CARE COMPASS NETWORK

DSRIP Project Approval and Oversight Panel Meeting

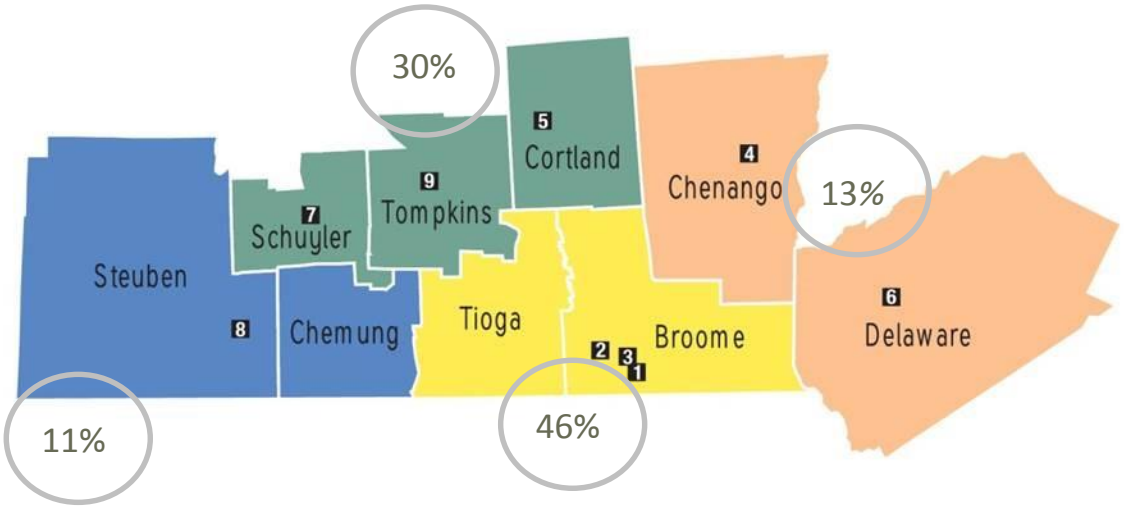
February 2, 2017

A Quick PPS Snapshot

The **Care Compass Network** is a 501(c)(6) corporation comprised of four Regional Performing Units (RPUs) which allow for execution of DSRIP related projects and efforts at a localized level, with strategic planning and oversight retained at the PPS level.

RPU by County

- **North RPU** – Cortland, Tompkins, & Schuyler Counties
- **South RPU** – Broome & Tioga Counties
- **East RPU** – Chenango & Delaware Counties
- **West RPU** – Steuben & Chemung Counties



Note: % Above Indicates Medicaid Member attribution by RPU

Broome County
1 UHS Binghamton General Hospital
2 UHS Wilson Medical Center
3 Our Lady of Lourdes Hospital

Chenango County
4 UHS Chenango Memorial Hospital

Cortland County
5 Cortland Regional Medical Center

Delaware County
6 UHS Delaware Valley Hospital

Schuyler County
7 Schuyler Hospital

Steuben County
8 Corning Hospital (Guthrie System)

Tompkins County
9 Cayuga Medical Center

Patient Centered Medical Home

89% of the Care Compass Network is Implementing PCMH

RPU	Entity	Current PCMH Status	Sites	CCN PCMH Contract	MA Member Attribution by RPU
N	Cortland Regional	None	2	Yes	30%
N	Cayuga Area Plan Providers	Multiple	24	13 of 32	
N	Family Health Network	2014 Level 3	5	Yes	
S	Lourdes	2011 Level 3	13	Yes	59%
S/E	UHS Medical Group	2011 Level 3	30	Yes	
W	The Guthrie Clinic	2011 Level 3	22	Yes	11%

- 465 Primary Care Providers Engaged Across these Sites
- Represents $2.5M of Contracted Investments Contributed to Primary Care (>$375k disbursed)

Integration of Primary Care and Behavioral health

- **New Services & Integrated Care**
  - Established Health Home process to connect patient to assigned Health Home (HH) or initiate HH enrollment.
  - EMR referral process for clinicians utilizing a drop down selection methodology.
  - Phreesia tablet (new registration tool): PHQ-9 embedded in tablet for patients to complete directly in the waiting room.
  - ED Follow-up process: Notification from ED BHC to primary care BHC when participating cohort member presents for ED/Inpatient services.

- **Current Benefits**
  - 1877 PHQ-9 screenings were completed out of 2016 screenings offered during an 8 month timeframe = 93% completion success rate
  - Of 215 patient cohort rescreened, 36 (16%) showed a reduced PHQ-9 by 1-12 points.
  - Investment: $145K

INTERACT – Skilled Nursing Home Collaborations

16	SNFs Working with CCN on the INTERACT Program
57	
927	INTERACT Champions Trained
216	Engaged Patients through DY2,Q3
$110,89	Avoided Hospital Transfers
0	Dollars Paid to SNFs through DY2,Q3
$110,78	Estimated Dollars Saved

Upcoming in 2017:

- EMR development and RHIO/HIE connectivity for SNFs
- Introduction of e-INTERACT
- Alignment with Palliative Care Program via eMolst Integration
- Development of Regional SNF Coalition

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Program Update – Project and Community Collaboration

Program Update: Care Transitions

On discharge a hospital assigns each Medicaid member a health care coach—a carefully-trained nurse, social worker or other professional drawn from a local community organization. The process starts in the hospital, where coach and patient review the patient's discharge instructions and discuss any special concerns, such as language barriers or lack of transportation. The coach also discusses how to fill out the personal health record and use it as a tool for taking control of one's own care across the care continuum. Over the next 30 days, the coach visits the patient once at home and follows up with three phone calls, to make sure the patient is enabled to adhere to the discharge instructions.

- **New Services & Integrated Care**
  - Introduction of 4th Pillar – Personal Health Record
  - Health Coach Service
  - Regional Standardization & Delivery of Quality, Patient Centered Care
  - CBO & Health System Collaboration: Five new CBO relationships for Home Visit Services
  - 1,405 - Number of engaged patients

- **How Patient Care is Changing…**

One patient who, on leaving the hospital, received two copies of the discharge instructions rather than one. The patient thought that meant they should take double doses of their medication. When the CBO health coach made the visit, they clarified the instructions. With one short conversation, the coach stopped the patient from taking a potentially-harmful overdose.

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Program Update – CBO/Non-Hospital Engagement

Partner Profile: Mental Health Association of the Southern Tier

New Services

- Developed Mobile Crisis Stabilization Services – A New Alternative to Police Station or ED drop off
- Collaborated with CiT, CPEP programs and Aligned With HCBS Waiver Efforts
- Payments for Administratively Support to the PPS
- Existing Biller of Medicaid, Downstream provider to Medicaid Health Home (% of PMPM for Outreach and Engagement and Consenting)

Upcoming in 2017

- Remaining commitments through march 31, 2017 exceed $250k
- Crisis Respite Housing. Will Develop alternatives to the ED for crisis stabilization and patient supervision, especially in high volume areas and where there are no good alternatives to transporting a person to the ED/CPEP

DY2 contracts have Yielded Investments and Incentives as Illustrated Below:

Vendor Category	Spend Category	Spend Summary Through 12/31/16	% Safety Net
"Uncategorized"	PPS PMO	$7,394	0%
"Uncategorized"	Project Spend	$104,854	0%

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System Transformation – VBP Program with Cayuga Area Preferred Medicare ACO

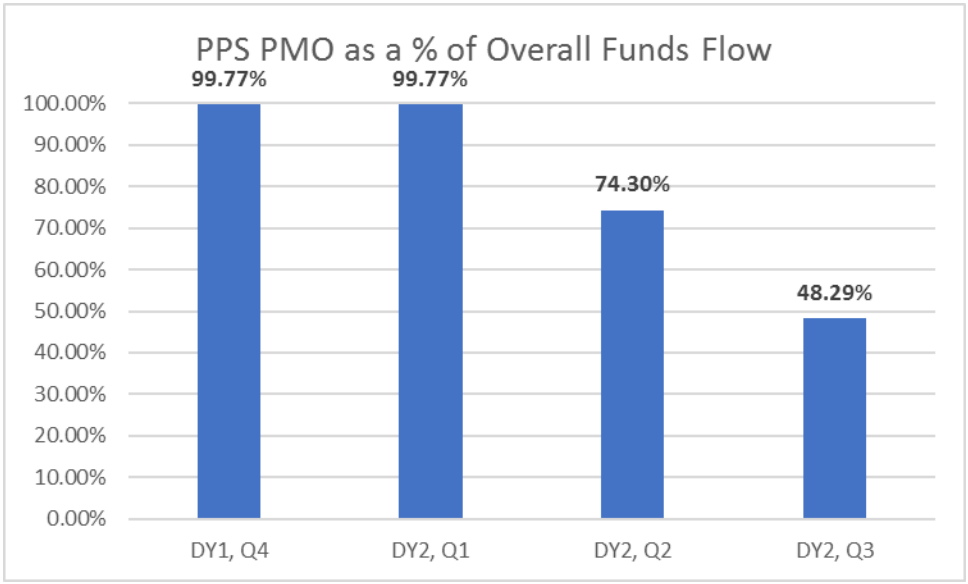
In January 2017, Care Compass Network partnered with Cayuga Area Preferred, Inc. (CAP) to expand its model of clinical integration to the Medicaid population. Through this program, CAP will work with their regional MCO to create a Level 1 Value-Based Payment arrangement for Medicaid members in Tompkins County in alignment with the VBP roadmap provided by the NYS Department of Health.

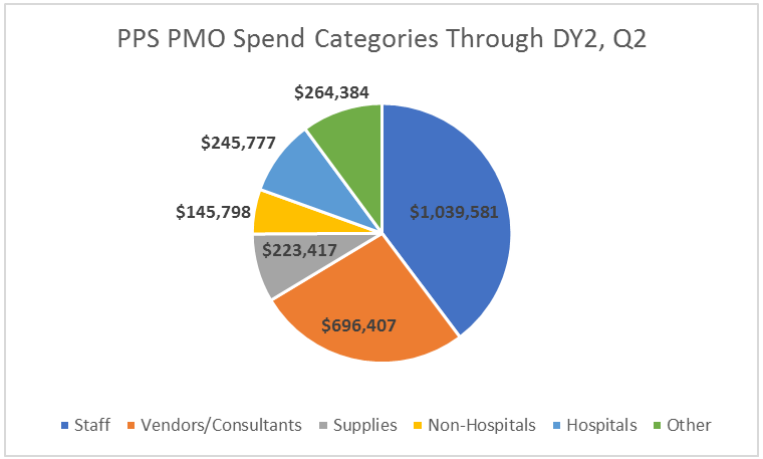
Key Elements to the VBP Program:

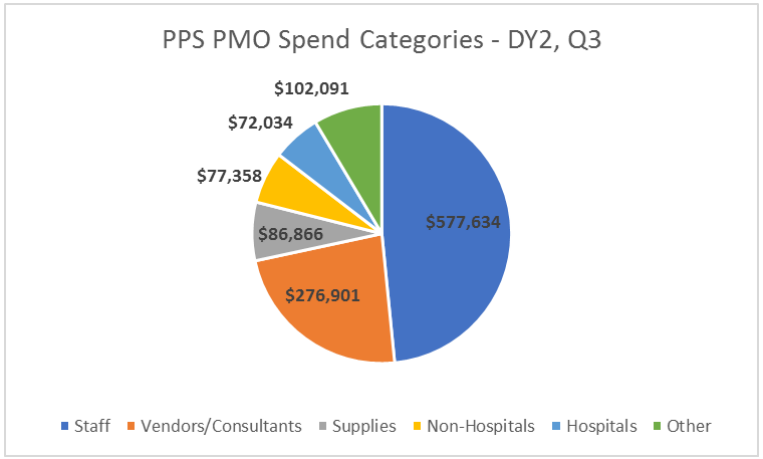
- **Goal:** Expansion of CAP's Medicare ACO / Clinical Integration Program to the Medicaid population, including health initiatives and care coordination.
- **Duration:** Three-year Value Based Payment agreement with an MCO, commencing with Level 1 and migrating to Level 2 by end of year three.
- **Measurement:** VBP Plan to be monitored for clinical improvements and cost savings, including 15 metrics.
- **Engagement:** 206 physicians at 58 locations.
- **Incentive:** Care Compass Network will provide CAP with over $550K to support participation and performance with these agreements over the next 18 months.

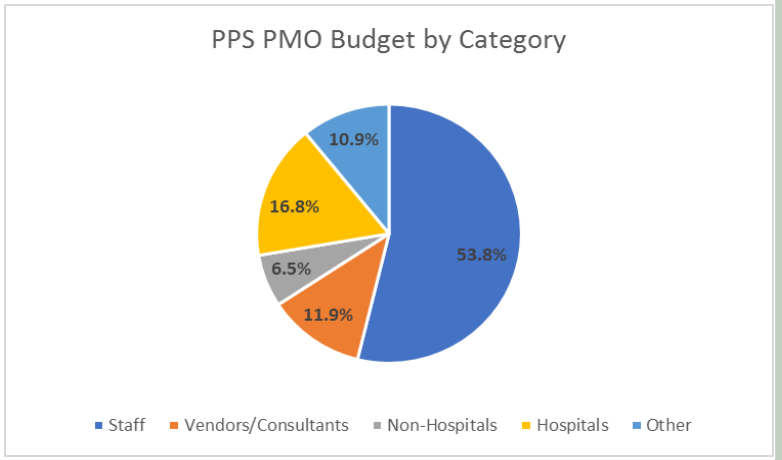
Pre-Distributed Slide

- PPS PMO was first reported in DY1, Q4, and so no reported data exists for DY1, Q1 through DY1, Q3
- Since DY2, Q1, PPS PMO has been decreasing as a % of the overall PPS spend
- DY2, Q3 was the first quarter where Partner Project spending exceeded “PPS PMO” (< 50% of the total)

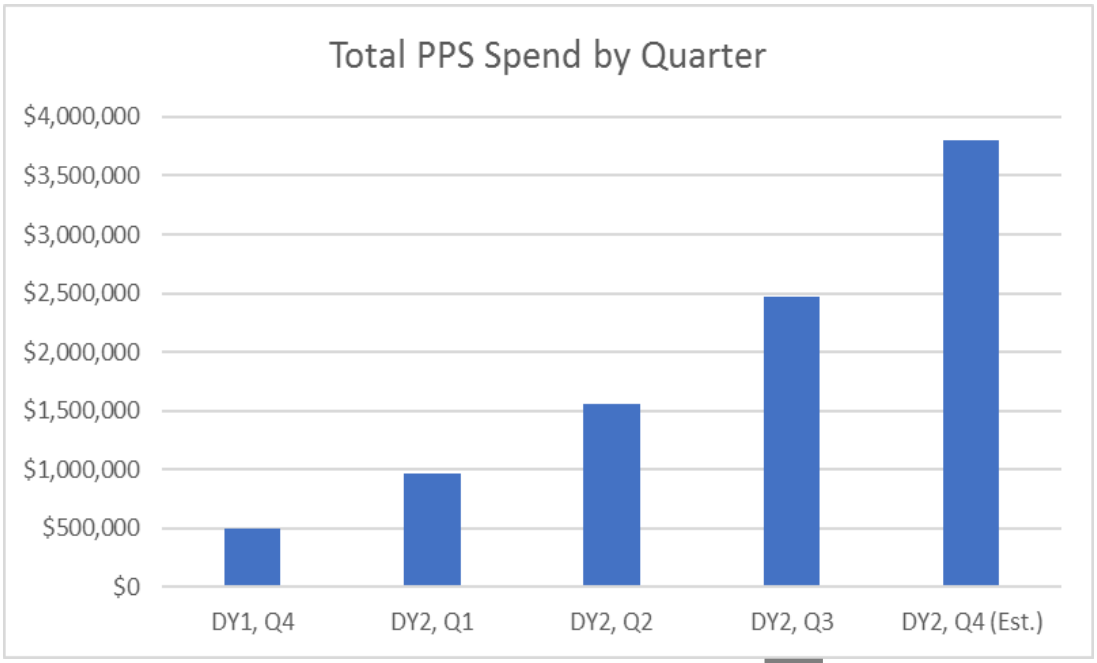


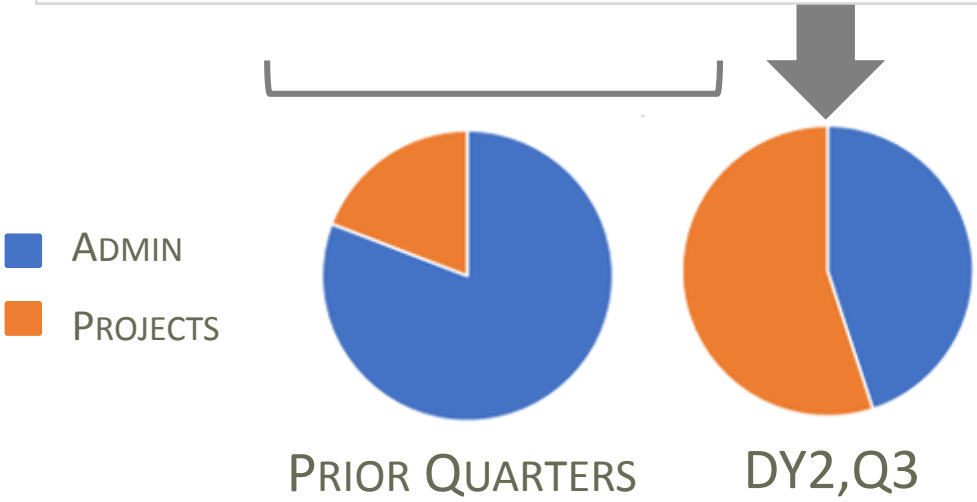






Total PPS Spend Updates





- Distinct PPS Efforts to Increase DY2 Spending Yielding Strong Output
- Distinguished Shift of Funds Flow Categories to Reflect PPS Operations
- Continued Spending Pace Seen Entering DY2,Q4 With Expenditures Exceeding DY2,Q3 Growth
- Significant IT Investments Timed for Q2/Q3 2017, Complimented by PPS CRFP Awards

CCN Direct Contracting With Non-Hospital Organizations

RPU	Contracts & BAAs	Appendix Cs	Actual Through 12/31/16	Purchased Services	Value	Total
North	34	60	*$114,812*	4	*$354,080*	**$468,892**
South	21	42	*$161,380*	5	*$274,330*	**$435,710**
East	8	12	*$11,620*	0	*$0*	**$11,620**
West	8	16	*$12,170*	1	*$33,800*	**$45,970**
Total	**71**	**130**	***$298,650***	**9**	***$662,210***	**$962,192**

Additional resources purchased at the PPS level totals more than $315K

Program	Description	Impact
HW APPs	e-Learning Platform	100 Licenses
CC/HL Training	4 RFIs for Development of CC/HL Programs, including focus on The Rural, Aging, & Low SES.	Programs being developed
Flourish	PAM Survey Licensing for PPS	New free tool for partners
INTERACT Training	Master Training & Certification for each RPU	57 Trained Staff
Performance Improvement Training	Lean, Six-Sigma, and Performance Improvement Training	18 Trained Staff

Mid Point Report: Administrative / Reporting

Partner Engagement Recommendations

Ref	Section	#	IA Recommendation
1	Partner Eng-agement	1	The IA recommends that the PPS develop a strategy to increase partner organization engagement throughout the PPS, particularly with Primary Care Providers and Non-Primary Care Providers.
3	CBO	1	The IA recommends that the PPS accelerate finalizing contracts with its partnering Community Based Organizations in order to fully implement projects.
8	2ai	1	The IA recommends the PPS develop a strategy to increase partner engagement to support the successful implementation of this projects and in meeting the PPS' DSIRP goals.
9	2biv	1	The IA recommends the PPS develop a strategy to increase partner and community engagement.
12	2di	2	The IA recommends the PPS develop plan to increase outreach and education materials to partners with respect to patient activation measures.
13	2di	3	The IA recommends the PPS create a plan to address the shortage of primary care physicians engaged in this project in order to meet their project implementation speed commitments.
17	3bi	2	The PPS should develop a strategy to educate their partners on the value of DSRIP in order to increase their engagement.

Administrative / Reporting

Root Cause: Low reported engaged partners in PIT, due to CCN reporting at the Entity Level.

Approach: CCN has modified reporting tools as part of the January 31 submission to more clearly indicate partner engagement to the IA at the provider level. Additional updates will follow in the DY2,Q4 report after network additions are included in the early March MAPP update period.

Status: Complete. Ongoing reporting will continue within existing quarterly reports. Refer to Appendix A for details by MidPoint Recommendation.

Example: Updates to CCN PIT report.

Project 2.a.i (Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management)

Partner Type		Committed Amount	Engaged Amount
All Other	Total	375	15
Community Based Organizations	Total	26	3
	Safety Net	0	0
Practitioner - Non-Primary Care Provider (PCP)	Total	479	0
	Safety Net	43	0
Practitioner - Primary Care Provider (PCP)	Total	285	2
	Safety Net	42	2

Prior PIT	1/31 Update
15	460
3	18
0	310
2	201

Ongoing Efforts

Ref	Section	#	IA Recommendation
4	CC/HL	1	The IA recommends that the PPS develop an action plan to roll out its trainings to its workforce and partners
5	CC/HL	2	The IA recommends that the PPS develop metrics to assess its most effective strategies to engage Medicaid members and the uninsured.
6	VBP	2	The IA recommends that the PPS establish a plan to further educate and support their partners move toward VBP arrangements.
15	3ai	2	The IA recommends the PPS develop a plan to address the workforce challenges with licensed behavioral health specialists and care coordinators.

Root Cause: IA Recommendations for Domain 1 efforts with existing long range plans and previously evaluated strategies and reporting frameworks.

Approach: CCN received feedback in areas which have previously been reported as Complete /Ongoing and/or apply to newly developed programs. IA recommendations will be incorporated with existing reporting requirements as assigned by DOH timetables. 3ai Recommendation #2 to be reported via Workforce versus the individual project.

Status: Recommendations will be incorporated to existing PPS efforts and reported through quarterly reports.

Action Plan Development

Ref	Section	#	IA Recommendation
2	Patient Engagement	1	The IA requires the PPS to develop a plan to increase patient engagement across all projects.
7	PCP Plan	1	The IA recommends that the PPS develop an action plan to address the deficiencies identified in the Primary Care Plan, most notably the lack of specificity on the primary care strategy of the PPS, the limited detail on progress towards implementation of the primary care strategies, and the role of the PPS in monitoring and overseeing the implementation of the primary care strategies.
11	2di	1	The IA recommends the PPS develop a strategy to assist partners in better identifying the targeted population for this project.
16	3bi	1	The IA requires the PPS develop a comprehensive action plan to address the implementation of this project in consultation with the Project Advisory Council (PAC) that must be reviewed and approved by the Board of Directors. This Action Plan must detail how the PPS will monitor and intervene when project milestones, partner engagement, or patient engagement for this project fall behind schedule.
18	3bi	3	To address the issue of partner reluctance to participate in this project due to perceived lack of reimbursement, the PPS should develop creative strategies, either in the form of services, consultation, or work with a vendor to assist the PPS in this outreach.
20	3gi	1	The IA requires the PPS develop a comprehensive action plan to address the implementation of this project in consultation with the Project Advisory Council (PAC) that must be reviewed and approved by the Board of Directors. This Action Plan must detail how the PPS will monitor and intervene when project milestones, partner engagement, or patient engagement for this project fall behind schedule.
21	3gi	2	The IA recommends that the PPS finalize its contracting arrangements with their partners and begin flowing funds.
22	3gi	3	To address the issue of partner reluctance to participate in this project due to perceived lack of reimbursement, the PPS should develop creative strategies, either in the form of services, consultation, or work with a vendor to assist the PPS in this outreach.

Action Plan

Ref	Section	#	IA Recommendation
2	Patient Engagement	1	The IA requires the PPS to develop a plan to increase patient engagement across all projects.

Approach 1: Patient Engagement Recommendation 1 will address the common root-cause issues which resulted from PPS lack of full Speed & Scale achievement to date across various projects. A complete Action Plan will be developed and include approaches such as:

- Delineating CCN long term plans from DOH minimum required reporting to ease Contracting Phase I reporting requirements.
- Consider adjustments and enhancements to funds flow to ease system export challenges (e.g., audit approach).
- Bolster funds flow to recognize and/or incentivize administrative efforts, workflow modifications, business disruption, and revenue loss.
- Ease and better assist partner data submissions. Perform retrospective review to ensure partners receive reimbursement for eligible services performed not yet billed.

Approach 2: Recommendations for 2di, 3bi, and 3gi – CCN agrees with the Recommendations and have begun developing program redesign to ensure achievement of PPS targets. The PPS will work to develop action plans with the PAC Executive Council and Board of Directors in the designated MidPoint reporting timeframe.

Patient Engagement (Speed & Scale Focused)

Ref	Section	#	IA Recommendation
10	2biv	2	The IA recommends the PPS develop a plan to increase outreach and education materials to partners.
14	3ai	1	The IA recommends the PPS create a plan to address the shortage of primary care physicians engaged in this project in order to meet their project implementation speed commitments.
19	3bi	4	In order to address the issue of identifying targeted panels of patients eligible to be included in this project, the IA recommends that the PPS convene a group of stakeholders to develop a strategy to develop common solutions.

Root Cause: Lack of full achievement of patient engagement targets.

Approach: Through successful partner awareness, training, and identification of targeted panels of patients CCN Partners have contracted with the PPS at levels that exceed patient engagement commitments. CCN identified commonality with the approach for these recommendations and Patient Engagement Recommendation 1.

Status: Refer to the Action Plan for Patient Engagement Recommendation 1. This plan will address the common root-cause issues which have impacted Speed & Scale completion to date, including tactics such as:

- Delineating CCN long term plans from DOH minimum required reporting.
- Consider adjustments to funds flow (e.g., audit approach) to ease system export challenges.
- Ease and better assist partner data submissions. Perform retrospective review, to contract execution date, to ensure partners receive reimbursement for eligible services performed not yet billed.

Patient Engagement Progress

Project		MidPoint Status	MidPoint %	January Status	% of Target
2biv	Care Transitions	263	5.86%	**1,405**	**31.3%**
2bvii	INTERACT	406	185%	**927**	**423%**
2ci	Navigation	393	2.59%	**1,171**	**7.7%**
2di	PAM Survey	534	2.94%	**1,015**	**5.6%**
3ai	Integration of PCP & BH	555	2.99%	**1,509**	**8%**
3aii	Crisis Stabilization	31	3.36%	**99**	**10.7%**
3bi	CVD	0	0	**44**	**3.8%**
3gi	Palliative Care in PCMH	0	0	**0**	**0%**

Summary of Recommendations

Category	Recommendation to PAOP
Administrative	Reporting updated as of 1/31/17. Consider Removal of Recommendation
Ongoing	Accept Recommendation
Action Plan	Accept Recommendation

Appendix A – Updated PIT Report Details

Updated PIT Tables as of DY2, Q3 Report

MidPoint Comments: 1(Partner Engagement), 3 (CBO), 8 (2ai)

2.a.i. Provider Engagement

		Committed Amount	Engaged Amount - MP Report	Engaged Amount - DY2Q3 Report	Change from MP Report
All Other	Total	375	15	460	445
	Safety Net	95	8	88	80
Case Management/Health Home	Total	12	2	8	6
	Safety Net	7	2	5	3
Clinic	Total	23	6	12	6
	Safety Net	24	6	12	6
Community Based Organizations	Total	26	3	18	15
	Safety Net	0	0	0	0
Hospice	Total	4	2	6	4
	Safety Net	0	1	1	0
Hospital	Total	7	4	8	4
	Safety Net	7	4	8	4
Mental Health	Total	63	4	23	19
	Safety Net	28	4	16	12
Nursing Home	Total	20	2	14	12
	Safety Net	18	2	14	12
Pharmacy	Total	0	3	6	3
	Safety Net	0	2	3	1
Practitioner - Non-Primary Care Provider (PCP)	Total	479	0	310	310
	Safety Net	43	0	15	15
Practitioner - Primary Care Provider (PCP)	Total	285	2	201	199
	Safety Net	48	0	39	39
Substance Abuse	Total	14	1	9	8
	Safety Net	13	1	9	8
Uncategorized	Total	0	1	8	7
	Safety Net	0	0	1	1

Updated PIT Tables as of DY2, Q3 Report

MidPoint Comments: 9 (2biv) "The IA recommends the PPS develop a strategy to increase partner and community engagement."

2.b.iv. Provider Engagement

		Committed Amount	Engaged Amount - MP Report	Engaged Amount - DY2Q3 Report	Change from MP Report
All Other	Total	95	15	426	411
	Safety Net	95	11	60	49
Case Management/Health Home	Total	7	4	2	-2
	Safety Net	7	4	2	-2
Clinic	Total	0	3	8	5
	Safety Net	0	3	8	5
Community Based Organizations	Total	0	4	4	0
	Safety Net	0	0	0	0
Hospice	Total	0	2	3	1
	Safety Net	0	1	1	0
Hospital	Total	5	6	8	2
	Safety Net	7	6	8	2
Mental Health	Total	0	7	15	8
	Safety Net	0	7	8	1
Nursing Home	Total	0	1	1	0
	Safety Net	0	1	1	0
Pharmacy	Total	0	3	5	2
	Safety Net	0	2	2	0
Practitioner - Non-Primary Care Provider (PCP)	Total	66	0	310	310
	Safety Net	43	0	15	15
Practitioner - Primary Care Provider (PCP)	Total	58	0	198	198
	Safety Net	48	0	37	37
Substance Abuse	Total	0	0	2	2
	Safety Net	0	0	2	2
Uncategorized	Total	0	8	7	-1
	Safety Net	0	1	1	0

Updated PIT Tables as of DY2, Q3 Report

MidPoint Comments: 12 & 13 (2di) "The IA recommends the PPS develop a strategy to increase partner and community engagement."

2.d.i. Provider Engagement

		Committed Amount	Engaged Amount - MP Report	Engaged Amount - DY2Q3 Report	Change from MP Report
All Other	Total	0	22	213	191
	Safety Net	95	20	56	36
Case Management/Health Home	Total	0	5	6	1
	Safety Net	0	4	3	-1
Clinic	Total	0	11	8	-3
	Safety Net	24	11	8	-3
Community Based Organizations	Total	0	13	11	-2
	Safety Net	0	0	0	0
Hospice	Total	0	1	1	0
	Safety Net	0	1	1	0
Hospital	Total	0	6	5	-1
	Safety Net	7	6	5	-1
Mental Health	Total	0	9	14	5
	Safety Net	0	9	9	0
Nursing Home	Total	0	3	3	0
	Safety Net	0	3	3	0
Pharmacy	Total	0	3	5	2
	Safety Net	0	3	2	-1
Practitioner - Non-Primary Care Provider (PCP)	Total	0	0	142	142
	Safety Net	43	0	12	12
Practitioner - Primary Care Provider (PCP)	Total	0	0	98	98
	Safety Net	48	0	27	27
Substance Abuse	Total	0	4	7	3
	Safety Net	0	4	7	3
Uncategorized	Total	0	7	4	-3
	Safety Net	0	2	0	-2

Updated PIT Tables as of DY2, Q3 Report

MidPoint Comments: 17 (3bi) "The PPS should develop a strategy to educate their partners on the value of DSRIP in order to increase their engagement."

3.b.i. Provider Engagement

		Committed Amount	Engaged Amount - MP Report	Engaged Amount - DY2Q3 Report	Change from MP Report
All Other	Total	31	11	75	64
	Safety Net	31	6	11	5
Case Management/Health Home	Total	12	3	0	-3
	Safety Net	7	3	0	-3
Clinic	Total	10	4	3	-1
	Safety Net	14	4	3	-1
Community Based Organizations	Total	20	3	0	-3
	Safety Net	0	0	0	0
Hospice	Total	0	2	1	-1
	Safety Net	0	1	1	0
Hospital	Total	0	3	3	0
	Safety Net	0	3	3	0
Mental Health	Total	0	4	1	-3
	Safety Net	0	4	1	-3
Nursing Home	Total	0	1	0	-1
	Safety Net	0	1	0	-1
Pharmacy	Total	0	3	4	1
	Safety Net	0	2	1	-1
Practitioner - Non-Primary Care Provider (PCP)	Total	22	0	0	0
	Safety Net	5	0	0	0
Practitioner - Primary Care Provider (PCP)	Total	228	1	65	64
	Safety Net	64	0	7	7
Substance Abuse	Total	0	1	1	0
	Safety Net	0	1	1	0
Uncategorized	Total	0	4	0	-4
	Safety Net	0	0	0	0