

Leatherstocking Collaborative Health Partners PAOP Status Report

Sue van der Sommen, Executive Director

February 2, 2017



The **DSRIP** Effect: System Transformation

Project 3.a.iv – Develop Ambulatory Withdrawal Services

- Harm reduction model to approaching addiction through office based medication assisted treatment
- Extension of Community Health Outcomes (ECHO) model
- Developing safe-prescribing protocols, including Narcan
- Improving chronic narcotic prescription contracts
- Developing guidelines for physicians for the provision of safe prescribing and effective care for patients taking opioids for chronic pain
- Developing guidelines for utilizing opioids medication in the inpatient setting
- Partner with LGUs
- Engaging Community Based Organizations
- Building Community Awareness



The DSRIP Effect



Collaboration to Promote Proper Disposal of Prescription Medications



- Collaborative project between LEAF (*Leatherstocking Education on Alcoholism/Addictions Foundation*), Bassett Healthcare Network, and Mallinckrodt Pharmaceuticals to help dispose of unused prescription medications
- Drug deactivation pouches made available free of charge:
 - LEAF Offices
 - Oneonta Foxcare Pharmacy
 - Bassett Medical Center Pharmacy

The DSRIP Effect

Senator James Seward and Leatherstocking Collaborative Health
Partners

request the honor of your presence at

The Central New York Heroin & Opioid Key Stakeholders' Summit: A Call to Action

The Otesaga Hotel
Main Ballroom
Cooperstown, NY

March 16, 2017 at 5:30 p.m.

You have been identified as an individual with the ability to effect or influence positive change in regard to the public health impacts of our region's current opioid crisis. Join other key stakeholders to learn about ongoing efforts to address the crisis and engage in a conversation about moving forward toward workable solutions.

The **DSRIP** Effect: System Transformation

Projects 2.c.i & 2.d.i – Navigation and “PAM”

- PPS-wide training & education about the benefits of navigation
- Federally Qualified Health Centers to begin Patient Activation (“PAM”) assessments and “Coaching for Activation”
- Embedding navigators to reach population
 - Emergency Departments
 - Plans to embed in Primary Care practices
- Connecting office-based care managers with community-based navigators with great success to date!



The **DSRIP** Effect: System Transformation

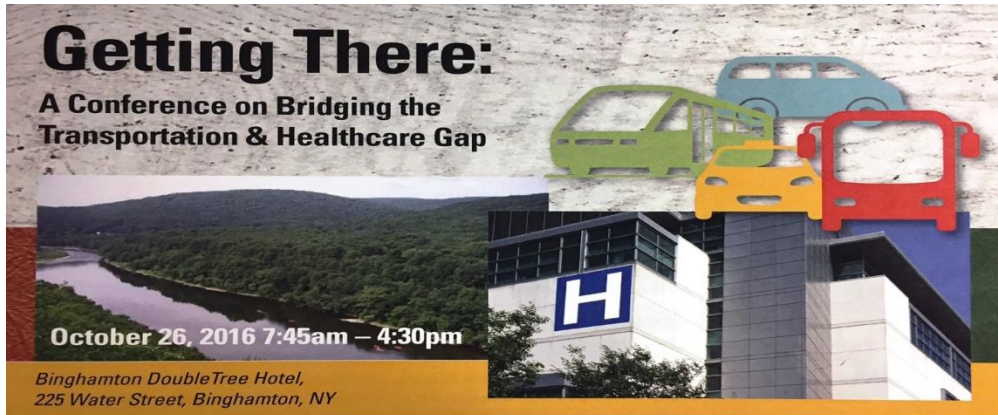
Partner Organization	Number of Practices planning to submit for 2014 NCQA Level 3 Recognition
Bassett Healthcare Network	2 corporate applications <ul style="list-style-type: none">• 30 primary care practices• 20 School Based Health Centers
Community Memorial Hospital	1 corporate application <ul style="list-style-type: none">• 4 primary care practices
AO Fox Hospital	1 corporate application <ul style="list-style-type: none">• 6 primary care practices
Little Falls Hospital	2 single site practices
Regional Primary Care Network	1 single site practice
Planned Parenthood Mohawk-Hudson	1 corporate application for their 10 sites across several PPS's <ul style="list-style-type: none">• 1 site within LCHP

64 Practices!



Addressing Disparities through Community Engagement

The **DSRIP** Effect: Addressing Disparities



Care Compass & LCHP (among others) co-sponsored an event focused on addressing transportation issues relating to social determinants of health

Over 90 participants joined LCHP & Bassett Medical Center for an “*Evening of Practitioner Cultural Competency*”: Three workshops focused on topic relating to care for the **LGBTq, elderly & opioid addicted** populations; keynote speaker focused on opioid abuse & a panel discussion with non-white, non-American practitioners revealed incidents of “**reverse discrimination**”



*Confronting Disparities of Care:
An Evening of Practitioner Cultural Competency
Wednesday, November 30, 2016
4:30 – 8:30 pm
Otesaga Resort Hotel*

*This activity is jointly sponsored by: Bassett Medical Center and
Leatherstocking Collaborative Health Partners*



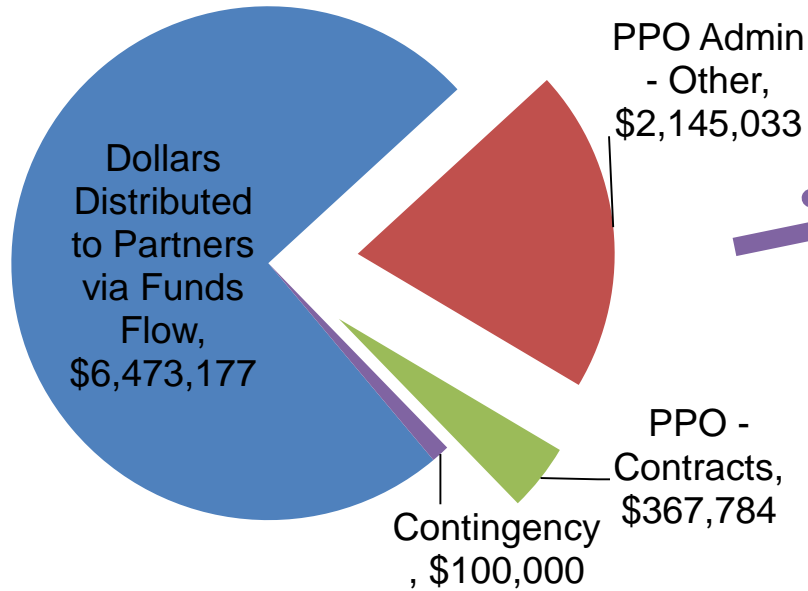
Bassett Healthcare Network

Funding the Mission

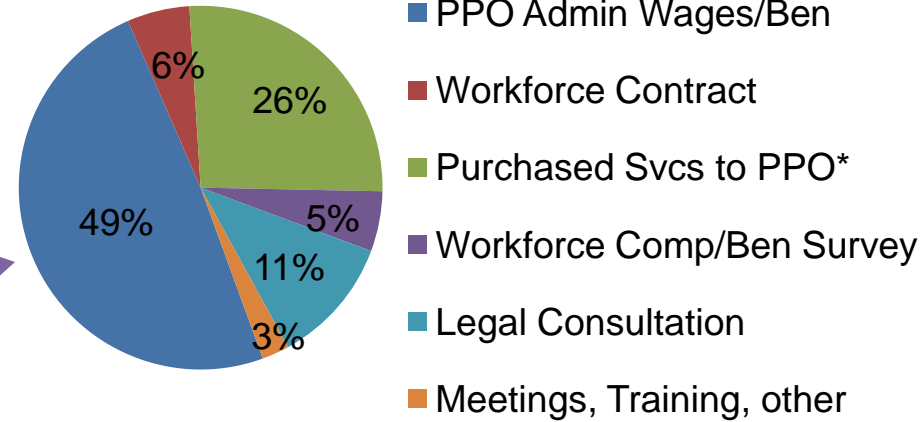
LCHP Funds Flow Model



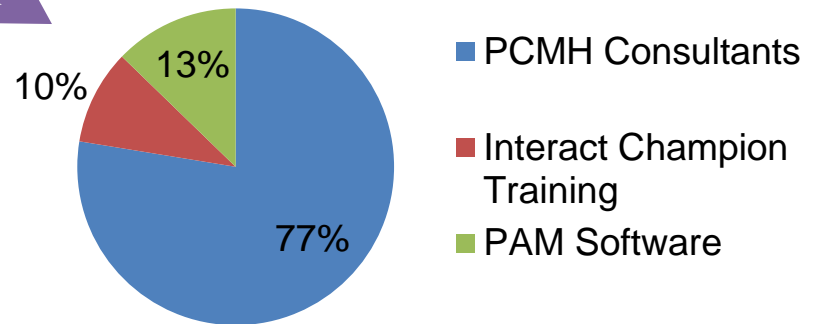
Funds Flow through DY2Q2



PPO Admin Detail



Contract Detail

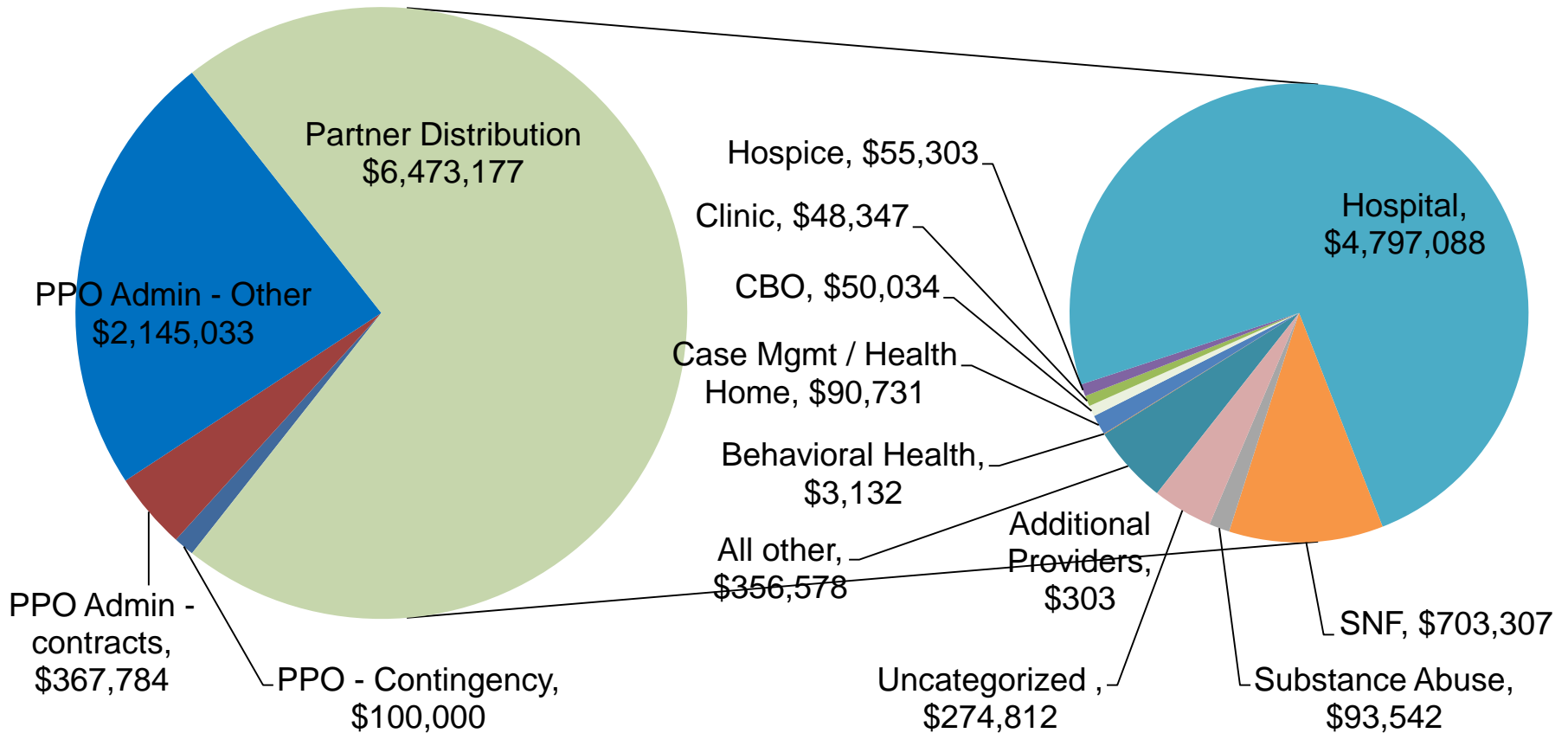


**PPO Purchased Services include salary offsets for required positions: Medical Director, Compliance Officer, Financial Management, as well as allocation for office space and utilities*

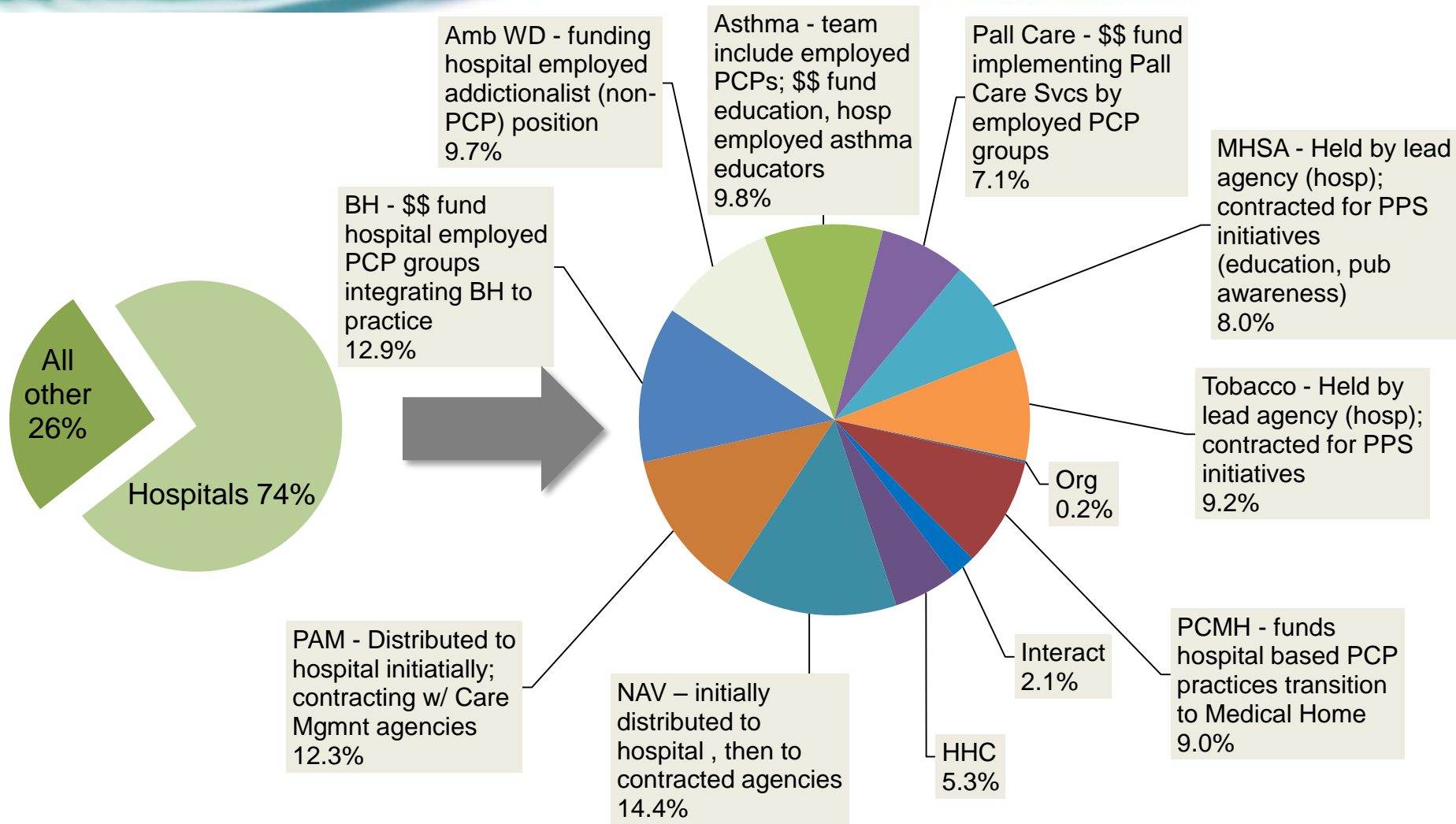
LCHP Funds Flow Summary

PPO Budget Categories

Breakdown of Partner Distribution



*Category entitled "Hospitals" includes employed physicians and therefore represents significant funds distributed to PCP and Non-PCP provider types.



LCHP Detail of Funding to hospitals

Funds Flow DY 2- 5: Funding held “in reserve”

Budget Items	DY1	DY2	DY3	DY4	DY5	TOTAL
Waiver Revenue - assumes 80% success rate in meeting metrics	\$10,671,29	\$11,372,033	\$ 18,390,005	\$ 16,284,279	\$ 10,671,239	\$ 67,388,794
Cost of Project Implementation & Administration	\$7,642,588	\$2,275,046	\$3,088,455	\$2,474,732	\$1,964,087	\$17,444,908
<i>Implementation planning</i>	\$6,207,224	\$273,005	\$441,200			182,975
<i>Project Implementation Contracts</i>	\$320,896					
<i>Administration/PMO office</i>	\$1,114,468	\$2,002,040	\$2,647,255			41,037
Revenue Loss	-	\$910,018	\$2,206,000			04,200
Internal PPS Provider Bonus Payments	\$2,928,651	\$5,456,914	\$9,124,600			42,561
Contingency	\$100,000	\$455,009	\$735,347	\$426,975	\$426,975	\$2,368,576
Cost of services not covered	-	\$910,018	\$1,470,690	\$911,743	\$683,161	\$3,975,615
Sustain Fragile Providers	-	\$910,018	\$1,000,485	\$390,747	\$170,790	\$2,501,041
Innovation	-	\$455,009	\$735,347	\$390,747	\$170,790	\$1,751,893
Total Expenditures	\$10,671,239	\$11,372,033	\$18,390,005	\$16,284,279	\$10,671,239	\$67,388,794

Future budget years reserve monies for other categories including Revenue Loss, Cost of Services Not Covered, Sustaining Fragile Providers and Innovation



The Road Ahead

Sustaining the Transformation

Current Initiatives

- Working with Local Government Units to implement 3.a.i “model 2” – embedding Primary Care in Mental Health practices
- Embedding navigators in areas with greatest population of NU/LU/UI
- “Marketing” navigation/PAM program through partner meetings, trainings
- Engaging Federally Qualified Health Centers in PAM/navigation
- Fragile partner transitioning to value-based payment through VBP-QIP
- Partnering with Care Compass PPS to develop contracting model with local hospice/palliative care providers to enhance engagement in Integration of Palliative Care project

Issues and Resolutions – Midpoint Assessment

- **Strengthening community and partner education & engagement**
 - Multiple educational initiatives held and in planning process
- **Lack of “overall approach” to strategic plan for primary care**
 - Strong commitment to PCMH Level III recognition for 60+ sites
 - Effectively utilizing advance practice clinicians in areas of shortage to address access concerns
 - AO Fox Hospital partner hospital medical practitioners to join Bassett Medical Group resulting in integration of EHR and enhanced collaboration & access
- **Quality and value-based reimbursement emerging as method to incentive practitioners**
 - AO Fox in VBP-QIP Program will encourage ALL Bassett practitioners to enter into level I arrangements
- **PPS Compliance Officer (employee of lead agency) recently elected to join the Executive Governing Body of the PPS**



Looking Ahead –

How do we sustain the **DSRIP** effect?

- Focus on metric achievement through collaboration with practitioners, partners
- Engage MCOs to determine how to reward all stakeholders that “move the needle”
- Enhance Medicaid member engagement ~ what is the most effective way to give voice to those who have not always been heard?



The **DSRIP** effect – DY1 ... in numbers

711 patients who have received outpatient withdrawal management services

261 patients who were assessed for their personal level of engagement in and understanding of their healthcare

14,772 patients who received preventive care screenings identify unmet medical or behavioral health needs

163 patients who avoided home care to hospital transfer, attributable to INTERACT-like principles

568 patients who received an asthma action plan

1,056 patients who were assisted by community navigators

6,314 patients who received behavioral health services in the primary care setting

1,409 patients who avoided nursing home to hospital transfer, attributable to INTERACT principles

5 patients who received palliative care services at a primary care site



Leatherstocking Collaborative Health Partners

Thank you!

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