NEW YORK STATE OF OPPORTUNITY. Department of Health

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DOH REVIEW AND EXECUTIVE SUMMARY OF PPS PRIMARY CARE PLAN DECEMBER, 2016

PPS NAME: ADVOCATE COMMUNITY PROVIDERS (ACP)

The ACP PPS network consists of approximately 1,200 primary care physicians caring for over 637k Medicaid recipients residing in Bronx (16% of network PCPs), Brooklyn (14%), Manhattan (25%) and Queens (44%). 24.1% of the PPS network is located in a primary care HPSA as follows: Bronx – 25.7%; Brooklyn – 32.4%; Manhattan – 15.4%; Queens – 15.4%. ACP currently has 120 PCP's that have achieved PCMH 2014 Level 3, another 217 working toward achievement.

Overall Assessment: Well written and focused on the primary care needs of the PPS. Provided clear information on plans to improve access to care and create and secure VBP arrangements.

FUNDAMENTAL #1: **Assessment of current primary care capacity, performance and needs, and a plan for addressing those needs.**

- ACP conducted a workforce survey to assess capacity and need. Capacity well documented and strategies increase access identified.
- The Plan includes the PPS' plan for assisting PCPs in attaining PCMH recognition through contracts with several vendors.
- ACP identified after-hours access, quality of care, availability, transportation and affordability as a gaps in care in neighborhoods with high concentrations of Medicaid recipients. The PPS is working to structurally enhance PC capacity in these areas. Includes an action plan with over 20 different methods to provide on-going support to both community-based and hospital-based primary care providers.
- ACP will facilitate data sharing among partners and create a comprehensive data set to allow the PPS to stratify and target high-risk populations. This will include integrating with Healthix RHIO.

FUNDAMENTAL #2: **How will primary care expansion and practice and workforce transformation be supported with training and technical assistance?**

- ACP is covering the cost of acquiring PCMH 2014 Level 3 recognition, fully covered if a contracted vendor is used, and subsidized if using a non-preferred vendor.
- Currently all but 20 of the 748 physicians committed to achieving recognition by March, 2018 are working with vendors.
- ACP is working with 70 physician practices on conversion to EHR. They have contracted with vendors to assist small practices with conversion, and negotiated special pricing to assist in transformation.
- In other areas of workforce transformation, ACP is working with 1199 SEIU Training and Employment Funds to develop a workforce portal as a learning management system. Training includes care management, community health workers, cultural competency and health literacy.

<u>FUNDAMENTAL #3</u>: What is the PPS's strategy for how primary care will play a central role in an integrated delivery system?

- ACP is in the process of centralizing EHR systems which will allow for consistent clinical data streams, funding PCMH designation and subsidizing RHIO connectivity. A plan to consistently monitor patient data and resource utilization will support providers as they develop effective individual care plans, which often involve ancillary supports. CHWs, care managers and coordinators will help manage the most difficult members and reduce staff limitations.
- ACP is physician led PPS, so PCPs are represented on all governance committees and clinical quality committees and have leadership roles.

<u>FUNDAMENTAL #4</u>: What is the PPS's strategy to enable primary care to participate effectively in value-based payments?

- ACP has established a core working group to address VBP preparedness. They have contracted with Milliman Actuarial Service to assist in modeling VBP arrangements, and will hire an in-house actuary. They will utilize their IPAs to assist in this as well. Through the IPAs, the majority of PCPs have contracts with the MCOs.
- The RHIO will assist in making sure PCPs are notified when patients are admitted to the hospital/ED, and the IPAs will assist in creating transition plans to VBP for the physicians for all levels of VBP.
- ACP is working to further engage the workforce through cultural competent peer-to-peer support to influence member behavior. This includes a community health worker team located at the PPS and deployed to partners as needed.
- ACP anticipates integrating BH in the PC setting will result in greater success of VBP.

<u>FUNDAMENTAL #5</u>: How does your PPS's funds flow support your Primary Care strategies?

- Incentive payments to physicians to join and remain in the network.
- $8.1m through DY2Q1 was distributed to network providers and hospital partners (300 practices and specialists and 5 hospitals).
- ACP is preparing to further distribute payment to clinics, case management, mental health, pharmacy, hospice, CBO and other providers.

<u>FUNDAMENTAL #6</u>: How is the PPS progressing toward integrating Primary Care and Behavioral Health (building beyond what is reported for Project 3.a.i)?

- ACP is working toward creating a patient-centered model with primary care and BH providers working together to provide quality holistic healthcare. Includes creating BH training for MH and SUD, creating standardized protocols, and developing needed relationships with community-based organizations as well as BH providers.