



<b>Meeting Title:</b>	<b>NYP/Q DSRIP Primary Care / Behavioral Health Integration Project</b>	<b>Meeting Date:</b>	October 2 <sup>nd</sup> , 2017
<b>Facilitator(s):</b>	M. D’Urso, RN	<b>Meeting Time:</b>	11:00 AM – 12:00 PM
<b>Location:</b>	NYPQ 56-45 Main Street; Junior Conference Room		
<b>Dial in:</b>	Dial in: 1-(866) 692-4538	Passcode: 26098085#	

**Meeting Purpose:**


DSRIP Project Implementation – Implementation Plan Deliverables

#	Topic	Responsible Person	Document
1.	Welcome & Purpose	M. D’Urso	-
2.	Approve Meeting Minutes – 08/07/17	M. D’Urso	 NYPQ PPS PCBH Meeting Minutes 8.7.
3.	<p><b>Upcoming Deliverables:</b></p> <p><b>DY3 Deliverables for Model 1:</b></p> <p><b>Milestone #1</b> Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards</p> <ul style="list-style-type: none"> <li>○ <b>Metric# 1.1:</b> All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3. <b>Due by DY3Q4 (March 2018)</b></li> </ul> <p><i>Minimum Documentation: List of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation.</i></p> <ul style="list-style-type: none"> <li>● All Primary care sites are 2014 PCMH Level 3 certified to date</li> <li>●</li> <li>○ <b>Metric# 1.2:</b> Behavioral health services are co-located within PCMH/APC practices and are available. <b>Due by DY3Q4 (March 2018)</b></li> </ul> <p><b>Minimum Documentation: List of practitioners and licensure performing services at PCMH and/or APCM sites; Behavioral health</b></p>	M. D’Urso	

<p><b>practice schedules.</b></p> <ul style="list-style-type: none"> <li>○ Task Step # 9: Train staff to ensure full understanding of operational processes, sensitivity, cultural competency, and behavioral health related medical record policies. <b>Due by DY3Q4 (March 2018 )</b></li> <li>○ PMO is currently working with internal compliance department to resolve the potential security risk of integrated medical records policy.</li> <li>○ Task Step # 10: Recruit behavioral health care providers based on need of site (Physician/Social Worker/etc.) <b>Due by DY3Q4 (March 2018 )</b></li> <li>○ Brightpoint and MHPWQ are currently in the recruiting process</li> <li>○ Task Step # 11: Create scheduling templates for new providers &amp; patients. <b>Due by DY3Q4 (March 2018 )</b></li> </ul> <hr/> <p><b>Model 2:</b> Milestone #5 Co-locate primary care services at behavioral health sites.</p> <ul style="list-style-type: none"> <li>○ Metric# 5.2: Primary care services are co-located within behavioral Health practices and are available. <b>Due by DY4Q4 (March 2019)</b></li> </ul> <p><b>Minimum Documentation: List of practitioners and licensure performing services at behavioral health site; Behavioral health practice schedules.</b></p> <ul style="list-style-type: none"> <li>○ Task Step # 6: Outline a timeline/roll-out schedule of all participating clinics that shows anticipated clinic start dates &amp; availability. <b>Due by DY3Q3 (December 2017)</b></li> <li>○ Task Step # 8: Train staff to ensure full understanding of operational processes, sensitivity, cultural competency, and behavioral health related medical record policies. <b>Due by DY4Q4 (March 2019)</b></li> <li>○ Task Step # 9: Recruit or re-allocate primary care providers to sites based on need (MD vs. NP vs. PA) <b>Due by DY4Q4 (March 2019)</b></li> </ul>	 <p>PCBH PROJECT OVERVIEW.pdf</p>
--	--

<p>○ Task Step # 11: Create scheduling templates for new providers &amp; patients. <b>Due by DY4Q4 (March 2019)</b></p> <hr/> <p><b>DY4 Deliverables: Both Model 1 and Model 2:</b></p> <p><b>Milestone #3:</b> Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. <b>Due by DY4Q4 (March 2019)</b></p> <p>○ BH providers should show proof of preventative screenings other than depression/BH screening.</p> <p><b>Metric # 3.1:</b> Policies and procedures are in place to facilitate and document completion of screenings. <b>Due by DY4Q4 (March 2019)</b></p> <p><b>Minimum Documentation: Documentation of the policies and procedures used to conduct preventive care screenings, including behavioral health screenings.</b></p> <p>○ Pending-Child Center of NY (need preventative care screenings )</p> <hr/> <p><b>Metric # 3.2:</b> Screenings are documented in Electronic Health Record. <b>Due by DY4Q4 (March 2019)</b></p> <p><b>Minimum Documentation: Screenshots or other evidence of notifications of patient identification and screening alerts; EHR Vendor documentation.</b></p> <hr/> <p><b>Metric/Deliverable 3.3:</b> At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT). <b>Due by DY4Q4 (March 2019)</b></p> <p><b>Minimum Documentation:</b> Roster of identified patients. Number of screenings completed.</p> <p><b>Project 3.a.i. Milestone #3 (Models 1 and 2) : 90% Screening Metric/Deliverable</b></p> <p>In response to PPS questions regarding the operational definition of the metric deliverable, "At least 90% of patients receive screenings at the established project sites," the IA is providing the following clarification:</p> <ol style="list-style-type: none"> <li>This indicates that, out of all providers engaged by the PPS in this project, 90% of patients seen must be receiving screenings upon project completion.</li> <li>The IA will request a list of screenings completed at the established project sites and select a sample of these screenings.</li> </ol>		
--	--	--

	<p>i. The denominator of this metric is all patients seen by the provider during the 12 months preceding project completion date.</p> <p>ii. The numerator is all patients receiving screenings</p> <ol style="list-style-type: none"> <li>1. For Models 1 and 3: Screening as defined as at least one behavioral health screen (mental health OR substance use)</li> <li>2. For Model 2: Screening as defined as at least one preventive medical screen</li> </ol> <p>i. This metric, and associated project requirement, should be completed by the date indicated in the PPS speed &amp; scale commitment for Project 3.a.i</p> <p>-----</p> <p><b>Metric/Deliverable 3.4:</b> Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record. <b>Due by DY4Q4 (March 2019)</b></p> <p><b>Minimum Documentation:</b> Sample EHR demonstrating that warm transfers have occurred.</p>		
4.	<p><b>Behavioral Health and Primary Care Strategies, Weapons, and Tactics (SWAT)</b></p> <p>HANYS and HANYS Solutions Practice Advancement Strategies invites you to a two-day <a href="#">Strategies, Weapons, and Tactics (SWAT)</a> program focusing on primary care and behavioral health.</p> <p>SWAT will help you gain the competencies and skills needed to succeed in the redesign of the primary care system, understand the risks and rewards of value-based payment, integrate services, and address payer denials.</p> <p><a href="#">Nationally recognized faculty</a> will take an in-depth look at the challenges facing primary care and behavioral health providers including:</p> <ul style="list-style-type: none"> <li>• primary care redesign,</li> <li>• value-based payment,</li> <li>• behavioral health and primary care integration,</li> <li>• linking to opioid treatment, and managed care.</li> </ul> <p><b>Dates:</b> October 3 – 4, 2017  <b>Location:</b> Double Tree, Tarrytown, NY  <i>(Room block/special rate available until 9/2. Reference HANYS.)</i></p> <p><a href="#">Program information and registration details are available online.</a></p> <p><i>CEUs offered.</i></p>		

5.	Primary Care: Behavioral Health Performance Measures	 PCBH MY 2 Results Final.pdf	
6.	Questions & Open Discussion	-	-
7.	Adjourn	-	-

# NewYork-Presbyterian/Queens PPS

## Project 3.a.i – Primary Care Behavioral Health

### Project Committee Meeting

October 2<sup>ND</sup>, 2017 11:00 am –12:00pm EST

**Attendees:** R. Crupi (NYPQ), M. D’urso (NYPQ), A. Simmons (NYPQ) , C. Dunkley (NYPQ), P. Cartmell (NYPQ),M. Hay (NYPQ) , J. Sotto(CCHNY), K. Fung (NYPQ) D. Notarnicola (NYPQ), S. Kalinowski (NYPQ), J. Lavin (MHPWQ)

Topic	Discussion	Actions
<b>1. Agenda:</b>	<ul style="list-style-type: none"> <li>Welcome &amp; Purpose</li> <li>Meeting minutes approval</li> <li>DY3 Deliverables</li> <li>DY4 Deliverables</li> <li>VBP Trainings for BH providers</li> <li>Questions &amp; Discussions</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>2. Meeting minutes:</b> M. D’Urso/C. Dunkley	<ul style="list-style-type: none"> <li>Committee reviewed meeting minutes from 8/07/17 meeting.</li> </ul>	<ul style="list-style-type: none"> <li>M. D’ Urso motioned and M. Hay seconded the approval of the minutes.</li> </ul>
<b>3. DY3 Deliverables</b> :M. D’Urso/C. Dunkley	<p><b>DY3 Deliverables for Model 1:</b></p> <p>Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.</p> <ul style="list-style-type: none"> <li>Metric# 1.1: All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3. <b>Due by DY3Q4</b></li> </ul> <p>Minimum Documentation: List of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation</p> <ul style="list-style-type: none"> <li>All NYP Queens PPS partners’ clinics have submitted and received their 2014 Level 3 PCMH certification.</li> <li>Metric# 1.2: Behavioral health services are co-located within PCMH/APC practices and are available. <b>Due by DY3Q4</b></li> </ul>	<ul style="list-style-type: none"> <li></li> <li></li> <li></li> <li></li> <li></li> <li>Send PMO any workflows and training sign in sheet for trainings of staff.</li> <li></li> </ul>

Topic	Discussion	Actions
	<p>Minimum Documentation: List of practitioners and licensure performing services at PCMH and/or APCM sites; Behavioral health practice schedules.</p> <ul style="list-style-type: none"> <li>○ Task Step # 9: Train staff to ensure full understanding of operational processes, sensitivity, cultural competency, and behavioral health related medical record policies. <b>Due by DY3Q4</b> <ul style="list-style-type: none"> <li>○ PMO needs more clarification on how to access BH records if the EHRs are not integrated.</li> </ul> </li> <li>○ Task Step # 10: Recruit behavioral health care providers based on need of site (Physician/Social Worker/etc.) <b>Due by DY3Q4</b> <ul style="list-style-type: none"> <li>○ MHPWQ has a candidate ready for and will need to submit their business fee.</li> <li>○ Brightpoint is still currently recruiting for providers to be seen in the clinics.</li> </ul> </li> <li>○ Step # 11: Create scheduling templates for new providers &amp; patients.               <ul style="list-style-type: none"> <li>○ This may be a risk if the hospital does not approve the business plan then the sites will be unable to co-locate.</li> </ul> </li> <li>● <b>Due by DY3Q4</b></li> </ul> <p><b>Model 2:</b>            Milestone #5 Co-locate primary care services at behavioral health sites.</p> <ul style="list-style-type: none"> <li>○ Metric# 5.1: PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.<b>Due by DY4Q4</b></li> <li>○ All partners have completed their NCQA 2014 Level 3 PCMH certification.</li> </ul> <p>Minimum Documentation: List of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation.</p> <ul style="list-style-type: none"> <li>○ Metric# 5.2: Primary care services are co-located within behavioral Health practices and are available. <b>Due by DY4Q4</b></li> </ul> <p>Minimum Documentation: List of practitioners and licensure performing services at behavioral health site;</p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>PMO will produce business plan for NYPQ to approve.</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>The PMO will reach out to partners to work on creating a timeline for Co-location due December 2017 and incorporate the new PC: BH Waivers.</li> </ul>

Topic	Discussion	Actions
	<p>Behavioral health practice schedules.</p> <ul style="list-style-type: none"> <li>○ Task Step # 6: Outline a timeline/roll-out schedule of all participating clinics that shows anticipated clinic start dates &amp; availability. <b>Due by DY3Q3</b></li> <li>○ Task Step # 8: Train staff to ensure full understanding of operational processes, sensitivity, cultural competency, and behavioral health related medical record policies. <b>Due by DY4Q4</b></li> <li>○ Task Step # 9: Recruit or re-allocate primary care providers to sites based on need (MD vs. NP vs. PA) <b>Due by DY4Q4</b></li> <li>○ Task Step # 11: Create scheduling templates for new providers &amp; patients. <b>Due by DY4Q4</b></li> </ul>	
<p><b>4. DY4 Deliverables:</b> M. D'Urso</p>	<p><b>DY4 Deliverables due March 2019</b></p> <p><b>Milestone #3:</b> Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.</p> <p><b>Metric/Deliverable 3.1:</b> Policies and procedures are in place to facilitate and document completion of screenings.</p> <ul style="list-style-type: none"> <li>• Pending policies from MHPWQ &amp; CCNY</li> </ul> <p><b>Minimum Documentation:</b> Documentation of the policies and procedures used to conduct preventive care screenings, including behavioral health screenings.</p> <p>-----</p> <p><b>Metric/Deliverable 3.2:</b> Screenings are documented in Electronic Health Record.</p> <ul style="list-style-type: none"> <li>• SBIRT screenings need to be built into Athena</li> </ul> <p><b>Minimum Documentation:</b> Screenshots or other evidence of notifications of patient identification and screening alerts; EHR Vendor documentation.</p> <p>-----</p> <p><b>Metric/Deliverable 3.3:</b> At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).</p> <p><b>Minimum Documentation:</b> Roster of identified patients. Number of screenings completed.</p>	<ul style="list-style-type: none"> <li>• Please send deliverable documents to the PMO</li> <li>• Marlon will follow up with Riza.</li> <li>• Once the sites are co-located please provide a sample EHR demonstration a warm transfer.</li> <li>• Follow up on how</li> </ul>



Topic	Discussion	Actions
	<ul style="list-style-type: none"> <li>The IA gave feedback on indicating out of all providers in the project 90% of patients must receive screenings up project completion.</li> <li>Numerator is all patients receiving screenings and denominator is all patients seen by the provider during the 12 month preceding project completion date.</li> </ul> <hr/> <p><b>Metric/Deliverable 3.4:</b> Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.</p> <p><b>Minimum Documentation:</b> Sample EHR demonstrating that warm transfers have occurred.</p> <ul style="list-style-type: none"> <li>Warm Handoff is defined as internal referrals such as walking the patients over to a behavioral health provider.</li> </ul>	<p>often we need to do the screenings annual or snapshot in time.</p>
<p><b>5. Behavioral Health and Primary Care Strategies, Weapons, and Tactics (SWAT)</b></p>	<p><b>Behavioral Health and Primary Care Strategies, Weapons, and Tactics (SWAT)</b></p> <p>HANYS and HANYS Solutions Practice Advancement Strategies invites you to a two-day <a href="#">Strategies, Weapons, and Tactics (SWAT)</a> program focusing on primary care and behavioral health.</p> <p>SWAT will help you gain the competencies and skills needed to succeed in the redesign of the primary care system, understand the risks and rewards of value-based payment, integrate services, and address payer denials.</p> <p><a href="#">Nationally recognized faculty</a> will take an in-depth look at the challenges facing primary care and behavioral health providers including:</p> <ul style="list-style-type: none"> <li>primary care redesign,</li> <li>value-based payment,</li> <li>behavioral health and primary care integration,</li> <li>Linking to opioid treatment, and managed care.</li> </ul> <p><b>Dates:</b> October 3 – 4, 2017  <b>Location:</b> Double Tree, Tarrytown, NY  <i>(Room block/special rate available until 9/2. Reference HANYS.)</i>  <a href="#">Program information and registration details are available online.</a>  <i>CEUs offered.</i></p>	<ul style="list-style-type: none"> <li>Please click on the link for information regarding workshop.</li> </ul>

Topic	Discussion	Actions
<p><b>6.</b> Primary Care: Behavioral Health Performance Measures</p>	<p>•K. Fung presented MY2 data to the committee with all performance measures met from providers in and out the PPS network.</p>	<ul style="list-style-type: none"> <li>• The PMO will work with clinical leads to develop process improvement action plans for providers.</li> </ul>