features studio apartments, 24/7 staffing, on-site nursing and medical coordination, medication monitoring and assistance, wellness groups and health education, ADA accessibility, and outdoor space.

The Aging in Place Program

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The Team consists of:

- The Program Director (Licensed Clinical Social Worker)
- The Program Nurse (Registered Nurse)
- Case Manager/Benefits Specialist
- Part-time Peer Specialist
- MSW Student Interns (from the Silberman School)

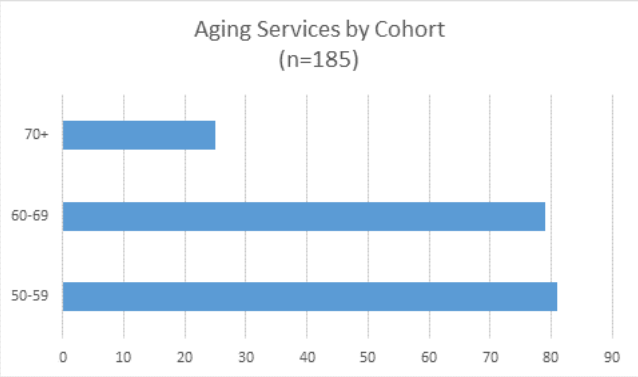
Aging in Place Team Support Partners

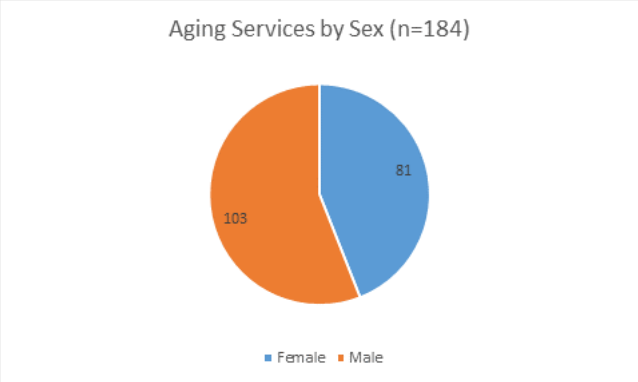
- NYC DOHMH Geriatric Mental Health Initiative (New York City Council) 2009 - present
- van Ameringen Foundation (2014-2015)
- The Dammann Fund (2015, 2018)
- NYS OMH Housing Contract supported the Registered Nurse (created through staffing efficiencies)
- Samuels Foundation Grant – supporting Case Manager and Peer positions (2015-2019)
- Hunter School of Social Work, Silberman Center on Aging – 2 MSW students (2016); 3 students (2017-2018)

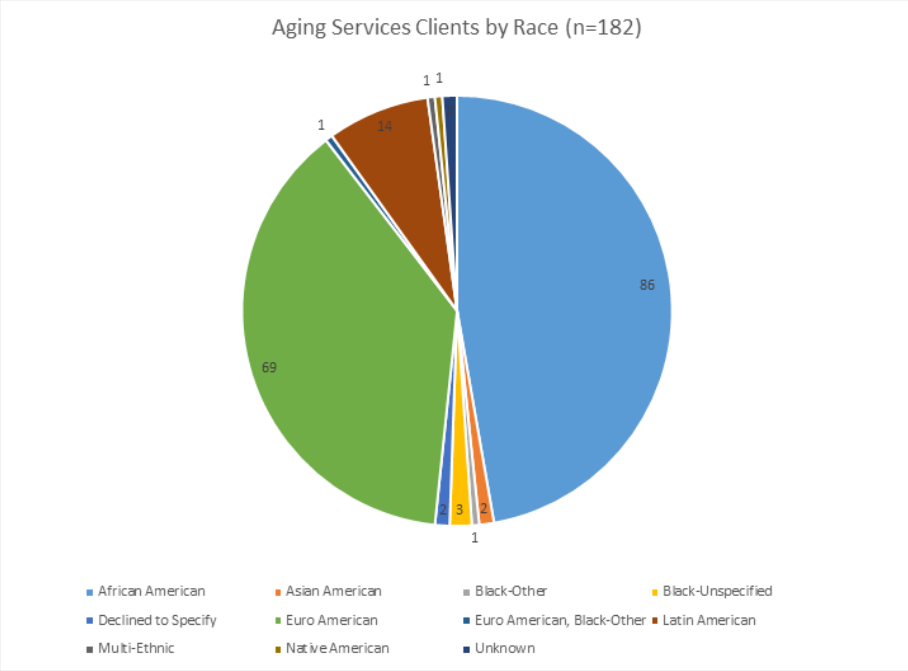
The Aging Services Approach

- Assessment and evaluation of all Bridge residential clients over the age of 50
- Client education regarding health and mental health
- Direct mental health and case management with aging clients
- Advocacy and referral to community services
- Building agency capacity through consultation and training

Current Demographics



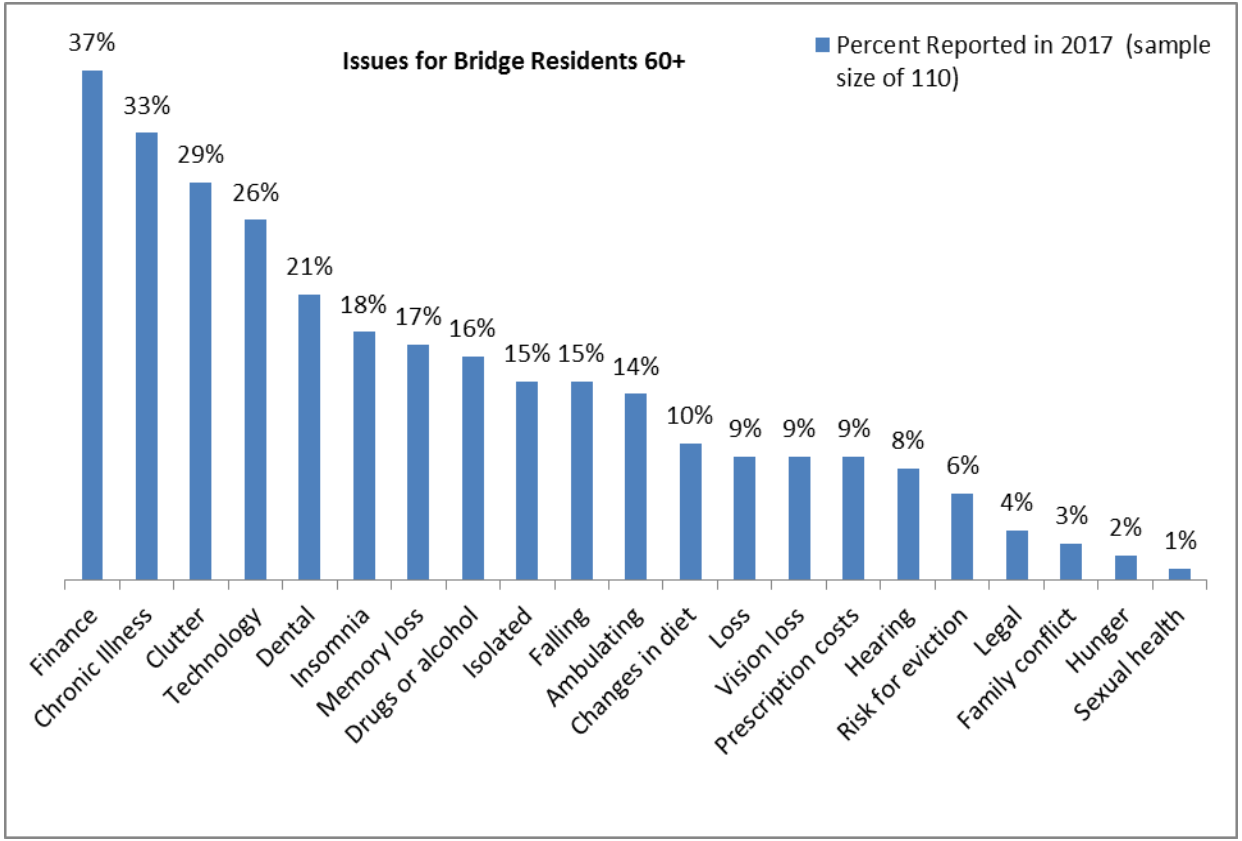




Annual Older Adult Needs Assessment

- A brief form was developed; it is completed annually by primary case workers for **every housing client over 50**
- In 2017, we developed a fillable form to make the data easier to handle
- In November 2017, 387 Needs Assessments were analyzed
- The assessment covers:
  - Insurance coverage
  - Enrollment in programs
  - Functional assessment (ADLs/IADLs): based off of Section F of the UAS
  - Enrollment in home care
  - Physical Environment
  - Common issues of concern (e.g., financial issues, isolation, etc.)

Issues of Concern Reported in 2017



Medical Conditions – Aging Services Population

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- 88 clients have **Schizoaffective Disorder or Schizophrenia**
- 53 clients have histories of **Substance Abuse**
- 44 clients have **Type II Diabetes**
- 13 clients have at least 1 type of **Personality Disorder** (e.g., OCD, dependent, ASPD, narcissistic)
- 11 clients have 1 type of **Cancer**
- 4 clients have **HIV**

Services Offered

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- Nursing
- Socialization and Support Groups
- Recovery Peer Services
- End of Life Care
- Individual and Group Counseling and Psychosocial Education

Online Resource Guide Created

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http://thebridgeny.org/resource-guide-aging-services

Results / Outcomes

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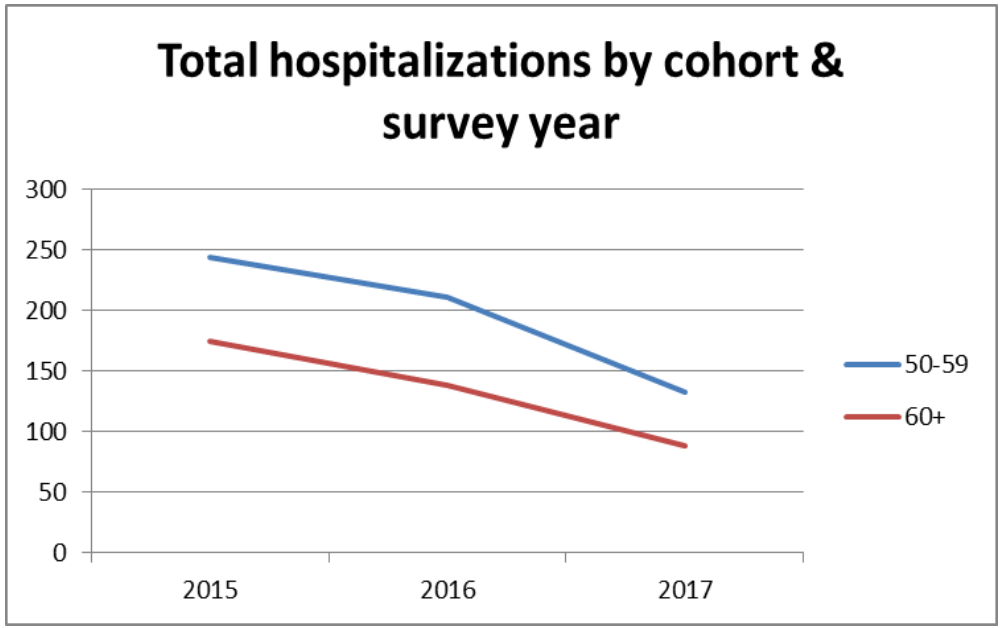
Success measured based on the following:

1. reduce preventable hospitalizations/ER visits
2. increase number of Bridge tenants accessing community services aimed toward seniors
3. improve health education training for clients and staff
4. reduce preventable placements in higher levels of care
5. increase # of older clients receiving mental health and substance abuse services

Hospitalizations



Hosp (#)	2015	2016	2017
0	76%	80%	86%
1	13%	7%	5%
2	5%	7%	2%
3	3%	2%	4%
4	2%	1%	0%
5	0%	1%	2%
6	1%	0%	0%

Hospitalizations (continued)

The program seeks to ensure that clients get the supports they need.

The examples of two Aging Services clients tell the story:

- One client (JS): 14 hospitalizations in 2016 and 2 in 2017
- A second client (LG): 22 hospitalizations in 2016 and 12 in 2017

Results in 2017

- 46 Aging Services clients referred to outside services or provided with post-hospital discharge services

- Over 100 health monitoring visits by the RN to 42 unique clients

- 76 clients screened for depression or substance abuse
  - 31 screened positive
  - 23 engaged in services
- 17 ongoing groups where we have clusters of seniors

Results/Outcomes: Health Education Training

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In-Service Training for Staff on a wide range of issues:

- End of life care, advanced directives, integrating aging consultation on quarterly treatment plans

Health Education for Clients (Individualized and in Group Setting)

- Q+A with the RN, Healthcare Proxy Education, Walking Group, Chair Yoga for Fall Prevention

Healthix Clinical Alerts

Better Care Coordination, Improved Outcomes, Lower Costs

Clinical Alerts inform healthcare providers in real-time, that their patient has had a notable clinical event. Vital patient medical information -- diagnoses, encounters, medications, allergies, labs and more -- provides valuable insight into your patient's condition.

Healthix Advanced Alerts

Advanced Alerts are triggered based on a patient meeting a predetermined set of criteria. Triggering this alert is possible because Healthix is able to analyze patient data across all Healthix participants in real-time. Example: In the case of Frequent ED Users, an alert is triggered when a user has had more than 3 visits to an ER in 90 days.

Healthix Plus Alerts

Plus Alerts allow for the full exchange of medical information including diagnosis, encounters, labs, radiology information and more. This information comes from thousands of healthcare providers across the entire State of New York. The data is sent in a summary directly into a providers EHR and is ideal for monitoring chronically ill or high-risk patients.

Healthix Essential Alerts

A recent change in NYS Policy, allows for clinical alerts to be sent to a provider with essential patient data *only* – a patient's written consent is not required. The Essential Alerts will contain basic data: location, date, time, and reason for the encounter. These alerts are sent only to providers and care managers with an existing treatment relationship.

Healthix Alerts are Triggered for:

- ED admission/discharge
- Hospital admission/discharge
- Skilled Nursing Facility admission/discharge
- Incarcerations/release from New York State Correctional Facilities
- Death notifications
- Customizable Alerts (Frequent ED Admissions, Update in Clinical Data, etc.)

Alerts can be triggered based on a subscription list of patients, a set of predetermined criteria, or for all patients.

Healthix

Exchanging Information to Transform Patient Care

CLINICAL ALERT DETAILS

	ADVANCED ALERTS	PLUS ALERTS	ESSENTIAL ALERTS
DATA AVAILABLE			
Patient Identity	•	•	•
Location/Date	•	•	•
Type of Event	•	•	•
Diagnoses	•	•	•
Clinical Results/Data	•	•	Excluded
§42 CFR Part 2 Facilities	•	•	Excluded
CONSENT REQUIREMENTS			
Healthix Data	•	•	Not Required
NYS Data	NYS Data Not Available	•	NYS Data Not Available

** In One-to-One exchange, data is available and alerts are sent based only on Participants in the One-to-One agreement*

For More Information, Visit: Healthix.org/alerts

F.A.Q.s

1 How can I receive Essential Alerts?

If you are currently receiving Healthix Alerts, you will automatically get Essential Alerts for all designated patients who have not yet provided consent. This may cause a significant increase in the number of alerts you receive. To control the volume of alerts, you can choose to follow a more select group of patients or modify your selected triggers.

2 What is a subscription - based alert?

This means Healthix alerts will be triggered by events for a specific list of patients (subscription list) whom a provider or health plan has designated and for whom they wish to monitor care. For example, it may be a group of patients with multiple chronic conditions or high risk factors.

3 What is Data from §42 CFR Part 2 Facilities?

This is a federal law governing confidentiality for people seeking treatment for substance use disorders from federally assisted programs. This law requires providers or health plans to have the patient's written consent before receiving information from a federally assisted substance use program.

Healthix is committed to the highest levels of security

Healthix is fueled by a deep understanding of cybersecurity, compliance and risk. With HIPAA, HITECH, and the Statewide Health Information Network of New York to follow, we are investing in the people, processes, and technology needed to meet and exceed these requirements.

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