



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

PPS NAME: NASSAU QUEENS PPS (NQP)

The NQP network serves Eastern Queens and Nassau counties. Nassau county ranks 3rd in NYS for number of primary care physicians per 100,000, with 145.5 PCPs, 87 PAs and 99.2 NPs. Queens County ranks 17th with 98.4 PCPs, 43.6 PAs and 36.2 NPs. Barriers to access persist for the Medicaid and uninsured populations. Two communities in Eastern Queens and one in Nassau are PC HPSAs. There are over 500 PCPs in the PPS and all are planning to become PCMH certified and connected to the RHIO.

Overall Assessment: Well written and focused on the primary care needs of the PPS, but hub focused; not very clear on the role of the PPS in the Plan. Could include more detail on how each hub is supporting PCMH transformation efforts. Little information provided on funds flow (i.e, how much flowed to PCPs to date).

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

- Largest barrier is obtaining an appointment at a site with a sliding fee scale policy and uninsured rely on stand-alone physician storefront offices. NQP works on a hub model, with each hub tailoring their PC capacity strategies differently. All are planning to increase the number of mid-level practitioners (NP and PA). Also use urgent care centers when necessary, with contracts focused on directing patient back to PC for ongoing needs.
- Expansion efforts include:
 - Nassau University MC re-located and expanded its hospital-based PCP; 3,656 new patients.
 - LI FQHCs retain family medicine residents and have hired many as attending PCPs for loan forgiveness through NHSC. They have expanded evening hours and are in process of adding two more PC sites in 2017.
 - LIJ received CRFP to create an ED based PC practice.
 - St. John's Episcopal has co-located PC practice across street from the ED.
 - Mercy MC will be opening co-located PC practice with open access scheduling and expanded hours.

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

- NQP is providing training, education and support in many areas to assist PCPs in achieving PCMH recognition. Devoting considerable resource to aid with PCMH transformation; each hub will work with consultants to provide assistance.

- Also providing support for RHIO connectivity, care management, analytics and EHR implementation. Each hub is developing support, no detail on what any of them have developed or are doing.

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

- RHIO connectivity will allow PPS partners to exchange health information across care settings. Will also assist in PCMH transformation as it allows for follow up, tracking of referrals and care coordination.
- Patient navigation efforts will assist providers in educating population in proper health care utilizations. Through project 2.d.i, NQP is contracting with CBOs to assist in this effort.
- The hub model allows the PPS to contract to expand the number of specialists supporting DSRIP initiatives and PCPs will have access to appropriate specialists.
- NQP has PCP representation on project committees; no percentage of PCPs on committees included.

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

- Each hub is responsible for engaging PCPs in VBP transition through data and analytics; care management programs; performance measurement and improvement; EHR implementation and RHIO connectivity; MCO collaboration; and integrated care.
- The hubs and NQP will be assisting PCPs in understanding VBP by incorporating information and educational activities on the topics above as well as meeting with MCOs to discuss contracting. Does not appear this activity has begun.

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

- Hubs administer and distribute funding.
- Payments include: engagement payment; technical on-boarding payment; clinical improvement payment; clinical outcome measures; and receiving PCMH 2014 Level 3 recognition. No information on funds flow to date.

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

- Beyond 3.a.i, NQP will support integration through training, integration of BH staff (on-site and telehealth), collaborative care, connectivity with crisis stabilizations programs, health home and psych hospitals, relationships with CBOs and expanded access to pain management. Each hub is responsible for education PCPs in these areas.
- No mention of integration efforts related to substance use disorder.