Maimonides PPS - Community Care of Brooklyn (CCB)

DSRIP Project Approval and Oversight Panel Meeting – January 21, 2016

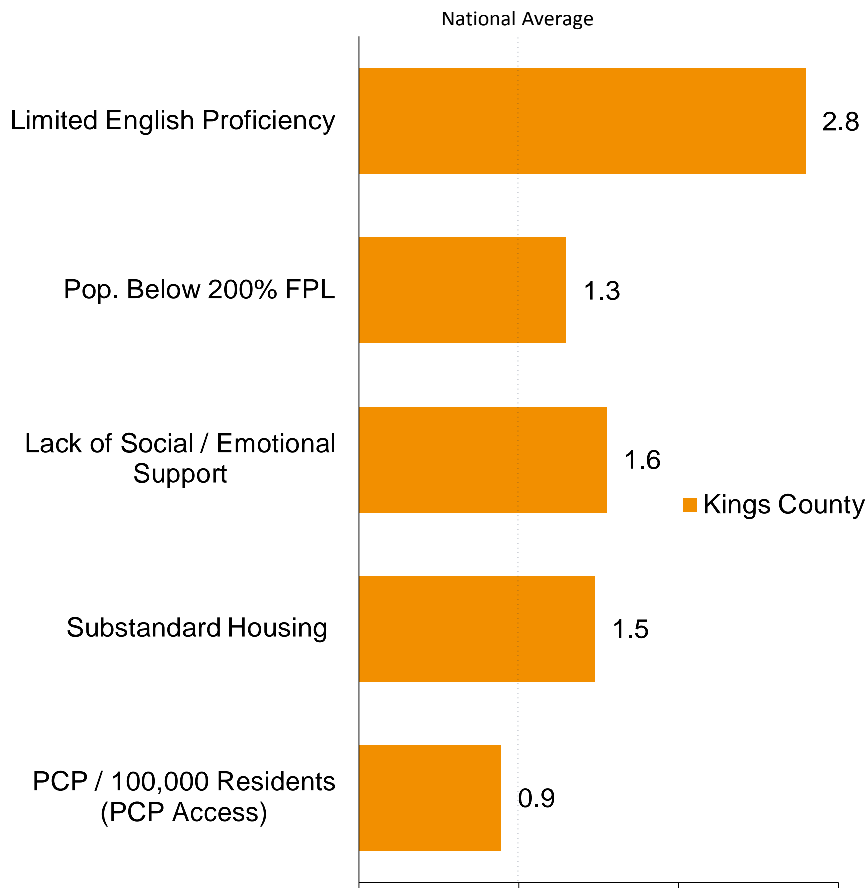
Brooklyn Landscape

Opportunities and Challenges:

- Cultural diversity
- Distressed hospitals and other providers
  - Inadequate health system infrastructure
  - Inadequate social services infrastructure
  - Inadequate integration
- Highly vulnerable population
  - 1.3 million Medicaid beneficiaries
  - 300,000 uninsured

Brooklyn's Demographics and Primary Care Supply Are Unfavorable to Healthy Outcomes

Demographic and Access Measures Influencing Health Status



Poor Health of the Community Also Challenges Financial Performance at the Organizational Level

- 50% to 80% of all emergency visits considered potentially preventable
- Approximately 344,000 people are uninsured, accounting for approximately 16% of all the uninsured individuals in New York State
- The number of potentially preventable hospitalizations among Medicaid beneficiaries for circulatory conditions in Brooklyn accounts for one in five of all such admissions in the State
- 54% of mental health patients served have at least one chronic medical condition
- Premature deaths in Brooklyn due to AIDS account for approximately one-third of all such deaths in NYC

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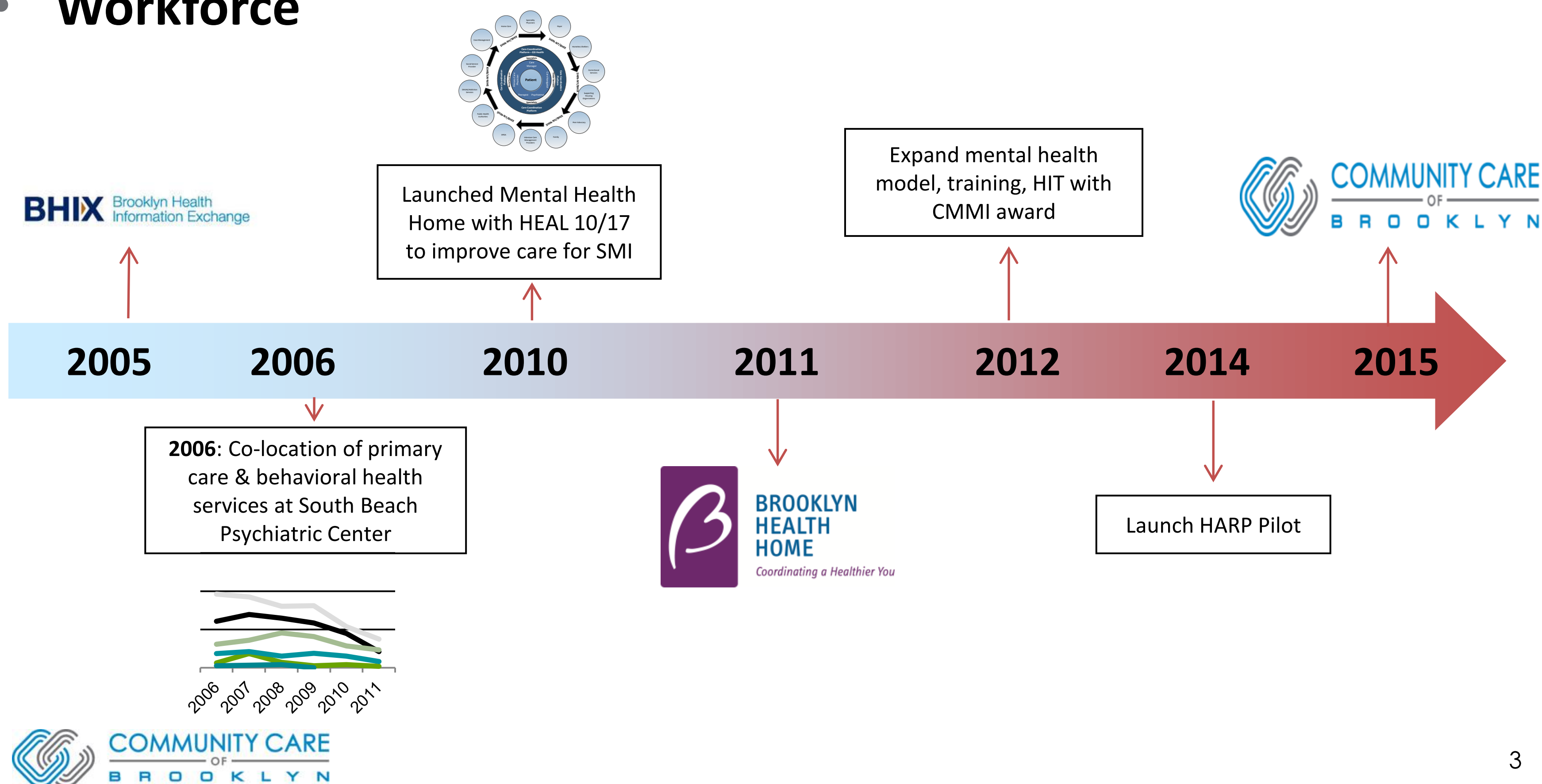
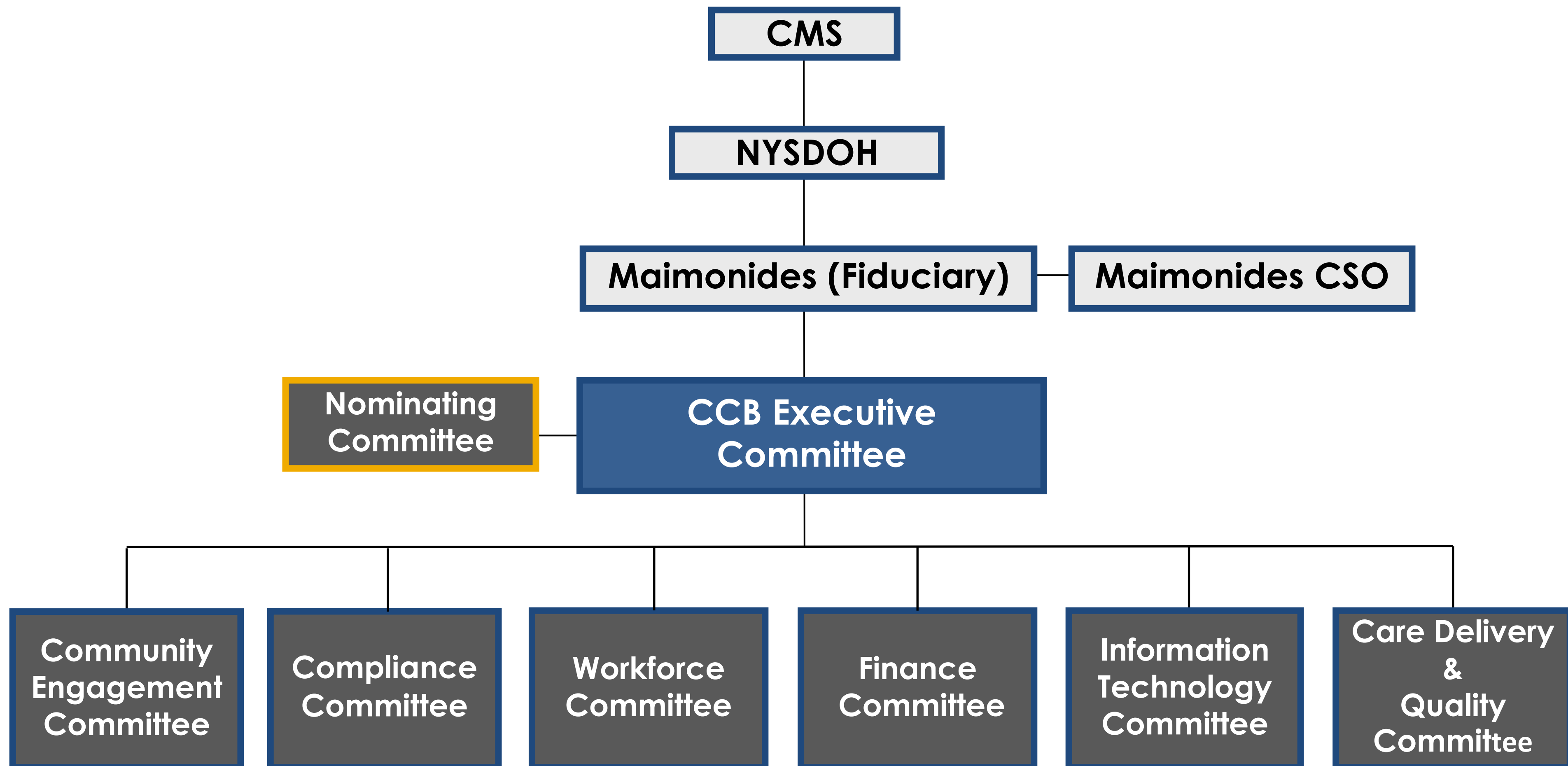
Foundation for Success

- **Long-standing multi-organizational partnership**
- **Health Home/Care Management**
- **Information Technology**
- **Workforce**



CCB Governance Structure

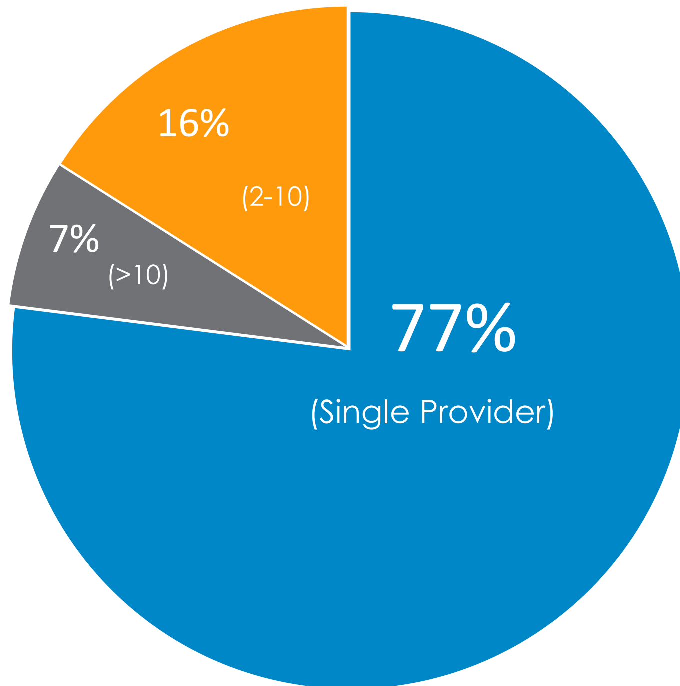


COMMUNITY CARE OF BROOKLYN

Community Care of Brooklyn Network

- **448,000 attributed lives**
- **3,700+ practitioners, including 1,600+ PCPs**
- **850 partner entities,** including:
  - 6 Hospitals
  - 8 FQHCs
  - Behavioral health providers
  - Social service providers
  - Community-based organizations
  - Health Homes
  - Substance Abuse Providers
- Advocacy Organizations
- Home Care
- Long-Term Care
- Correctional Health
- Housing Providers and Advocates
- Payers/ MCOs
- RHIO
- Unions
- Job Training Providers
- SNFs

CCB Practice Characteristics

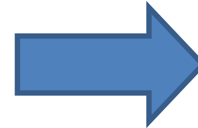


Physicians and other practitioners overwhelmingly organized in small practices

CCB Projects and Initiatives

Ten DSRIP Projects

2.a.i	Create Integrated Delivery Systems
2.a.iii	Health Home At-Risk Intervention Program
2.b.iii	Emergency Department Care Triage
2.b.iv	Care Transitions to Reduce 30 Day Readmissions
3.a.i	Integration of Primary Care Services and Behavioral Health
3.b.i	Evidence-Based Strategies for Managing Adult Population with Cardiovascular Disease
3.d.ii	Asthma Medication: Expansion of Asthma Home-Based Self-Management Program
3.g.i	Integration of Palliative Care into the PCMH Model
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure Across Systems
4.c.ii	Increase Early Access to, and Retention in, HIV Care



Four CCB Initiatives

Creating an Integrated Delivery System: Overarching, cross-cutting work

Care Transitions: Projects focused on reducing 30 day readmissions and reducing unnecessary ED visits

PCMH+: Ensuring practices meet Patient Centered Medical Home (PCMH) Level 3 standards, with focus on care management and integration of behavioral health

Improve Population Health: Multi-PPS programs focused on mental health and HIV

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Centralized Services

- Shared Web-Based Care Coordination Platform (Dashboard)
- Workforce Development
- Analytics
- Network Management
- PCMH Support
- Centralized clinical resources to provide collaborative care back up for:
  - Behavioral Health
  - Palliative Care
  - Pharmacy
- VBP Support

Community Engagement & Cultural Competency

- Community Engagement Committee
  - Comprised of CBOs
  - Focus on community engagement, cultural competency, health literacy and health disparities
  - Identification of resources and service gaps
- Cultural Competency and Health Literacy Strategy includes:
  - Culturally and Linguistically Appropriate Services (CLAS) Standards
  - Plan to incorporate activities into existing efforts and training
- Workgroup of CBOs, providers and labor to address cardiovascular disease in Central Brooklyn

Workforce Strategy

Foundation in place.....

- Long-standing collaboration with 1199TEF
- Training curricula for Care Managers and other clinicians
- Agreement to facilitate rapid development and deployment of training resources
- Engaged Workforce Committee

Will be used to.....

- Identify key elements of a viable “future state” workforce
- Increase the supply of primary care, behavioral health and social service providers
- Create a roadmap to achieve the “future state”

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Network Development

Master Services Agreement

- A total of 549 organizations are now covered by signed MSAs, representing more than 60% of the entities affiliated with CCB

Schedules to the MSA

- Document project deliverables, developed by Care Delivery & Quality Committee
- Include detailed budgets and reporting requirements – specific to:

Defining elements…	Examples…
Participant type	*FQHC or CBO or Long Term Care Facility*
Payment type	*Implementation Funds or Bonus Payment*
Period	*DY1, Q4 through DY2, Q4*
Project(s)	*Projects 2.a.i and 2.b.iv*

Prerequisites for Payment

- ✓ Signed MSA
- ✓ Complete CCB Participant Survey
- ✓ Signed Schedule
- ✓ Clear Compliance Check

COMMUNITY CARE OF BROOKLYN

CCB Budget Categories

Program plans and DSRIP requirements were used to apportion anticipated DSRIP funds across 4 budget categories (*see below*)

- Funds in early years will support implementation, network development efforts
- Bonus payments will be linked to the achievement of performance targets and metrics
- Revenue loss payments will be time-limited, linked to achievement of specific goals

Budget Category	DY1	DY2	DY3	DY4	DY5	Total
Implementation	85%	75%	55%	40%	50%	**60%**
Reinvestment	15%	15%	10%	10%	-	**10%**
Bonus Payments	-	5%	20%	30%	45%	**20%**
Revenue Loss	-	5%	15%	20%	5%	**10%**

Funds Flow Update

- Activities and spending during DY1, Q1-Q2 focused on DSRIP project planning, establishing governance committees and processes, creating the CSO
  - Reporting in MAPP shows all expenditures on the ‘Hospitals’ line
- Project implementation began in Q3 of DY1 and is now well underway, with expenditures to date including:

Centralized Program Costs	
IT Implementation, Workforce, Other	$750,836
Subtotal Centralized Program Costs	**$750,836**
Payments to CCB Participants - Schedule B Agreements	
CBOs (Arthur Ashe, Brooklyn Perinatal Network)	$124,930
FQHCs (Bed-Stuy, Brooklyn Plaza, Brownsville)	$88,833
Hospitals (Interfaith, Kingsbrook, Wyckoff)	$124,128
Subtotal Program Payments to Participants	**$337,891**

COMMUNITY CARE OF BROOKLYN

Challenges

- ***Safety Net Equity funds*** – half of total DSRIP award, accessing even 'guaranteed' funds requires contracts with six Managed Care Organizations (MCOs)
- ***VBPQIP*** – pairing of PPS with MCOs to help to strengthen financially distressed hospitals adds to complexity, cost
- ***Access to Services*** – capacity of both health care providers and programs addressing social needs that are factors in determining health status
- ***Regulatory Issues*** – multiplicity of agencies with oversight authority, data security challenges
- ***DSRIP Program Changes*** – ongoing changes in program and reporting requirements increase complexity of implementation, increase costs
- ***Capital Restructuring Financing Program*** – delays in confirmation and release of CRFP awards have slowed and increased cost of program implementation

The Path to a Healthy Brooklyn

- **Volume to Value**
- **Health/social service integration**
- **Delivery system reconfiguration**
- **Adequate Housing**
- **Workforce Training/Jobs**
- **Leveraging Technology**
- **Innovation and evaluation of disruptive care models**