Nassau Queens Performing Provider System (NQP)

Project Approval and Oversight Panel (PAOP)

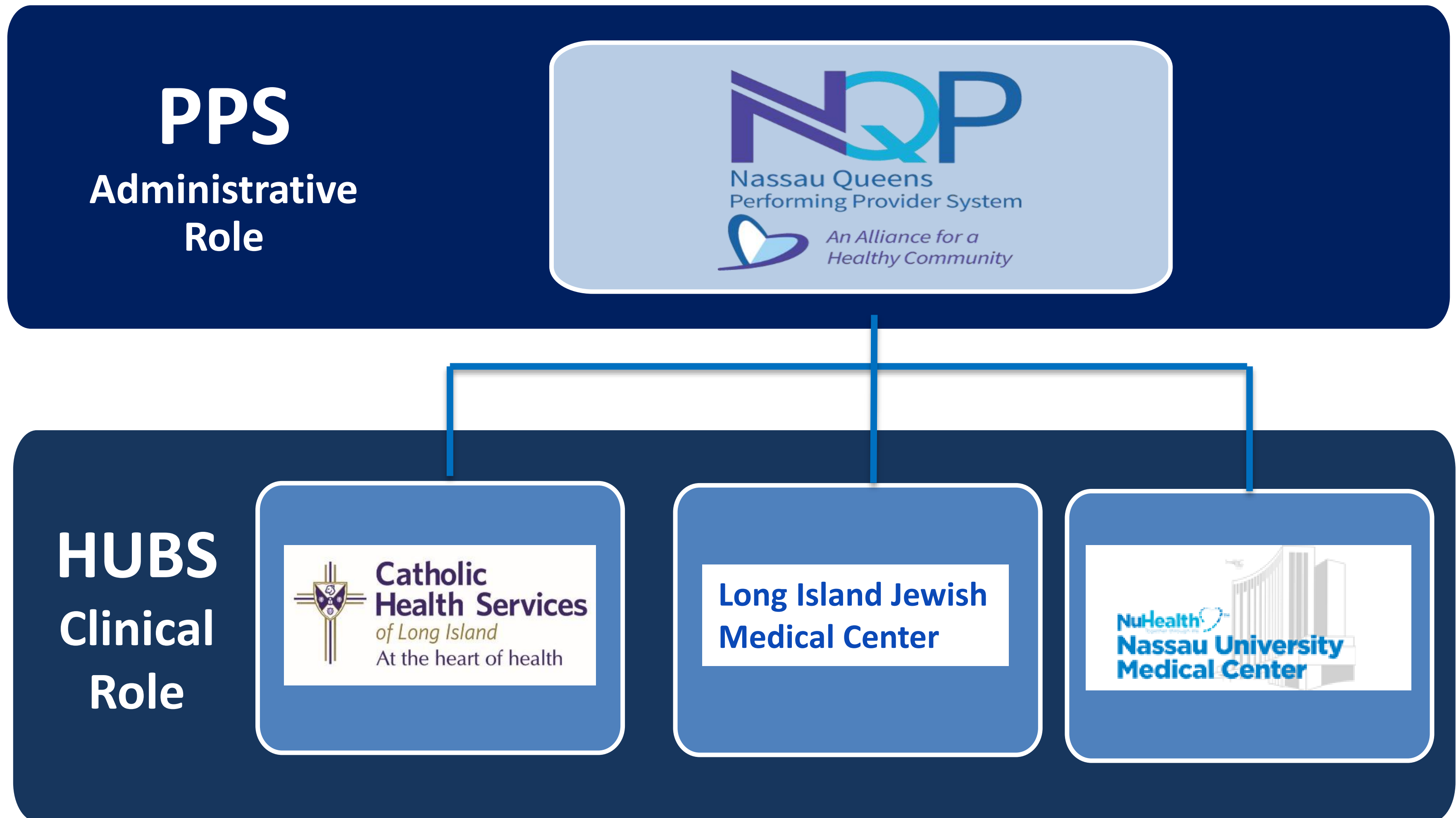
January 22, 2016

12:30 pm – 1:00 pm

An Alliance for a Healthy Community

- **Who We Are**
- **Focus on Those We Serve**
- **Implementation Vision**

Structure and Roles



Hubs – closest to patients and network providers where transformation occurs

Together - We Serve

- Attributed members:
  - 2.d.i - 281,301
  - Performance - 417,162
  - Valuation - 1,030,400
- Provider network ~ 8,450
- Supported by three health system partners and many non-hospital organizations

Catholic Health Services
of Long Island
At the heart of health

Long Island Jewish Medical Center

Attributed Population Profile & Key Services

Recipient's Current Age Group	
Age Group	**% of PPS Attribution**
< than or = to 5 years old	10.8%
6 - 11 years old	10.2%
12 - 17 years old	8.1%
18 - 44 years old	37.2%
45 - 64 years old	21.2%
65 years and above	12.6%

Recipient's Services*	
Services	**% of PPS Attribution**
Served by OPWDD	2.3%
Served by OMH	47.9%
Served by OASAS	20.5%
Currently in MCO's	55.2%

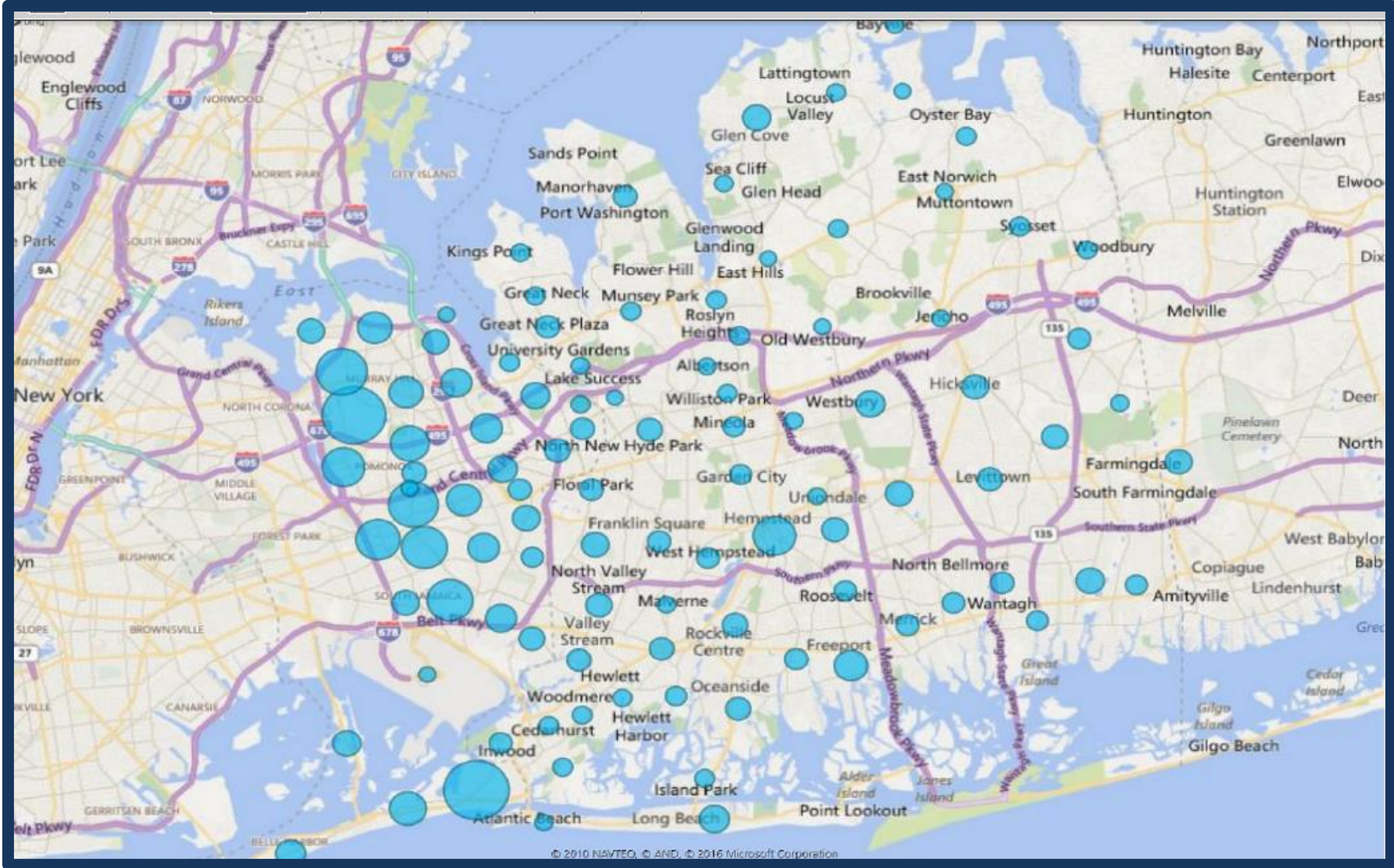
Recipient's Gender	
Gender	**% of PPS Attribution**
Female	54.4%
Male	45.0%
Undetermined	0.7%

Recipient's Health Home Eligibility Profile	
HH Eligibility	**% of PPS Attribution**
Chronic HH Eligible	6.6%
MHSA HH Eligible	5.2%
LTC HH Eligible	0.7%
DD HH Eligible	0.4%

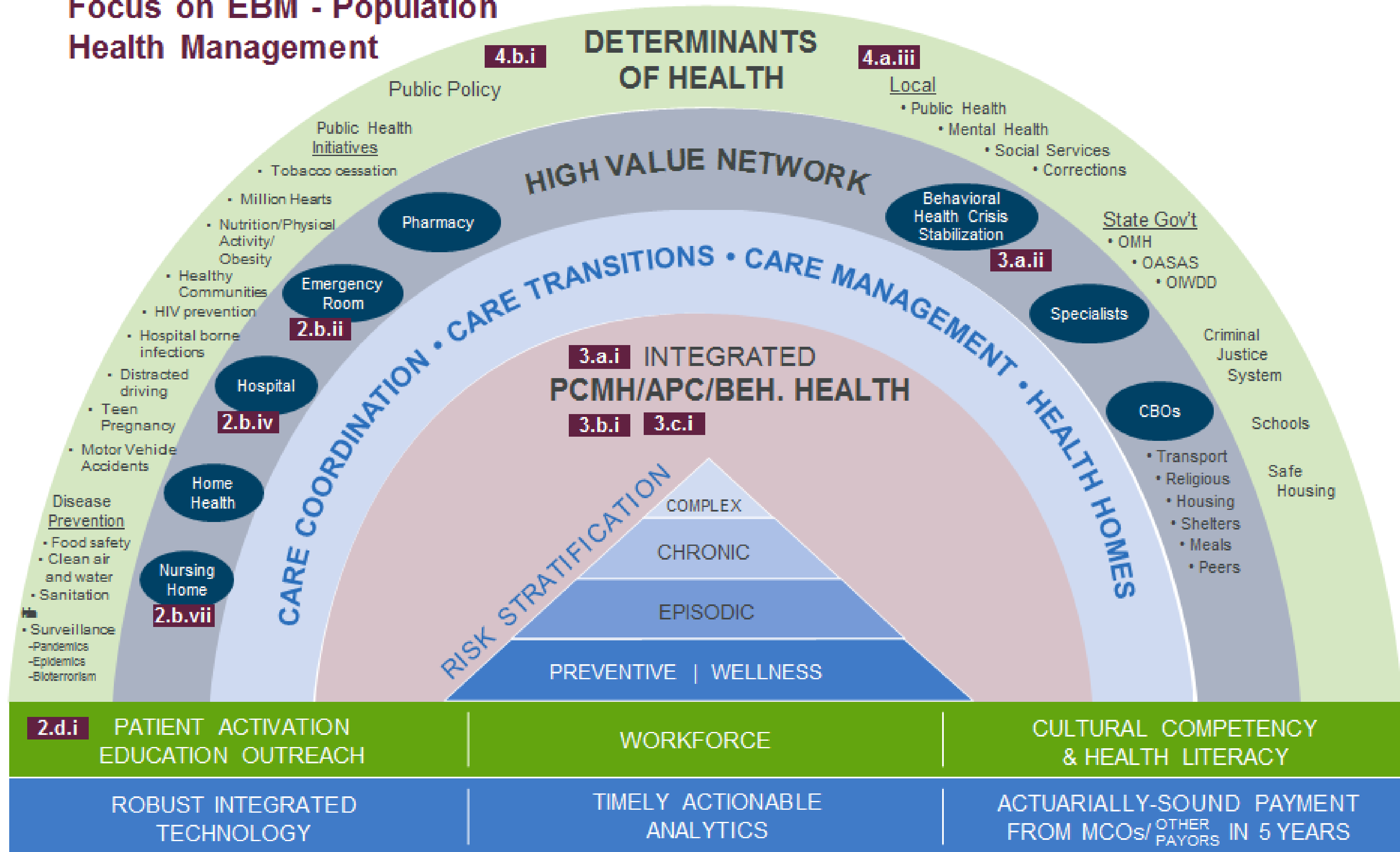
**** Data for Population Served is pulled from different dimensions and will not add up to 100%***

NQP Attributed Population by Zip Codes

Uninsured in NQP Service Area



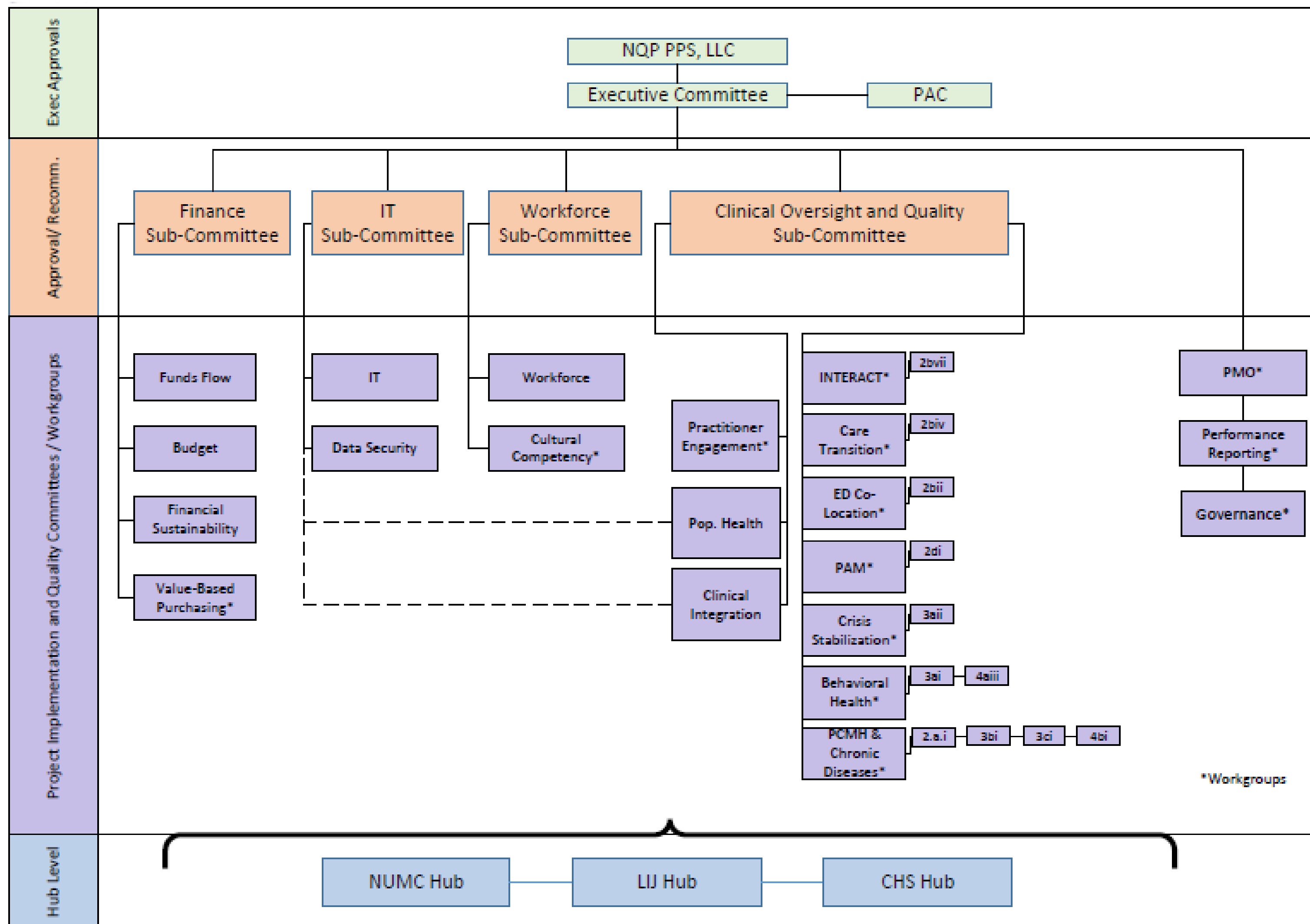
We are working together to implement the DSRIP Vision



*Source of data and project information: NY DOH DSRIP website public information.

- **Implementation Structure**
- **Community Inclusion**
- **Collaboration**

Organizational Structure for Implementation



Nassau Queens PPS Projects

DSRIP Projects

Domain 2: System Transformation

- 2.a.i - Create Integrated Delivery Systems that are focused on Evidence Based Medicine / Population Health Management
- 2.b.ii - Co-located primary care in ED
- 2.b.iv - Care transitions intervention model to reduce 30 day re-admissions for chronic health conditions
- 2.b.vii - Implementing the INTERACT project (inpatient transfer avoidance program for SNF)
- 2.d.i - Implementation of Patient and Community Activation Activities to Engage, Educate, and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care

Domain 3: Clinical Improvement

- 3.a.i - Integration of primary care and behavioral health
- 3.a.ii - Behavioral health community crisis stabilization services
- 3.b.i - Evidence based strategies for disease management in high risk/affected populations (adults only) - Cardiovascular Health
- 3.c.i - Evidence based strategies for disease management in high risk/affected populations (adults only) - Diabetes

Domain 4: Population-wide

- 4.a.iii - Strengthen Mental Health and Substance Abuse Infrastructure across Systems
- 4.b.i - Promote tobacco use cessation, especially among low SES populations and those with poor mental health

Non-Hospital Organizations Engaged in Projects (page 1/2)

1	ACCES/LI-RAEN Farmingdale State College	CC/HL
2	Angelo Melillo Center	3aii
3	Asian Americans For Equality Downtown Manhattan Community Dev.	CC/HL
4	Bridge Back to Life	3ai, 4aiii
5	Center for Rapid Recovery	3aii
6	Central Nassau Guidance & Counseling Services, Inc	3ai, 3aii, 4aiii
7	Chinese-American Planning Council Inc. - Queens Branch	CC/HL
8	Cornell Cooperative Extension - Suffolk County	CC/HL
9	Cornerstone Treatment Facilities Network	3ai, 4aiii
10	Counseling Service of Eastern District New York (CSEDNY)	3aii
11	EAC Network	2biv/CCHL
12	EAC Outpatient	3aii/CCHL
13	EOC	CC/HL
14	EPIC Clinic Care	3aii
15	Family & Children's Association	3aii
16	Family Residences and Essential Enterprises (FREE)	3aii
17	Federation of Organizations	3aii
18	Health and Welfare Council of Long Island (HWCLI)	2di
19	Hispanic Counseling Center	3aii
20	Hispanic Federation	CC/HL

Non-Hospital Organizations Engaged in Projects (page 2/2)

21	HRHCare	2biv
22	Korean Community Services	CC/HL
23	Korean American Association of Queens	CC/HL
24	LGBT Network	CC/HL
25	Literacy Nassau	CC/HL
26	Long Beach REACH	3aii
27	Long Island Crisis Center	3aii
28	Long Island Health Collaborative	2ai,3bi,3ci,4bi
29	Make The Road(Hispanic Advocacy andSocial Services Organization)	CC/HL
30	Mental Health Association (MHA) of Nassau County	3ai, 3aii, 4aiii
31	New Horizon Counseling Center	3aii
32	North Shore Child Family Guidance Center	3aii
33	Northwell Emergency Service Line	2bii
34	Planned Parenthoodof Nassau County	CC/HL
35	Korean American Association of Greater New York	CC/HL
36	REACT Center	3aii
37	Roosevelt Community Revitalization Group	CC/HL
38	South Shore Association for independent Living (SAIL)	3aii
39	Southeast Nassau Guidance Center	3aii
40	Sustainable Long Island	CC/HL
41	Transitional Services for New York, Inc (TSINY)	3aii

Non-Hospital Organizations Engaged in PAC (page 1/5)

1	1199 SEIU
2	A. Holly Patterson Extended Care Facility
3	Able Health Care Services
4	AIDS Center of Queens County (ACQC)
5	Advanced Health Network
6	Aides at Home
7	Alliance of Long Island Agencies
8	Angelo Melillo Center for Mental Health, Inc.
9	Association for the Help of Retarded Citizens, Inc.
10	Asthma Coalition
11	Beach Gardens Rehab
12	Beacon Health Partners
13	Belair Nursing & Rehabilitation Center
14	Belle Mead Pharmacy
15	Better Home Health Care
16	Bridge Back to Life
17	Care Connection Home Care, LLC
18	Cassena Care
19	Catholic Charities
20	Catholic Charities Brooklyn & Queens (CCBQ)

Non-Hospital Organizations Engaged in PAC (page 2/5)

21	CBC & Catholic Charities Neighborhood Services
22	Central Nassau Guidance Counseling Services, Inc.
23	Constellation Home Care
24	Cornerstone Med. Arts
25	Creedmoor Addiction Treatment Network
26	CSEA for Nassau University Medical Center
27	Delmont Healthcare
28	Dominican Sisters
29	Dominican Sisters - Long Term Home Health Care
30	Dominican Sisters FHS
31	EAC, Inc.
32	Fairview Nursing Care Center
33	Family and Childrens
34	Family Residences and Essential Enterprises, Inc.
35	Family Service League, Inc.
36	Federation of Organizations Mental Health
37	Garden Care Center
38	Grace Plaza Nursing & Rehabilitation Center
39	Health & Welfare Council of Long Island
40	Health Leads USA

Non-Hospital Organizations Engaged in PAC (page 3/5)

41	Health Solutions
42	HealthFirst
43	Hempstead Hispanic Civil Association
44	Hillside Manor Rehab & Extended Care
45	Hispanic Counseling Center, Inc.
46	Interim Healthcare
47	Jamaica Service Program for Older Adults (JSPOA)
48	Jewish Association for Services-Aged (JASA)
49	Jewish Community Council of Rockaway Peninsula
50	Jewish Board of Family and Children's Services (JBFCS)
51	Lawrence Nursing Care Center
52	Long Island Association for AIDS Care, Inc.
53	LICADD - Alcoholism
54	Long Island Coalition for the Homeless
55	Long Island Consultation Center
56	Long Island Council on Alcoholism & Drug Dependence
57	Long Island Health Collaborative (LIHC)- Pop. Health Improv.
58	Mental Health Association of Nassau County
59	Mental Health Association of New York City
60	Nassau County Department of Social Services

Non-Hospital Organizations Engaged in PAC (page 4/5)

61	Nassau County DOH
62	Nassau County OMH CD and DSS
63	National Healthcare - Nursing Home coalition
64	New Horizon Counseling Center
65	NY State Nurses Association (NYSNA)
66	NYC Department of Health and Mental Hygiene
67	NYC Housing Authority (NYCHA)
68	NYS Office of Alcoholism and Substance Abuse Services
69	NYS OMH
70	Ocean Bay Community Development Corporation
71	OCQ/ALANE
72	Office of Mental Health Long Island Field Office (OMH-LIFO)
73	Park Nursing Home
74	Parker Jewish Institute for Health Care & Rehabilitation
75	People Care, Inc.
76	Phoenix House
77	Pilgrim Psych Center
78	Pioneer Home Care
79	Planned Parenthood of Nassau
80	Pride of Judea

Non-Hospital Organizations Engaged in PAC (page 5/5)

81	Projects Samaritan
82	Promoting Specialized Care & Health (PSCH)
83	Recco Home Care
84	Rockaway Care Center
85	Rx Express Pharmacy
86	Safe Space NYC Inc
87	Sands Point Center Health & Rehabilitation
88	Sheltering Arms Children and Family Services
89	South Shore Association for independent Living (SAIL)
90	Transitional Services for New York, Inc. (TSINY)
91	United Way of Long Island
92	Visiting Nurse Service of New York
93	Walgreens Pharmacy

Internal/PPS Collaboration

- **Competitors working together to achieve DSRIP goals**
  - Capitalizing on individual strengths focusing on community
  - Hub members in multiple PPSs sharing information achieving efficiencies & health improvement
- **Collaborating with other PPSs: HHC, Stony Brook, Staten Island**
- **NYC and County Governments**:   Working with NYC and Nassau County governments from DSS, NYC and NC DOH, Mental Health, NYS OMH, NYS OASAS.
  - Crisis Stabilization Project Lead is Director of Community Services for Nassau County Office of MHCDDDS.
- **All work groups include community providers and members from each HUB.**
- **Working with 7 hospitals on ED-colocation**

Community Providers and Stakeholder Engagement

- **Hubs are negotiating contracts with providers**
- **Significant outreach with nursing homes related to INTERACT project**
- **Providers and CBOs participate in projects to help define current state, future state, and road map to get there**
- **Provider surveys were completed to assess their educational needs for:**
  - Value-Based Payment
  - PCMH
  - Care Management Provider

Updates

- **Completed two quarters of implementation**
  - Projects and work streams on target
  - Governance oversight on target
  - Engaged 56,000 patients. However, committed patient counts difficult to attain.
- **2.d.i patient engagement - RFP process to engage CBOs**
- **Ongoing Community Presentations and support with local groups such as Health and Welfare Council, Hempstead Hispanic Civic Association, Coalition of Behavioral Health Providers, etc.**
- **Participating in MAX Series**
- **Joined local and state workgroups and MIX**
  - IT, workforce, performance reporting
- **Continue to engage community through PAC meetings.**
- **Created PPS project implementation work groups including community providers, local government, unions, advocacy groups and CBOs**
- **Supported a partner hospital with VBP-QIP**

- **Successes**
- **Challenges**

Successes (1/2)

- Exceeded actively engaged patient targets for
  - Care transitions
  - ED co-location.
    - PPS chose this project in response to dramatically high avoidable ED utilization (71% per NYSDOH data) and was the only PPS to do so.
    - 7 hospital across 3 hubs and 2 counties are participating
- Participated in VBP-QIP and flowed funds to financially distressed partner hospital
- Capital application process was inclusive and had wide PPS participation for a variety of organizations and provider types.
  - Over $138 million in matching funds committed

Successes (2/2)

- **Examples of exceptional Engagement Activities**
  - CBOs and Advocacy Groups
    - Cultural competency – health literacy
    - From community health needs assessment to project implementation
  - **Government and Behavioral Health Engagement**
    - Crisis stabilization
  - **Provider and practitioner engagement**
    - INTERACT

Challenges (1/2)

- **Actively engaged targets are aggressive and were set based on information that was available at an earlier time**
  - Though ambitious goals, we are confident that we can have a positive impact on a significant number of attributed lives
- **Awaiting decision on capital requests which will be used to fund significant investments in transformational infrastructure**
- **Some PCPs will require additional educational efforts to convince them of the value of PCMH/APC transformation to impact their practices and to the patients they serve**
- **Some SNFs will require additional educational efforts to elicit their commitment to the principles of INTERACT and its value to the patients they serve**

Challenges (2/2)

- **IT concerns**
  - MAPP, despite improvements, remains cumbersome and consumes PMO time and effort
  - Reporting, particularly of patient level PHI, is a challenge for many providers
  - RHIO connectivity among community based practices is relatively low
  - MU requirements are difficult for Nursing Homes to achieve as their EMR's are not, in general, MU-certified and MU incentives do not exist for Nursing Homes
- **Finance**
  - The requirement for multiple contracts with a variety of MCOs diverts PPS resources for EIP and EPP
  - Community/provider educational needs around VBP are considerable.

➢ Best Practice

NQP Cultural Competency Health Literacy Plan

NQP Cultural Competency & Health Literacy Plan

Vision: To advance cultural and linguistic competence, and promote effective communication to eliminate health disparities and enhance patient outcomes.

- **Based on the U.S. Department of Health and Human Services National Prevention Strategy and aligns with strategic directions of:**
  - "Empowered People"
  - "Elimination of Health Disparities"
- **Incorporates National best practices:**
  - National Center for Cultural Competence (2010)
  - Institute of Medicine: Ten Attributes of Health Literate Health Care Organizations
  - Agency for Healthcare Research & Quality: Health Literacy Universal Precautions Toolkit

NQP Cultural Competency & Health Literacy Committee

- **Members**:
  - 20 CBOs and government agencies serving diverse ethnic groups (e.g. Korean, Chinese, Hispanic) providing a wide range of services such as medical, social, behavioral health, LGBT, immigrant, housing, nutrition, advocacy & health education.
  - 3 NQP hubs (clinical, CCHL and workforce experts)
- **Process**: Monthly in-person meetings and conference calls held to:
    - Crosswalk CCHL requirements across NQP projects and work streams to develop a comprehensive understanding of NQP CCHL needs.
    - Identify NQP CCHL community/workforce needs, best practices, existing resources, gaps
    - Develop strategies based on evidence-based practices
    - Develop criteria for and complete hot spotting analysis
    - Develop a sub-committee structure
    - Develop a communication strategy for internal and external stakeholders

Cultural Competency Health Literacy Strategy

CCHL Plan Major Strategies

- **PCMH Approach:** AHRQ Universal Precautions Toolkit embedded in PCMH
- **Executive Leadership/Administration Strategy***
- **Clinical Providers Strategy***
- **Non-Clinical Staff Strategy***
- **Community Strategy***
- **Hot Spotting:** Identification of areas with high density of beneficiaries with increased medical utilization, prevalence of ambulatory sensitive conditions and health disparities related to cultural, linguistic and social determinants of health.

* Includes on-line case based learning, health literacy and cultural competency resources for daily practice, staff onboarding and in-services, EMR prompts, patient engagement tools, community workshops and forums, CBO engagement

➢ Specific Topics

Workforce

- **Work to date**
  - Surveyed partners
  - Conducting current state
  - Identifying RFP needs for
    - Training, future state development, and compensation and benefits
- **Provided PAM training to over 61 staff**
- **Work groups have identified training and retraining needs by projects**
  - Considering mix of internal and external trainers to ensure appropriate training skills and competencies
  - In process of contracting with 1199 Training and Education Fund.
- **Emerging titles will be finalized during the future state development process. The following titles have been preliminarily discussed:**
  - Psychiatric nurse practitioners, community health workers, patient navigators, medical assistants, primary care physicians and practitioners, IT specialists and technicians.

Primary Care

- **Resources being expended to support PCPs in DSRIP.**
  - Contracts are being prepared to engage primary care physicians with appropriate incentive programs.
    - Onboarding and educational programs are planned for implementation during this quarter.
  - 384 out of 1,640 PCPs are PCMH level 2 or 3 but on 2011 standards.
  - Consultant services will be provided by the PPS to assist practices achieve Level 3 goals using 2014 standards.
  - Health Home and Care Management services to PCPs
  - Many providers have an EMR, but not many are connected to the RHIO.
  - Capital funding has been requested for the support of IT and EMR technology.
- **Plans for reaching PCMH/APC milestones:**
  - Each Hub is developing and implementing its strategy to ensure primary care physicians are PCMH recognized.
  - Completed RFP for PCMH Vendor. Each hub provided list of PCMH vendor to help in implementation.
  - The primary care and chronic disease work groups have been combined to maximize synergies

County Collaboration

- **Engagement with local community groups and LGUs.** Strong partnership with State, Nassau and Queens governments for behavioral health.
  - In Nassau, OMH added 3 new mobile crises teams, Nassau organizing 24/7 crisis support with, Long Island Crisis, and North Well. Access to two respite providers.
  - In Queens the use of five mobile teams, Lifenet, and respite providers.
- NQP chose our 4 bi Project to align with NYC DOH.
- NC DSS and DOH are active partners on project committees.
  - DSS is proposing a Medical Homeless Shelter with the support from the PPS
- Crisis Stabilization Project Lead is Nassau County Director of Community Services for the Office of Mental Health Chemical Dependency and Developmental Disabilities Services
- Nassau county, OMHCHDDS has become a liaison between providers and PPS

CBO/Cultural Competency

- **Specific work that PPS has undertaken to involve and contract with CBOs.**
  - Developed cultural competency plan with large diverse work group of stakeholders from PPS, representing many providers, CBOs, and advocacy groups.
  - Over 40 non-hospital organizations participate in NQP's work group projects, and ~ 100 participate in PAC.
  - During last quarter, all work groups and PAC were evaluated to ensure there was appropriate mix of CBOs with each project and work stream.
    - Specific CBO types were identified for outreach during this quarter.
  - Behavioral health collaboration
- **Specific examples of how CBOs have been included in project design and implementation.**
  - Sent RFPs to over 240 CBOs to provide patient activation services
- **Specific examples of how PPS has contracted with CBOs to support project design and implementation.**
  - RFP for 2.d.i in process of contracting
  - Behavioral health collaboration

Funds Flow

- **In process of contracting with non-hospital organizations outside of PPS lead entity.**
  - Entities have been identified for contracting including
    - CBOs for patient engagement associated with 2.d.i
    - CBOs for training programs
    - SNF, PCP, behavioral health providers, external hospitals

Refined Funds Flow & Budget Items

Provider Type Category	Funds Flow	
	As Refined 12/31/15	% of Waiver Revenue
PCP, Non-PCP, Clinic	$158,112,923	35.3%
Hospital	103,236,536	23.1%
Mental Health, Substance Abuse	42,330,718	9.5%
Community Based Organizations, All Other	47,150,632	10.5%
Nursing Home	34,787,264	7.8%
Case Management / Health Home	4,958,004	1.1%
Pharmacy, Hospice	0	0.0%
Reserves/Future Distributions	56,717,757	12.7%
Total	$447,293,833	100.0%

Budget Items	As Refined 12/31/15	% of Waiver Revenue
Implementation	$76,589,976	17.1%
Administration (now includes central and hub-level administrative costs)	$99,371,844	22.2%

Behavioral Health Integration

- Current and future state mapped with input from providers in a variety of practice settings including behavioral health and substance abuse
- Best practices reviewed and selection made for presentation to the Clinical Oversight and Quality Committee
- Leveraging network's existing co-located PC/BH programs for lessons learned.

Prevention Agenda/Domain 4

- Reviewed available resources on status of services for Strengthening Mental Health and Substance Abuse Infrastructures and Smoking Cessation Initiatives
- Surveyed practitioners with regard to screening ability for:
  - Smoking cessation utilizing the 5A's
  - MEB using screening tools for BH or substance abuse issues
- Preliminary modeling of 5A's has been completed for incorporation into the EMR

For more information please visit our website at

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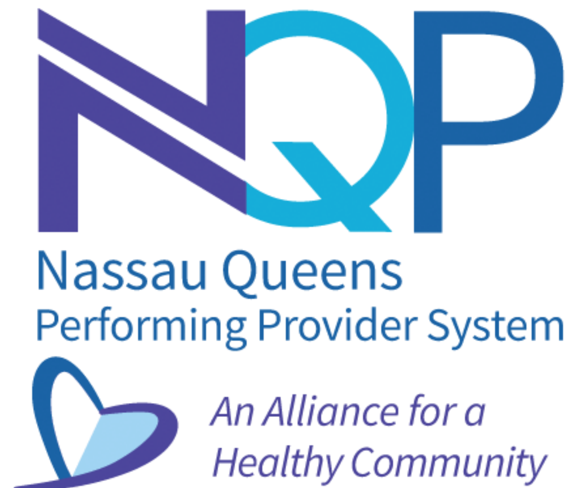

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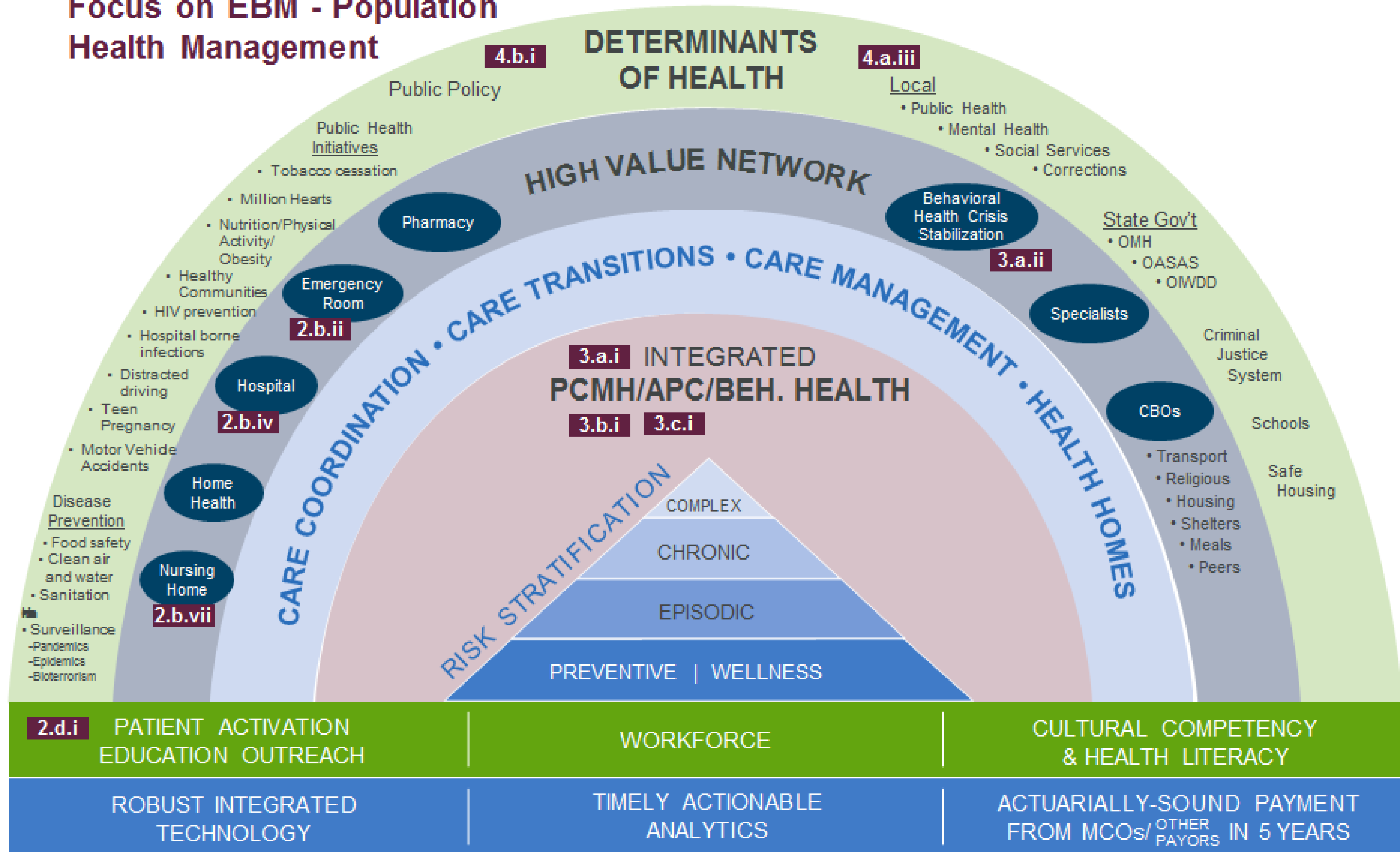

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Thank You