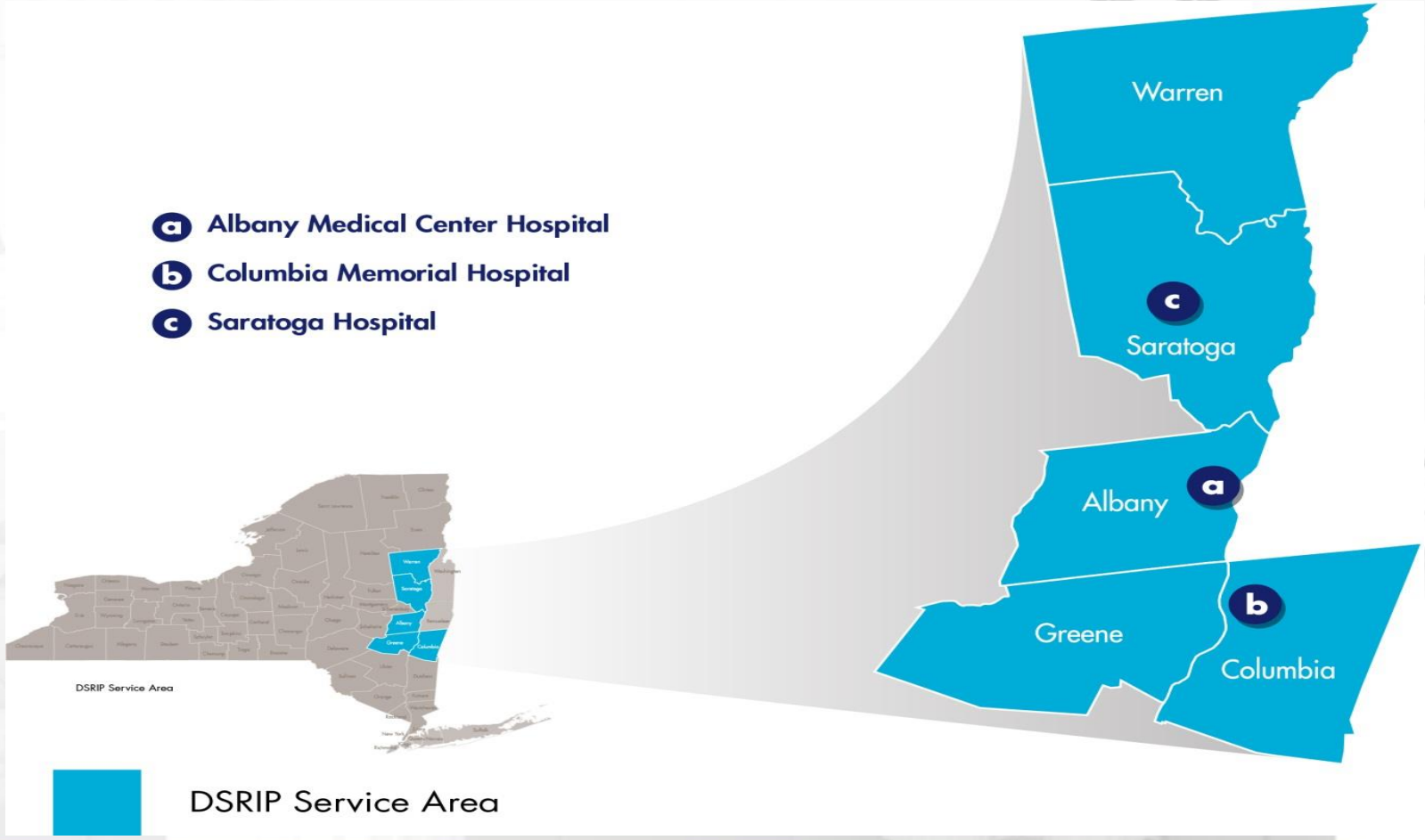
Albany Medical Center Hospital PPS - DSRIP

Better Health for Northeast New York

ALBANY MEDICAL CENTER
KNOWN FOR OUR EXPERTISE. CHOSEN FOR OUR CARE.

Albany Med's Provider System



DSRIP Basics

- Medicaid program
- Redesign care delivery through the use of health information technology
- Patient focused, evidence based and project driven to enhance care
- Reduce avoidable hospital and Emergency Department admissions
- Transition to value based care and population health

DSRIP Basics

- Conducted a community needs assessment
- Selected 11 projects from a list of 44 in 3 different domains
- Created a community engagement plan
- Created a cultural competency and health literacy strategy
- Established governance, including committees

DSRIP Basics

- Working together with community based organizations
- Actively looking to involve members of the community
- Projects will enhance services through better care management – not reduce services
- Patient satisfaction impacts our payment
- Largest change in health care in over 50 years

Five Key Themes of DSRIP

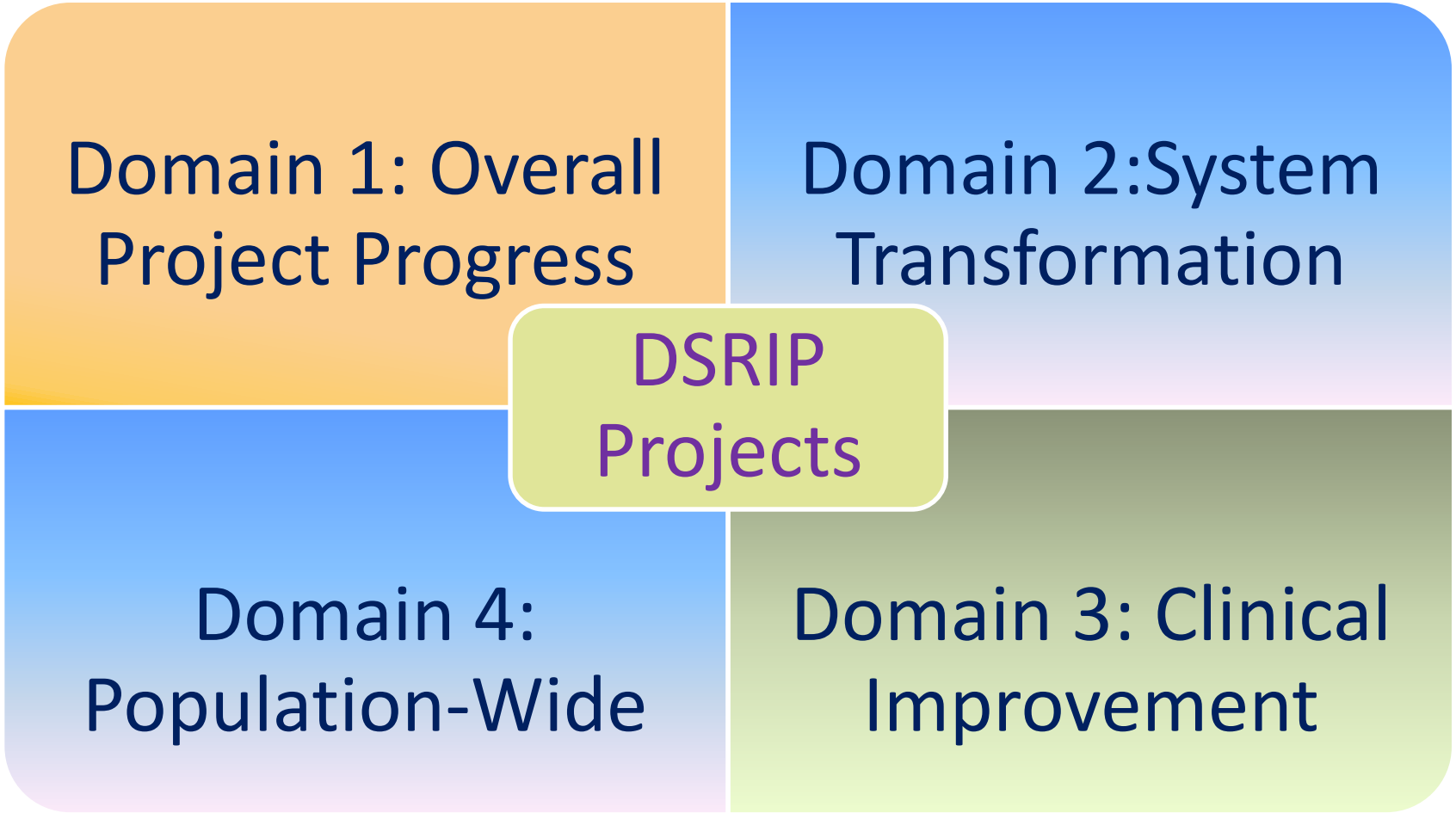
- Collaboration, Collaboration, Collaboration!!!
- Project Value drives funding
- Performance Based Payments
- Statewide Performance Matters
- Lasting Change
  - Long-Term Transformation
  - Health System Sustainability

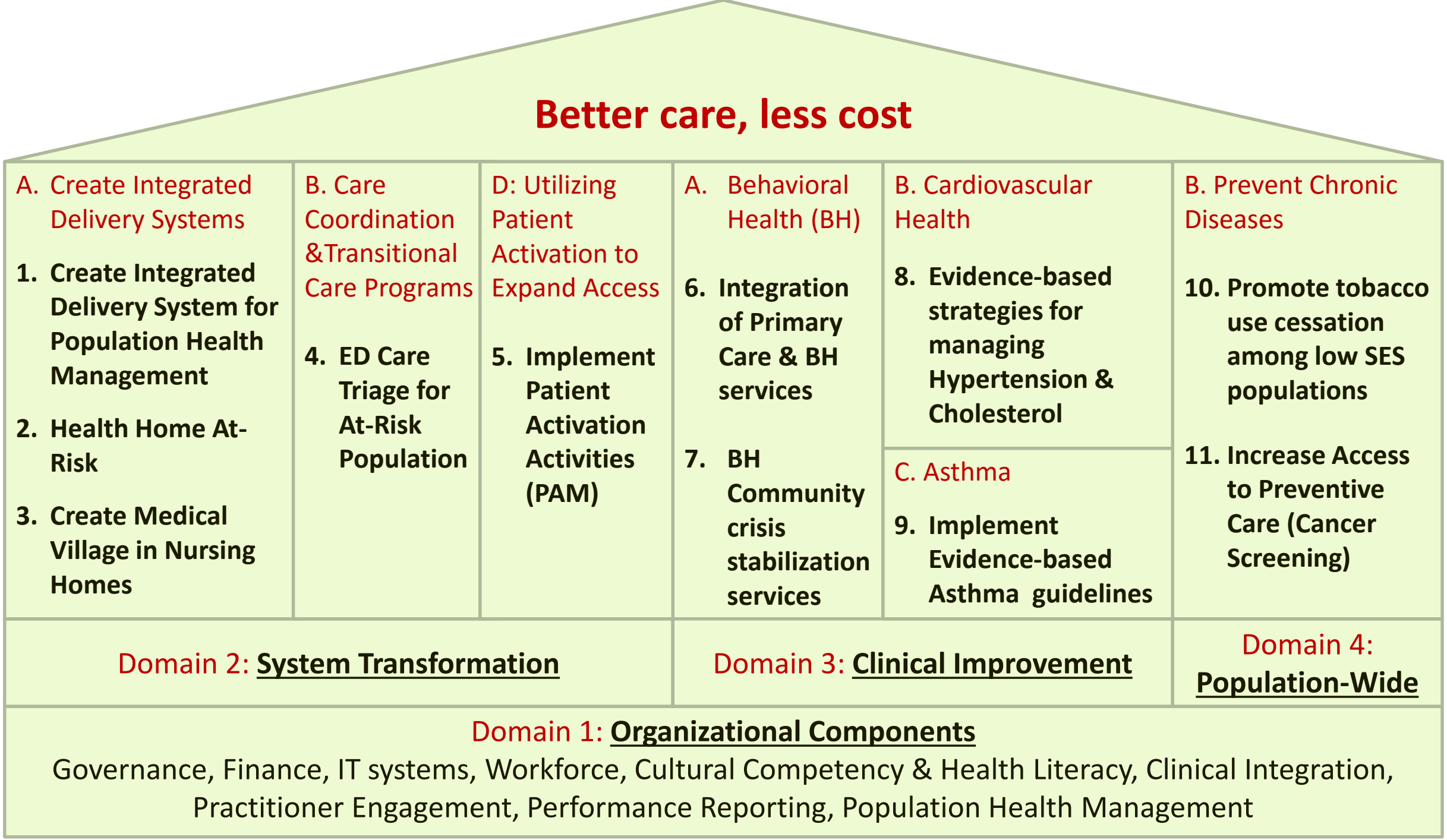
DSRIP Domains

- Domain 1
  - Governance and performance
- Domain 2
  - System wide Projects
- Domain 3
  - Clinical Projects
- Domain 4
  - Population Health Projects

DSRIP Projects Domains

DSRIP Projects are organized into Domains, with Domain 1 focused on overall PPS organization and Domains 2-4 focusing on various areas of transformation




Better care, less cost
A. Create Integrated Delivery Systems
1. Create Integrated Delivery System for Population Health Management
2. Health Home At-Risk
3. Create Medical Village in Nursing Homes
B. Care Coordination &Transitional Care Programs
4. ED Care Triage for At-Risk Population
D: Utilizing Patient Activation to Expand Access
5. Implement Patient Activation Activities (PAM)
A. Behavioral Health (BH)
6. Integration of Primary Care & BH services
7. BH Community crisis stabilization services
B. Cardiovascular Health
8. Evidence-based strategies for managing Hypertension & Cholesterol
C. Asthma
9. Implement Evidence-based Asthma guidelines
B. Prevent Chronic Diseases
10. Promote tobacco use cessation among low SES populations
11. Increase Access to Preventive Care (Cancer Screening)
Domain 2: System Transformation
Domain 3: Clinical Improvement
Domain 4: Population-Wide
Domain 1: Organizational Components
Governance, Finance, IT systems, Workforce, Cultural Competency & Health Literacy, Clinical Integration, Practitioner Engagement, Performance Reporting, Population Health Management

AMCH PPS Projects: System Transformation Domain

1. **Create an Integrated Delivery System** focused on Evidence-Based Medicine and Population Health Management
    1. Create and maintain an accessible Integrated Delivery System (IDS)
    2. Use of EHRs and other IT platforms, including the use of targeted patient registries.
    3. Achieve NCQA 2014 Level-3 PCMH recognition for all participating PCPs.
    4. Transition towards value-based payment arrangements

Current status:

- Actively working with our participating organizations/partners to complete participation agreements
- Collaboration with Hixny and partners for establishing/strengthening IT linkages and interoperability systems

AMCH PPS Projects: System Transformation Domain

2. **Health Home At-Risk Intervention Program:** Proactive Management of Higher Risk Patients Not Currently Eligible for Health Homes
    1. Engage eligible patients for risk reduction and comprehensive care management.
    2. Establish partnerships between PCPs, Health Homes, CBOs
    3. Implement evidence-based practice guidelines for chronic disease management

Current status:

- Planning for a project specific pilot in Hudson in September
- Identifying potential partners for collaboration in both primary care and Health Home setting

AMCH PPS Projects: System Transformation Domain

3. **Create a Medical Village/Alternative Housing** Using Existing Nursing Home Infrastructure
    1. Transform underperforming nursing home capacity into a stand-alone ED/urgent care center or other healthcare-related purpose.

Current status:

- Plans are underway for nursing home engagement
- Exploring different models of "Medical Village" relevant to the community needs and the interests of our partners
- Project has the longest timeline in terms of completion

AMCH PPS Projects: System Transformation Domain

4. **ED Care Triage** for At-Risk Populations
    1. Develop a care coordination/care transition program that will assist patients to link with a PCP & support patient confidence in self-management.
    2. Improve provider-to-provider communication and provide supportive assistance to transitioning members to the least restrictive environment.

Current status:

- Actively working with the three ED systems in our PPS for patient engagement and development of a patient navigation model
- Working with Hixny for enhancing provider to provider communication for encounter notification

AMCH PPS Projects: System Transformation Domain

5. **Implementation of Patient Activation Activities** to engage uninsured and non-utilizing populations into preventive and primary care.

- **Objective:** Focus on persons not utilizing the health care system, assess readiness for change using PAM tool and work to engage those individuals to utilize primary care services.

Current status:

- Actively working with several community-based organizations and healthcare providers to implement PAM tool to assess patients' readiness for change
- Continue to Identify methods to communicate the results of the survey tool to patient's PCP

AMCH PPS Projects: Clinical Improvement

6. Integration of Primary Care and Behavioral Health Services

Objective: Integrate mental health and substance abuse services with primary care services to ensure coordinated and effective care.

- Background:
  - Behavioral health issues in primary care settings:
    - High prevalence
    - Difficulties with recognition, treatment effectiveness, and external referrals
    - Health behavior and chronic medical problems
  - Medical issues in behavioral health settings:
    - Premature mortality
    - ED referrals

AMCH PPS Projects: Clinical Improvement

6. **Integration of Primary Care and Behavioral Health Services** continued
   - 3 Models:
     1. Integrate Behavioral Health Services into primary care sites
     2. Integrate Primary Care Services into behavioral health sites
     3. The IMPACT Model of depression management at primary care sites

Current status:

- Project specific webinars scheduled through the end of 2016
- Extensive discussions with key primary care and behavioral healthcare providers to prioritize project roll-out steps

AMCH PPS Projects: Clinical Improvement

7. Behavioral Health Community Crisis Stabilization Services

Objective: provide readily accessible behavioral health crisis stabilization services that allow access to appropriate levels of care and support rapid de-escalation of crises.

- Fundamental activity: Expand access to specialty psychiatric and crisis-oriented services
- Key Components
    - Mobile Crisis Services
    - Community-Based Intensive Crisis Services
    - Outreach Services

AMCH PPS Projects: Clinical Improvement

Clinical Improvement:

7. Behavioral Health Community Crisis Stabilization Services

- Other Important Activities:
  - Central triage service and warm line
  - ED diversion protocols
  - EHR connectivity

Current status:

- Extensive discussions with a wide range of key stakeholders to establish reporting structures to begin project roll-outs.
- Engagement to date include,
  - Inpatient and outpatient behavioral health providers
  - Law enforcement
  - Emergency responders and mobile crisis services
  - Other CBOs

AMCH PPS Projects: Clinical Improvement

Clinical Improvement: *(contd.)*

8. **Implementation of evidence-based best practices/guidelines** for Adults with **cardiovascular** conditions – Million Hearts
    1. Evidence Based guidelines, Interoperable EMR, PCMH recognition, MU, etc
    2. Develop care coordination teams – (nursing staff, pharmacists, dieticians and CHWs) to address lifestyle changes, medication adherence, health literacy issues, and patient self-management

Current status:

- Project specific webinars scheduled through 2016
- Formation of sub committee to begin project implementation utilizing strategies from Million Hearts Initiative
- Updates from partners regarding initiatives underway

AMCH PPS Projects: Clinical Improvement

Clinical Improvement: *(contd.)*

9. **Implementation of evidence-based best practices/guidelines for Asthma**
   Management: 2 - 64 years of age
   1. Implement evidence- based guidelines between PCMHs, specialists, and community based asthma programs to ensure a regional approach to asthma management.
   2. Increase the use of Asthma Action Plans for effective self-management

Current status:

- Project specific webinars scheduled through 2016
- Formation of sub committee to begin project implementation across PPS

AMCH PPS Projects: Population Health Management

10. **Promote tobacco use cessation**, especially among low SES populations and those with poor mental health
    1. Support implementation of US PHS Guidelines for Treating Tobacco Use
    2. Use EMR to prompt providers to complete 5 A's (Ask, Assess, Advise, Assist, and Arrange)
    3. Facilitate referrals to the NYS Smokers' Quit line
11. **Cancer prevention:** Increase screening rates for colorectal cancer, breast cancer & cervical cancer.
    1. Collaborate with PPS partners to increase cancer screening and follow-up.
    2. Support adoption of EHR alerts to remind patients in need of follow-up for abnormal results
    3. Coordinate training of community navigators with culturally-appropriate navigation materials for patient populations with low screening rates

DSRIP – Critical Success Factors

- Strong endorsement from senior leadership across our PPS
- Effective clinically integrated systems with active practitioner participation
- Effective patient engagement & participation
- Availability and utilization of health information systems
- Availability of trained workforce
- Alignment of financial incentives to performance
- Active participation of community care management programs and organizations responsible for addressing social determinants of health

DSRIP – Contract Status

- Project Management Office is managing 52 executed contracts as of 8/12/16, with at least 8 more expected to be signed for 10 of the projects
- PAM contracts executed with 18 providers, most of whom are CBOs
- Substantial funds have been distributed, but majority of DSRIP Year 1 and 2 payments will be made in Aug/Sept, November 2016 and January 2017.

DSRIP Collaboration

- The AMCH-lead PPS continues to work closely with the Adirondack Health Institute, Montefiore Hudson Valley PPS, Bassett Healthcare and the Alliance for Better Health
- Active engagement of the community in numerous ways:
  - Only PPS with a Consumer and Community Affairs Committee
  - Only PPS to conduct a regional series of listening sessions targeting consumers
  - Funding support provided to over 20 CBOs, as of 8/1/16

How to be involved?

- Ask yourselves the following:
  - What services do we offer that are needed for this to succeed?
  - How are we currently supported? Will funds from DSRIP supplant or supplement current funding?
  - Do we have or can we grow the capacity that may be needed?
  - Is there a leadership commitment to being involved?
  - DSRIP funding is time-limited. How do we get paid for the services we provide after DSRIP ends?

Better Health for Northeast New York
at Albany Medical Center

To receive information, get on our mailing list or get involved -- contact:

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