Millennium
COLLABORATIVE CARE
Igniting Healthcare Change in WNY

DSRIP Mid-Point Assessment

Action Plan Narrative

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Contents

1 Introduction

As a result of the Mid-Point Assessment, the Independent Assessor has developed recommendations for the PPS to address specific areas identified as deficiencies that could impact the PPS success in achieving the DSRIP goals.

For each group of recommendations under a specific organizational section or project included in the Mid-Point Assessment Report, the PPS has taken or plans to take the following corrective action(s).

Please note that recommendation #1 was removed by the PAOP.

2 Recommendation #2: Partner Engagement

IA Recommendation

The PPS must develop a plan for more actively engaging its network partners across all projects to ensure the successful completion of project milestones and meeting all DSRIP performance goals.

Action Plan

Millennium is confident we are actively engaging network providers at a pace that is sufficient to complete project milestones and meet performance goals.

Reporting Partner Engagement

Millennium has made a significant investment in engaging our network partners, and primary care providers in particular. There are several reasons this high level of engagement was not apparent when the mid-point assessment data was collected.

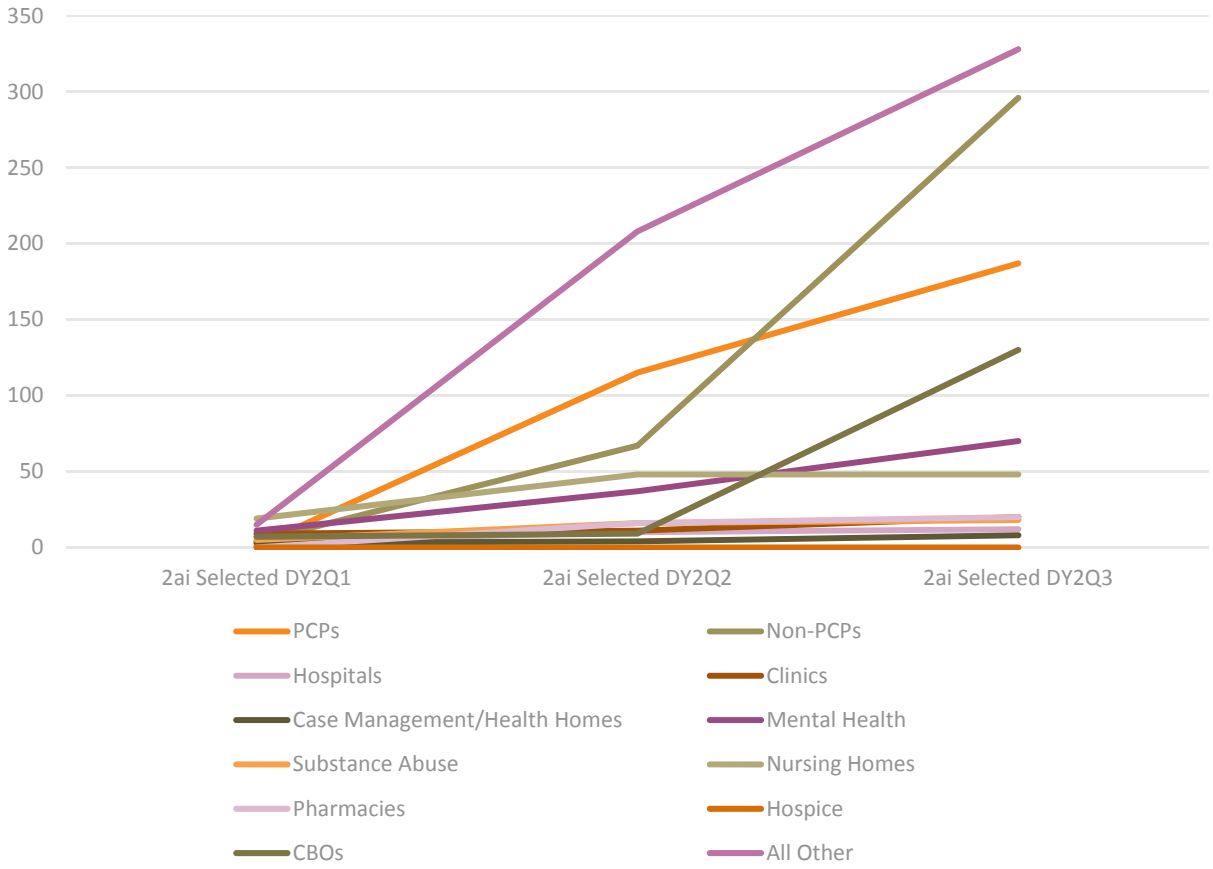
- The true extent of provider engagement is not well communicated via the PIT. We report funds flow (and participation) at an organizational level, so while a practice may have dozens of physicians associated with it and engaged in our projects, only one entity may be marked in the PIT as participating. For example, while it appeared we had only engaged eight mental health partners under project 3.a.i. as of DY2Q2, those organizations represented at least 66 individual providers. The

same is true for primary care: we have contracts with safety net practices which represent many individual providers.

- In the absence of satisfactory guidance around how partner engagement is defined and substantiated (particularly in cases without provider-type-specific milestones), the PPS adopted an intentionally conservative approach to reporting engagement. Our focus when completing the PIT was mostly limited to capturing funds flowed.
- In the quarterly reporting cycle, there appeared to be little value to reporting incremental progress towards engagement—no Achievement Value or payment is tied to incremental provider engagement and the interim targets previously established were removed. The PPS opted to prioritize the incredible quantity of mandatory information PPSs report over non-value-driving information.
- Incremental progress towards provider engagement was not initially identified as one of the criteria for mid-point assessment.

After receiving mid-point assessment feedback, the PPS subsequently made a concerted effort to report all providers that are participating in all projects. The PIT file submitted with our response to mid-point assessment and our DY2Q3 quarterly report reflects the true scope of provider engagement across projects at the individual level, not just the group level.

The following chart illustrates how our provider engagement data changed over the course of DY2 as we implemented our new reporting approach.



The jump from Q1 to Q3 does not represent a massive spike in *participation,* but a change to our *reporting* approach. The level of partner engagement has grown incrementally—as expected—since the beginning of DRSIP. Millennium's quarterly updates will continue to reflect real participation by individual providers and groups. Based on the current level of commitment from our partners and our expectations for DY3, we do not anticipate any issues completing project milestones.

Partner Engagement Strategies

Our Master Participation Agreement (MPA) and Reference Guides represent a robust partner engagement process. In order to earn incentives from the PPS, providers are expected to meet specific objectives and targets. Cross-project participation is expected of our partners. Our MPAs specify which projects (and workstreams) each provider type must participate in. For example, primary care physicians are required to participate in the following:

- Integrated Delivery System (IDS) (Project 2ai)

- CVD Management/Million Hearts® (Project 3bi)
- Primary Care and Behavioral Health Integration (Project 3ai)
- Patient Activation Measures (PAM)® (Project 2di)
- Emergency Department Care Triage (Project 2biii)
- Maternal and Child Health (Project 3fi), if applicable
- Cultural Competency and Health Literacy
- Value-Based Payment
- Workforce

The Reference Guides state that PPS participants are required to adopt and implement standardized care coordination protocols that include effective referrals and warm handoffs among providers. This includes referrals to medical subspecialists, community-based organizations, and existing community programs which promote lifestyle change/self-management programs. Participants need to ensure that these transitions are safe and effective, through appropriate training of staff and utilization of health information technology (IT) to track their patients. All Millennium participants must evaluate their existing processes for transitions of care and demonstrate that they have a documented process and ongoing performance evaluation for effective care transitions.

In addition to financial incentives, Millennium provides support to primary care practices in the form of practice transformation support. We have partnered with 30 practices, some with multiple sites, supporting up to 14 practices at a time in their path towards PCMH 2014 NCQA recognition. This support takes the form of onsite meetings, staff training, application support, documentation review, and Q&A. A few recent achievements include:

- ECMC Family Health Center: 2014 PCMH Level 3 Recognition
- Community Health Center of Buffalo: 2014 PCMH Level 3 Recognition
- Olean Medical Group: 2014 PCMH Level 3 Recognition
- Elmwood Health Center: 2014 Renewal (awaiting results)

Several more practices are well positioned to complete recognition by Dec. 2017, ahead of the DSRIP deadline.

These strategies for engaging participants will be reviewed and updated in preparation for executing DY3 MPAs with our partners.

Partner Engagement Targets

Reporting partner engagement can be misleading. While the Provider Import/Export Tool is being eliminated, the original 2014 targets will remain in place. These targets are unreasonable because they were based on flawed data (early versions of the PIT) and insufficient information about how participation would be measured and reported.

Our true objective as a PPS is to engage the providers who represent the majority of Medicaid lives in our area. We are hesitant to devote resources to engaging a great deal of lower-volume providers to meet these arbitrary targets when those resources could be used on opportunities to make measurable impacts on our patient population. We would appreciate an opportunity to revise our partner engagement commitments so that they better align with the makeup of our network and the methods for reporting.

3 Recommendation #3: Primary Care Plan

IA Recommendation

The IA recommends that the PPS develop a plan to address the limited data presented in the Primary Care Plan for baseline capacity, HPSA, and workforce needs to better understand and address any potential challenges to the primary care plan efforts resulting from limited primary care capacity.

Action Plan

When we developed our Primary Care Plan, we took HPSA data into account, although the plan didn't articulate this specifically. Our plan revisions in the coming weeks will include the following:

- Explicit HPSA data sources utilized in the formation of our strategy
- Workforce shortage crosswalks to the various regions of the PPS referenced in the HPSA data, along with recommendations drawn from the Workforce Transition Roadmap

State of New York
Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Mid-Point Assessment Action Plan - Implementation Plan

Mid-Point Assessment Recommendation #2: The PPS must develop a plan for more actively engaging its network partners across all projects to ensure the successful completion of project milestones and meeting all DSRIP performance goals.	
PPS Defined Milestones/Tasks	***Target Completion Date***
MILESTONE 1. Continue to employ robust process for engaging partners across the network.	9/30/2017
Task 1. Distribute detailed Reference Guides with partner agreements to ensure partners understand their role in projects, the role of the PPS, their obligations, and the quality metrics that drive performance. Emphasize participation in all partner agreements in future years.	30-Sep
Task 2. Use care setting-specific workgroups with representation from community partners to ensure partners are engaged, informed, and have a voice in the direction of the PPS.	30-Sep
Task 3. Relationship managers hold one-on-one meetings with partners at least once a month.	30-Sep
Task 4. Ensure partners follow the clinical integration care coordination strategy described in the Reference Guides.	30-Sep
Task 5. Continuously monitor engagement. Report engagement in quarterly reports to DOH.	30-Sep
Task 6. Review partner engagement approach on a regular basis and make adjustments as needed.	30-Sep
2. INSERT MILESTONE 2	
Task 1	
Task 2	
[Please add additional tasks based on your plan and timeline]	

Mid-Point Assessment Recommendation #3: The IA recommends that the PPS develop a plan to address the limited data presented in the Primary Care Plan for baseline capacity, HPSA, and workforce needs to better understand and address any potential challenges to the primary care plan efforts resulting from limited primary care capacity.	
PPS Defined Milestones/Tasks	***Target Completion Date***
MILESTONE 1. Revise Primary Care Plan to show how baseline capacity, HPSA, and workforce needs were taken into consideration when formulating the plan.	4/30/2017
Task 1. Collect the data that was used as a basis for the Primary Care Plan (e.g., Community Needs Assessment, HPSA data). Add a section to the plan describing these data sources used and how they were incorporated.	30-Apr
Task 2. Expand the section of the plan which describes challenges resulting from limited primary care capacity and strategies the PPS may use to address these challenges.	30-Apr
Task 3. Work closely with MCOs to identify the number of Managed Medicaid recipients who have not visited a primary care physician in the past year.	30-Apr
Task 4. Review Primary Care Plan annually and make adjustments as needed based on any newly available data.	30-Apr
2. INSERT MILESTONE 2	
Task 1	
Task 2	
[Please add additional tasks based on your plan and timeline]	

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Mid-Point Assessment Action Plan - Partner Engagement

		Partner Engagement										
Partner Category		***2.a.i. IDS***	***2.b.iii. ED Care Triage***	***2.b.vii. INTERACT***	***2.b.viii. Hospital/ Home Care***	***2.d.i. PAM***	***3.a.i. BH Integration***	***3.a.ii. Crisis Stabilization***	***3.b.i. CVD***	***3.f.i. Maternal/ Child***	***4.a.i. MEB Wellbeing***	***4.d.i. Premature Births***
Practitioner - Primary Care		187			119		27	5	106	85		85
Practitioner - Non-Primary Care		296			63		185	186	14	55		55
Hospital - Inpatient/ED		12	5	11	11	4	3	2	10	9	1	9
Hospital - Ambulatory												
Clinic		34	10	1	2	11	13	13	13	9	1	9
Mental Health		107	1		36		40	43	5	2		2
Substance Abuse		18	1		16		8	8	4			
Case Management		5	1			2	4	4	2			
Health Home		3	2			2	3	3	3	2	1	2
Community Based Organization (Tier 1)		7				3		1		1		1
Nursing Home		48		48	48							
Pharmacy		20			20	7			16			
Hospice												
Home Care		21			21							
All Other*		156	3	1	205	237	44	28	141	144	2	144
Other (Define)												
Other (Define)												

* Refers to the categories previously identified by DOH as "All Other," including Diagnostic testing, lab, x-ray; Personal Emerg Response; OPWDD Clinic; Day treatment; Development centers; Adult day care; and others.

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Mid-Point Assessment Action Plan - Funds Flow

		Funds Flow (all funds)			
Partner Category		***Funds Flow through DY2, Q3***	***Projected Funds Flow through DY2***	***% of Earned Dollars Planned for Distribution DY3***	***% of Earned Dollars Planned for Distribution DY4 - DY5***
Practitioner - Primary Care					
Practitioner - Non-Primary Care					
Hospital - Inpatient/ED					
Hospital - Ambulatory					
Clinic					
Mental Health					
Substance Abuse					
Case Management					
Health Home					
Community Based Organization (Tier 1)					
Nursing Home					
Pharmacy					
Hospice					
Home Care					
Other (Define)					
Other (Define)					
Other (Define)					
Total		$ -	$ -		