

## New York- Presbyterian PPS Newsletter

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

**New NYP PPS Website:** Check out the newly updated NYP PPS website at [www.nyp.org/pps](http://www.nyp.org/pps)! We recently re-launched our website which now has a new look and feel as well as additional features and information, such as a page for each project, a collaborator listing, expanded FAQs, a news section and a resources area. We will continue to add new features to the site in the coming months, such as additional resources, an event/trainings calendar and more. So, please check back often! And please e-mail [ppsmembership@nyp.org](mailto:ppsmembership@nyp.org) if you have suggestions for additional improvements or resources you would like to see on the site.

**New Resources, Trainings and Events:** Please note this new section on trainings, resources and events. If you have items you would like to share, please send them to [ppsmembership@nyp.org](mailto:ppsmembership@nyp.org).

This month, we would like to highlight the following:

- The Downstate 1115 Waiver/DSRIP Public Comment Day scheduled for Wed, May 4. Click [here](#) for more details about this event.
- A NYSHHealth Funding Opportunity titled Sponsoring Conference Participation in Support of Healthy Communities. Click [here](#) for more information.
- A new initiative called the Mental Health Service Corps (MHSC) that will provide fully-funded behavioral health providers for primary care practices. Click [here](#) to apply.
- Teen Talks NYC Health Workshops scheduled for Sat, May 7 - see [attached](#) flyer.
- Domestic Worker Health Event scheduled for Wed, May 25 - see [attached](#) flyer.
- The NYS Care Management Coalition 2016 Annual Training Conference scheduled for May 19-20 - see [attached](#) brochure.
- The 2-1-1 system that allows New Yorkers to search for social services in their local communities. It can be accessed [here](#).

- A new report by The Commonwealth Fund titled *Implementing New York's DSRIP Program: Implications for Medicaid Payment and Delivery System Reform*. Click [here](#) for the report.

**Webinar Ideas:** We would like to solicit your ideas on topics for the monthly NYP PPS webinar series. Please send topics you are interested in learning more about to [ppsmembership@nyp.org](mailto:ppsmembership@nyp.org).



**Project Spotlight - Special Kids Achieving Their Everything:** The goal of the NYP PPS Pediatric Ambulatory ICU Project, which has been newly renamed to ***Special Kids Achieving Their Everything (SKATE)***, is to improve care and health outcomes for high-risk and high-cost pediatric populations with complex care needs. The project targets patients under the age of 21 who meet the definition of a Child with Special Healthcare Needs; patients who either have one or more chronic, complex or unstable medical issues such as cerebral palsy, depression or autism. The SKATE team hopes to achieve their goals by:

- Creating an enhanced staffing model which includes Pediatricians, RN Care Managers, Social Workers, Psychiatric NPs and Community Health Workers;
- Developing patient registries which identify at-risk patients and allows the care team to better manage the patient and make decisions about their care;
- Using interdisciplinary teams to deliver comprehensive, coordinated team-based care for complex patients using a patient-centered approach;
- Maximizing relationships among providers and community-based resources to enhance care coordination and streamline referrals; and
- Improving access by extending evening and weekend hours at select NYP Ambulatory Care Network sites.

Recent activities of SKATE have focused on hiring staff, meeting with collaborator organizations and finalizing the patient registry tool. The group has also engaged a Steering Committee composed of project staff and collaborator organizations which has recently been focused on the development of workflows for the Community Health Worker role.

### **Staff Spotlight: Transitional Care Managers**

The Project "Care Transitions to Reduce 30-Day Readmissions" utilizes Transitional Care Managers (TCMs) to coordinate the progression of care from the inpatient hospital into the community, for 30 days post discharge. Prior to discharge, TCMs focus on identifying patients at risk for readmission, and then meeting patients at the bedside to engage into services. Throughout the inpatient course of stay, TCMs collaborate with the interdisciplinary care team and begin to build a Transitional Plan of Care. Once a patient has been discharged, they call patients within 2-3 days and weekly (or more frequently, if needed) thereafter, to help facilitate timely follow-up with primary care providers, link patients to community and long-term care management

resources, and provide ongoing education on disease management and medication regimen adherence.

The Transitional Care Manager team is comprised of the following staff:



Darlene Adair, Milstein Hospital	Crystal Hernandez, Milstein Hospital
Virginia Bjornton, Allen Hospital	Jocelyn Jeffries, Milstein Hospital
Alex Bradshaw, Allen Hospital	Ganna (Anna) Savina, Lower Manhattan Hospital
Ying (Sabrina) Chan, Lower Manhattan Hospital	Nancy Smith, Milstein Hospital
Ruble (Ryan) Hastu, Weill Cornell	Barbara Vega, Allen Hospital

The work of this team is crucial to enhancing care transitions services and collaboration with next-level of care providers in an effort to reduce the risk of avoidable readmissions within 30 days.

**Collaborator Spotlight: St. Mary's Kids**

Improving the health and quality of life for children and families with special needs is not just the mission of St. Mary's Healthcare System for Children, it is their driving force. Following hospitalizations in acute care facilities for complications from premature birth, serious illness and catastrophic injury, or when special services for chronic conditions are needed, children and their families come to St. Mary's to receive care, learn to manage their illness or injury and achieve a better quality of life.



Since their founding as New York City's first medical facility for children in 1870, St. Mary's has grown to serve thousands in greater New York City and Long Island through a network of inpatient, community and home care programs. They are one of New York State's largest providers of long-term pediatric health services. In addition

to their flagship inpatient facility, St. Mary's Hospital for Children, they operate various long- and short-term home and community programs, including St. Mary's Home Care, a certified home health agency; St. Mary's Community Care Professionals, a licensed home care services agency; and comprehensive case management programs. Additional centers of excellence include a Pediatric Day Healthcare Program, Center for Pediatric Feeding Disorders, Early Education Center (medical special education preschool) and St. Mary's Kids at Roslyn, a dynamic therapy center and sensory integration facility.

St. Mary's is excited to partner with the NYP PPS on several DSRIP initiatives to help improve care for high-risk pediatric populations with special healthcare needs. St. Mary's expertise in case coordination and management for children with complex and chronic health conditions will provide a post-acute continuum of care for the young patients treated across the network.

For more information about St. Mary's, please visit: <http://stmaryskids.org/>.

**Completion of DSRIP Year 1:** March 31, 2016 brought with it the completion of DSRIP Year 1. It was a busy foundational year focused on establishing the governance structure for the PPS, setting the budget and a process for funds flow distribution and working on project implementation. Some successes include hosting our first biannual Collaborator Symposium, laying the foundation for rollout of Healthix and Allscripts Care Director and initial recruitment of a cadre of Community Health Workers across the projects. Many thanks to all of our collaborators who contributed to the exciting work that took place in DSRIP Year 1! We are looking forward to seeing what DSRIP Year 2 brings and to build upon the groundwork laid and successful collaborations established in DSRIP Year 1.

**Remediation and AVs for DY1, Q3:** We are happy to share that the NYP PPS passed the remediation period for DY1, Q3 and successfully earned all of its Achievement Values for this reporting period.

**NYP PPS Cultural Competency and Health Literacy Workgroup Update:** We are excited to report that the NYP PPS Cultural Competency and Health Literacy Workgroup had its kickoff meeting on Tuesday, March 29th. The group discussed perspectives on culture, language and health literacy; the need for data related to cultural competency and health literacy; the importance of identifying and propagating health literacy standards; the application of *The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (the National CLAS Standards); and the elements of a cultural competency and health literacy training program. Next steps include the development of a charter for the workgroup. If there

are collaborators still interested in joining this effort, please contact [ppsmembership@nyp.org](mailto:ppsmembership@nyp.org).

**Correction:** Please note the following correction to the March 2016 NYP PPS Newsletter. Our Collaborator Spotlight incorrectly identified ASCNYC. Please note the correct name is AIDS Service Center NYC. We apologize for the error.