

New York-Presbyterian PPS Newsletter

Welcome to the March 2016 NYP PPS newsletter! We hope you enjoy the updates.

Staff Spotlight: This month, we would like to highlight the role of our Patient Navigator Program Managers. Patient Navigators are an important element of the NYP PPS DSRIP efforts. Building upon the successful Patient Navigator Program established at NYP's Columbia campus in 2008, Emergency Department-based Patient Navigators offer peer-level support, education and connections to health insurance as well as make follow-up primary and specialty care appointments for patients who are not well established with care. Patient Navigators also provide post-discharge support to help ensure that patients are able to make it to their follow-up appointments. Patient Navigators are members of the Emergency Department and Patient-Centered Medical Home (PCMH) care teams and they, along with the two Patient Navigator Program Managers, are part of the Center of Community Health Navigation which encompasses all Patient Navigator and Community Health Worker efforts across three NYP sites. Following are the names of the two NYP Program Managers and the specific sites with which they are affiliated:



Romelia Corvacho - Program Manager, Columbia Patient Navigator Program (Milstein Hospital, Morgan Stanley Children's Hospital, The Allen Hospital)



Erina Greca - Program Manager, Weill Cornell and Lower Manhattan Patient Navigator Programs

Capital Update: The NYP PPS is happy to announce that it has been selected to receive funding under the state-funded Capital Restructuring Finance Program (CRFP). This \$1.2 billion funding program is a commitment made by New York State to support health care providers across the State fund critical capital and infrastructure improvements in addition to integrating and further developing health systems. The awards were announced on March 4, 2016 and a list of all recipients

can be found [here](#).

This funding will allow the NYP PPS to support much of the IT infrastructure needs of the PPS, including connecting all collaborators to Healthix and, for those projects requiring more robust collaborative care planning, connecting collaborators to AllScripts Care Director. The funding will also allow NYP to enhance the primary care services provided through its Ambulatory Care Network.

There are a number of contractual and administrative steps that need to be worked out with the State prior to beginning to flow these funds.

Collaborator Spotlight: AIDS Service Center NYC (ASCNYC)

ASCNYC History

For 25 years, ASCNYC has helped tens of thousands of New Yorkers recover from addiction, access medical care, escape homelessness, rejoin the world of work, overcome isolation-and lead healthier, more self-sufficient lives. ASCNYC has earned the trust of New York City's most vulnerable communities, built strong in-roads into the hardest-to-reach areas and pioneered the most effective services to get people living with HIV and other chronic illnesses back on their feet. ASCNYC's individualized, full-service approach gives each person the unique mix of support he or she needs to feel better, live better and do better.

"Positive Change" is the term ASCNYC uses to describe the outcomes it seeks for its clients. For many ASCNYC clients, an additional outcome is the chance to give back to the organization by joining the staff.

To learn more about ASCNYC, please visit www.ascnyc.org. In addition, NBC New York News 4 at 7 recently did a segment on ASCNYC in recognition of its 25 year history of promoting positive change for New Yorkers seeking health, recovery, and a better future as they navigate life with HIV and other chronic health conditions. View the segment [here](#).

Peer Training Institute

ASCNYC's peer education and training program, known as the Peer Training Institute (PTI), is the biggest and one of the best in the nation. PTI's nearly 100 Peer Educators include persons living with or at-risk of HIV/AIDS, those new to or struggling with recovery from substance use as well as those more seasoned in the recovery process. Armed



with
skills and information, Peer Educators
maximize ASCNYC's impact by
delivering community education and

ASCNYC Peer Educators, Staff and Executive
Director, Sharen Duke

Photo Credit: David Nager/ASCNYC

health coaching to 5,500 New Yorkers every year. In return, Peer Educators are provided with job-readiness skills training to empower them to become community leaders and role models, inspiring others to make healthy choices. The collaboration with the NewYork-Presbyterian Performing Provider System is key to the success of many of ASCNYC's peers finding part-time internships, functioning as job readiness and skills development educators and peer navigators, hopefully leading to full-time employment.

For more information, please visit <http://www.ascnyc.org/eng/peer-education-and-outreach/>.

Mid-Point Review Assessment: PPSs were recently given the opportunity to provide feedback on the process that will be used by the Independent Assessor to conduct a DSRIP Program Mid-Point Assessment, which is intended to:

- evaluate PPS compliance with the approved DSRIP Project Plan;
- assess whether PPSs are meeting the conditions set forth in the 1115 waiver that governs the DSRIP Program; and
- gauge PPS progress towards meeting DSRIP milestones and measures to date.

The Mid-Point Assessment will begin with the PPS submission of the DSRIP Year 2, Quarter 1 PPS Quarterly Report by July 31, 2016. Suggested DSRIP Project Plan modifications are to be put in place by March 31, 2017 for the start of DSRIP Year 3.

The Independent Assessor sought comments from PPSs on the proposed Mid-Point Assessment process described in the [attached](#) document during a 30 day public comment period, which closed on March 17, 2016. A copy of the letter outlining NYP PPS feedback on the proposed process can be accessed [here](#).

Project Spotlight: This month, we would like to highlight the work of the Palliative Care Project. Palliative care aims to improve the quality of life of patients and families facing complications associated with potentially life-limiting or life-threatening conditions. The goal is to provide symptom relief and emotional and spiritual support services throughout the course of a patient's illness.

DSRIP funding has made it possible to bring palliative care services to the Ambulatory Care Network on the NYP West Campus and the program went live in February 2016. The interdisciplinary team, which is comprised of a Nurse Care

Manager, Social Worker, Nurse Practitioner and Physician, provides assistance to the patient and family with complex decision-making, advises on advance care directives and serves as an extra layer of support during times of crisis and loss. The program also focuses on developing primary care providers' ability to provide generalist-level palliative care to their patients.

Key components of the program include:

- Offering generalist palliative care education to primary care providers and collaborators in an effort to integrate generalist-level palliative care into practices;
- Delivering specialized palliative care services by an expert team and integrating this team into interdisciplinary rounds;
- Establishing a recognized methodology to identify patients likely to have unmet palliative care needs;
- Creating an internal telephone screening risk assessment tool based off of the Brief Pain Inventory (BPI) and the Patient Health Questionnaire (PHQ2); and
- Developing protocols with key collaborators to facilitate appropriate and timely transition to hospice services and home-based palliative care services.

PPS IT Update

Health Information Exchange (HIE) Assessment

Thank you to the organizations that have completed their Health Information Readiness (HIE) Assessment. To those that have yet to complete this assessment, we encourage you to do so as soon as possible as it will help advance the PPS's strategy for Healthix implementation across the PPS network. If you have not received this assessment via e-mail, please contact us at ppsmembership@nyp.org. Once we receive your assessment, someone from the NYP PPS IS team will contact your organization to discuss the next steps in the Healthix implementation process.

Data Exchange Incentive Program (DEIP)

Another reason to complete the HIE assessment and start the Healthix implementation process is so your organization can take advantage of the Data Exchange Incentive Program (DEIP). The New York State Department of Health established the DEIP to increase HIE adoption across the State. These funds are limited and can only be accessed through September 30, 2016. Those eligible are organizations with Physicians and NPs who have 30% of their encounters with Medicaid patients and contribute at least five out of the seven data elements (encounters, demographics, medications, labs, allergies, procedures and diagnoses) to the RHIO/QE from their EHR. During your organization's initial discussion with Healthix and/or the NYP PPS IS team, we will review your eligibility for these funds. Click [here](#) for more information about this program.

Event Announcement: We wanted to share information about an upcoming event that may be of interest to our network members. On May 4, the Healthcare Association of New York State (HANYS) will hold its fifth annual *Behavioral Health SWAT: Understanding the Complexities of Reform*, a one-day event focused on helping participants better understand the complexities of providing behavioral health services in the era of healthcare reform. Presentation topics will include: behavioral health and primary care integration for DSRIP; enforcement of parity requirements; transition to Medicaid managed care; and the relationship between hospitals and oversight agencies, including the Justice Center. For more information, please contact the Healthcare Educational and Research Fund (HERF) at (518) 431-7867 or at learning@hanys.org.

Please do not hesitate to contact us at ppsmembership@nyp.org if you have any questions.

For more information about the NYP PPS, please visit www.nyp.org/pps.