

Maimonides PPS

DSRIP Project Approval Oversight Panel

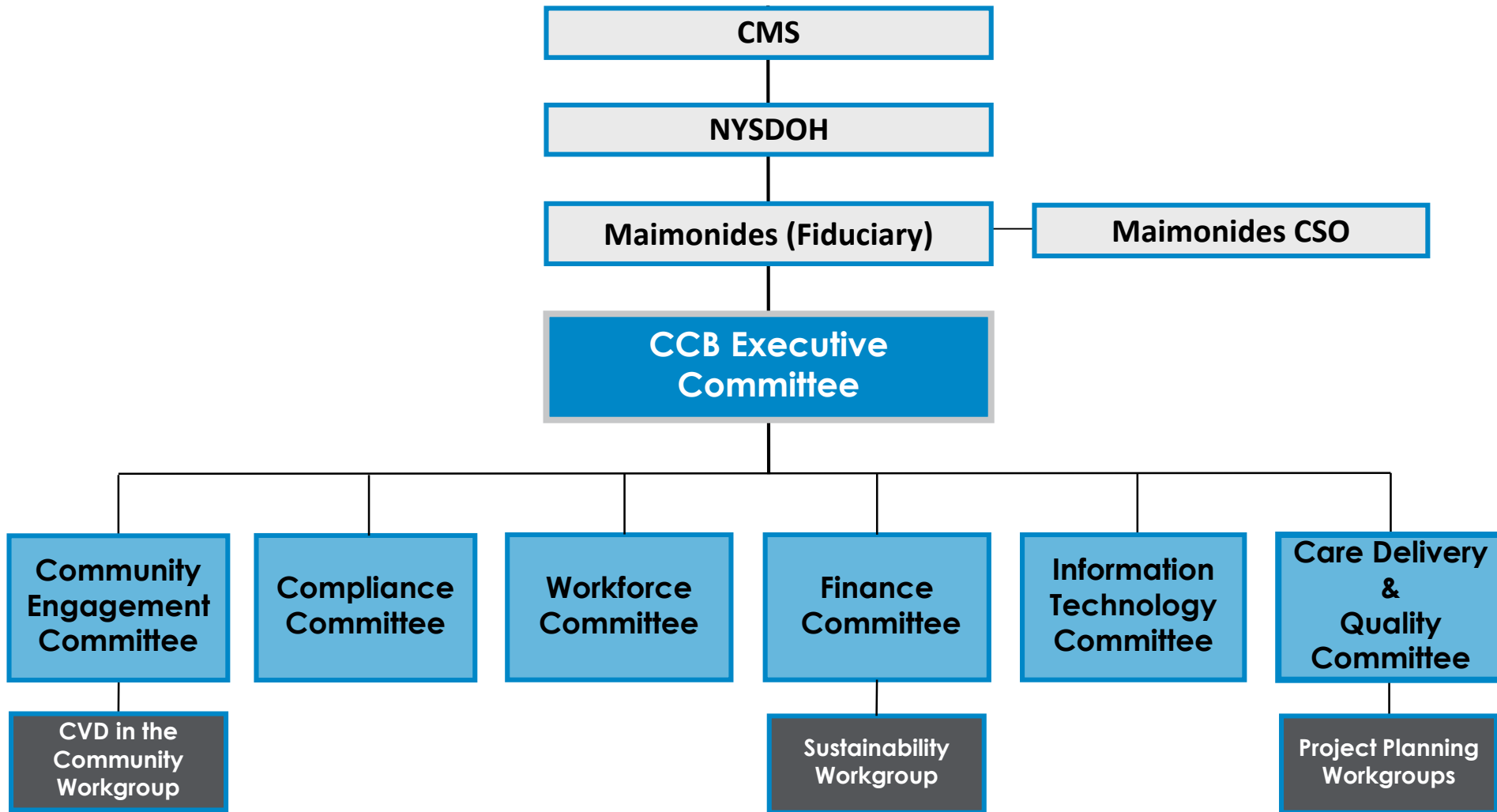
February 1, 2017



Community Care of Brooklyn Network

- 600,000 attributed Medicaid beneficiaries
- 4,600+ practitioners, including 1,600+ PCPs
- 1,000+ Participant Organizations:
 - 6 Hospitals
 - 10 FQHCs
 - 3 IPAs
 - Behavioral health providers
 - Social service providers
 - Community-based organizations
 - Health Homes
 - Substance Abuse Providers
 - Advocacy Organizations
 - Home Care
 - Skilled Nursing Facilities and other Long-Term Care Providers
 - Correctional Health Experts
 - Housing Providers and Advocates
 - Managed Care Plans
 - RHIO
 - Unions
 - Job Training Providers
- MMC Central Services Organization (CSO) provides management

CCB Governance Structure



CCB DSRIP Project / Initiative Structure

Ten DSRIP Projects

2.a.i	Create Integrated Delivery Systems
2.b.iii	Emergency Department Care Triage
2.b.iv	Care Transitions to Reduce 30 Day Readmissions
2.a.iii	Health Home At-Risk Intervention Program
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 PCHM 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:

Network of networks, keeping care local

Care Transitions- ED and Readmissions:

Patient-focused, Health Home supported

Transforming Primary Care:

Care coordination, collaborative care, and integration of behavioral health

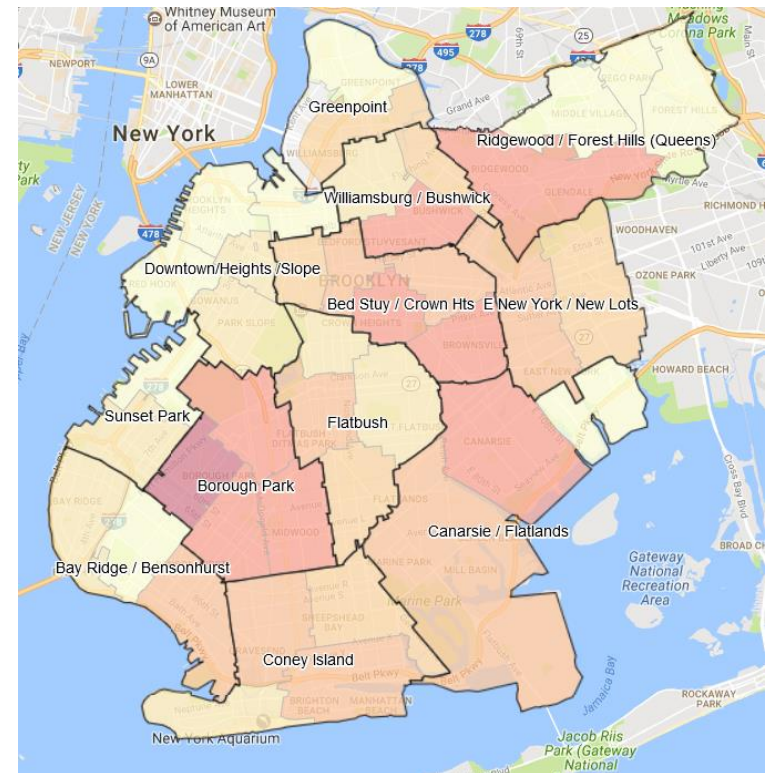
Population Health:

Multi-PPS programs, community engagement

Project selection aligned with OneCity Health

Creating an Integrated Delivery System

- Built around:
 - Common standards
 - Shared information
 - Joint quality metrics
- Keeping care local
 - networks
- Improving connections between medical and community/social service providers
- Value based purchasing (VBP)-readiness



Care Transitions: ED & Readmissions

- New Healthcare Roles
 - Transitional Care Nurses
 - Transitional Care Managers
 - ED Care Navigators
- Developing transitional care plans
 - Focus on social determinants of health
 - Vulnerable populations
- Connecting patients to Health Home
- Expanding engagement with:
 - key social service providers
 - skilled nursing facilities
 - home health
 - pharmacies
 - criminal justice system

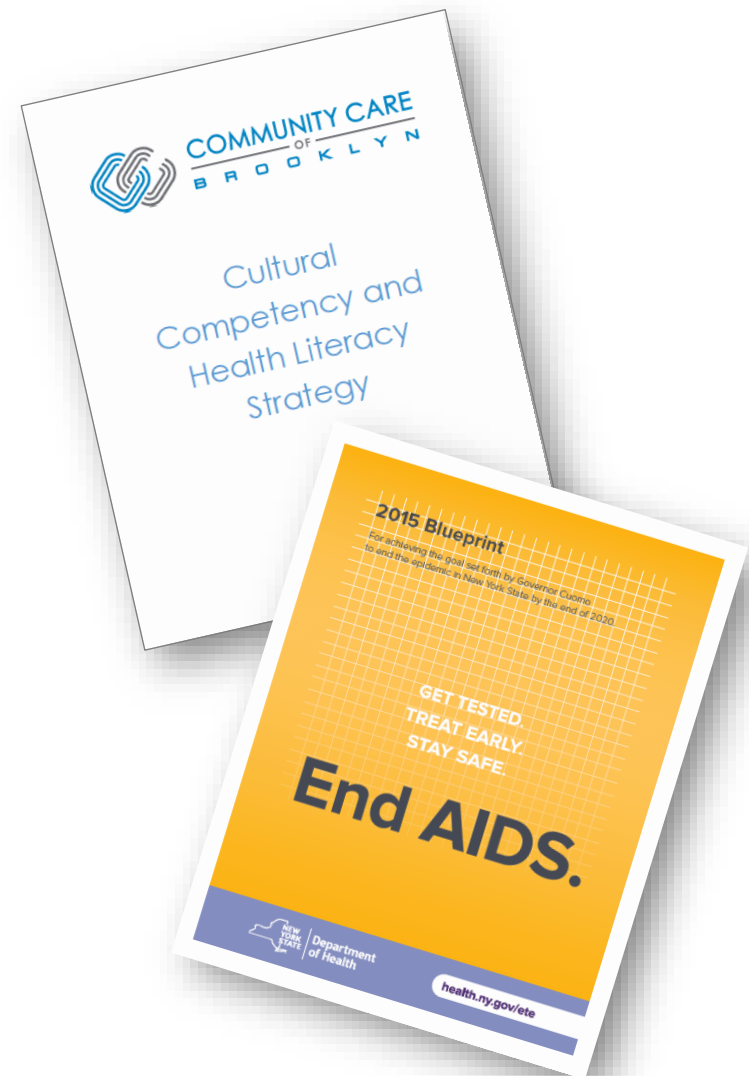


Transforming Primary Care

- Build a high-functioning, patient-centered primary care network
 - Technical assistance for PCMH recognition
 - Fund health coaches for primary care team
 - Care coordination and education for patients not eligible for Health Home
 - Expanding collaborative care model
 - Behavioral health, palliative care, asthma, medication reconciliation
- Workforce
 - Career ladder for medical assistants, others
 - Developed Health Coach training program at CUNY Kingsborough
 - 45 graduated
 - 18 will graduate in March 2017

Population Health

- Expanding access to and engagement in HIV care
 - NYC Coalition & CCB Workgroup
- Increasing access to Mental Health and Substance Abuse services
 - 4 PPSs partnering with NYC public high schools
- Community engagement
 - Cultural competency and health literacy
 - Nutrition & physical activity



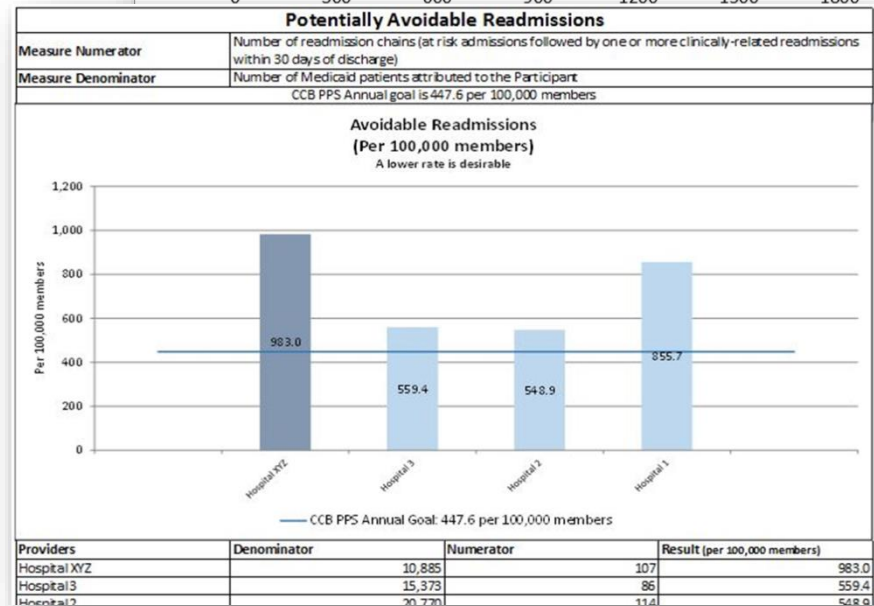
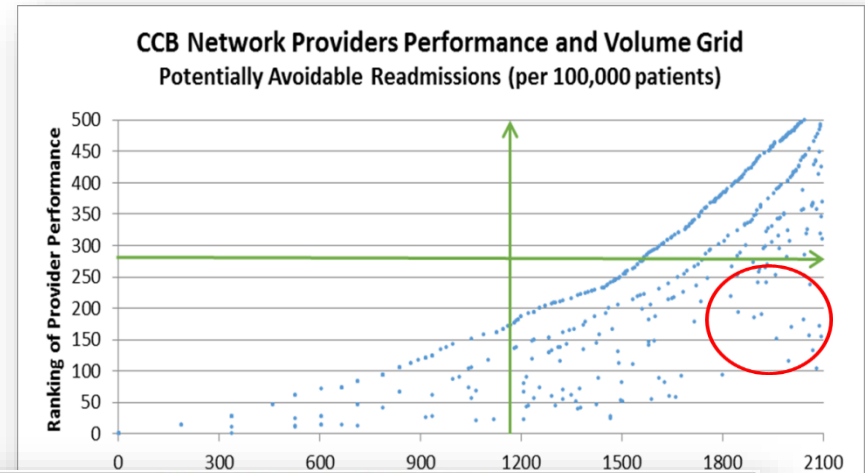
Community Engagement



- Participatory action research (PAR) to engage community
 - Student-conducted surveys
 - Community dialogue
 - Identification of drivers of health
 - Community input regarding initiative implementation

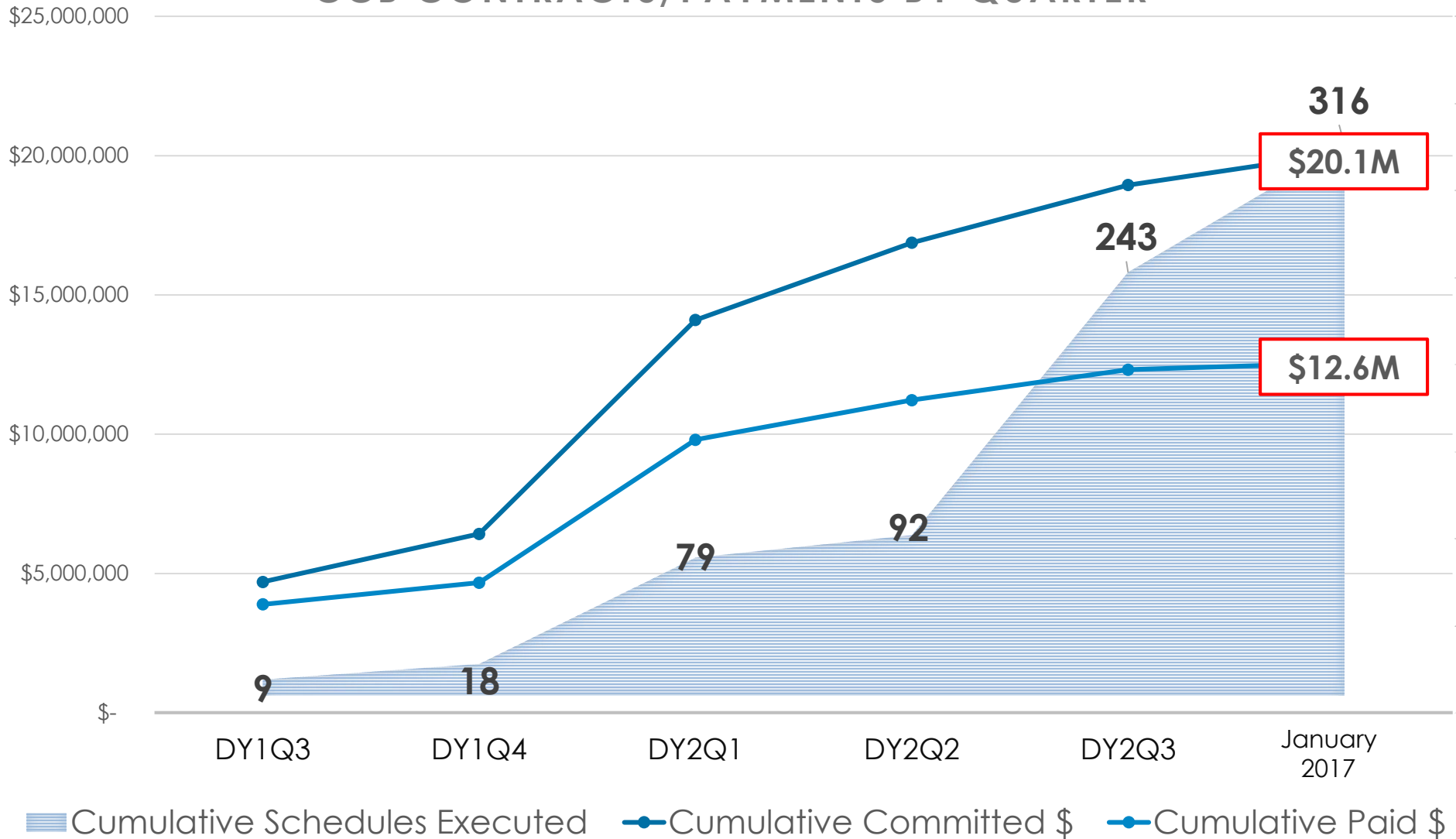
Analytics & Reporting for QI

- Piloting performance reports for Participants
 - Key metrics by Participant type
- Supporting collaborative program planning with our network
- Identification of Participants with greatest opportunities for improvement

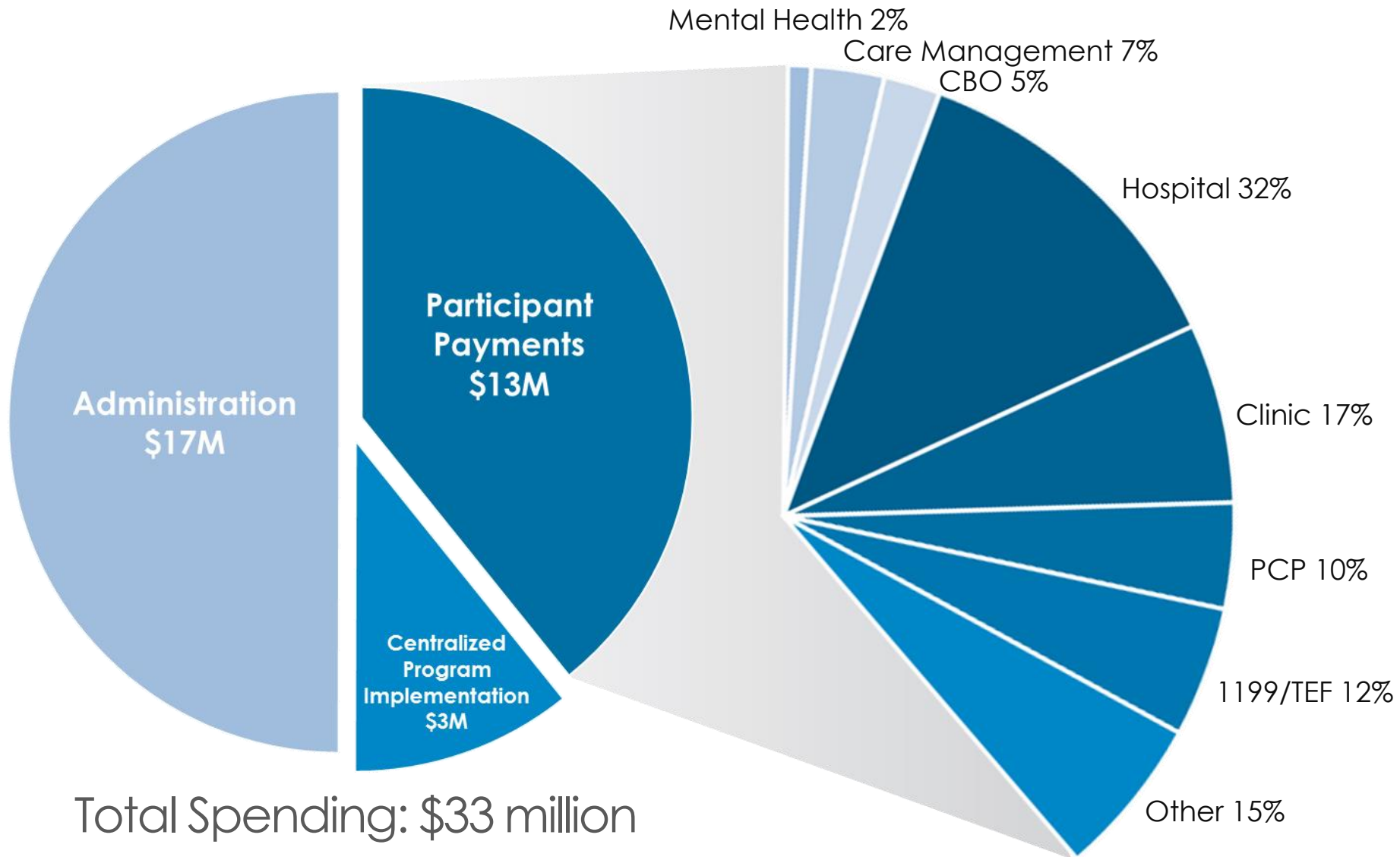


Participant Engagement

CCB CONTRACTS/PAYMENTS BY QUARTER



Funds Flow Through DY2 Q3



Sustainability Planning

- Sustainability of our Partners:
 - Support for safety net providers
 - Value Based Payment Quality Improvement Program (VBPQIP)
 - Focus on keeping care local wherever possible
- Sustainability of our Network:
 - Clinical integration
 - VBP participation - pilots and roadmap (HARP, maternity bundle)
 - Alignment with *The Brooklyn Study*, including One Brooklyn Health System

Much to do...

- Reduce avoidable hospital use by 25%
- Potentially avoidable ER visits
- Potentially avoidable readmissions
- PQI 90 - composite of all measures
- PDI 90 - composite of all measures
- % of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement
- % of eligible providers with participating agreements with RHIOs, meeting Meaningful Use criteria and able to participate in bidirectional data exchange
- % of PCP meeting PCMH (NCQA) or Advance Primary Care
- Primary care - usual source of care - 70%
- Primary care - length of relationship - 12 months
- Adult access to preventive or ambulatory care - 80%
- Adult access to preventive or ambulatory care - 75%
- Children's access to primary care - 12 months
- Children's access to primary care - 25%
- Children's access to primary care - 7-11 months
- Children's access to primary care - 7-11 months
- Getting timely appointments
- Helpful, courteous staff
- Medicaid

- Initiation of alcohol and other drug dependence treatment (1 visit within 14 days)
- Engagement of alcohol and other drug dependence treatment (initiation and 2 visits within 44 days)
- Prevention quality indicator #7 (hypertension - hospital admits)
- Prevention quality indicator #18 (angina without procedure - hospital admits)
- Cholesterol management for patients with cardiovascular (CV) conditions - LDL-C testing
- Cholesterol management for patients with cardiovascular (CV) conditions - LDL-C > 100 mg/dL
- Controlling high blood pressure
- Aspirin use
- Discussion of risks and benefits of aspirin use
- Medication use with smoking and tobacco use
- Medication cessation medication
- Medication cessation strategies



Cultural Competency and Health Literacy Strategy



VBP QIP Facility Plan Guidance Document

Updated as of 1/27/17



A Path toward Value Based Payment

New York State Roadmap For Medicaid Payment Reform

June 2015



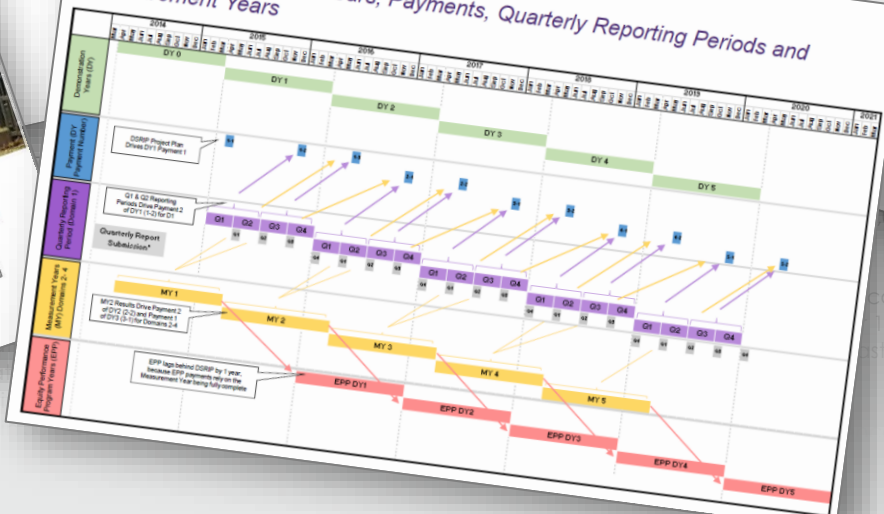
The Brooklyn Study: Reshaping the Future of Healthcare

Restructuring and investing in healthcare delivery in the communities of central and northeastern Brooklyn



DSRIP Timelines

Relating Demonstration Years, Payments, Quarterly Reporting Periods and Measurement Years



Thank You

PMO Spending Detail

The Maimonides PPS incurs two type of expenses that are classified on the "PMO" line in quarterly Funds Flow tables: 1) administrative expenses and 2) expenses incurred centrally in support of program implementation across the CCB network.

PMO Spending	DY1 through DY2 Q2	% of PMO Spending	DY1 through DY2 Q3	% of PMO Spending
Administration, Subtotal	\$14,602,041	84%	\$16,713,819	82%
CSO Salary/Benefits*	\$5,762,866	33%	\$7,004,503	34%
Start Up Expenses (One-Time)*	\$2,937,280	17%	\$2,937,280	14%
Fiduciary Fee/Shared Services Fee*	\$2,279,444	13%	\$2,640,435	13%
Management Consulting*	\$2,194,195	13%	\$2,417,565	12%
CCB Participant Database	\$876,845	5%	\$1,141,564	6%
Workforce Surveys	\$412,874	2%	\$424,098	2%
Other OTPS	\$138,537	1%	\$148,375	1%
Implementation/Centralized Support, Subtotal	\$2,697,426	16%	\$3,620,009	18%
Network IT/Data Security*	\$1,575,303	9%	\$2,177,413	11%
Program Implementation Consulting	\$688,011	4%	\$798,153	4%
PCMH Technical Assistance	\$148,140	1%	\$358,471	2%
Workforce/Training (not including 1199/TEF) ^	\$285,972	2%	\$285,972	1%
PMO Spending, Total	\$17,299,467		\$20,333,828	
Maimonides PPS Spending, Total	\$26,519,733		\$33,453,195	
1199/Training and Employment Funds (TEF)^	\$1,543,920		\$1,543,920	
Implementation/Centralized Support, including 1199/TEF^	\$4,241,346		\$5,163,929	

*Amounts shown here include \$6,054,980 reported in "Hospital" line for DY1 Q1 and Q2 in Funds Flow tables in MAPP.

^Payments to 1199 Training and Employment Funds were shown as Participant payments in DY1, so not included in PMO spending totals.