Department of Health

DSRIP Independent Assessor

Mid-Point Assessment Report

Refuah Community Health Collaborative PPS

Appendix PPS Narratives

November 2016

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Prepared by the DSRIP Independent Assessor

DSRIP Mid-Point Assessment - Organizational Narratives
PPS must submit a narrative highlighting
the overall organizational efforts to date.

PPS Name: Refuah Community Health Collaborative

Highlights and successes of the efforts:

Governance

RCHC has developed a highly-functioning, streamlined and response governance structure. Having been able to work with the DOH under the Enhanced Oversight Support system early on in the DSRIP process, RCHC embraced the opportunity to work with the resources and consultants provided by the State in order to create a strong and active governance structure. By way of a brief overview, RCHC is governed by an Executive Governing Body ("EGB") which consists of 11 members representing a broad cross-section of provider-types and CBOs. The EGB meets once a month, and to-date attendance has been high and discussions have been robust. Reporting in to the EGB are four formal governance committees, the Financial Governance Committee, the Clinical Governance Committee, the Data/IT Governance Committee, and the Compliance Committee. Committee membership consists of individuals who are highly qualified, with substantial expertise in their subject matter area.

RCHC believes that the hallmark of its governance structure is its connection to the community. As an FQHC-led PPS RCHC has the unique ability to relate to its partners and its community on an organic level. The EGB represents the vanguard of these efforts, as its members come from community-based organizations and community-centered providers, such as FQHCs, community hospitals, behavioral health/DD providers, local labor organizations, and other community groups. Each of the individuals on the EBG is keenly in touch with the needs of RCHC's service area and brings a wealth of knowledge regarding not only the clinical, but the social, economic and cultural needs of RCHC's attributed population.

In addition to its community connection, and in keeping with its identity as a small PPS, RCHC's governance structure is agile and efficient. With an 11 member, highly motivated EGB, RCHC can conduct regular business in a streamlined manner and respond rapidly to any unforeseen circumstances. Furthermore, RCHC has designed a lean, but robust subcommittee structure, which facilitates efficient and collaborative operations. One of the unique features of RCHC's subcommittee structure is cross-fertilization and collaboration between the subcommittees. RCHC's subcommittees often hold joint meetings and several members hold positions on multiple committees. The PMO is also actively involved in committee meetings, which further enables a close alignment of goals and strategies.

Cultural Competency/Health Literacy

RCHC has made significant inroads with respect to the implementation of its Cultural Competency/Health Literacy Strategy. In order to solicit community input and ensure inclusion of all relevant stakeholders, RCHC

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held 2 open “exploratory” meetings and invited all partners and community groups to engage in a broad discussion regarding CC/HL. A workgroup was formed, with participation opened to all interested parties. The RCHC CC/HL Workgroup includes 14 separate provider and community organizations representing a broad cross-section of our service area.

The CC/HL Workgroup has developed a formal, evidence-based CC/HL strategy document. Some key results of the Workgroup’s efforts are as follows: Using heat map data, RCHC identified that 93% of PPS patients are located in Spring Valley, Monroe and Monsey. Per DOH requirements, the Workgroup identified specific “target” groups based on census data for those 3 zip codes. The “target groups” include: African American / Black (specific focus on population of Haitian descent), Hispanic/Latino(a) (specific focus on population of Central American descent), Orthodox Jewish (specific focus on Hasidic population), and Asian (specific focus on South Asian and East Asian descent). Utilizing Vital Statics data, the Workgroup also identified two key areas of minority health disparities – diabetes and pre-term births/low birth weights, which primarily effect black and Hispanic groups.

With the strategy document as its framework, RCHC is moving forward with the implementation of its CC/HL work stream. Specifically, RCHC has made it a priority to leverage the knowledge, skills and community relationships that our CBOs already have in place in order to further DSRIP goals. Examples include:

- Rockland Independent Living selected to be an “early adopter” for the patient navigation project. This partner has significant experience addressing the diverse social determinants of health; housing, food, transportation, enrollment, etc.. RIL has special insight into the Haitian and Hispanic “target populations”, as well as disabled veterans and re-entry after incarceration.
- Training sessions offered by Hatzolah (local Hasidic first responders) to the county-wide Rockland Paramedic Services on the nuances of caring for the Hasidic population in order to expand the reach of the county’s Behavioral Health Response Team (mobile crisis) into the Hasidic population. RCHC also supported a marketing campaign to get the word out on the Behavioral Health Response Team, which provided information in the top 5 languages spoken in Rockland County regarding the mobile crisis program.
- Konbit Neg Lakay Haitian Community Center is addressing the disparate diabetic outcomes of the Haitian immigrant population by offering the evidence-based Stanford Diabetes Self-Management Program (DSMP) in Creole, holding a Zumba class in the community center several times a week, and providing transportation, with linguistically accessible dispatch, to and from medical appointments. RCHC is in the processing of rolling out a radio ad campaign to inform the community of the availability of services.
- In partnership with the Rockland Department of Health, RCHC is working on identifying members of additional target groups to administer similar culturally competent Diabetes Self-Management Programs to their communities.

Simultaneously, RCHC is eveloping and implementing its CC/HL training initiatives. The CC/HL Workgroup has curated a series of high quality, free Cultural Competency and Health Literacy training resources and made them available at www.refuahchc.org/resources/. RCHC has partnered with the SEIU 1199 Training and Education Fund to survey partners regarding their CCHL resources and additional needs. The results of this survey will help RCHC to focus and streamline its training programs in order to achieve the highest return on the state’s investment. Further, RCHC has partnered with the Lower Hudson Valley Perinatal Network to bridge the gap with respect to disparate birth outcomes in Rockland County. LHVPN is teaming up with Refuah Health Center to hold a series of prenatal classes in Creole, Spanish, and English. Classes will

be staffed with community members from the target communities to maximize cultural competency and patient engagement.

Workforce

As an FQHC-led PPS RCHC is uniquely positioned with respect to overall workforce impact and transformation. Unlike hospital-centric PPSs RCHC is not in a position to directly reduce inpatient bed capacity. Rather, RCHC has the opportunity to take an already high-functioning outpatient network and forge new opportunities to further strengthen its operations through the implementation of care innovations and best practices. RCHC's workforce will be a key factor in driving this change. To this end, RCHC has maintained a lean PMO-staffing model, thereby allowing it to dedicate its resources towards the achievement of meaningful change. RCHC has established a solid working relationship with 1199 and its Training and Education Fund. As discussed above, TEF is assisting RCHC in developing a Cultural Competency/Health Literacy Training Plan which will form the foundation of CC/HL training efforts. Further, RCHC believes that all of its workforce should function "at the top of its license." Thus, RCHC is developing new opportunities for community-based roles, including patient navigators and peer counselors, as well as working with downstream partners to develop teams of social workers to work directly with patients. These initiatives are intended to 1) free up clinical providers (e.g. physicians, NPs, nurses, etc.) to focus on providing high-quality clinical care; and 2) provided patients with access to trained individuals to help navigate the non-clinical aspects of health and wellness. RCHC believes this "top of the license model" results in a collaborative and high-functioning care model which is efficient, integrative, comprehensive, and cost-efficient.

Data/IT

RCHC's Data/IT initiatives are centered on leveraging state resources in order to reduce redundancies and maximize resources. RCHC has committed itself to fostering collaborations among its partners and key stakeholders. Examples include monthly calls with the other Hudson valley PPS's and HealthlinkNY (the local RHIO) to discuss RHIO connectivity and general progress of onboarding partners across the PPS's. RCHC is working with Azara to create a project reporting solution which will combine data across key PPS partners to allow for centralized reporting.

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DSRIP Mid-Point Assessment - Project Narratives

PPS must submit a narrative in each section for every project the PPS is implementing

PPS Name: Refuah Community Health Collaborative

Project: 2.a.i

Challenges the PPS has encountered in project implementation:

The PPS is experiencing slow adoption of the RHIO due to i) charges from EMR vendors ii) consent model requirements needed from each patient; and iii) data quality concerns.

Efforts to mitigate challenges identified above:

RCHC is mitigating these challenges by investigating approaches for more direct data exchange agreements between data sources and the RHIO, exploring methods to monitor and track data quality on a partner by partner basis, and considering performance incentives to partners to encourage quicker RHIO adoption.

Implementation approaches that the PPS considers a best practice:

RCHC has developed a good relationship with the region's QE and is leveraging their resources so as not to duplicate efforts.

Additional details on the project implementation efforts beyond what is detailed in PPS Quarterly Reports:

Address any changes to populations that were proposed to be served through the project based on changes identified through the community needs assessments:

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PPS Name: Refuah Community Health Collaborative

Project: 2.a.ii

Challenges the PPS has encountered in project implementation:
One partner within the PPS lacks the Electronic Health Record capabilities required to reach PCMH status. The challenges of purchasing and adopting a new EMR are the priority of the organization's leadership team, over PCMH certification itself, which they consider a downstream area of focus.

Efforts to mitigate challenges identified above:
The partner is in discussions with another FQHC to assist them in potentially sharing EMR capabilities and clinical workflows to achieve this milestone. RCHC continues to monitor and support this partner's status towards PCMH certification.

Implementation approaches that the PPS considers a best practice:
Leverage the experience and early adoption of FQHCs.

Additional details on the project implementation efforts beyond what is detailed in PPS Quarterly Reports:

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PPS Name: Refuah Community Health Collaborative

Project: 2.c.i

Challenges the PPS has encountered in project implementation:
While some of the PPS' CBO partners have experience assisting patients in navigating the health system, these partners encountered difficulty engaging an adequate number of Medicaid patients as most of their navigation efforts supported uninsured individuals and children who were already commercially insured through their parents. These partners encountered challenges collecting CINs and ensuring proper data security for patient information.

Efforts to mitigate challenges identified above:
RCHC is working with our navigation partners to mitigate these challenges by providing technical assistance in implementing workflow changes to capture the appropriate information in such a way that is efficient and secure.

One downstream partner has discovered alternate points of entry into the healthcare system, specifically, the dental department

Additional details on the project implementation efforts beyond what is detailed in PPS Quarterly Reports:
While the CBOs had a deep fund of knowledge of and experience with the numerous community resources for inclusion in the local Resource Guide, the organization did not have the technical capacity to create a website. The PPS created the website and trained the CBO to empower them to populate and manage the site themselves going forward.

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PPS Name: Refuah Community Health Collaborative

Project: 3.a.i

Challenges the PPS has encountered in project implementation:
The historical and philosophical schism between providers of mental health care and providers of medical care has made the marriage of the two more challenging. In particular, the union requires that neither camp adopt the style of the other outright, but rather that both adopt a new "third model" of more freely sharing information as well as "ownership" of patients.
Efforts to mitigate challenges identified above:
RCHC is supporting the participation of its largest primary care provider in the MAX Series Topic 2: Integration of Behavioral Health and Primary Care Services.
Implementation approaches that the PPS considers a best practice:
The MAX series has been invaluable in presenting evidence, new standards, and best practices being enjoyed across the country to reframe how true integration can be achieved and break down the preconceived notions bolstered by "provider experience" and the status quo.

Additional details on the project implementation efforts beyond what is detailed in PPS Quarterly Reports:
Through integration, RCHC's lead agency Refuah Health Center has overhauled its behavioral health department by i) physically dispersing all existing behavioral health providers throughout the center ii) transferring the social workers to the more accessible "Patient Services" Department iii) adding 4 social workers to an existing 4 to create a team of "on-call" mental health providers to cover evaluations and warm pass offs at all hours the health center is open iv) expanding standardized mental health screening in women's health and primary care for all ages v) investing in the education of pediatricians, family practitioners, internists, and gynecologists in the diagnosis and management of routine mental health diagnoses, thereby cutting waiting lists for behavioral health specialists vi) offering non-pharmacologic adjuvant programs for ADHD treatment including parenting skills sessions for caregivers and targeted after-school physical activity program for patients

Address any changes to populations that were proposed to be served through the project based on changes identified through the community needs assessments:

DSRIP Mid-Point Assessment - Project Narratives

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Implementation approaches that the PPS considers a best practice:

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Address any changes to populations that were proposed to be served through the project based on changes identified through the community needs assessments:

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PPS Name: Refuah Community Health Collaborative

Project: 3.a.iii

Challenges the PPS has encountered in project implementation:
The PPS's speed and scale commitment exceeds the number of patients attributed to the PPS who are currently on a behavioral health medication.
Efforts to mitigate challenges identified above:
The PPS is exploring opportunities to engage Medicaid patients outside of its network and attributed population to meet its speed and scale target.
Implementation approaches that the PPS considers a best practice:
Reach out beyond your initial PPS network if capacity or resources are deemed inadequate.

Additional details on the project implementation efforts beyond what is detailed in PPS Quarterly Reports:

Address any changes to populations that were proposed to be served through the project based on changes identified through the community needs assessments:

DSRIP Mid-Point Assessment - Project Narratives
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PPS Name: Refuah Community Health Collaborative

Project: 4bi Tobacco

Challenges the PPS has encountered in project implementation:

1) Members of the cross-PPS Hudson Region DSRIP Public Health Council (PHC) expressed some hesitation pursing the 5As because they felt there were other interventions that that would have higher impact for this project. (2) The large variance in electronic health records (EHRs), clinical workflows, and reporting capabilities among partners has created challenges in establishing a functional interface with the NYS Quitline for every partner. (3) The differences among Medicaid Managed Care Organizations (MCOs) in their coverage of tobacco cessation therapies causes confusion among providers and patients. In particular, the requirement of a signed prescription for an over-the-counter nicotine replacement creates an unnecessary barrier.

Efforts to mitigate challenges identified above:

(1) Review of literature allowed the PHC to reach consensus that more than one evidence-based approach (including the 5As as well as motivational interviewing) will be pursued by the PHC. (2) The PHC has partnered with the NYS Center of Excellence for Health Systems Improvement to leverage the work they are doing to develop the capacity of the various EMRs across the region to prompt and document the 5A's across and trigger a referral to the NYS Quitline.(3) The members of the PHC have combined their advocacy efforts to expand tobacco cessation coverage. In addition, the PHC is working on educating physicians and practices in the ways to achieve successful outcomes via various smoking cessation strategies.

Implementation approaches that the PPS considers a best practice:

Build a regional Public Health council across PPSs that includes local government units, multidisciplinary clinicians, community based agencies, and subject matter experts creating a forum which aligns goals, fosters the spirit of collaboration, and capitalizes on existing resources and efforts already in progress.

Additional details on the project implementation efforts beyond what is detailed in PPS Quarterly Reports:

The PHC worked with the New York State Smokers Quitline to complete a regional analysis of smoking patterns. The analysis, shared with local government organizations at the August Hudson Valley Health Regional Officers Network (HVHRON) meeting, identified that 28.53% of patients who contacted the Quitline were age 34 and younger. Student Assistant Services Corporation CBO was contracted by the 3-PPS Public Health Council to use their network of other CBOs to disseminate an aggressive anti-nicotine ad campaign. The campaign targeted 116,860 students attending 137 public high schools and middle schools, as well as their caregivers, across the eight county region. The PHC also held a series of Plan-Do-Study-Act (PDSA) Cycle sessions, to introduce the concepts of quality improvement to partners, particularly CBOs, empowering them to make meaningful changes to their existing workflows.

Address any changes to populations that were proposed to be served through the project based on changes identified through the community needs assessments:

The increasing use of e-cigarettes particularly among adolescents and young adults led the PHC to expand the cessation efforts to include other nicotine products.