



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

PPS NAME: ALLIANCE FOR BETTER HEALTH CARE, LLC (ALLIANCE)

Alliance PPS, which serves six counties (Albany, Fulton, Montgomery, Rensselaer, Schenectady and Saratoga) has approximately 519 primary care providers (PCPs), with 92% accepting new Medicaid beneficiaries. Alliance's partners include three hospital systems, two FQHCs, and numerous community based organizations (CBOs). Efforts are geared toward introducing more mid-level practitioners, recruitment of PCPs, and working with practices to achieve PCMH designation. PPS reports that PCMH adoption is lagging; a few hospitals/physician groups have achieved various levels of NCQA recognition, while others are pursuing official status.

Overall Assessment: Plan addresses all fundamentals and is focused on primary care needs. Comprehensive workforce strategy. Substantial work on integrating PC and BH. Dollars flowed to support PC activities not stated, and incentive/bonus pool methodology to reward and incentivize PCPs still needs to be developed (funds to be allocated to this pool not stated).

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

- Identified need for approximately 50 new providers over the next 5 years.
- Strategies to attract needed providers include: engaging professional recruitment firms, advertising, conferences, recruitment fairs, and focus on retaining the 10 Family Practice residents based at Ellis.
- Active recruitment underway, e.g., HHC FQHC has hired four NPs and St. Peter's HPMA is actively recruiting for up to 12 physicians/APPs.
- Open access scheduling being implemented.
- There is a plan to open a Primary Care Urgent Care facility.

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

- Project specific workgroups established to foster collaboration and define roles.
- Dedicated staff hired to help practices considering recognition as a PCMH. Provide services ranging from one-on-one consulting to team consulting to hands-on activities.
- Workforce Committee tasked with assessing workforce needs across all projects.
- Consultants contracted to assist in identifying the training needs for the scope of the DSRIP projects. Best practices evaluated for replication. Training methods: web-based e-learning system, on-demand webinars, in-person trainings, and in-services.
- Technology investment has been made with increased focus on capability utilization and cross-system integration. Emphasis on PCPs connection to RHIO and data sharing.
- Performed a gap analysis of DSRIP required data, current systems, and plan of action.
- Use of Salient Interactive Miner tool to identify strengths and improvement opportunities.

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

- Goal of a clinically integrated care network to provide patient centric, coordinated care appropriate to each person without gaps or duplication of services. Linkages developing between PC, behavioral health, and specialists to easily facilitate the transfer and coordination of care, with the assurance that data is being captured.
- Continuum of Care protocols in development. Optimal use of technology tools, e.g., secure texting, are sought. Workgroups established to address barriers to effective care transitions and to develop evidence-based patient education tools. Health homes being leveraged to assist in addressing the complex psycho-social issues within the medical community.
- PCPs are represented in multiple committees, including the Board of Managers, Finance Committee, IT and Data Committee, and the Clinical Integration and Quality Committee.

FUNDAMENTAL #4: What is the PPS’s strategy to enable primary care to participate effectively in value-based payments?

- Strategy is to include PPS members in planning discussions to determine best approach to VBP arrangements.
- PPS leading consultative and advisory efforts for PCPs to understand VBP contracting
- PPS is pursuing participation in VBP Pilot.
- IHANY has applied for an ACO Certificate of Authority, to act as a contracting agent on behalf of the PPS. IHANY has a strong analytics team to support the provider’s modeling pathway to VBP.

FUNDAMENTAL #5: How does your PPS’s funds flow support your Primary Care strategies?

- Creating a multidisciplinary group to develop an Incentive/Bonus Pool methodology with a goal to incentivize PCPs to change behavior and reward contributions made to improve quality outcomes and patient satisfaction.
- No specific funds flow budget or amounts flowed to date for primary care were included.

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

- Integrating behavioral health and primary care at multiple sites and CBO partnering.
- Ensuring all patients are screened for anxiety and depression in the PC setting.
- Desire to create “No Wrong Door” entry points for patients in need of BH or SUD care. Workflow has been developed and actively working to implement it.
- One FQHC has developed a comprehensive assessment tool that incorporates screening for substance use, anxiety and depression. This has been identified as a best practice.
- One Mental Health Outpatient/PROS clinic is relocating across the street from an FQHC and Planned Parenthood, and will co-locate PC within the clinic.
- Evaluating telemedicine technology for advanced consultation with a psychiatrist.
- Piloting a program to embed care managers, usually licensed mental health professionals, within three PC offices.
- Working to increase the number of PC providers willing to prescribe suboxone.