



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

**PPS NAME: FINGER LAKES PPS (FLPPS)**

FLPPS is geographically the largest PPS, covering 13 counties and 300k Medicaid recipients. Extensive gaps in PC access and BH services are driven by a shortage of providers (licensed/non-licensed) and inadequate transportation resources. Eleven counties and parts of Monroe County are primary care HPSAs; 12 of 13 counties are MH HPSAs. The PPS has developed 5 sub-regions for its project management called Naturally Occurring Care Networks (NOCNs) based on delivery of care patterns.

Overall Assessment: Very comprehensive plan. Well focused on the primary care needs of the PPS and includes both current activities as well as initiatives planned for the future.

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

- There are over 1,000 PCPs in the PPS including physicians, NPs and PAs; 44% internal medicine, 33% family medicine and 23% pediatrics. There is an indication that pediatrics does not have access issues.
- Seventy (70) percent of the PCP network is in Monroe County that is also home to 57% of the PPS Medicaid members. Chemung County has the highest rate of high utilizers and addressing the needs in this county is a particular focus of the PC strategy. Among high utilizers, 48% do not have an assigned PCP. Another 42% of the attributed lives are non- or low-utilizers. FLPPS is working to improve PC infrastructure: 36.5% of PCPs are at sites with PCMH 2014 Level 3 recognition, mostly from health systems and FQHCs.
- PPS strategy to address gaps and shortfalls: refine network; build strong PCMH infrastructure and transform through team-based care; expand in shortfall areas with CRFP; develop coordinated care management/health home infrastructure with IT support; expand telehealth; and implement innovative workforce solutions.
- Primary care has already been expanded at several sites, e.g., URMed opening a family medicine center and FLCHC opening Newark Community Health, and others are planned for 2017. Working on co-locating services including BH, pharmacy, lab and telehealth to help with transportation barriers. FLPPS already has an extensive telehealth system through Project ECHO®.

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

- FLPPS has a dedicated PCMH team supporting primarily smaller and community based practices in obtaining recognition.
- Working with universities and colleges to address recruitment and retention issues for MDs, NPs, PAs and other advance practice providers. Looking to long term succession planning for physicians, as well as loan forgiveness for recruitment.
- FLPPS is coordinating PC transformation work with the Finger Lakes Health Services Administration (FLHSA), which participates in the CMMI grant, SIM project (assisting with

APC), and the Center for Primary Care Clinical Education to provide skills training to primary care clinicians throughout the region.

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

- FLPPS PC Plan is guided by the Clinical Quality Committee, 8 of 14 members being PCPs and coming from varying areas such as community practice, FQHC, FLHSA and MCOs. In addition, PCPs are represented on the Board of Directors (5 of 20) and the Workforce Operations Workgroup (6 of 8).
- FLPPS has identified barriers in several projects (e.g., ED Care Triage) and mitigation strategies to redirect patients to primary care are woven into the projects. Also using transitional housing and transportation projects to help address these barriers.
- FLPPS is developing an IDS that will include interoperable data exchange capabilities, registries and care management tools. All contracted PCPs have contracted with the RHIO to complete a plan by March, 2017, enabling them to participate in real-time care coordination. FLPPS is also integrating CBOs into the IDS and further engaging CBOs with funds flow strategies in development to assist with patient engagement and SDHs.

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

- FLPPS will be a support resource for its providers, informing and educating the partnership relative to transformation to VBP. About 90% of PCPs are participating in ACO/IPA arrangements. Developed a VBP workgroup to address provider needs.
- PPS describes a full understanding of the needs and levels of readiness of the PCPs including financial resource, clinical and quality measure, care coordination and IT issues, and plans to educate and support providers for better understanding and how small practices can collaborate to better serve patients.

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

- To date, FLPPS has flowed 12.7% of partner share dollars to PCPs and clinics and 84.7% to health systems which employ 67% of the PCPs. No dollar amounts were included. Currently developing second phase of contracting and funds flow strategies that will further incorporate and more directly incentivize work related to the PC Plan strategy.

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

- In the region 35% of members are BH recipients, representing 65% of hospital admissions. Integration barriers include statutory environment and workforce shortages. Fifty nine of 187 sites plan to participate in project 3.a.i and 44 sites report having BH staff available and on-site now.
- FLPPS has a BH workforce team to identify current state of providers and opportunities to address barriers to supply and develop a strategy to address supply constraints. One strategy to enhance supply is the tele-psychiatry programs in the region (project ECHO®). This has enabled some FQHCs and PCPs to gain access to specialist care, and one rural FQHC has embedded tele-psychiatry and tele-child psychiatry in its nine health center sites.
- FLPPS is also collaborating with local universities. University of Rochester has scholarship programs for care managers, BS RN and MH practitioners. St. John Fisher College has a SAMHSA grant to train graduates from nursing, pharmacy and counseling programs in SBIRT.