Project Approval and Oversight Panel

***Bethany Gilboard, CEO* | November 9, 2015**

ALLIANCE
for Better Health Care, LLC

PPS Profile

ALLIANCE for Better Health Care, LLC

- Serving 6 counties in the Mohawk Valley and Capital Region of upstate NY
- Network of 1,400 providers and CBOs
- Serving
  - 123,000 Medicaid members
  - 94, 000 uninsured and low utilizers
- 7 key partners
  - 3 health systems with group practices
  - 2 FQHCs
  - 2 independent group practices

Alliance Strategy and Approach

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Alliance has identified four elements that are key to its DSRIP strategy:

- Collaboration with providers, CBOs, unions, county agencies and consumers
- Data-Driven efforts to identify population needs, opportunities for improvement and strategies to meet DSRIP requirements
- Centralized development of projects and work streams within the Alliance that collectively leverage resources and expertise of partners while providing support for implementation at the local level
- Incentives from the outset

Governance

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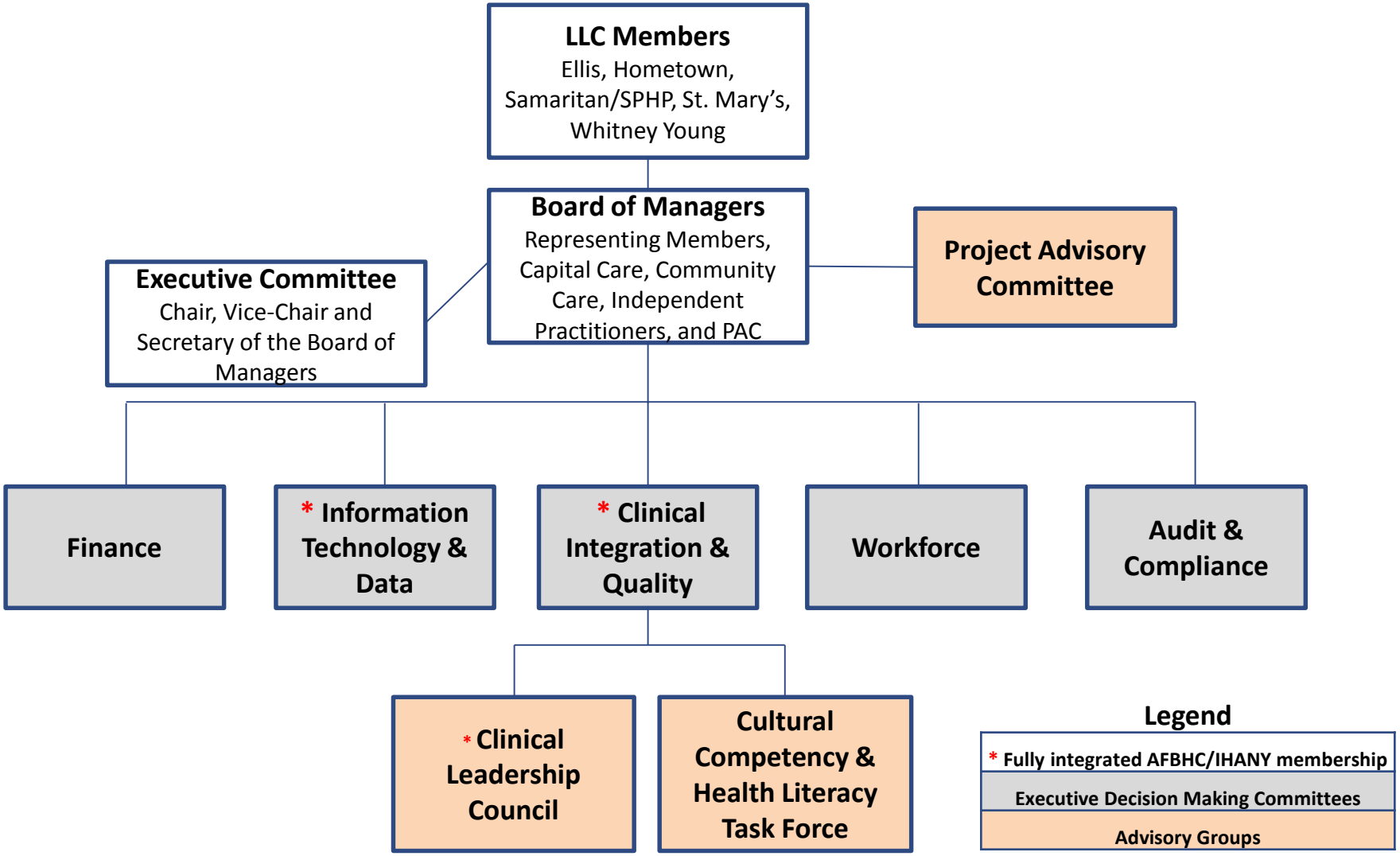

PPS Updates

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- CEO appointed in August
  - Bethany Gilboard, CEO of the “Innovative Health Alliance of New York” (IHANY), a Medicare ACO.
  - As part of DSRIP, economies of scale and strategies to collaborate are actively being explored.
- Growing Network
  - More than 800 providers will be added to the Alliance network this month.
    - 61 Primary Care providers, 73 Behavioral Health providers
  - Additional providers will increase valuation for performance.
- Aggressively building infrastructure to support implementation of 11 projects.

Collaboration

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- Collaboration with overlapping PPSs, Albany Medical Center and AHI, including workforce planning, PAM training and community engagement.
- Governance committees and subcommittees include partners, downstream providers, CBOs and unions.
- Actively aligning DSRIP and ACO population health activities wherever possible.
- Conducting outreach to, and collaborating with Local Government Units (LGUs) and community groups.
  - Spotlight: Asthma home-based self-management project team is partnering with Healthy Neighborhoods Program in Schenectady County, joining efforts with public health and regional coalitions providing home-based asthma care

Engagement

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Focus partners, downstream providers and community members on project implementation and opportunity to earn incentives

- Partners: Partner Engagement Strategy
  - Ongoing CEO communication with executive leadership at all partner organizations.
  - PPS-wide project workgroups convening to actively address current vs. future state, project design and strategies to achieve Domain 1 deliverables and Speed & Scale targets.
  - Strategy is to leverage collective PPS resources and knowledge with support to implement at the local level.
- Providers: Active Clinical Leadership Council
  - Representatives from primary care and behavioral health, specialists and practice leaders act as a conduit between the Clinical Integration and Quality Committee and providers at participating organizations.
  - Ongoing expert consultation on projects.

Engagement

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- Community
  - Communication strategy includes: leadership discussions, ongoing CBO involvement, regular educational project update webinars that provide project-specific opportunities for CBO involvement.
  - Inclusion of CBOs to ensure culturally and linguistically appropriate service delivery
  - Key aspects of CBO engagement strategy include:
    - Meetings with community leaders, including LGUs among others, to actively engage CBOs
    - Project Advisory Committee (PAC) meeting structure includes “Community Voice” forum for feedback
    - 20 CBOs identified across all six counties to actively engage in PAM.
      - Direct relationships and through community hubs
      - Ongoing meetings and trainings with CBOs to engage in Patient Activation (2.d.i.) and explore opportunities for collaboration.

Engagement

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Engagement Spotlight: Community Outreach

Kathy Alonge-Coons, LCSWR, Rensselaer County Mental Health Commissioner and Alliance Board Member actively pursues opportunities to encourage community involvement in DSRIP:

- Conducts DSRIP training and education at county subcommittee meetings.
- Co-presented with Alliance CEO to the county Community Services Board with key CBO leaders in attendance.
- Presented at Mental Health Association in NYS (MHANYS) Annual Conference, encouraging CBOs statewide to get involved with their local PPS.
- Presented at NYS Conference for Local Mental Hygiene Directors, advocating all LGUs help with PPS outreach to CBOs.
- Hosting PAM training for county CBO representatives.

Contracting with Attested Providers

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- Formulating funds flow and incentive strategy for providers.
- Commitment to fairness and transparency in provider contracting with basic PPS participation terms to go out shortly.
  - Project-specific addenda will follow later in the DSRIP year, to outline requirements and related financial incentives for success.
- Distributing funds to providers, including CBOs, shortly as a priority.
  - Funds flow features early incentives to promote the desire to meet Domain 1 requirements, conduct PAMs and establish infrastructure.

Primary Care

The Alliance is committed to engaging and supporting network providers to attain NCQA 2014, Level 3 PCMH recognition.

- Baseline PCMH survey will be distributed to network of more than 500 PCPs.
- RFP to be issued for consulting services to assist PPS-wide PCMH efforts.
  - Compose PCMH work plan and launch consulting services on January 1
  - Alliance-funded resource to assist practices
- Distribute incentive payments to providers for advancing toward PCMH recognition and again upon achieving recognition.
- Leverage synergies between PCMH requirements and necessary developments embedded in individual project plans.
  - 2.b.iii. ED Care Triage
  - 3.a.i. Integration of Primary Care and Behavioral Health
  - 3.d.ii. Asthma home-based self-management
  - 3.g.i. Integration of Palliative Care into PCMH model

Behavioral Health

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- Alliance will seek to co-locate behavioral health services in the primary care setting and to co-locate primary care services in the behavioral health setting.
- Alliance is aware that its highest risk patients have co-occurring substance abuse conditions and co-morbid medical conditions, compounded by psychosocial needs.
  - Plans to implement 3.a.i. will consider strategies to manage these members in our robust Health Homes
  - Plans will further include strategies to manage patients with co-occurring and co-morbid conditions who do not qualify for health homes
  - Contemplating additional care management resources to address high-risk patients with BH needs
- Conducting baseline survey shortly of the “current state” in both behavioral health and primary care.
- Actively reviewing licensure requirements by site and preparing appropriate documentation for the state.

Workforce

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- Workforce Committee formed with approved membership from hospitals, provider practices, higher education, CBOs and labor.
- Full time staff member and consultant dedicated to regional analysis, collaborating with other PPSs to develop regional workforce strategy.
- Committee is composing survey to inform specific training needs and timeline in line with DSRIP calendar of milestone due dates.
- Establishing culturally and linguistically sensitive strategy to address training needs across the PPS; including emerging roles:
  - Patient navigator, care manager, community health worker, health coach

Best Practices

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- Leverage existing relationships and expertise.
  - Review and use best practices within the PPS and nationally with an evidenced-based approach underlying project activity.
  - Engaging LGU to provide CBO contracting through county hub.
  - Continue to join groups and committees already working toward improving the health and wellness of our communities as an extension of DSRIP.
  - Employ train-the-trainer model of PCMH provider education, recruiting advanced practices to lead initiatives.
  - Learning collaborative project development and management structure to support all partners.
- Focus on long-term sustainability.
  - Incentivize providers to create a lasting impact in contrast to short-term “grant” distributions.
  - Strategies to implement value-based payment from the outset.
  - Expanding on relationships with MCOs.

Challenges

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- Bringing together seven unique member organizations
  - Each organization has varied structure, processes, cultures, etc.
  - Seeking strategies to maintain best practices and leverage them to move from current to future state.
  - Opportunity: 5 organizations are active members of the Medicare Shared Savings Program ACO (IHANY).
- Sharing attributed lives with other PPSs
- Staff recruitment
  - Difficulty finding highly qualified professionals who understand population health with the skills required to manage DSRIP and experience with matrixed/cross-functional teams
- Competing priorities
  - Partners are seeking to meet transformation activities for ACOs, bundled payment, DSRIP and other initiatives. Resources are tight.
- Educating providers on DSRIP-specific deliverables in addition to overarching goals

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Questions?