



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

PPS NAME: STATEN ISLAND PPS (SIPPS)

The Staten Island PPS (SIPPS) has 150 PCPs in their network (29 pediatricians, 9 family practice, 5 NPs and 80 GP/IM) and has executed or pending agreements with 41% of them. Another 25% do not practice as PCPs in Staten Island; however, the PPS has added 96 more PCPs between November, 2015 and September, 2016. 59% offer after-hours care and 82% are accepting additional patients, providing for high patient satisfaction in the recent C&G CAHPS surveys.

Overall Assessment: Well written document, focused on primary care issues. A couple of the fundamentals still appear to be in the planning stages.

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

- Ten areas of the North Shore are designated as HPSAs.
- In the last six months, PC capacity has been expanded through opening and expansion of FQHCs, a location in the St. George area, a third CHC of Richmond location and Metro CHC expanding outside the DD population to the broader community. The hospital in this area is going to start a family practice residency program with a new clinic.
- PCMH recognition on Staten Island is at 10%. PPS unsure of reasons, but the region is dominated by small PC practices with one or two physicians. Also, while having decent access to care in most areas, SIPPS identified gaps in care coordination/transitions and depression screening, showing a need for integration of PC and BH.

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

- Plan to engage the PCPs in PCMH TA, workforce training and Lean improvement activities.
- All PCPs with master service agreements are being offered PCMH TA and will receive incentive payment upon achievement. Also working with SIM and TCPI vendors to assist other PCPs.
- Have ambulatory care workgroup that supports sharing of best practices and learning collaborative that assists in PCMH transformation.
- SIPPS is very strong in workforce transformation efforts. They have robust training offerings in a wide variety of areas, and are leaders among the PPS in creating new trainings such as credit programs through the College of Staten Island for CHWs and care manager post baccalaureate through 1199/SEIU and Alfred University.

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

- SIPP is not participating in project 2.a.i to become an integrated delivery system but primary care plays central role in governance of the PPS. All PC partners in Domain 3 projects are members of the ambulatory care, integration and care management workgroups.
- Primary care partners are also represented on governance committees, although the number of participants/percentage were not included.

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

- Only a brief description of how the PPS will assist the small practices dominating their service area with engaging with MCOs.
- PPS may use a Medicaid ACO, but that is not certain. There is a VBP committee which is actively pursuing engagement with MCOs, but there is no description of how assistance will be put into practice.

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

- Several strategies for flowing funds to PCPs including: PCMH recognition payments; project implementation funds; adoption of evidence-based guidelines; bonus payments; and support for RHIO connectivity.
- No detail on how much of the 5-year \$23m allocated to supporting primary care practices has actually flowed to them 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)?

- Enhancing the BH Infrastructure by partnering with Staten Island Partnership for Community Wellness for the BH Infrastructure Project. Will strengthen BH by increasing access to quality BH services in the community and integrating with PC.
- Steering committee has created priorities for its five workgroups: moving toward collaborative care (BH and SUD); behavioral health training; creating linkages to BH care; community norms and prevention models; and data sharing.
- Three PCPs are NYCDOHMH MH Service Corps recipients, working with social workers co-located in their practices, allowing them to serve as BH specialists.
- Through the Practitioner Engagement Workstream, one event provided CME to 40 PCPs in how they can be a part of reducing the substance abuse epidemic on Staten Island, and another event focused on practice transformation resources available to PCPs.
- Population health improvement project supports engagement of small to medium sized practices, many of which are pediatric practices. Focus on chronic disease but also identified an opportunity to involved pediatric practices in BH integration.