



Staten Island
Performing Provider System

10/31/2016

Primary Care Plan

DY2 - Revised



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EXECUTIVE SUMMARY

Primary care providers play a central role in the structure of the Staten Island PPS and the implementation of quality improvement initiatives to decrease avoidable emergency department visits and hospital admissions.

Primary care is expanding on Staten Island and PCPs have the capacity to absorb additional Medicaid patients into their practices. The PPS is supporting efforts to improve access to these primary care services and enhance the efficiency of the primary care workforce. Financial support of primary care is a significant component of the PPS funds flow and value-based payment transformation efforts will have a strong focus on primary care. The PPS Population Health Initiative was created to create a platform for community based practices to be part of the care transformation envisioned under DSRIP.

FUNDAMENTAL 1: ASSESSMENT OF CURRENT PRIMARY CARE CAPACITY, PERFORMANCE AND NEEDS, AND A PLAN FOR ADDRESSING THOSE NEEDS

Provider Network Analysis

The PPS is using the State DOH's primary care analysis to begin an intensive examination of the primary care providers in its network. The State's analysis identifies 150 PCPs in the PPS network. This includes 29 pediatricians (19%), 9 family practice physicians (6%), 5 nurse practitioners (3%) and 80 internal medicine/general practice physicians (53%). Of the 150 PCPs identified by the State DOH in its analysis, the PPS already has an agreement executed or a pending agreement with 41% (61) of providers. A review of the remaining providers revealed that approximately 25% do not practice as PCPs on Staten Island but rather are specialists, hospitalists, nursing home physicians, retired, moved, deceased, etc. In order to have a clearer picture of the capacity of primary care on Staten Island, the PPS will continue to work with the State DOH to reclassify and remove providers as appropriate. In addition, the PPS has been diligently updating its roster of PCPs at partner organizations, including nurse practitioners and physician assistants, and adding them to the network during open enrollment periods. In November 2015, we added approximately 63 PCPs and, in September 2016, we added approximately 33 more PCPs, including 4 NPs and 1 PA. Not all of these additions or reclassifications have been reflected in the State DOH analysis.

Primary Care Capacity

The State's analysis indicated that 139 of the 150 PCPs currently offer Medicaid services and 90.6% (126) of those are accepting new Medicaid patients. A closer look at the pediatricians finds that 86% are accepting new patients. Of the internists, family medicine physicians, and nurse practitioners, 82% are accepting new patients. For partners with agreements, the number is higher at 92%. For partners without agreements, the number is much lower at 75%, possibly indicating misclassification of physicians as PCPs. Overall, 59% of the PCPs offer after-hours care. Both the percentage of providers accepting new patients and the percentage of PCPs offering after-hours care are higher than other PPSs and indicate a capacity for the


network to absorb additional Medicaid patients. The recently released results of the C&G CAHPS surveys indicate high patient satisfaction with appointment availability. For the composite score for Getting Timely Appointments, Care, and Information, 88.31% of respondents answered usually or always. This was the eighth highest score across the state. As project 2.d.i moves forward, we will be collecting data on appointment availability for primary care practices and, after analyzing that data, we can begin to assess the PPS role in ensuring timeliness of appointment availability.

Staten Island may meet the HRSA goal of 2000:1 population-to-physician ratio as the 150 PCPs in the PPS network, a portion of all PCPs on Staten Island, could cover 300,000 people (over 60% of the entire population). However, HRSA data indicates that there are 10 areas of the North Shore designated as Healthcare Professional Shortage Areas and two of these same areas are designated as Medically Underserved Areas. These parts of Staten Island highlighted by HRSA are currently seeing significant growth in primary care capacity. In the past six months, primary care capacity has been expanded through the opening and expansion of Federally Qualified Health Centers on the North Shore which offer enhanced wraparound services for Medicaid patients and the uninsured. Brightpoint Health opened a location in the St. George area offering medicine, pediatric, dental and OB/GYN services with a plan to soon expand with mental health services. Community Health Center of Richmond opened its third location in the Stapleton neighborhood, offering medicine, pediatric and OB/GYN services. Lastly, Metro Community Health Center is expanding beyond its traditional developmentally disabled population to serve the broader community. They are currently looking for a new location with greater capacity. Richmond University Medical Center, the hospital in this area, is also slated to start a family practice residency program with a new clinic in one of these shortage areas.

Image 1: PPS PCP Network Analysis Regional Comparison, June 2016

June 2016										
Small PPS – Downstate vs. Upstate										
Metric	Downstate			Upstate						Source(s)
	NYP	SI	NYPQ	CPWNY	AHI	AMC	SMC	RCHC	BMC	
Total # of Primary Care Providers (PCPs) in PPS	371	150	244	391	268	495	85	138	232	Provider Network
Total # of PPS's network PCPs in the PNDS	363 (97.8%)	150 (100%)	237 (97.0%)	388 (99.2%)	268 (100%)	486 (98.1%)	82 (96.3%)	129 (93.0%)	227 (98%)	PNDS
Total # of PCPs participating in multiple PPS	112 (30.2%)	43 (28.7%)	175 (71.7%)	167 (42.7%)	15 (5.6%)	319 (64.4%)	4 (4.7%)	82 (59.4%)	41 (17.7%)	Provider Network
# of PPSs that a PCP Participates in:										
1	259 (69.8%)	107 (71.3%)	69 (28.3%)	224 (57.3%)	253 (90.7%)	176 (35.6%)	81 (95.3%)	56 (40.6%)	191 (82.3%)	Provider Network
2	27 (7.3%)	35 (23.3%)	65 (26.6%)	166 (42.5%)	11 (4.1%)	240 (48.5%)	5 (4.7%)	50 (36.2%)	39 (16.8%)	
3	15 (4.0%)	5 (3.3%)	25 (10.2%)	1 (0.3%)	4 (1.4%)	9 (1.8%)	-	29 (21.0%)	2 (0.9%)	
4	21 (5.7%)	-	21 (8.6%)	-	-	19 (3.8%)	-	-	-	
5 or more	49 (13.2%)	3 (2.0%)	64 (26.2%)	-	-	51 (10.3%)	-	3 (2.2%)	-	
% of PCPs/Extenders Offering After-Hours Care	22.5%	59.0%	34.2%	32.0%	21.6%	27.7%	19.0%	35.6%	8.6%	PNDS, Provider Network
Average Total Care Hours (per PCP per week)	33 hrs.	35 hrs.	29 hrs.	46 hrs.	34 hrs.	36 hrs.	33 hrs.	33 hrs.	33 hrs.	PNDS, Provider Network
% of PCPs Accepting New Medicaid Members	88.6%	90.6%	93.7%	83.5%	91.1%	87.9%	87.3%	89.0%	92.3%	PNDS, Provider Network
Total PCPs at Sites w/ PCMH 2011 Level 2 (Achieved)	7 (1.9%)	0 (0%)	2 (0.8%)	1 (0.2%)	20 (7.5%)	4 (0.8%)	0 (0%)	13 (9.4%)	0 (0%)	SIM Tool
Total PCPs at Sites w/ PCMH 2011 Level 3 (Achieved)	94 (25.3%)	26 (17.3%)	27 (11.1%)	154 (39.4%)	70 (26.1%)	109 (20.2%)	17 (20.0%)	15 (10.9%)	30 (12.9%)	SIM Tool
Total PCPs at Sites w/ PCMH 2014 Level 2 (Achieved)	0 (0%)	0 (0%)	2 (0.8%)	2 (0.5%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	Dashboards
Total PCPs at Sites w/ PCMH 2014 Level 3 (Achieved)	0 (0%)	0 (0%)	4 (1.6%)	37 (9.5%)	0 (0%)	2 (0.4%)	2 (2.4%)	30 (21.7%)	0 (0%)	Dashboards

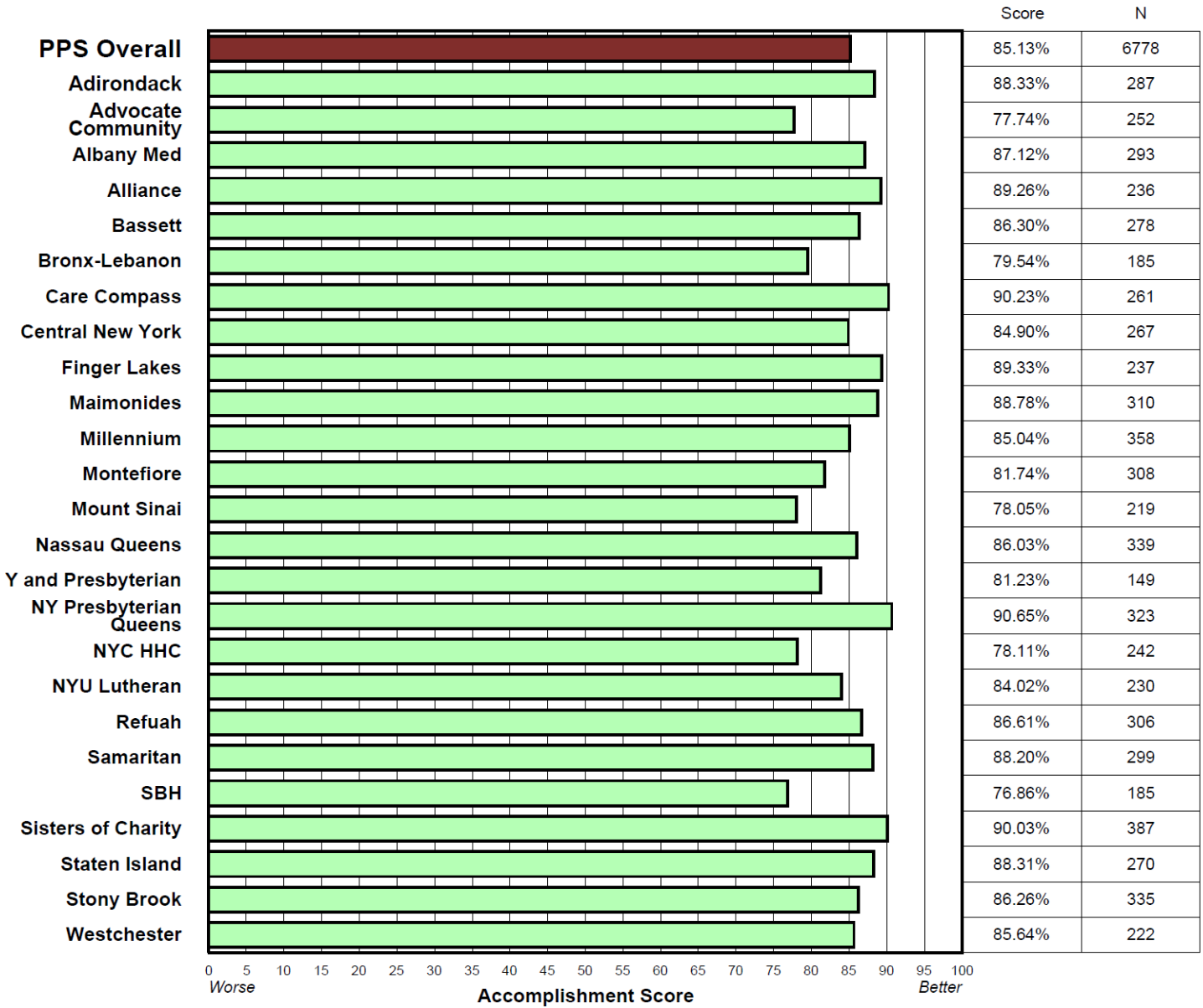
NYP: NewYork-Presbyterian	CPWNY: Community Partners of Western New York	SMC: Samaritan Medical Center
SI: Staten Island	AHI: Adirondack Health Institute	RCHC: Refuah Community Health Collaborative
NYPQ: NewYork-Presbyterian-Queens	AMC: Albany Medical Center	BMC: Bassett Medical Center


NEW YORK
STATE OF OPPORTUNITY.

Department of Health

Image 2: C&G CAHPS Continuous Quality Improvement Report, July 2016

Getting Timely Appointments, Care, and Information (Usually or Always)



■ PPS Overall ■ PPS

Primary Care Performance

“WHILE THE CITY’S OVERALL PCMH PENETRATION RATE (24 PERCENT) IS THE SAME AS THE STATE’S OVERALL RATE, THE BOROUGH-SPECIFIC PCMH PENETRATION RATE RANGES FROM 44 PERCENT IN THE BRONX TO 8 PERCENT IN STATEN ISLAND.”

UNITED HOSPITAL FUND. [RECENT TRENDS AND FUTURE DIRECTIONS FOR THE MEDICAL HOME MODEL IN NEW YORK](#). AUGUST 2015

The PPS has also reviewed PCMH recognition within the network as a marker of performance and quality. As the United Hospital Fund’s publication [Recent Trends and Future Directions for the Medical Home Model in New York](#) indicates, the NCQA PCMH recognition program has had limited penetration in Staten Island. A recent 2016 update to this publication by the United Hospital Fund found that the borough still has the lowest percentage of PCMH recognized providers in the city, now at 10%. While the reasons for this are not identified, Staten Island is dominated by small primary care practices composed of one to two physicians. Other boroughs tend to have many more medium to large size primary care practices and health centers with the human and technological resources to support the PCMH model and the Medicaid volume to financially support those resources through the New York State Department of Health Medicaid PCMH incentive payment program. According to the NCQA Recognized Clinician Directory, there are 13 primary care practices in Staten Island that have PCMH recognition with a combined total of 62 primary care providers. Ten of those practices are in the PPS network and nine of them have executed agreements to participate in PPS projects.

Performance of all Staten Island providers, as indicated by our baseline quality measures, identifies opportunities for improvement in primary care. Access to care ranges from a low of 82% for adults age 22 to 44 years old to a high of 95% for children age 7 to 11. However, other indicators of performance such as preventable emergency department visits, preventable readmissions, and comprehensive diabetes screening demonstrate gaps in care coordination and care transitions in the primary care practices. Similarly, the low baseline measure for screening for depression and follow-up plan show the need to further promote the integration of behavioral health and destigmatize behavioral health issues in the primary care setting.

Table 1: NCQA PCMH Practices in Staten Island*

Practice	# PCPs	Standards	Level	Expiration Date	PPS Network	DSRIP Projects
Beacon Christian Community Health Center	9	2011	3	9/29/17	Yes	2.a.iii 2.d.i 3.a.i 3.c.i
Community Health Center of Richmond	10	2014	3	2/17/19	Yes	2.a.iii 2.d.i 3.a.i 3.c.i
Melvin Koplow, MD	1	2014	2	2/24/19	Yes	N/A
Metro Community Health Center	2	2014	3	9/15/2019	Yes	2.a.iii 2.d.i 3.a.i 3.c.i
NYC HHC – Coney Island Hospital - Mariner’s Harbor Family Health Center	2	2011	3	5/15/18	No	N/A
NYC HHC – Coney Island Hospital - Stapleton Family Health Center	2	2011	3	5/15/18	No	N/A
Richmond University Medical Center – Comprehensive Medical Care	3	2011	3	5/25/17	Yes	2.a.iii 2.d.i 3.a.i 3.c.i
Richmond University Medical Center – Comprehensive Pediatric Care	3	2011	3	5/25/17	Yes	2.a.iii 2.d.i 3.a.i 3.c.i
Salvatore Volpe MD PC [†]	1	2014	3	8/25/18	No	N/A
South Shore Physicians PC	3	2014	3	12/4/18	Yes	4.b.ii
Staten Island Physician Practice – Clove Road Location (dba AdvantageCare Physicians)	9	2014	3	4/24/18	Yes	2.a.iii 3.a.i 3.c.i
Staten Island Physician Practice – Hylan Blvd Location (dba AdvantageCare Physicians)	5	2014	3	2/5/19	Yes	2.a.iii 3.a.i 3.c.i
Mt. Sinai Doctors – Victory Medical Group	8	2014	3	9/18/2019	Yes	2.a.iii 3.a.i 3.c.i

* NCQA Recognition Directory, <http://recognition.ncqa.org/> (Accessed 10/31/16)

[†] Chief Medical Officer of the Staten Island Performing Provider System

Table 2: Additional PPS Primary Care Partners

Practice	# PCPs	# Locations	DSRIP Projects
Brightpoint Health	6	1	2.a.iii 3.a.i 3.c.i
Staten Island University Hospital	15	3	2.a.iii 2.d.i 3.a.i 3.c.i
University Physicians Group	26	13	2.a.iii 3.a.i 3.c.i

Improvement Plan

To promote and support performance, the PPS has engaged a broad array of physician practices in its projects. These include the outpatient practices at the hospitals, FQHCs, and private physician practices. For project 3.c.i and 3.a.i, there are currently 96 PCPs participating, 28.1% at FQHCs, 21.9% at hospital-based practices, and 50.0% at private physician practices. For project 4.b.ii, all 12 partners are private physician practices, accounting for close to 25 individual PCPs.

The PPS’s plan for addressing the primary care needs is to engage this broad group of PCPs in PCMH technical assistance, workforce training, and Lean improvement initiatives, while offering educational opportunities to the wider primary care community.

FUNDAMENTAL 2: HOW WILL PRIMARY CARE EXPANSION AND PRACTICE AND WORKFORCE TRANSFORMATION BE SUPPORTED WITH TRAINING AND TECHNICAL ASSISTANCE?

Practice Transformation

Practice transformation is primarily being supported through the PCMH recognition process. All of the primary care practices that have master service agreements with the PPS are being offered technical assistance for PCMH transformation. Three partners had already contracted with technical assistance vendors and two partners had recently completed 2011 PCMH recognition and declined technical assistance. The two Domain 3 primary care partners that requested technical assistance have been provided a vendor for transformation. The PPS is currently reviewing proposals for technical assistance for the partners in Project 4.b.ii. We anticipate that a portion of those practices will choose to move forward with PCMH transformation as it is not required for their participation. All contracted primary care partners will receive an incentive payment upon achieving NCQA PCMH recognition. All of the Domain 3 primary care partners gather regularly for the Ambulatory Care Workgroup which supports the sharing of best practices and serves as a learning collaborative for primary care partners. With an emphasis on primary care access, the PCMH transformation and recognition process focuses on improving and enhancing access through efforts such as extended hours of service, 24/7 access to telephonic clinical advice, and monitoring access measures like Third Next Available Appointment. In addition, PCMH primary care practices are required to have access-focused quality improvement initiatives, demonstrating that they are implementing changes and succeeding in improving access to care.

With few practices funded through the PPS for practice transformation, there are numerous opportunities for TCPI and SIM technical assistance vendors to work with Staten Island PCPs. As additional statewide resources for practice transformation become available, the PPS will work with vendors to help identify which network PCPs may be appropriate candidates for assistance and promote opportunities through its practitioner engagement strategies.

The untapped potential of the large number of small community based practices in our community is being included in the DSRIP transformation through the PPS Population Health Initiative (Project 4.b.ii). By focusing on conditions prevalent in our community identified through our analytic capabilities, 17 practices have been included in the PPS. Inclusion into the initiative requires a commitment to adopt evidence based guidelines for asthma and obesity, pursuit of PCMH and connection to the RHIO. By reaching out to the small community practices, the patients served outside of the original PPS cohort are benefiting from the practice transformation.

Additional transformation support is being provided through Lean training and technical assistance. With a focus on efficiency, the Lean program allows primary care practices a structured process through which to improve patient flow and both patient and staff satisfaction. The PPS is currently supporting its third Lean cohort.

Workforce Transformation

To enhance the quality and efficiency of the primary care workforce, the PPS is developing a robust training program for the partners. Current trainings include:

- care coordination
- motivational interviewing
- medical interpreter
- cultural competency
- LGBTQ cultural awareness
- disability ally

Future trainings will include care management, SBIRT, veterans cultural awareness and more. These trainings are available to any primary care practice with an agreement with the PPS. Additionally, the College of Staten Island (CUNY) has started a Community Health Worker Certificate program and Alfred University is working with 1199TEF to launch a Care Manager Post Baccalaureate Certificate program on Staten Island.

Health Information Technology and Data Analytics

To support primary care practices in integrating with the RHIO (Healthix), the PPS is financially supporting the RHIO connection for primary care partners with agreements. Connectivity to the RHIO will allow primary care practices to receive ADT alerts and access to patient clinical data, facilitating their care coordination efforts. The PPS is also exploring the creation of its own health information exchange platform to facilitate communications between providers and the development of an EHR population health system to facilitate alerts to providers about gaps in care. While the PPS has not yet launched telemedicine efforts in the primary care practices, the PPS is supporting telemedicine in group residences for the developmentally disabled to reduce avoidable visits to the emergency department during off hours when many primary care practices are closed.

Primary Care Expansion

Medicaid redesign is fostering an environment where expansion of primary care is economically feasible and supports community needs. Richmond University Medical Center opened a new primary care center in May and will soon be opening a new fully integrated health center for its behavioral health patients in addition to starting a family practice residency program.

Community Health Center of Richmond (FQHC) recently opened its third location in the Stapleton neighborhood and Brightpoint Health (FQHC) took over a health center in St. George that had been previously operated by Staten Island University Hospital, expanding services offered there. In addition, NYC Health + Hospitals is planning to open a diagnostic and treatment center in the Clifton neighborhood within the next few years. Project 3.a.i Model 2 will also expand primary care access for mental health and substance abuse patients by co-locating PCPs in those organization. All new primary care practices that participate in our projects will be able to take advantage of the PPS training opportunities.

FUNDAMENTAL 3: WHAT IS THE PPS'S STRATEGY FOR HOW PRIMARY CARE WILL PLAY A CENTRAL ROLE IN AN INTEGRATED DELIVERY SYSTEM?

Although the Staten Island PPS is not participating in Project 2.a.i to become an integrated delivery system, primary care plays a central role in the governance of the PPS, implementation of DSRIP projects, and overall improvement efforts of the PPS.

Governance

In addition to the Chief Medical Officer being a PCP in private practice, primary care is represented on the following governance committees:

- Board of Directors
 - Staten Island University Hospital, Medical Director of Ambulatory Care
- Steering Committee
 - Beacon Christian Community Health Center, Chief Executive Officer
 - Community Health Center of Richmond, Chief Executive Officer
 - Staten Island University Hospital, Associate Executive Director of Ambulatory Care Services
- Clinical Committee
 - Beacon Christian Community Health Center, Chief Medical Officer
 - Community Health Center of Richmond, Chief Medical Officer
 - Metro Community Health Center, Medical Director
- Finance Committee
 - Community Health Center of Richmond, Chief Financial Officer

Project Implementation

Due to the collaborative nature of the PPS and the healthcare system on Staten Island, all primary care partners participating in Domain 3 projects are members of the Ambulatory Care Workgroup, Integration Workgroup, and Care Management Workgroup. Membership in these workgroups gives partners a voice in project development and implementation. Furthermore,

the Integration Workgroup and Care Management Workgroup allow collaboration with behavioral health partners and care management partners across the island.

Workforce training and PCMH technical assistance have been made available to all of those partners to support their implementation and transformation efforts. Care coordination and care management are a significant focus of the training options available to partners. Training vendors include 1199 Training and Employment Fund and xG Health Solutions.

Through Project 2.a.iii, SI CARES services have been made available to these partners and additional PCPs to provide care coordination for patients. The SI CARES health coaches are able to support linkages to other providers in the medical neighborhood and strengthen the role of the PCP as the hub of communication for patients.

Primary care engagement is a main focus of Project 2.d.i for Patient Activation. Community navigators at local Community-Based Organizations are connecting uninsured clients to health insurance enrollers and navigating low activated Medicaid enrollees and uninsured residents for primary care appointments.

Primary care has been a strong focus of the RHIO integration strategy for the Staten Island PPS. The PPS is financially supporting the RHIO connection for all Domain 3 primary care partners to ensure meaningful linkages to the hospitals, behavioral health providers, and long term care providers. To date, 4 of these partners have finalized connections to the RHIO.

Improvement Initiatives

The data analytics team has built an enterprise data warehouse to create a full picture of the healthcare utilization and quality of healthcare for Staten Island Medicaid enrollees. Primary care plays a fundamental role in the initial data analyses. The PPS is using geomapping and hot spotting to identify target communities for interventions. In addition, we are linking primary care providers to patients seen in the emergency departments or admitted to the hospitals. As the analytics capabilities become more robust and dashboard reports become more sophisticated, the PPS will be able to link quality measures to primary care practices, thus allowing the PPS to target quality improvement efforts with underperforming partners.

Lean training and improvement initiatives are being rolled out across the PPS to support workforce and practice transformation with a focus on reducing waste and improving healthcare quality and efficiency. Primary care involvement will be central to the Lean efforts to ensure success in meeting quality measure but also enhancing the accountability and responsibility of PCPs in the quality of care for their patients.

To improve cultural competency and health literacy our PPS is making available video interpreter services and medical interpreter training to practices. Sensitivity training for LGBTQ, Veterans and Disabled populations is a core offering to all participating practices.

FUNDAMENTAL 4: WHAT IS THE PPS'S STRATEGY TO ENABLE PRIMARY CARE TO PARTICIPATE EFFECTIVELY IN VALUE-BASED PAYMENTS

The ability for small primary care practices to engage with MCO's is hampered by several factors including limited office infrastructure to manage data, engage clients in population health initiatives, and expand scope of certain outreach efforts. In addition, the requirement in the DSRIP program to move from VBP includes transition from level 1 arrangements (upside only) to eventual at-risk proposals is a business model foreign to small office practices. The PPS is exploring developing a model to support private practices, nursing homes and substance abuse/behavioral providers in contracting. Ultimately a Medicaid ACO program could be a future state for enabling primary care and other providers to fully engage in VBP.

The role of the PPS in the face of these challenges is to provide infrastructure in data management, quality outcome standards and eventual contracting facilitation. The PPS does have a VBP Committee which is actively pursuing engagement with MCOs' on behalf of PPS members. There have been several on-site meetings with insurers to discuss program development and future state contracting. A model population health program has been designed and shared with the MCOs' in order to engage the carriers prior to ultimate contracting.

FUNDAMENTAL 5: HOW DOES YOUR PPS'S FUNDS FLOW SUPPORT YOUR PRIMARY CARE STRATEGIES?

Primary care partners are a significant focus of the PPS funds flow. Overall, the PPS has attributed approximately 11% of the total 5 year DSRIP budget, nearly \$23 million, to supporting primary care practices through projects 2.a.iii, 3.a.i, 3.c.i, and 4.b.ii. This includes PCMH recognition incentive payments, project implementation funds, adoption of evidence-based guidelines, and bonus payments. Additional funding is available to support RHIO integration expenses for primary care partners. Funding for workforce training will also strengthen these partners. To provide customized training for this group, the PPS has committed over \$50,000 towards targeted conditions and population health. As DSRIP continues, the training resources provided will evolve to further meet the needs of our primary care partners.

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 Behavioral Health Infrastructure

For Project 4.a.iii, the PPS has partnered with the Staten Island Partnership for Community Wellness (SIPCW) to lead the Behavioral Health Infrastructure Project (BHIP). The purpose of BHIP is to strengthen the behavioral health infrastructure across Staten Island by increasing access to quality behavioral health services in the community, integrating behavioral health and primary care services, and focusing on upstream prevention and health promotion models. These goals will be accomplished by strengthening partnerships with local and government agencies, building capacity for collaborative care in primary care, providing training on behavioral health, and establishing an infrastructure for data sharing. SIPCW has been a leader in New York City and nationally with using the collective impact model to build its Tackling Youth Substance Abuse initiative to address the growing substance use problem on Staten Island.

To date, we have built the foundation for the project by establishing partnerships, researching evidence based promotion/disorder prevention programs and practices, creating and leveraging resources, and collecting data. The Steering Committee recently finalized its workgroup structure, creating priorities for its five BHIP workgroups:

Moving Towards Collaborative Care

- Build capacity of PCPs to provide high quality care
- Build capacity of providers to assess and treat comorbidities and co-occurring disorders
- Promote positive attitudes of medical professionals to reduce stigma of mental health and substance use disorder (SUD)

Behavioral Health Training

- Promote brief screening and assessment to identify risk of prescription misuse
- Leverage existing training modules that focus on judicious pain management and opioid prescribing
- Reduce stigma among providers

Creating Linkages to Behavioral Health Care

- Create referral systems between hospital ED and community based systems
- Develop referral tools
- Build Peer capacity across Staten Island

Community Norms and Prevention Models

- Promote positive attitudes towards mental health and substance abuse
- Develop and/or leverage Mental, Emotional, and Behavioral (MEB) promotion/disorder prevention models
- Develop and/or leverage educational and/or workshop materials to educate the community

Data Sharing

- Develop an overall evaluation plan for BHIP
- Develop measurement plan for workgroup strategies
- Develop measurement plan for pilots
- Create mechanisms for regular data collection and sharing

Of particular relevance to the integration of behavioral health and primary care, the Moving Towards Collaborative Care workgroup will work with small, private primary care practices to support the building blocks of collaborative care. This will facilitate further linkages with PCPs who are not a formal part of Project 3.a.i because of their lower Medicaid volume.

Mental Health Service Corps

Three of the primary care partners have been accepted for the NYC Department of Health and Mental Hygiene's Mental Health Service Corps. They have been matched with licensed social

workers who are co-located in their practices and able to serve as behavioral health specialists. The social workers are supervised by the City and the practices have access to a psychiatrist for consultation and case review.

Island-Wide Primary Care Education Events

Through the Practitioner Engagement Workstream, the PPS recently co-hosted two island-wide primary care event. The first event brought together over forty PCPs for a CME learning opportunity about how they can be a part of reducing the substance abuse epidemic on Staten Island. Guest speakers from the NYC Department of Health and Mental Hygiene presented on the epidemiology of the substance abuse problems in NYC, judicious pain management, and the benefits of integrating behavioral health. A second event with the NYC Department of Health and Mental Hygiene focused on the practice transformation resources available through the City, such as PCMH transformation, meaningful use technical assistance, and the Mental Health Service Corps. Similar events to engage primary care providers will be planned for the future.

Integration Resources for Pediatric Practices

Additionally, for Project 4.b.ii, the PPS developed the Population Health Improvement Program (PHIP) to support engagement of small to medium sized primary care practices. Many of these practices are pediatric practices. While the project focus is on chronic disease, PPS Partners have noted a shortage of child mental health services and the PPS has identified an opportunity to involve participating pediatric practices in the integration of behavioral health. We are co-hosting an upcoming CME program on mental health issues in the pediatric practice through the Child and Adolescent Psychiatry for Primary Care (CAP PC) program in hopes of connecting our pediatric practice partners with education and psychiatric consultation support.