

**New York-Presbyterian Led Performing Provider System  
Project Advisory Committee  
September 29, 2014  
9:30-11:30 a.m.**

**AGENDA**

1. Welcome
2. DSRIP Overview/Project Advisory Committee (PAC) Purpose
3. Community Needs Assessment Preliminary Findings
4. DSRIP Project Overview
5. Next Steps

NYP-Led Performing Provider System PAC Kickoff Meeting  
MINUTES September 29, 2014

Present: D. Johansson-**ACMH**, M. Lizardo-**Northern Manhattan Improvement Corp.**, L. Capitelli-**NY Psychiatric Institute**, M. Calderon-**Emma L. Bowen CSC**, I. Reynoso-**Methodist Home for Nursing & Rehabilitation**, M. Kator-**Isabella**, J. Gormley-**Metro Jewish Health System**, B. Cheng-**Charles B Wang Community Center**, K. Stewart-**VillageCare**, J. Canning-**Blythedale Children's Hospital**, T. McPherson-**Harlem United**, J. Cardillo-**St. Mary's Healthcare System for Children**, E. Howell-**Community Healthcare Network**, R. Basile-**Metropolitan Center for Mental Health**, E. Eng-**ArchCare**, D. Lowy-**Argus Community**, J. Fenster-**Amsterdam Nursing Home Corp**, P. Beitchman-**The Bridge**, S. Merlino-**VNSNY**, O. Mariano-**Riverdale MHA**, M. Luna-**Community Board 12**, E. Poon-**NYP/LM**, D. Bovian-**Realization Center**, T. Sokoloff-**Hebrew Home**, Y. Ungar-**Isabella**, Rev. L. Rouse-**United Methodist** (phone), C. Hickey-**Hebrew Home/Elders Serve CHHA**, S. Marquez-**Volunteers of American-Greater New York**, C. Hughes-**Community Board 1**, J. Gumban-**New York State Nursing Association**, M. Andrews-**1199 SEIU**, K. Spaziani-**NYP**, J. E. Carrillo-**NYP**, C. Rosen-**NYP**, A. Nieto-**NYP**, C. Parham-**NYP**, W. Brody-**NYP**, S. Williams-**NYP**, M. Allen-**NYP**, Z. Grinspan-**WCMC**

1. K. Spaziani opened the meeting and reviewed the agenda for the meeting.
2. V. Carrillo and Z. Grinspan presented the group with preliminary results from the DSRIP Community Needs Assessment (CNA). This presentation included an overview of the CNA team, design, preliminary quantitative findings, and a framework for qualitative input from our community partners. Z. Grinspan also presented a web-survey tool that will be sent out to all PPS partner organizations in order to collect qualitative information about the communities served by those organizations.

Various organizations request the ability to submit multiple surveys to represent the different communities they serve.

M. Luna suggested that NYP review and include the community needs assessments conducted every year by the various Community Boards in the city.

3. K. Spaziani provided the group with an overview of the NYP DSRIP application, and a review of the 10 proposed DSRIP projects being considered for the final application submission in December 2014.
4. Open for questions:

A community partner asked how money will flow to the community partners under the DSRIP program. K. Spaziani explained that NYP was in the process determining this important step; however, it was important to understand that under this program dollars

flow as an incentive for performance, to cover new, non-reimbursable expenses, and to offset losses from reduced inpatient and emergency department services.

**M. Andres-1199 SEIU** reported to the group that they have a department that meets with the State on a variety of topics. He will have that group provide the PAC with any additional DSRIP information that may be available.

J. Canning-**Blythedale Children's Hospital** asked how Health Plans came into play under the DSRIP program. C. Parham reported that it is still unclear. K. Spaziani added that they would definitely benefit from the DSRIP efforts. She further reported that at the end of the five year period the State would want this program to be sustainable. J. Gormley-**Metro Jewish Health System** also added that the State wants Medicaid Managed Care Plan to be risk based at the end of the five year DSRIP program.

K. Stewart-**VillageCare** expressed concern that everyone around the state is using different computer systems, and that it would be easier for these programs to succeed if there were a common platform. In response, K. Spaziani introduced C. Rosen who explained that at NYP we are sensitive to that difficulty and would be sending out a survey to all PAC members on their current computer capabilities. However, it was pointed out that the RHIO was supposed to help with the fact that partners are on different platforms. Z. Grinspan commented that it would be very helpful to include in the IT survey what members of the PAC have access to the RHIO.

**M. Andres-1199 SEIU** asked if the NYP DSRIP was considering any "Town Hall" type meetings. K. Spaziani will take this suggestion back and determine if it is possible, under the current timeframes. However, she encouraged the group to identify other organizations that should be included in the PAC and share their information in the PAC membership email.

A partner organization asked if we had considered any programs that dealt with Cancer. K. Spaziani responded that we are considering it with our Lower Manhattan campus and partnership.

A suggestion was made that we also include environmental survey data that may be available through the Community Boards needs assessments into our overall CNA. V. Carrillo and Z. Grinspan will look into what data is available for incorporation.

M. Kator-**Isabella** added that it would be important to get clinical and community involvement early on as we develop our projects.

A suggestion was made to develop a website, similar to other DSRIP program, for our program that could be accessed by the community. K. Spaziani responded that such a site is already in development, and should be ready for release in the near future.

B. Cheng-**Charles B Wang Community Center** asked if NYP had 3 different PPS for each of the major campuses or one united PPS. K. Spaziani clarified that we have only one PPS and 1 PAC.

5. K. Spaziani closed the meeting and reminded all PAC members that we are very interested in their feedback and questions. In order for members to provide feedback or pose questions to the NYP DSRIP program, please email: [ppsmembership@nyp.org](mailto:ppsmembership@nyp.org).
6. Next meeting scheduled October 21, 2014, 9:30-11:30 a.m. at 530 W 166<sup>th</sup> Street, bridge line 616-371-4275.

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# **DSRIP Project Advisory Committee Kick-Off Meeting**

*September 29, 2014*

# Welcome

- Overview of DSRIP, the Project Advisory Committee (PAC)
- Community Needs Assessment Preliminary Findings
- DSRIP Project Selection
- Feedback, Questions, Next Steps

# DSRIP Overview

- The Delivery System Reform Incentive Payment (DSRIP) Program is a large new Medicaid initiative that will be launching in New York State in 2015.
- DSRIP is aimed at promoting community-level collaboration.
- DSRIP's main goal: a 25 percent reduction in avoidable emergency department visits and hospital readmissions over 5 years.
- Other goals include improvements in population health and quality.

# PPS Overview

- To participate in DSRIP, health care and human service providers must join together in collaborations, known as performing provider systems (PPSs).
- In May 2014, DOH preliminarily approved 51 emerging PPSs across the State, including 14 in NYC.
- NewYork-Presbyterian (NYP) is leading one PPS.
- NYP was awarded a design grant in August 2014 to fund the PPS's DSRIP project planning process.
- To participate in DSRIP, PPSs must submit final applications to the State by December 16, 2014.



# PAC Overview

- PPSs are required to establish Project Advisory Boards (PACs), comprised of representatives from collaborating providers, workforce, and the local communities.
- The PAC is charged with advising the NYP-led PPS on its DSRIP projects.
- The PAC must meet monthly until December 2014 and then quarterly for five years, beginning in 2015.
- PAC minutes and materials will be made public.

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# Community Needs Assessment Preliminary Findings

# DSRIP Projects

- PPS are permitted to undertake 10 DSRIP projects, in most cases.
- PPSs may not change their project selections over the 5 year life of the DSRIP program.
- DOH narrowly tailored the DSRIP project selection process.
- Projects must come from the DOH's list of approved 43 projects across three domains, and PPSs are required to undertake certain categories of projects.

# NYP PPS Design Grant Project Selections

1. Create an integrated delivery system (#2.a.i)
2. Ambulatory Intensive Care Units (#2.b.i)
3. ED care triage for at-risk populations (2.b.iii)
4. Care transitions intervention model to reduce 30 day readmissions for chronic health conditions (#2.b.iv)
5. Integration of primary care and behavioral health services (3.a.i)

# NYP PPS Design Grant Project Selections

6. Behavioral health community crisis stabilization services (*3.a.ii*)
7. Comprehensive strategy to decrease HIV/AIDS transmission to reduce avoidable hospitalizations – development of a Center of Excellence for Management of HIV/AIDS (*3.e.i*)
8. Integration of palliative care into the PCMH model (*3.g.i*)
9. Promote tobacco use cessation (*4.b.i*)
10. *Prevent HIV and STDs (4.c)*

# Resources

- Questions? Email [ppsmembership@nyp.org](mailto:ppsmembership@nyp.org).
- Provide feedback on project selections by October 15, 2014 with “PAC feedback” in subject line.
- More information on DSRIP, including a copy of the NYP-led PPS’s design grant application, are available at:  
[http://www.health.ny.gov/health\\_care/medicaid/redesign/delivery\\_system\\_reform\\_incentive\\_payment\\_program.htm](http://www.health.ny.gov/health_care/medicaid/redesign/delivery_system_reform_incentive_payment_program.htm)

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# Community Needs Assessment

September 29, 2014

# Components of a Community Needs Assessment

- A.** Description of the Health Care Resources (Including Medical and Behavioral Health) and Community Resources
- B.** Description of the community to be served
- C.** Identification of the main health and health service challenges facing the community
- D.** Summary of the assets and resources that can be mobilized to address the DSRIP strategies and projects and those that are needed to be developed
- E.** Summary Chart of Projects to be implemented
- F.** Documentation of the process and methods used to conduct the assessment



# Community Needs Assessment Team

- Project Management
  - J. Emilio Carrillo, MD, MPH
  - Victor A. Carrillo
- Quantitative/Qualitative Analysis
  - Rainu Kaushal, MD MPH
  - Zachary Grinspan, MD MS
  - Joshua Vest, MPH PhD
- Qualitative Analysis
  - Sandro Galea, MD, DrPH
  - Crystal Fuller, PhD
  - Peter Muennig, MD, MPH

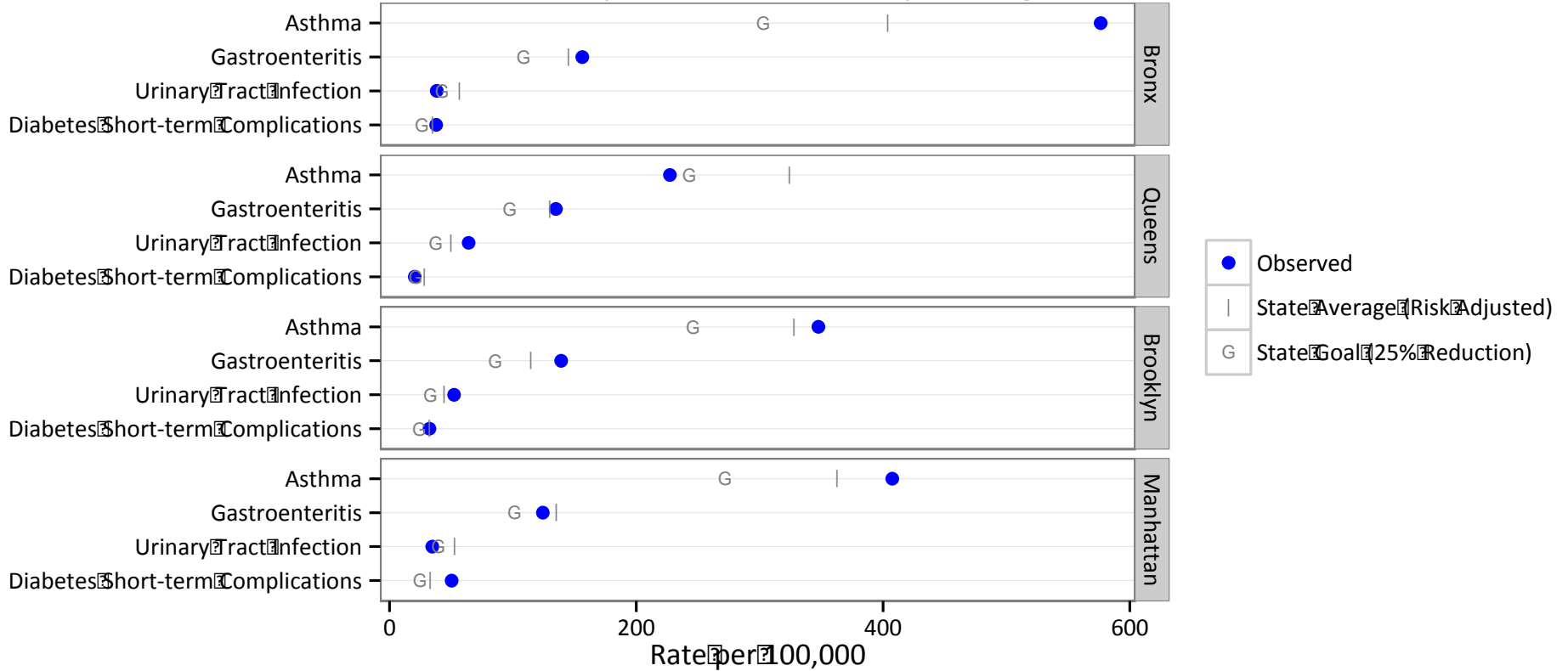
# Preliminary Geographic Findings

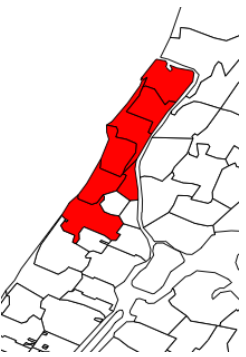
- The NYPH PPS will serve Medicaid patients in Manhattan, Queens, Brooklyn, and the Bronx.
- The largest community of patients live in Northern Manhattan and SW Bronx.
- Lower Manhattan primarily serves Manhattan below 14<sup>th</sup> Street, as well as sections of Brooklyn (i.e. Greenpoint, Sunset Park) and Queens (i.e. Elmhurst).
- WCMC serves individuals from throughout Manhattan, Queens, Brooklyn, and the Bronx. Neighborhoods include East Harlem, Upper East Side, Long Island City, and Astoria.

# Preliminary Quantitative Findings

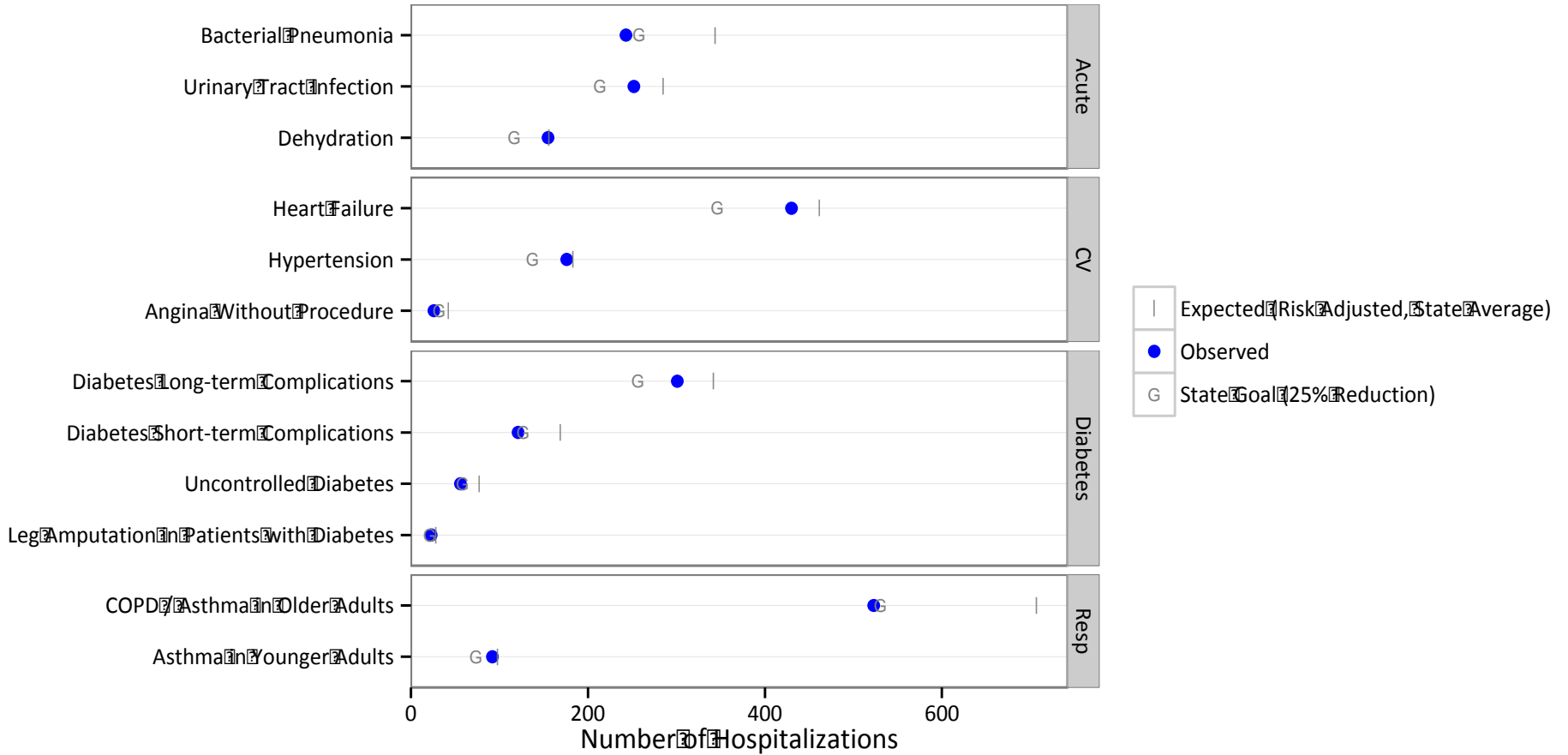
- NYPH has fewer preventable readmissions than our peers. However, East Harlem has high rates of potentially preventable ED visits.
- Asthma has the highest prevalence among the four NYS chosen diseases of focus. Potential gap in asthma care in Bronx, Brooklyn, and Manhattan.
- High frequency of Chronic Renal Disease (CKD & ESRD) hospitalizations per patient (three or more hospitalizations per patient).
- High frequency of Behavioral Health admissions per Medicaid PSYCKES database.
- Initial sampling indicates HEDIS/QARR performance gaps.
- Overall top five reasons for preventable admissions
  - COPD / Asthma among older adults
  - Heart Failure
  - Bacterial Pneumonia
  - Diabetes Long Term Complications
  - UTI

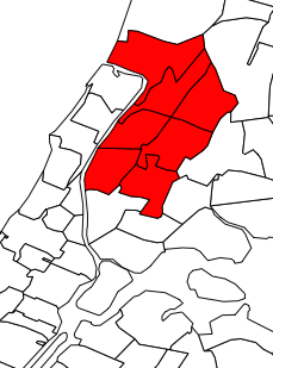
## Pediatric Quality Indicators (PQIs) by Borough, 2012



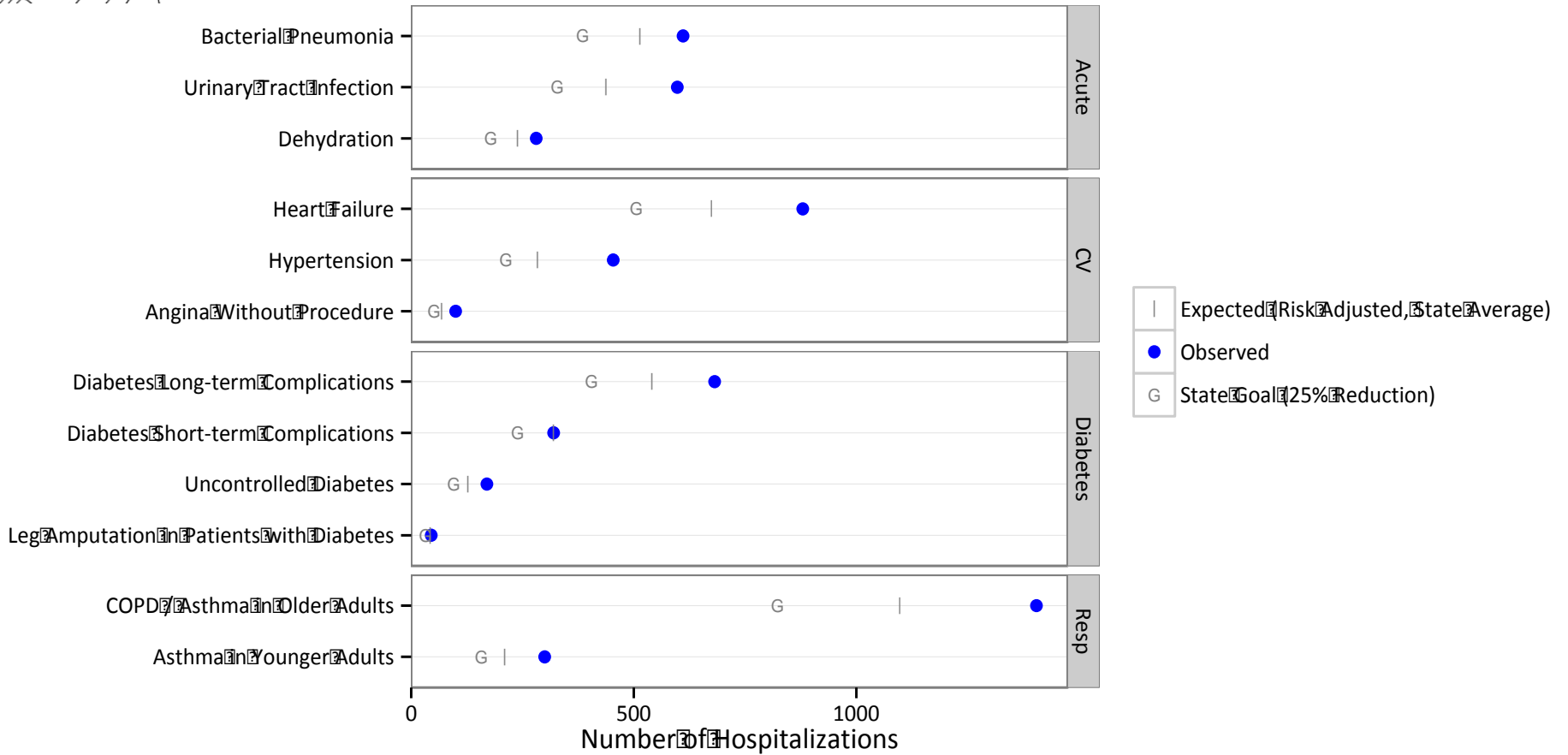


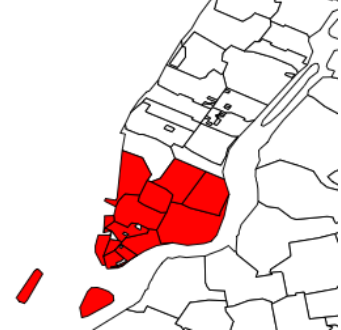
## 2012 Prevention Quality Indicators (PQIs) for CUMC Northern Manhattan Zip Codes: 10027, 10031, 10032, 10033, 10034, 10039, 10040





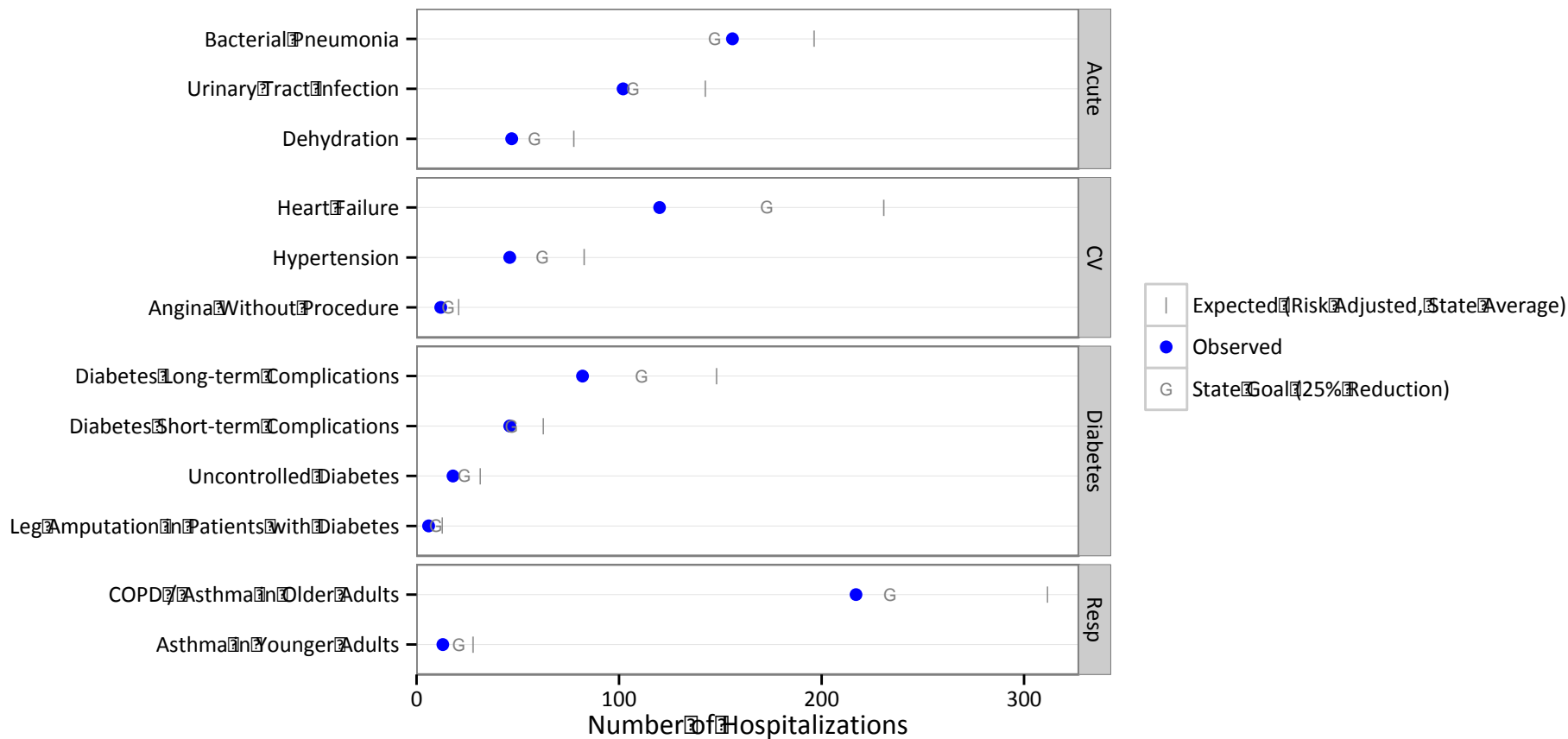
## 2012 Prevention Quality Indicators (PQIs) for CUMC SW Bronx Zip Codes: 10452, 10453, 10456, 10457, 10458, 10463, 10468





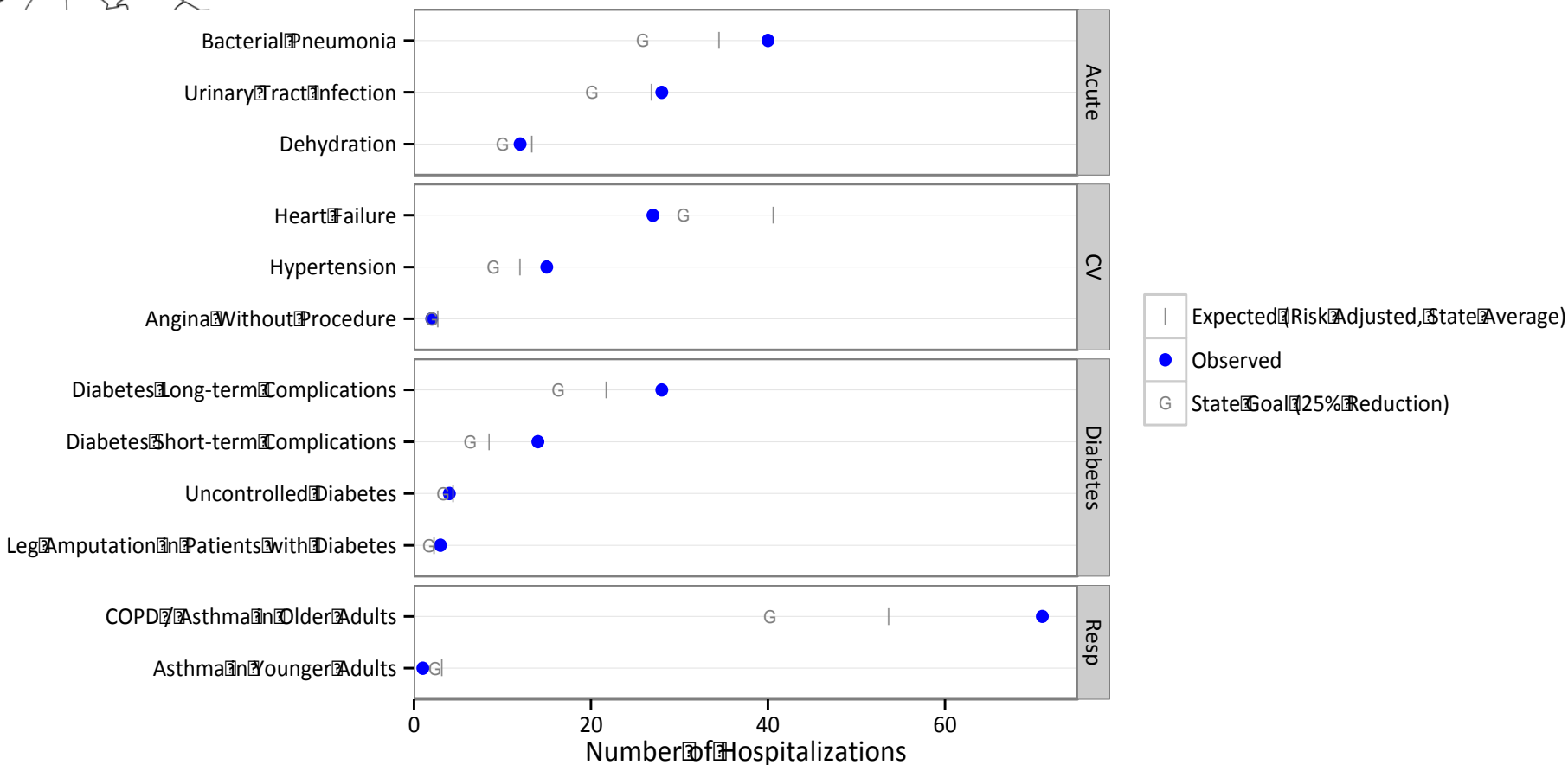
## 2012 Prevention Quality Indicators (PQIs) for Lower Manhattan

Zip codes: 10002, 10003, 10004, 10005, 10006, 10007, 10009, 10012, 10013, 10014, 10038, 10280, 10282





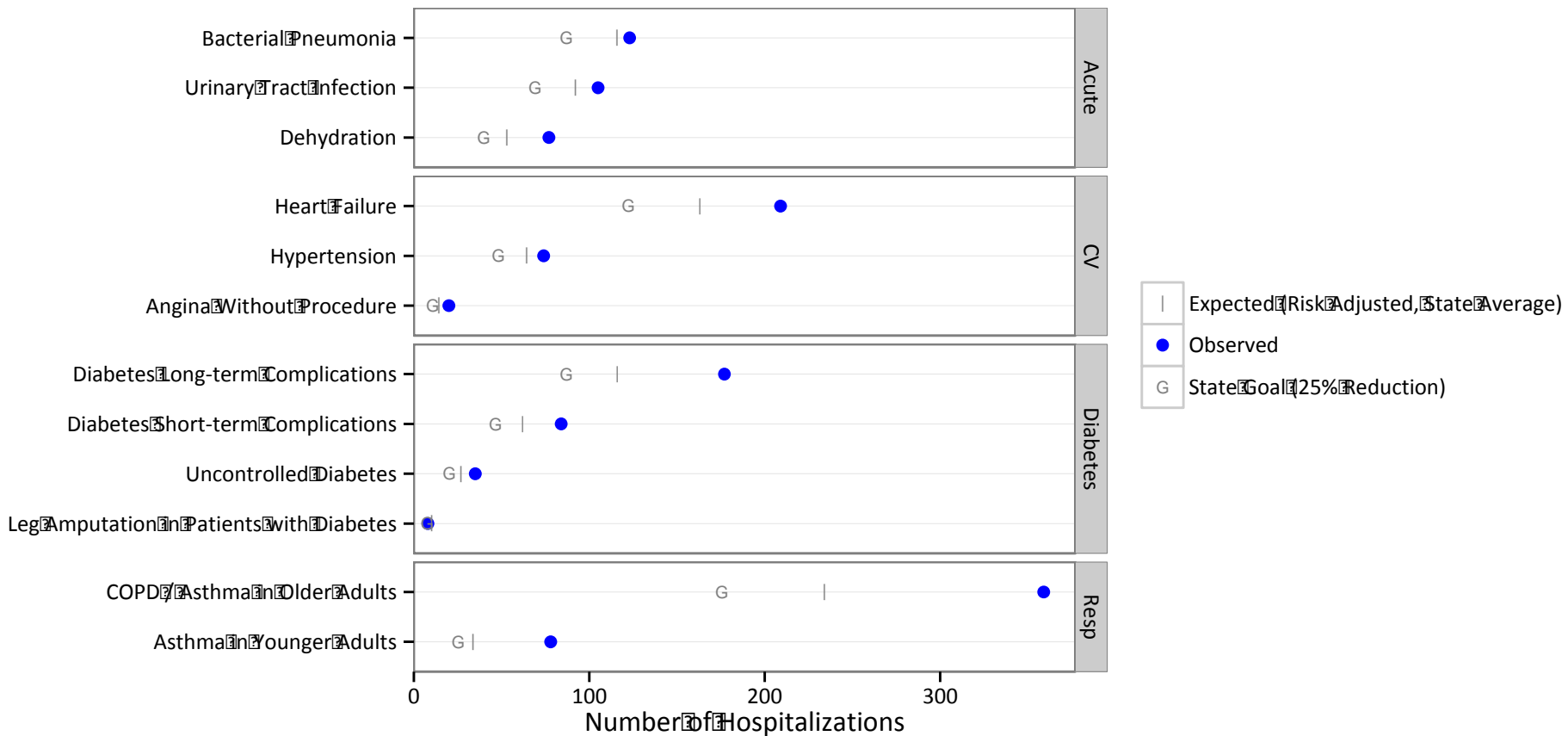
## 2012 Prevention Quality Indicators (PQIs) for WCMC Upper East Side Zip Codes: 10021, 10028, 10065, 10075, 10128, 10162





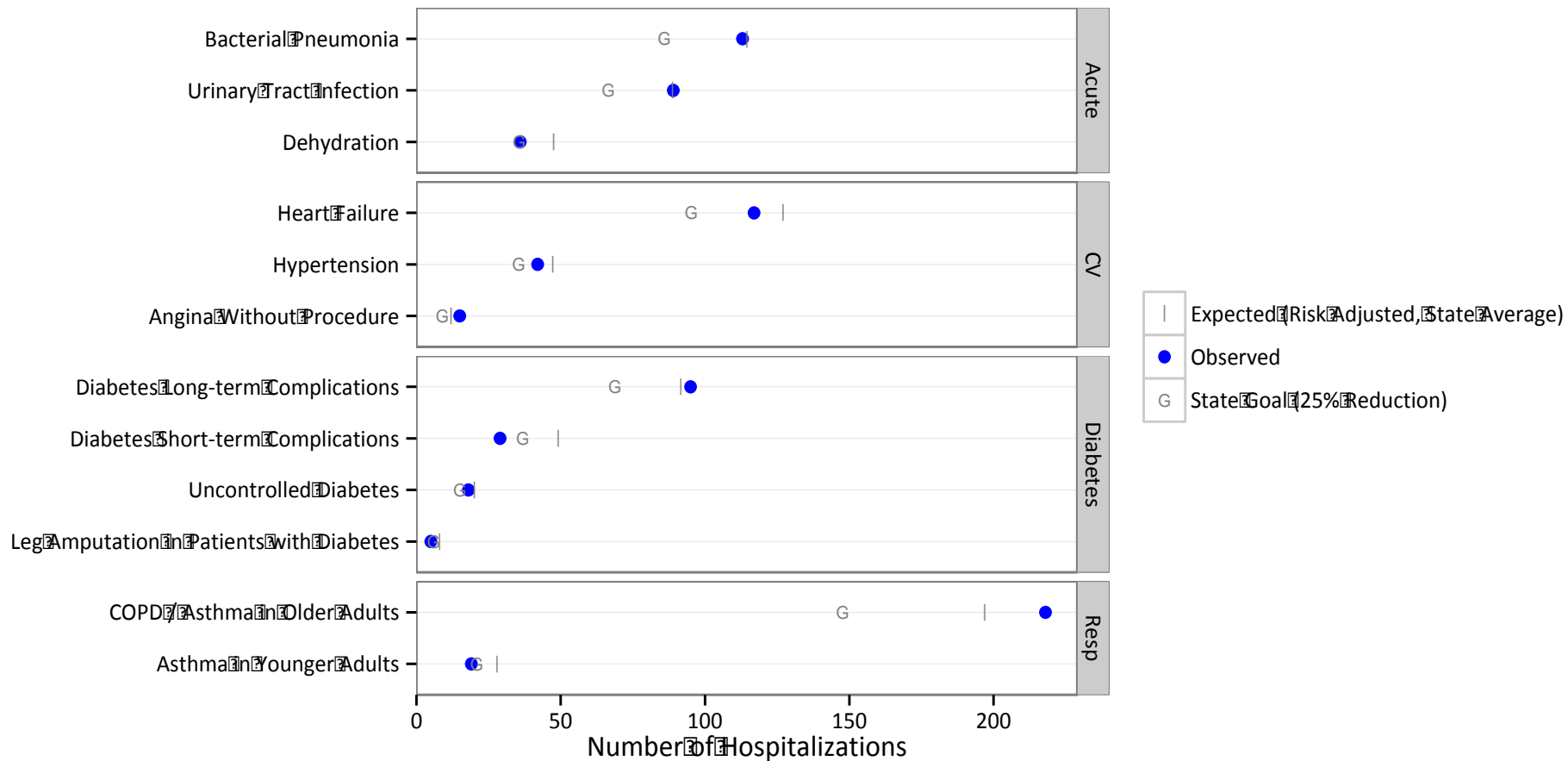


## 2012 Prevention Quality Indicators (PQIs) for WCMC East Harlem Zip Codes: 10029, 10035





## 2012 Prevention Quality Indicators (PQIs) for WCMC Long Island City/Astoria Zip Codes: 11101, 11102, 11103, 11104, 11105, 11106, 11109



# Qualitative Study

- Targeted community residents, community advocates, and community physicians:
  - *Community residents*: Recruited through street-intercept sampling
  - *Community advocates*: Executive Directors at community-based organizations
  - *Community physicians*: General practice or pediatric physicians with no NYP affiliation

# Qualitative Study (Cont.)



## NYP DSRIP Community Needs Assessment

1. What is the name of your organization?

2. What is your job title in the organization?

3. What is the community served by your organization? Please specify the population and the geography, i.e. "Children with Medicaid in the Lower East Side."

4. Which campus of New York Presbyterian Hospital is most closely connected with your organization?

- Columbia University Medical Center (including the Allen Campus)
- Weill Cornell Medical Center
- Lower Manhattan Hospital

**Thinking about the health of the people with Medicaid Insurance who live in the community served by your organization...**

5. What are the most important behavioral risk factors that affect health?

6. What are the most important environmental risk factors (i.e. the natural and built environment) that affect health?

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# Qualitative Study (Cont.)

Thinking about the health of the community served by your organization, what are the most important...

- Behavioral risk factors
- Environmental risk factors (the natural and built environment)
- Socioeconomic factors
- Gaps in access to basic necessities (housing and affordable food)
- Challenges to people with disabilities
- Gaps in city policies (smoke-free parks, menu labeling, zoning for walkable communities)
- Service gaps in primary and specialty care
- Gaps in access to health insurance
- Transportation barriers