



Adirondack Health Institute

Lead • Empower • Innovate

AHI PPS Progress from the Mid-Point Assessment

PRESENTED BY:

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Chief Financial Officer

Kate Clark

Chief Administrative Officer

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2017



MPA Recommendations for AHI PPS

Assessment of Progress through DY2, Q2

IA Recommendations for AHI PPS – Develop Strategy and Education Related to:

- Hospital to Home Care Collaboration – 2.b.viii
- Patient Activation – 2.d.i
- Integration of Primary Care and Behavioral Health – 3.a.i
- Integration of Palliative Care into PCMH – 3.g.i
- Cultural Competency and Health Literacy
- Financial Sustainability
- Governance





AHI Progress from Mid-Point Assessment

- Enhancements in Staffing
 - Composition of Network – PHNs
 - PPS Operating Model
 - Contracting and Funds Distribution
 - Value-Based Payment
-





AHI Staffing Enhancements

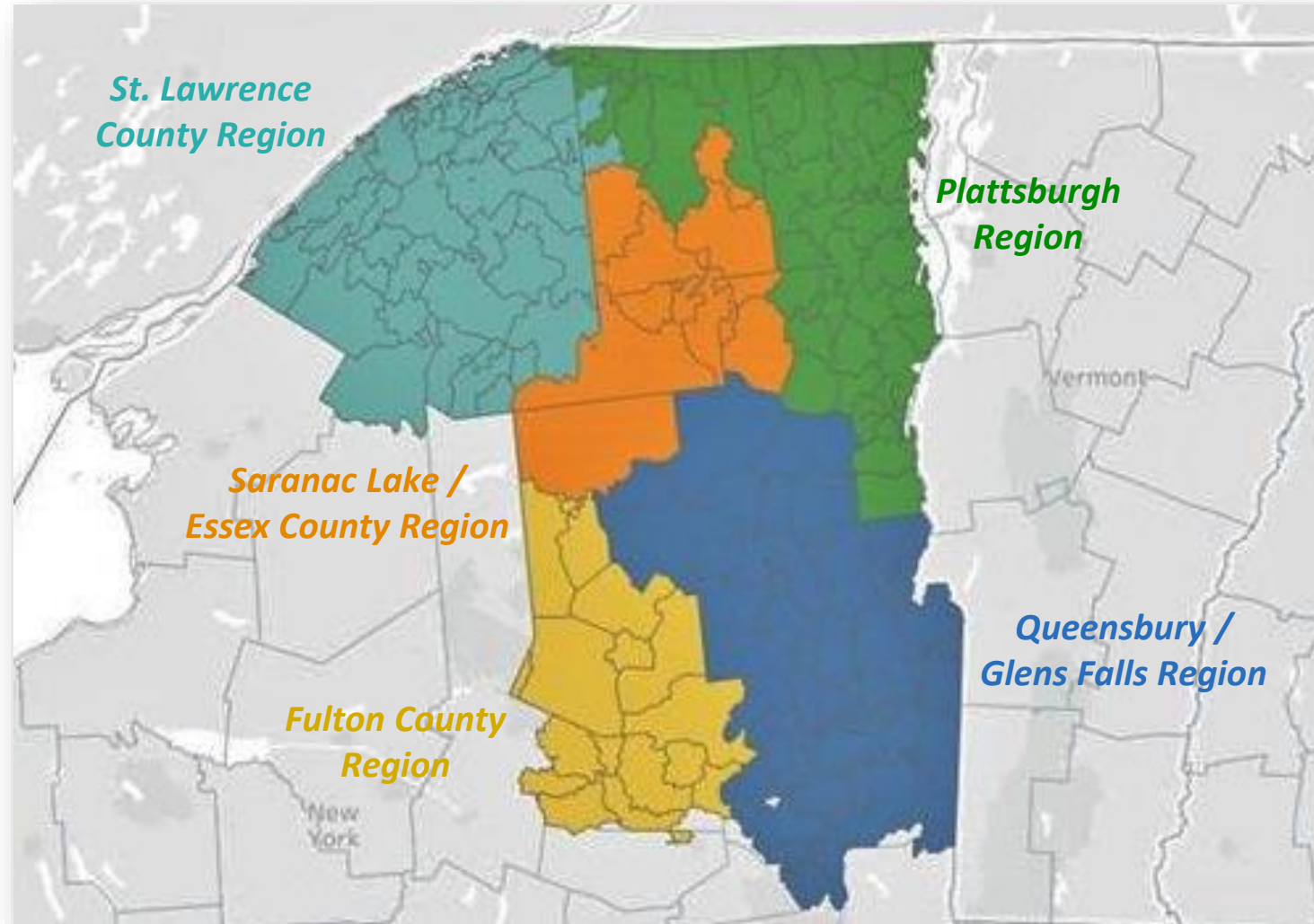
- **Experienced Depth and Breadth**
 - Clinical Experience
 - Process Improvement
 - Project Management
- **Executive Directors**
 - Dedicated executives support Population Health Networks
- **Provider Engagement Managers**
 - Project excellence accelerates achievement
- **Lean Six Sigma Certified Specialists**
 - Rapid cycle improvement drives transformation



The PMO expenditure at 35.93% is lower than the statewide average of 42% for this category.



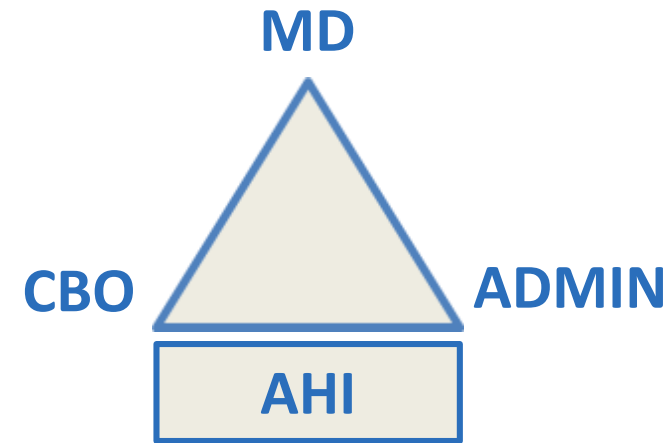
Population Health Networks





Population Health Networks – Leadership and Support

*Executive Triad
Leadership*



*Support
Infrastructure*

- Decision support
- Process engineering
- System improvement – clinical quality enhancement
- Workforce development
- Care management
- Financial feasibility analysis



Population Health Networks (PHN) Triad Leaders

Queensbury / Glens Falls Region

Dr. Tucker Slingerland
HHN

Andy Cruikshank
Fort Hudson
MD
CBO ADM.

Tracy Mills
GFH

Mary McLaughlin

a·H·I

Plattsburgh Region

Dr. David Beguin
Plattsburgh Primary
Care Pediatrics

Mark Lukens
Behavioral
Health Services
North

Joyce Favreau
UVMHN - CVPH
The University of Vermont
HEALTH NETWORK
Champlain Valley Physicians Hospital

Louann Villani

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Fulton County Region

Dr. Frederick Goldberg
Nathan Littauer Hosp.

Millie Ferriter
Community
Health Center
MD
CBO ADM.

Geoffrey Peck
Nathan
Littauer
Hospital

Nancy Gildersleeve

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Saranac Lake / Essex County Region

Dr. George Cook
Adirondack Health

Becky Preve
Franklin County
Office for
the Aging

Sandra Gothard
Adirondack
Health

Annette Parisi

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St. Lawrence County Region

Dr. Eric Seifer
St. Lawrence
Health System

Steve Knight
United Helpers

Eric Burch
St. Lawrence
Health System

Jennifer Regan

a·H·I



Lean Training Drives Transformation

- Six multi-day workshops over 4 months
- Trained 138 leaders in process improvement principles

Medicaid Accelerated eXchange (MAX) Series Workshops

- One partner hospital participated in Spring 2016 program
 - UVMHN - CVPH – resulted in 75% reduction in cohort group ED usage
- Two partner hospitals currently participating in 2017 series
 - Adirondack Health – 11 staff members
 - Nathan Littauer Hospital – 11 staff members
 - AHI Train-the-Trainers – 3 staff members



The MAX program focused on areas of high impact to drive success:

- Our focus was high utilizers of the Emergency Room (a cohort of 91 patients with 1,245 visits in 2015).

Outcomes:

- Increased communication with community-based organizations to assist with coordinating the high utilizers' care needs.
- Peer support in helping these patients connect with community resources.

**The overall impact on hospital utilization during this program:
a 75% decrease in ER utilization of the cohort group.**

THE
University of Vermont
HEALTH NETWORK
Champlain Valley Physicians Hospital

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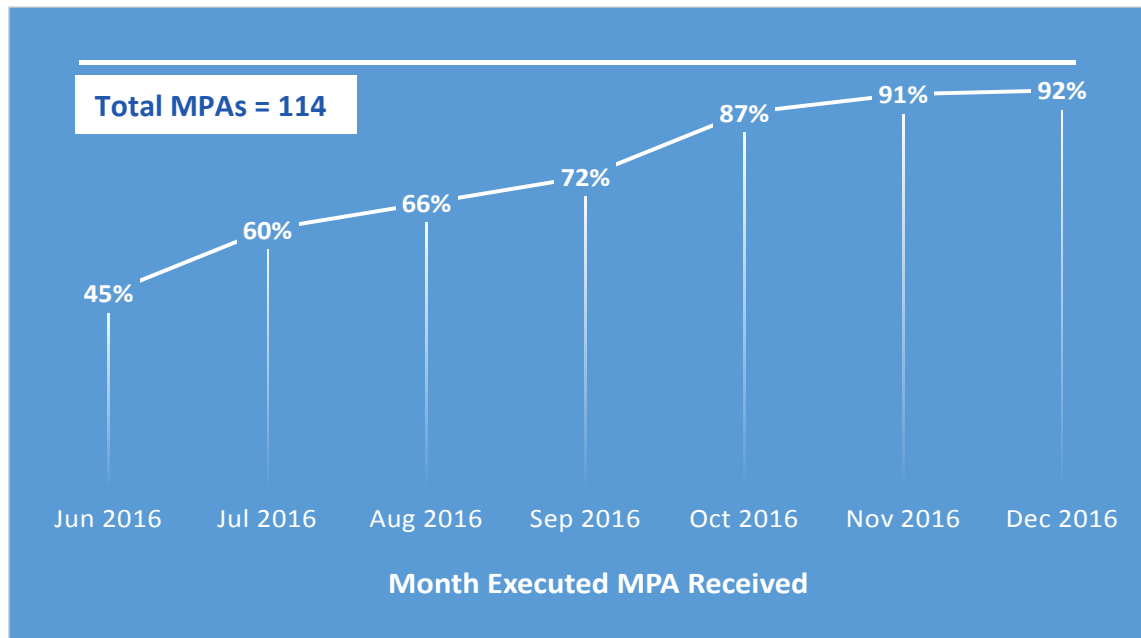




Master Participation Agreement – Status as of DY2, Q3

Initial Distribution of MPAs in June 2016
 92% MPAs Executed by December 2016
 Project-Specific Addendums Followed MPA Execution

AHI PPS Master Participation Agreements (MPA) Received by Month



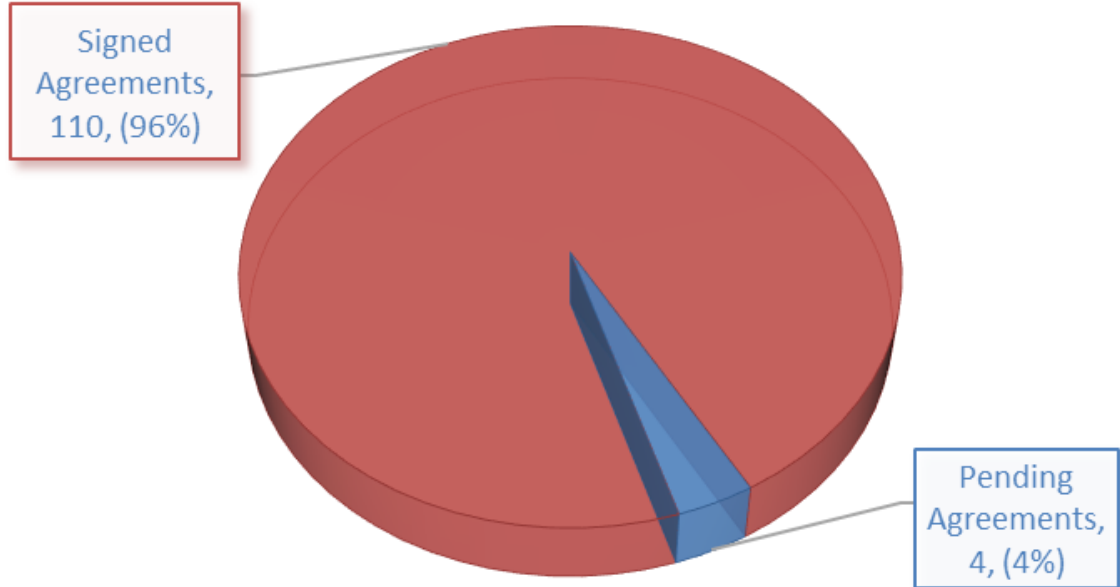
	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016
Total MPA's sent = 114							
Total Received	51	17	7	7	17	5	1
Monthly Percentage	45%	15%	6%	6%	15%	4%	1%
Cumulative Percentage	45%	60%	66%	72%	87%	91%	92%





DSRIP Contracting – Current Progress

EXECUTED MASTER PARTICIPATION AGREEMENTS - AS OF 1/25/17



- **MPA first distributed to partners in June 2016**
- **Nine Project Addendums have been released to partners through November 2016:**
 - *2.a.ii (PCMH)*
 - *2.a.iv (Medical Village)*
 - *2.b.viii (Hospital – Home)*
 - *2.d.i (PAM)*
 - *3.a.i (PC/BH Integration)*
 - *3.a.ii (Crisis Stabilization)*
 - *3.a.iv (Withdrawal Management)*
 - *3.g.i (Palliative Care)*
 - *4.a.iii (Strengthen MH/SA Infrastructure)*
- **In final stages of development:**
 - *2.a.i (IDS)*
 - *4.b.ii (Chronic Disease Management)*



DSRIP Contracting Progress to Date – Project Addendums Executed

Addenda as of 1/25/17			
Project	Sent	Received	# Outstanding
2aii	15	11	4
2aiv	5	3	2
2di	45	27	17
2bviii	22	13	9
3ai Model 1	13	8	5
3ai Model 2	5	2	3
3aii	13	8	5
3aiv	3	2	1
3gi	19	10	9
4aiii Model 1	1	1	0
4aiii Model 2	2	2	0
4aiii Model 3	2	2	0
4aiii Model 4	15	8	7
Totals	160	97	62
		61%	39%

- Addendums are only released to partners who have signed/returned an MPA, BAA, Project Impact Matrix and Financial Stability Survey.
- 8/31/2016: Addendums for 2.a.ii, 2.a.iv and 2.d.i released.
- 10/5/2016: Addendums for 2.b.viii, 3.a.i, 3.a.ii, 3.a.iv and 3.gi released.
- 11/30/16: Addendums for 4.a.iii released.



Contracting Update – Project Addendum Payment Timeline

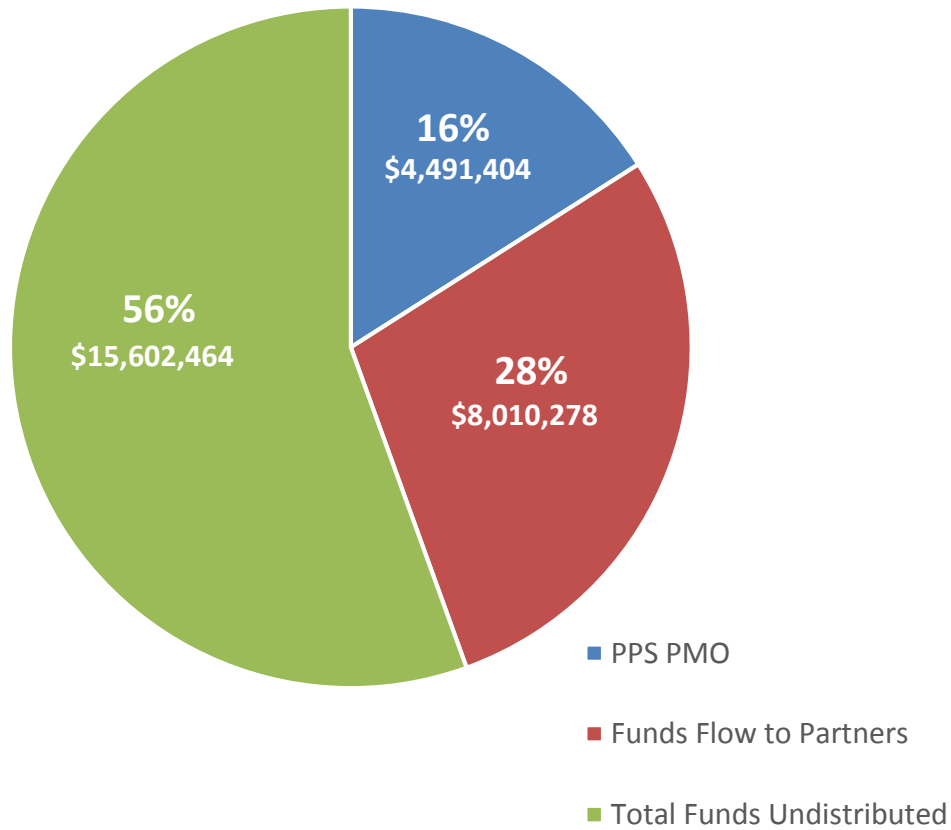
AHI PPS				
Project Addendums - P4R Round DY2/DY3 *				
Payment Timeline				
Payment Cycle	Activities Reported Through	Reports/Information		
		Sent to AHI by Partners	Payments Calculated & Checks Run	
P4R-1	30-Jun-16	During July '16	During Aug '16	**
P4R-2	30-Sep-16	During Oct '16	During Nov '16	
P4R-3	31-Dec-16	During Jan '17	During Feb '17	
P4R-4	31-Mar-17	During April '17	During May '17	
P4R-5	30-Jun-17	During July '17	During Aug '17	
P4R-6	30-Sep-17	During Oct '17	During Nov '17	
P4R-7	31-Dec-17	During Jan '18	During Feb '18	
P4R-8	31-Mar-18	During April '18	During May '18	
Notes: *2.d.i project services addendum includes P4R & P4P \$				
** Began distribution of Project Addendums in late Aug / early Sept, so payment cycle P4R-1 included in payment cycle P4R-2				

- Contracting steps were “building blocks” for funds flow to partners
 - MPAs
 - Project Addendums
 - Activity Payments
- Cycle 2 and 2.5 (added to increase funds to partners by 12/31/16)
 - \$694K
- Cycle 3
 - \$1.1M as of today
 - Projecting > \$1.5M
- \$21M allocated through cycle 8 as total potential partner funds flow. Completion of activity payments will drive funds flow.

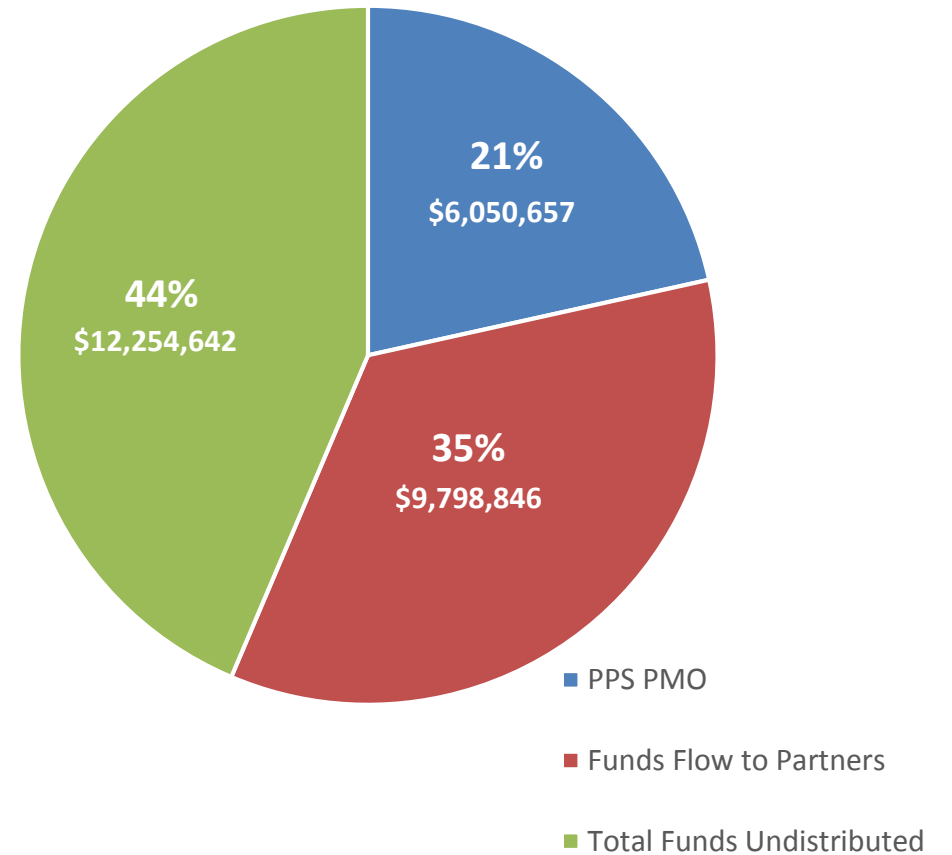


PPS Funds Flow

PPS Funds Flow Through DY2, Q2

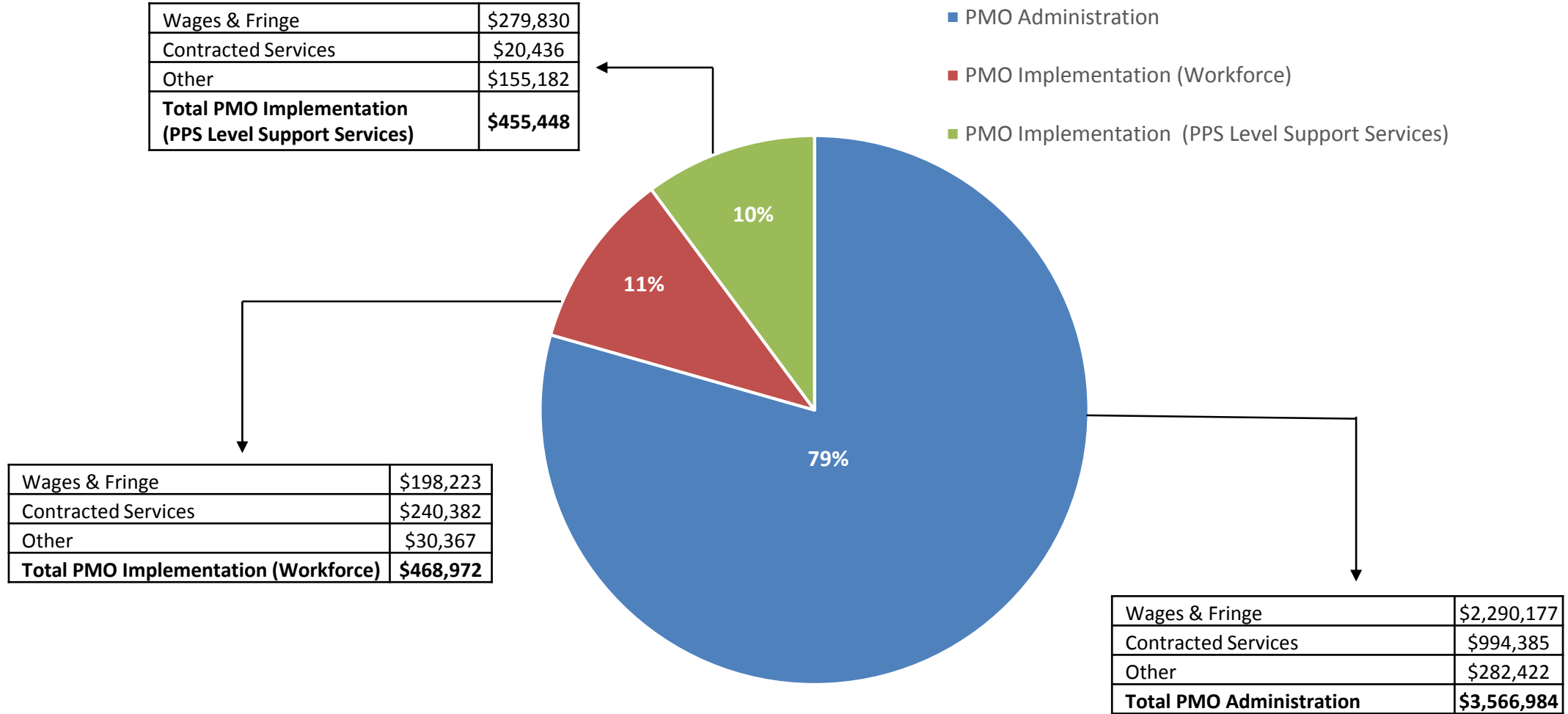


PPS Funds Flow Through DY2, Q3





PPS PMO Expense Types – DY2, Q2



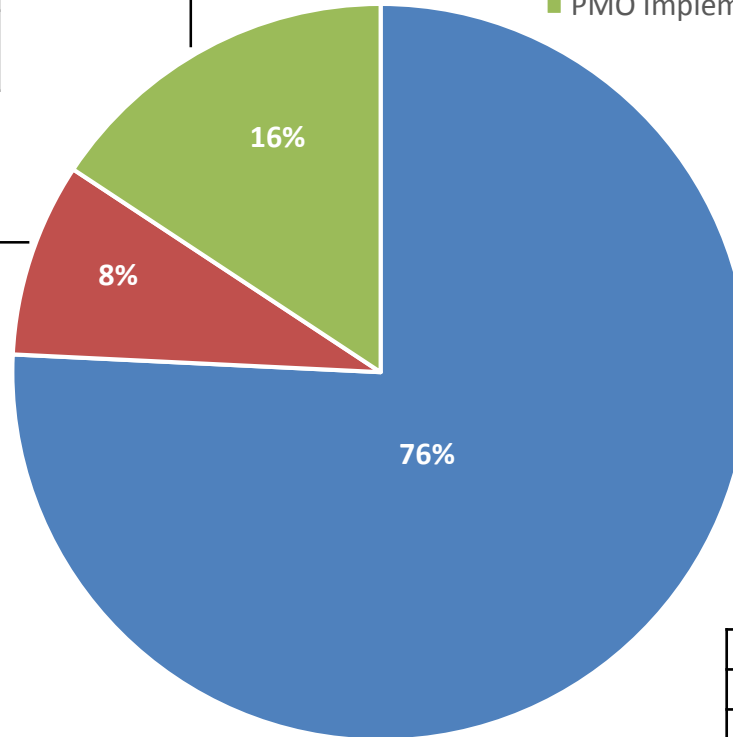
The PMO expenditure at 35.93% is lower than the statewide average of 42% for this category.



PPS PMO Expense Types – DY2, Q3

Wages & Fringe	\$340,433
Contracted Services	\$408,888
Software Expenses	\$182,356
Other	\$19,388
Total PMO Implementation (PPS Level Support Services)	\$951,065

- PMO Administration
- PMO Implementation (Workforce)
- PMO Implementation (PPS Level Support Services)



Wages & Fringe	\$239,786
Contracted Services	\$243,157
Other	\$32,135
Total PMO Implementation (Workforce)	\$515,077

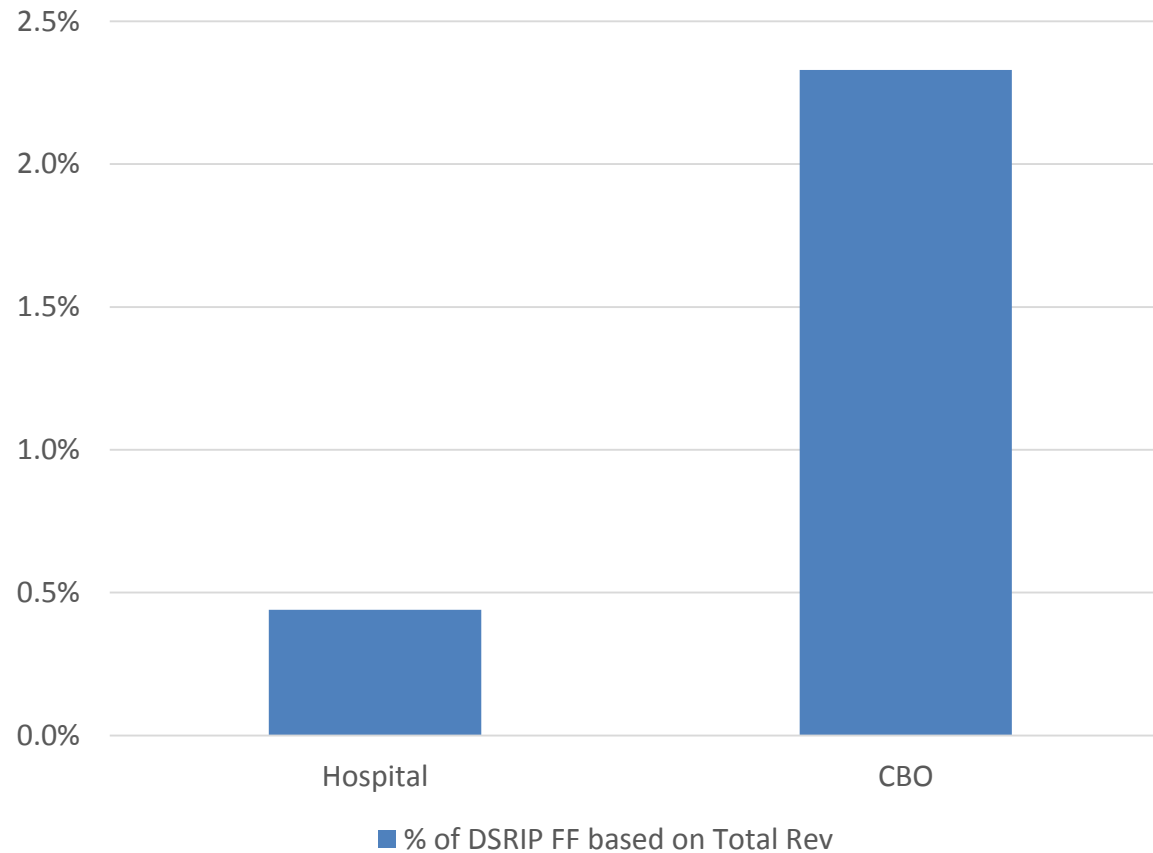
Wages & Fringe	\$3,199,240
Contracted Services	\$947,743
Other	\$437,533
Total PMO Administration	\$4,584,515



Hospital and CBO Average DSRIP Funds Flow – DY2, Q3

Hospital Average Total Revenue:	\$ 123,540,479
Hospital Average DSRIP FF through DY2 Q3:	\$ 540,513
Hospital % of DSRIP FF based on Total Revenue:	0.4%

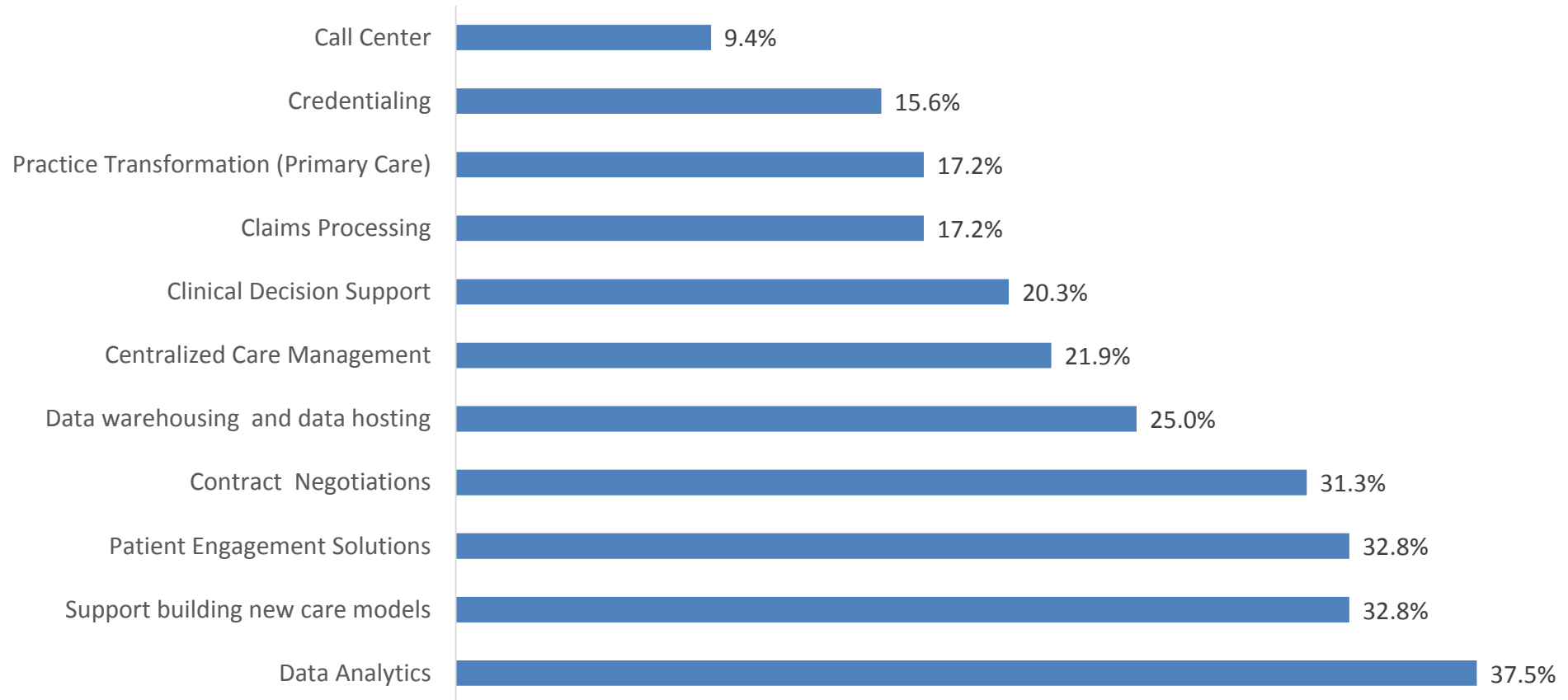
CBO Average Total Revenue:	\$ 1,225,630
CBO Average DSRIP FF through DY2 Q3:	\$ 28,607
CBO % of DSRIP FF based on Total Revenue:	2.3%





VBP Needs of PPS Partners - Summary of Survey Results

Assistance needed from AHI PPS to succeed under VBP
(Based on 64 survey responses)





- **Mid-Point Assessment provided helpful direction.**
- **Significant progress has been made since then.**
- **Operating Model, with partner buy-in, is driving transformation**



Key Upcoming Events:

- Implement MPA action plans
- Finalize IDN structure through the PHNs
- Select and implement Innovation Grants
- Drive transformation thru Lean and MAX Series Workshops
- Accelerate funds flow through program achievement.



“The **strong partnerships** and mutual respect between a variety of primary health care providers, hospitals, community-based organizations and public health departments **via the AHI PPS will benefit the health and well-being of generations to come.** We are proud to be part of this inclusive collaboration and will continue to work with our colleagues to build healthy, vibrant communities across the beautiful North Country region.”

*~ Patty Hunt, RN, BSN, MPH, Public Health Director,
Washington County Public Health*





Community-Based Organization Partner

“Community Connections of Franklin County is **proud to partner with AHI on the NYS DSRIP project**. AHI has been very helpful in providing staff and resources to help us form the Franklin County Connections Coalition that is a group of providers and community-based organizations **working together** for the overall wellness of our community members through **sharing innovative ideas and resources**.”

*~ Lee Rivers, Executive Director,
Community Connections of Franklin County*





Queensbury/Glens Falls Region PHN Triad Leader

“The NYS DSRIP program has **formalized a long history of regional partnerships into the AHI PPS**, where community organizations and health care providers are **working together toward the same goal** of improving the health and well-being of our region.”

*~ Tracy Mills, Vice President, Planning
Glens Falls Hospital*





Community-Based Organization Partner

“DSRIP has finally **given community-based organizations like us a seat at the table**. The collaboration between community partners has **empowered all of us** to more effectively meet the needs of the under-resourced in our area. We look forward to our continued relationship with AHI and even more **positive outcomes** as DSRIP initiatives continue to gain momentum.”

~ Kim Cook, Executive Director, The Open Door Mission





Community-Based Organization Partner

“**DSRIP Workforce** Training and Recruitment and Retention funding has enabled North Country Home Services to **recruit and train more than 80 individuals as Personal Care and Home Health Aides**. To maintain an adequate workforce it is necessary to constantly recruit and train individuals due to the high turnover of the aide workforce in the field of home health care. The funding has been very beneficial and has allowed NCHS to increase its workforce from **a low of 197 Aides two years ago to 250 employed today** who are providing care to more than 600 patients on any given day in the rural areas of the AHI PPS.”



~ *Rebecca Leahy, President/CEO, North Country Home Services*



Community-Based Organization Partner

“AHI has been active in the support of projects like the ‘Hospital-Home Care Collaborative Solutions’ initiative to ensure the successful outcome of this project. Project Managers are accessible and very helpful. For participating home care agencies, **the project provides an opportunity to collaborate on best practices and collectively improve care and access to some of the most high-risk in our community.** Working together has broken down silos and will help us all be better care providers.”



*~ Elizabeth Zicari, RN, BSN, CENP, President/Administrator,
HCR Home Care*



St. Lawrence County Region PHN Triad Leaders

“We are **very encouraged by the new Triad structure**. It will better allow for more **equal representation** by each component **of the care continuum** and it will address the unique needs of each county, making it easier to meet DSRIP goals.”

*~ Eric Burch, St. Lawrence Health System and
Steve Knight, CEO, United Helpers*



St. Lawrence Health System 



 United Helpers
Since 1898



Plattsburgh Region PHN Triad Leader

“Behavioral Health Services North is **proud of its partnership** with AHI, regional health care providers, and the promise of DSRIP. Through this funding and the increased focus on accessibility, quality, and cost control, **we are already seeing measurable results in our community**. We look forward to the continued partnership and working on creating a **sustainable model** built upon the successes of the past few years with a focus on truly changing the way care is delivered across the North Country.”

*~ Mark A. Lukens, MBA, President and CEO
Behavioral Health Services North*



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