Millennium
COLLABORATIVE CARE

1461 Kensington Ave.
Buffalo, New York 14215
millenniumcc.org

January 23, 2017

Dear NYS DOH:

The Independent Assessor (IA) has released its final Mid-Point Assessment reports, and public comments on these reports as well as PPSs' Primary Care Plans have been posted. The PPS appreciates the opportunity to respond to these reports in an effort to clarify the observations and other items noted within.

Mid-Point Assessment Final Report

IA Commentary: Change in risk to 2bvii due to failing milestone

Following the IA's review of the two projects scheduled for completion by Millennium by the end of DY2, Q2, the IA determined that the PPS completed all project milestones for project 2.b.viii, however the PPS failed to complete one out of ten project milestones for project 2.b.vii. The IA does not believe this missed project milestone should not impact the ability of the PPS to meet the performance goals of this project however, the PPS should continue its efforts to successfully complete this requirement to fully implement the project.

PPS Response

Millennium is currently awaiting results of its appeal of the failure of the 2.b.vii milestone mentioned by the IA. A summary of Millennium's case for appeal follows.

As it was initially presented, the milestone (#1) was to "Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net." Millennium committed to complete this milestone by DY2Q2. When metrics and deliverables were added to the project requirements, six months after this initial commitment was made, the scope of milestone #1 expanded to include the following metric: "Nursing home to hospital transfers reduced." While our original timeframe was sufficient for implementation of INTERACT, it may be impractical to expect to see the results of implementation (a reduction in transfers) in the same timeframe. Regardless, no data is available to show whether a reduction occurred.

We rely on state and federal data, but the most current data set from Centers for Medicare and Medicaid Services (CMS) only covers through December 2015.

Most of our partners kicked off INTERACT implementation in late 2015 and all completed it by September 2016. We do not have any data for 2016: NYS hospitalization and readmission rates are not yet available, and we expect new CMS data in February 2017.

We understood that after implementation, the reduction in hospitalizations would begin to be evident. We considered the primary focus of the requirement to be implementation of INTERACT across the 49 SNFs in our network, which we achieved. We have a post-implementation plan for the remaining three years of DSRIP by which we will continue to monitor and measure SNF performance and create action plans accordingly. There are many factors that are not under the control of the PPS that might interfere with a SNF's ability to meet a particular quality metric. What we can do is monitor performance and create action plans to improve quality—this is what the PPS can be held accountable for.

Public Comment: Capital funding for building/renovating space

A whole new wing was renovated at Erie County Medical Center with DSRIP money. It housed the DSRIP staff for less than an a year and then was moved to a community site which was then built all out beautifully with equipment and furniture and security guards, etc that any community based agency would love to have. Now we are hearing that they are going to use DSRIP money to build a new trauma center. I am not sure how that is going to create system change. Our capital request was to renovate our front end and a few offices to accommodate doing more health monitoring work and inclusion of medical staff for a safety net population at our busiest location. It was not funded as I mentioned previously.

PPS Response

The renovations at ECMC were not funded with DSRIP money. Construction and renovations on the Ambulatory Care Center third floor began before DSRIP started as part of a pre-existing initiative to move other tenants to the ECMC campus. Millennium Collaborative Care was able to lease part of the floor on a temporary basis while these arrangements were being finalized and the space was vacant. This included offices and exam rooms which were used as offices. When the intended tenants were ready to occupy that space, Millennium was displaced to other vacant space in another part of the floor. Millennium's temporary use of the Ambulatory Care Center did not include any renovations funded by DSRIP money. The renovations were all done to support the future tenants.

DSRIP funding is not going to be used to build a new trauma center.

ECMC/Millennium also submitted a capital request, which was not funded by the state. We were one of the only PPSs who did not receive any capital funding.

Primary Care Plan

IA Commentary: Lack of baseline data

The IA reviewed the executive summaries of the Primary Care Plan submitted by DOH during the public comment period. The IA review focused on the completeness and the progress demonstrated by the PPS in the Primary Care Plan. The IA agrees with the assessment that while the plan describes many approaches that could be successful, the limited baseline data on capacity, HPSA clarity and workforce needs to support gaps in care may present challenges to significant primary care plan efforts.

PPS Response

Millennium Collaborative Care's Community Needs Assessment provided baseline data on capacity and HPSA status. Like all PPS planning, the Primary Care Plan was developed with these data in mind.

- Shortages: Large portions of the inner city and rural areas of the region are designated as population Health Professional Shortage Areas (HPSAs). The City of Buffalo has a high need designation. The ratio of Medicaid population to Safety Net physicians is excessively high (over 4,500:1) in Niagara and Allegany Counties and high (over 2,250:1) in Erie, Wyoming, and Chautauqua Counties. Working with AHEC partners, it is essential to influence primary career choice and to better place physicians in safety net PCP settings.
- PCMH Status: Only 21% (110) out of 512 primary care locations in the region are currently NCQA recognized as PCMH facilities. Outside of Erie and Niagara Counties the number of PCMH locations is extremely low.
- Midlevel Workforce in PCP Settings: Only 22% (306) of the primary care providers in the region are midlevel providers (PA or NP). Most midlevel providers are currently working in specialty or hospital settings.
- Care Management Personnel in PCP Settings: In certain segments the health care system, there are virtually no primary care personnel devoted exclusively to the care management of high risk complex population. Creating this

function and workflow in primary care settings capable of interacting across all settings, is essential to reducing avoidable hospitalization and ED visits.

In its Workforce Transition Roadmap, Millennium identified specific strategies to address regional workforce needs:

- Targeted training to reduce turnover among entry-level staff
- Creative incentives that enable small practices to be competitive in attracting and retaining staff
- Retention incentives for physicians
- Community collaboration
- Cultural competency and basic foreign language skills training
- Communication and outreach efforts, including partner summits and newsletters

Public Comment: Population health management interoperability

- *Population health management interoperability*: Both WNY regional PPS Primary Care Plans detain plans to implement separate population health management health IT tools (i.e. Cerner HealtheIntent and Crimson Care Management for Millennium Collaborative Care and Community Partners of WNY, respectively). While both show promise for PP"S–driven activity and reporting, there are remaining concerns surrounding each tool's ability to be efficiently and meaningfully integrated into the comprehensive spectrum of all patient care activities, as this broader focus rightfully remains central to SNAPCAP member organizations Additionally, the risks of duplication of resources and effort toward maintaining two separate, similar systems within one WNY region should continue to be examined thoughtfully.

PPS Response

Millennium's selection of Cerner was part of a larger process in conjunction with Kaleida Health, ECMC, and Niagara Falls Memorial Medical Center. After evaluating several possibilities, the decision was based in part on the ability to leverage existing capabilities already in place at these organizations. CPWNY's selection of Crimson was similarly motivated by a desire to leverage tools the broader Catholic Medical Partners network and many affiliates are already using.

Sincerely,

Al Hammonds
Executive Director
Millennium Collaborative Care