

Hudson Valley DSRIP Program Performing Provider System Planning

**Center for Regional Healthcare Innovation at
Westchester Medical Center**

September 2014



Westchester
— MEDICAL CENTER —
CENTER FOR REGIONAL
HEALTHCARE INNOVATION

Introductions



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Westchester Medical Center

Agenda

Westchester Medical Center Overview

Our Approach to:

- Performing Provider System Development
- Organizing for DSRIP and DSRIP Governance
- Facilitating the Planning Process
- Stakeholder Communication

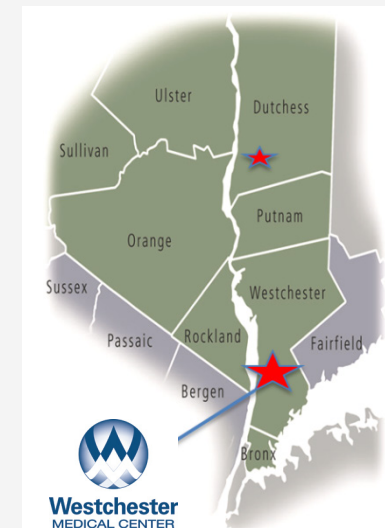
Key Takeaways

Westchester Medical Center (WMC)

Our Mission and Vision

Mission: To serve as the regional healthcare referral center providing high-quality advanced health services to the residents of Hudson Valley and the surrounding area, regardless of their ability to pay. In support of this primary mission, WMC also serves as an academic medical center committed to education and research that enables advanced care and prepares future generations of care givers.

Vision: WMC's strategic positioning is based on its unique national model as a regional resource with a strict focus on tertiary and quaternary care. By drawing patients in need of specialized care from a broad geographic area, WMC does not compete with hospitals from the region but instead relies on and partners with them.



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Hudson Valley Regional Care Transformation Initiative

Our Principles

Community-Driven, Regionally Focused Initiative

- **Inclusive**
- **Transparent**
- **Patient and Family Focused**
- **Community Led**
- **Culture of Continuous Learning and Improvement**



Hudson Valley DSRIP Initiative

- The Hudson Valley DSRIP Initiative serves all seven counties of the Hudson Valley
- The Hudson Valley is home to an estimated 407,885 Medicaid lives and an estimated 289,000 uninsured
- Nearly 200 community providers in over 300 locations are partners in the PPS



Our DSRIP Care Transformation Framework for the Hudson Valley

PPS Goals

Inform

Framework

- Develop a regional and patient-centric approach to serving Medicaid and the uninsured populations
- Optimize patients' self-care abilities
- Improve access to resources (both medical and social services)
- Break down silos and integrate care across the continuum
- Direct patients to appropriate delivery settings
- Promote and facilitate transparency and accountability across providers

Care Management

Care Transitions

Care plans, data follows the patient

Regional Care Protocols

Develop and share common guidelines

Integrated Care Network

Establish relationships and communication platform across PCPs, specialists, acute care, community organizations, and care managers

Patient & Family Activation

Regular, focused communication between patient and provider; supports and resources that lead to behaviors that align with treatment guidelines.



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Approach to Governance

Good governance is not about exercising power, but about allocating decision-making responsibilities to ensure favorable results.

Our Guiding Principles in Developing Governance Framework:

- **Transparency**
- **Accountability**
- **Informed Participation**
- **Consensus-Based Decision-Making**

Preparing for PPS Operations: Foundation of Governance

Integrated, two-phase approach to governance:

- **Planning Governance**

- Ensure development and submission of Project Plan Application
- Develop governance model for operational phase
- Define infrastructure needs and contractual agreements (e.g., joint venture contracts) that will bind participants in operational stage

- **Operational Governance**

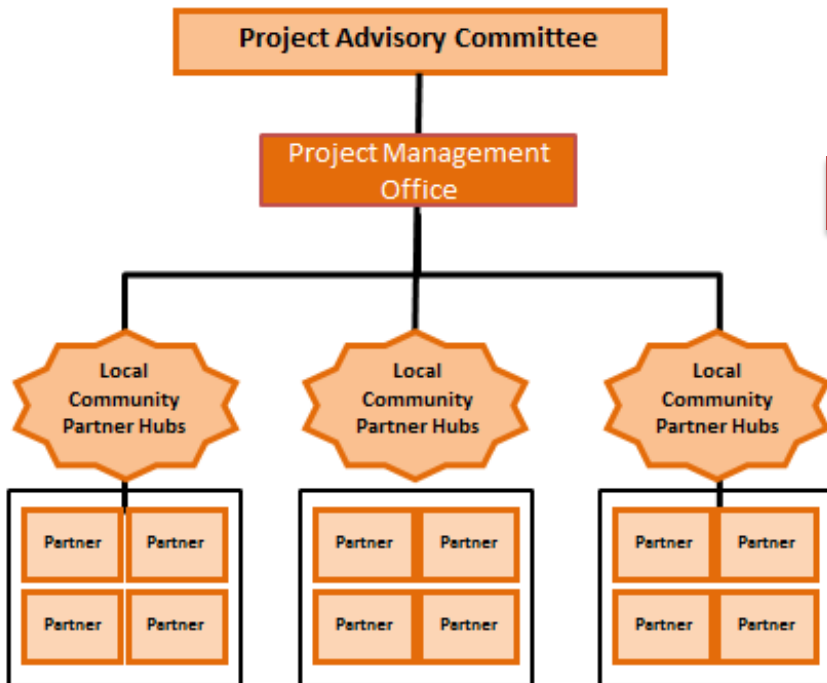
- Transition to implementation and evolve into a highly effective integrated delivery system
- Three key types of governance: Clinical, Health IT, and Executive
- Provide oversight of Project Plan milestones



Operational Governance: Vision

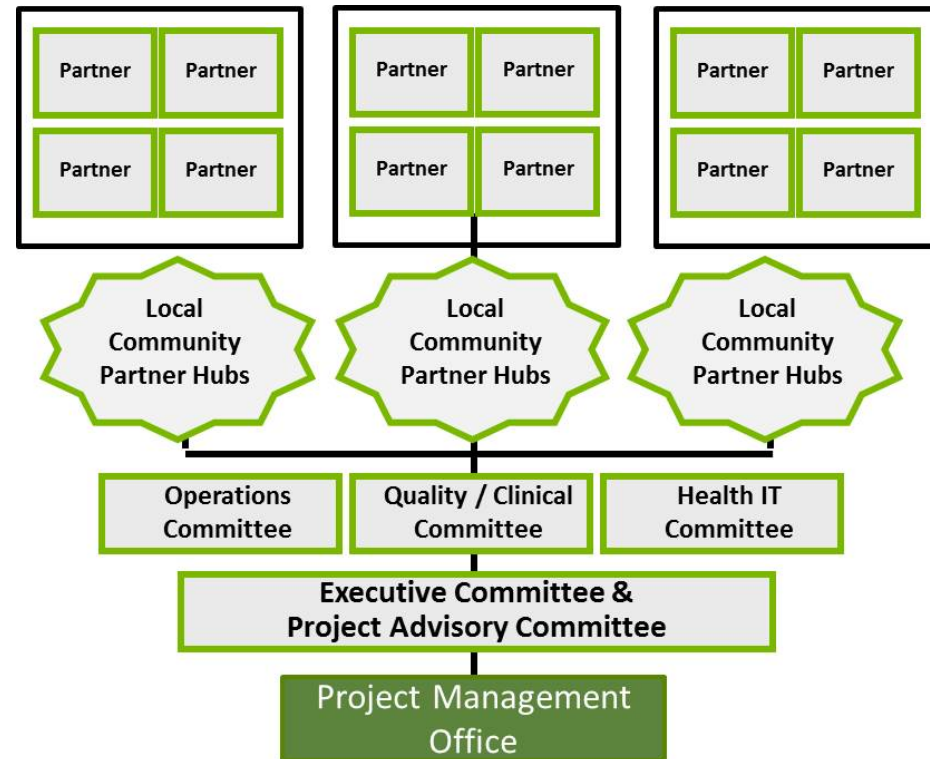
Initial Planning

- Centralized planning process to develop project frameworks and policies.



Implementation & Course Correction

- Governance will be at multiple levels.
- Local “Hubs” govern and manage local implementation, bringing accountability to the level of care.

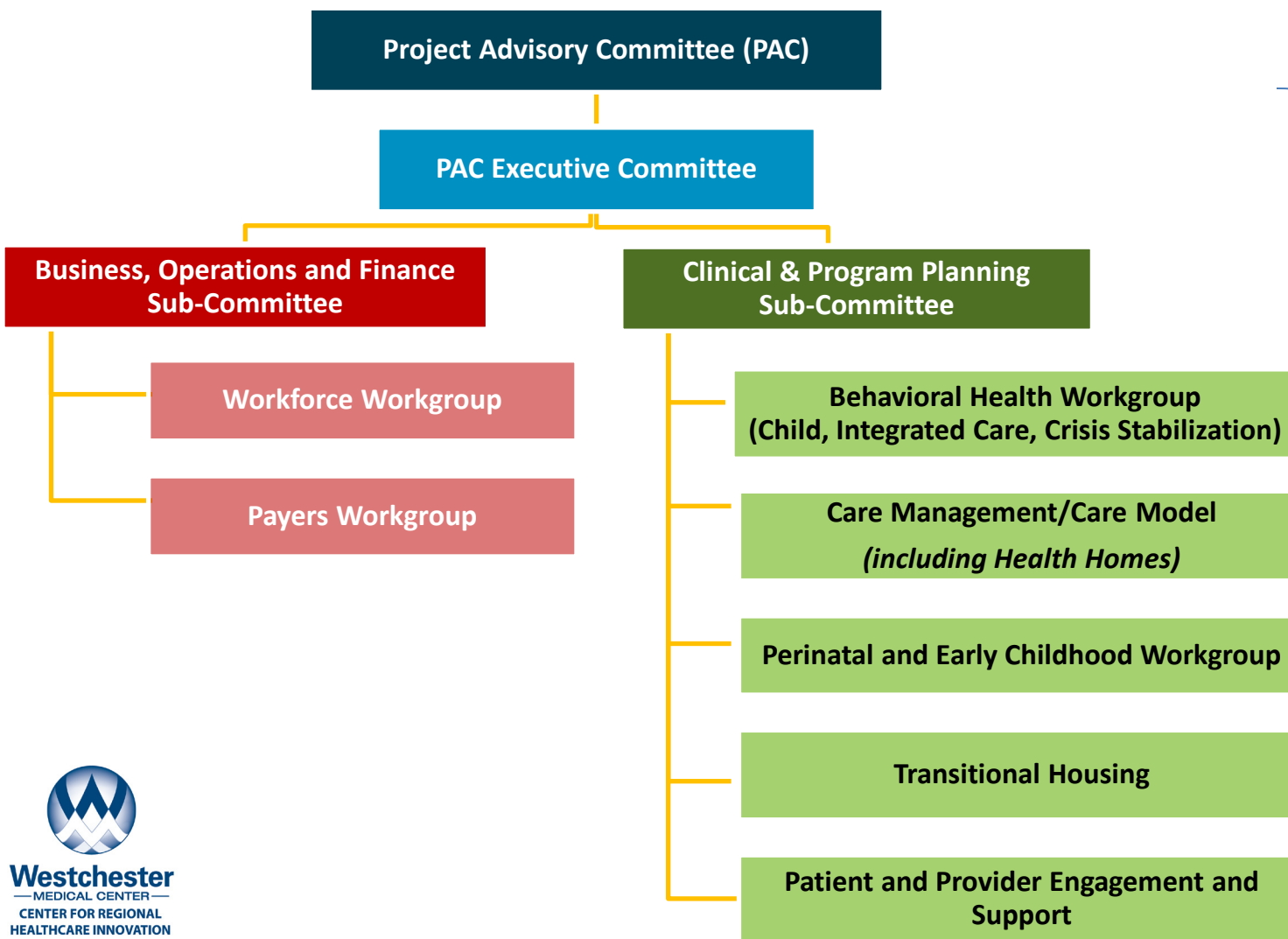


Planning Governance: PPS Committees and Workgroups Drive Project Planning

Getting from 11 projects chosen



To 11 detailed project plans

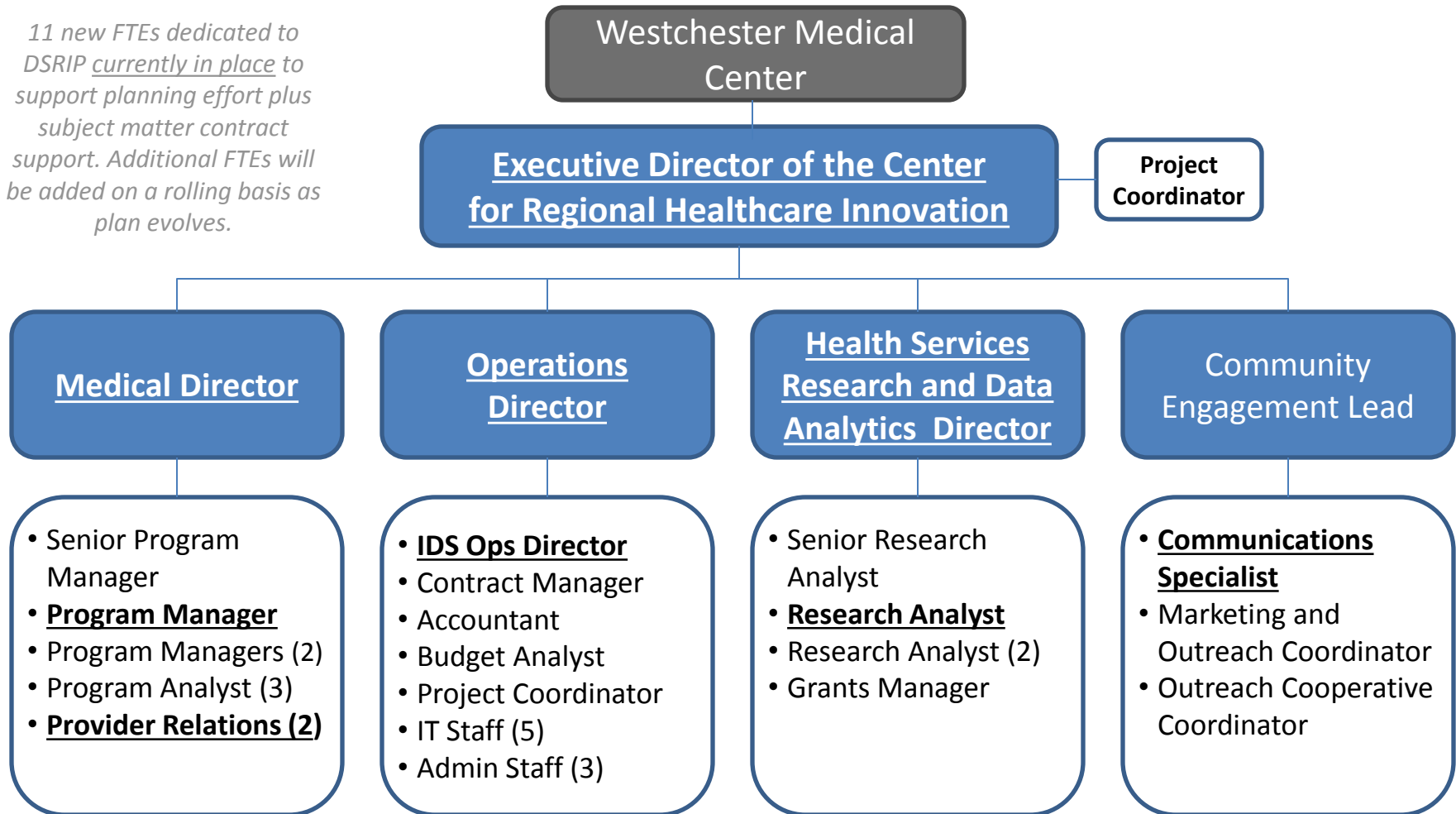


Supported by staff-led Project Management Office (PMO) workstreams including:

- Project management
- Community Needs Assessment
- Centralized Services Planning (including IT)
- Metrics & Analytics
- Financial Model development
- Detailed budgeting
- Outreach & Communications

DRSIP Program Management: Program Management Office

11 new FTEs dedicated to DSRIP currently in place to support planning effort plus subject matter contract support. Additional FTEs will be added on a rolling basis as plan evolves.



DRSIP Program Management: Subject Matter Support

In addition to establishing the Program Management Office with dedicated FTEs, our PPS is collaborating with community leaders, leveraging health system resources and has engaged subject matter experts, including:

CNA Subject Matter Team

Population Health & SPARCS Data Analytics

- Paul Savage - Director, Center for Health Analytics, Hagan School of Business, Iona College

Geospatial Data Analysis

- Glen Johnson, PhD - Lehman College, CUNY School of Public Health
- Andrew Maroko, PhD - Lehman College, CUNY School of Public Health

Qualitative Research & Focus Groups

- Markowitz Consulting

Overarching Project Design and Planning

- Manatt Health Solutions

Behavioral Health

- Cindy Freidmutter – CLF Consulting

Transitional Housing & Supportive Services

- Karl Bertrand - Program Design and Development, LLC



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Project Selection: Key Considerations



Clinical Need

Health indicators suggest that a problem (and opportunity for improvement) exists



Alignment with Strategic Goals

Stakeholders must evaluate the extent to which project selection helps advance individual and collective long-term strategic goals



Feasibility

WMC and partner organizations must ensure that infrastructure and resources are sufficient to achieve metrics associated with specific projects



Non Duplication of Existing Programs

DSRIP is intended to fund new provider initiatives and waiver funds cannot be used to fund programs currently funded by federal or state dollars



Cost of Implementation and Sustainability

Although some projects may provide a higher application score, WMC and partners must be certain that costs of implementation will not outweigh additional funding

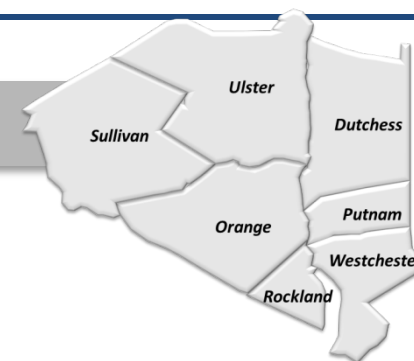


State Valuation & Metrics

Consideration of project index scores, PPS's ability to move the dial on related metrics and guidance that project metrics should not have significant overlap.

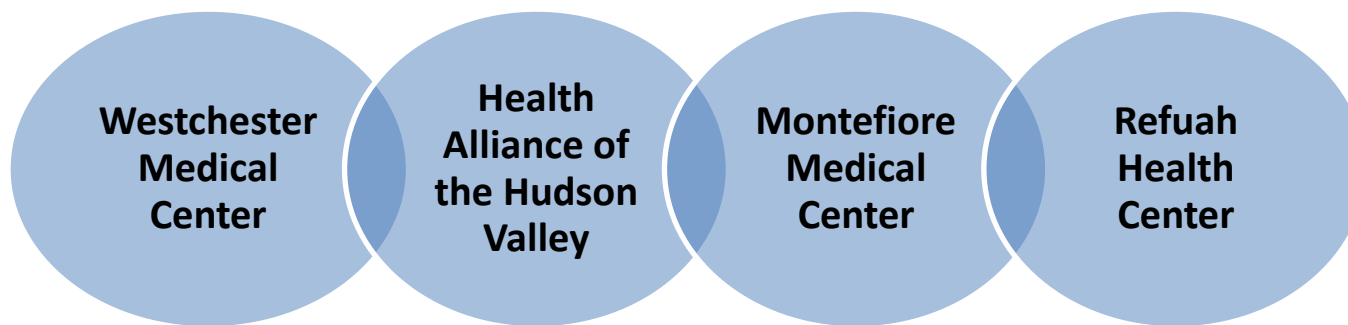
One Region – One Community Needs Assessment

Our process focuses on collaboration....



Cross-PPS

- Data teams perform analysis to inform projects selected by all four PPSs in the Hudson Valley
- Partner information requests and surveys are cross-walked and coordinated to ensure partners are not overwhelmed by duplicative requests



Cross-County

- Spans all 7 counties and coordinates with all county Departments of Health (DOHs) through the Hudson Valley Regional Health Officers Network (HVRHON)
- Local teams identify healthcare and community-based resources



Data Collection and Analysis Underway

Elements	Objectives
A Description of Health Care Resources & Community Resources	<ul style="list-style-type: none">• Assessment of capacity, service area, Medicaid status, and any particular areas of expertise• Data on the availability, accessibility, affordability, acceptability and quality of health services• What issues may influence utilization of services such as hours of operation, transportation, sliding fee scales, etc.
B Description of Community to be Served	<ul style="list-style-type: none">• Health status of population• Distribution of health issues, based on analysis of demographic factors, with particular attention on identification of issues related to health disparities and high-risk populations within the Medicaid and uninsured population.
C Description of Major Health & Health Service Challenges	<ul style="list-style-type: none">• Discussion of the contributing causes of poor health status, including the broad determinants of health including factors such as behavioral risk factors, environmental risks, socioeconomic factors, basic necessity resources including housing and access to affordable food, and transportation, among others.

Hudson Valley Resident Survey

- Available in five languages
 - English
 - Spanish
 - Portuguese
 - French Creole
 - Yiddish
- Written at 6th grade reading level
- Reviewed and approved by health literacy experts
- Coordinated across four PPSs with accompanying communications campaign

DSRIP Regional Survey - Hudson Valley

We are asking people who live in the Hudson Valley to take a 10 minute survey to tell us what they think about health needs in their communities. Your opinions are very important to us and will help us understand how to better meet your health care needs. You are not required to answer all questions. The links below will take you to the survey in five different languages:

- [Take the survey in English](#)
- [Participar en la encuesta en Español](#)
- [Participar da pesquisa em Portugues](#)
- [Patisipe nan sondaj sa nan kreyòl](#)
- [נעמען די יבערבליק אין שפּאַניש](#)


Note: The survey is completely anonymous – we are not asking for any information that can identify you. Please feel free to forward our survey link to friends and family and co-workers.

Thank you for your participation!

Next



Hudson Valley IT and Data Analytics Information Request


DSRIP Partner IT & Analytics Information Request

1. Organization Name:

2. Health System Affiliation (if applicable):

3. Main IT Contact Name:

4. Telephone: 5. Email:

6. If submitting multiple responses for your organization, indicate the scope for this response (location, setting, organizational unit, etc.):

7. Provider type (see attached list or otherwise provide a short description characterizing your organization):

8. If eligible, has your organization successfully attested to Meaningful Use?

# of Hospitals	<input type="text"/>	# of Eligible Professionals	<input type="text"/>
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9. If not yet attested, are you pursuing attestation?

Yes	<input type="text"/>	No	<input type="text"/>	NA	<input type="text"/>
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10. If eligible, have practices in your organization achieved PCMH recognition?

Yes	<input type="text"/>	No	<input type="text"/>	NA	<input type="text"/>
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11. If so, at what level and against which standards (2011 or 2014)?

12. Which statement best describes the status of your organization's effort to transition to ICD-10 by October 2015?

Not started	<input type="text"/>	Underway	<input type="text"/>	Ready to test	<input type="text"/>	NA	<input type="text"/>
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13. How many individuals use IT provided by your organization?

14. Approximately how many FTEs are involved in supporting the IT provided?

- Distributed in fillable PDF and electronic survey formats
- Coordinated and collected across four PPSs
- Assessment of current systems and resources that may be used to coordinate patient care
- Intended to take no more than 15 minutes to complete
- Conducting follow up interviews as needed
- Types of information collected:
 - Meaningful Use status
 - PCMH recognition
 - Participation in health information exchange (HIE)
 - Participation in Regional Health Information Organizations (RHIOs)
 - Ability to compute quality or performance metrics
 - Major IT systems (vendors and versions)

Initial Slate of 11 Candidate Projects

Project	Description
Domain 2: Systems Transformation Projects	
2.a.i	Create integrated delivery systems that are focused on evidence based medicine/population health management
2.a.iv	Create a Medical Village Using Existing Hospital Infrastructure
2.b.vi	Transitional Supportive Housing Services
2.b.viii	Home-Hospital Care Collaboration Solutions
2.d.i "Project 11"	Implementation of Patient and Community Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care
Domain 3: Clinical Improvement Projects	
3.a.i	Integration of primary care services and behavioral health
3.a.ii	Behavioral health community crisis stabilization services
3.b.ii	Implementation of evidence-based strategies in the community to address chronic disease – primary and secondary prevention projects (adult only). (Cardiovascular)
3.f.i	Increase support programs for maternal and child health (including high risk pregnancies) (e.g., Nurse Family Partnership)
Domain 4: Population-Wide Prevention Projects	
4.b.i	Promote tobacco cessation, especially among low SES populations and those with poor mental health.
4.b.ii	Increase access to high quality chronic disease preventive care and management in both clinical and community settings (focus on chronic diseases not in Domain 3, such as cancer)

Projects identified through a collaborative, stakeholder-driven process considering community needs and best leveraged opportunities for reform and success. Subject to revision based on input from CNA process.

Clinical and Operations Planning

Getting from 11 projects chosen



To 11 detailed project plans



Charge:

1. Hub approach and operating plans
2. Centralized service strategy
3. Budgets
4. Workforce development and training

Charge:

1. Transformation opportunities and prioritization
2. DSRIP project plans and resource needs
3. Evidence-base
4. Ensuring providers can achieve metrics

Combined charge: Sustainability

Clinical and Program Planning Sub-Committee

Clinical & Program Planning Sub-Committee

Inclusive of all interested partners.

- Open meeting on August 13th attended by 130+ PPS partners and stakeholders.
- Upcoming full day clinical workshop.

Behavioral Health Workgroup (Child, Integrated Care, Crisis Stabilization)

- Kick-off meeting held in early July
- Three teams formed: Integrated Care, Crisis Stabilization, Children
- All teams have met at least once
- Over 80 providers are actively participating.

Care Management/Care Model (including Health Homes)

- Multiple stakeholder interviews and site visits
- Upcoming in person meeting on care management
- Transitions in care breakout session at PPS-wide clinical meeting
- PCMH support initiatives reviewed; planning meetings in Sept and Oct
- Upcoming medication reconciliation session

Medication
Reconciliation

Patient
Centered
Medical Home

Transitions of
Care

Perinatal and Early Childhood Workgroup

- Building on previous region-wide initiative
- Multiple stakeholder interviews; upcoming in person meeting

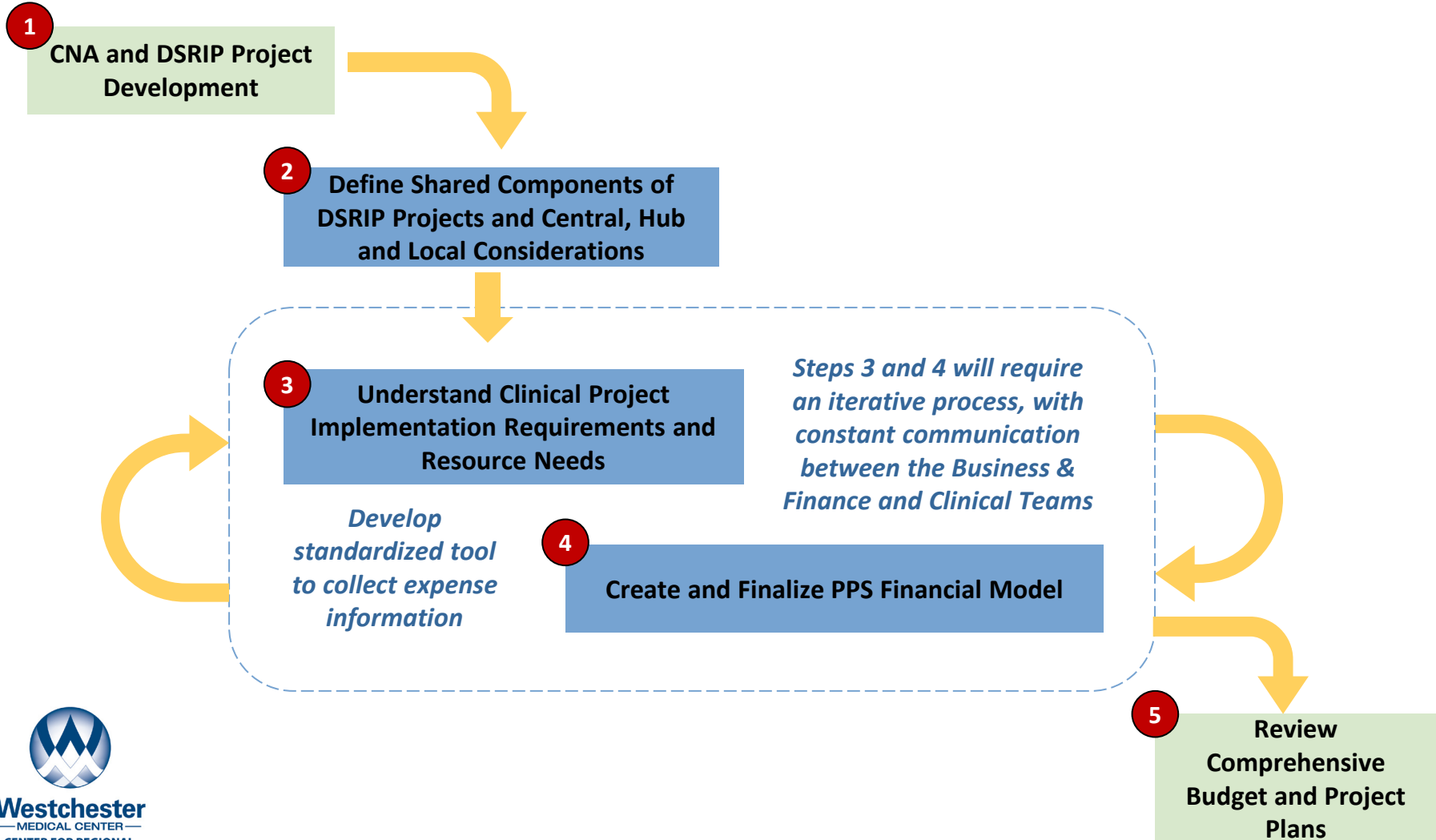
Transitional Housing

- Literature reviewed; capacity currently being assessed
- Engaged leading community based subject matter expertise

Patient and Provider Engagement and Support

- Literature review; current initiatives being assessed
- Detailed planning to flow from project needs

Example: Business, Operations & Finance Sub-Committee Budget Development



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Key Takeaways

Engaging the Hudson Valley



Regular newsletters keep PPS partners apprised of upcoming meetings, recent accomplishments, and new developments



Westchester
MEDICAL CENTER
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Welcome to Our Newsletter

Keeping our partners informed about the latest planning developments and upcoming meetings is important. We are grateful for your collaboration and support to date and look forward to working closely and communicating with each of you regularly in the

Center for Regional Healthcare Innovation at Westchester Medical Center

DSRIP PPS Update

Summer 2014



CRHI Collaborates in Seven-County Community Needs Assessment

The CRHI at Westchester Medical Center will collaborate with the four Performing Provider Systems (PPS) in the seven-county Hudson Valley region to complete a Community Needs Assessment. This assessment will take a detailed look at demographics, healthcare gaps, historical trends and other data to inform the selection of DSRIP projects. A critical element of the DSRIP project, the assessment will provide each PPS with data-driven insights to help identify opportunities for healthcare improvement and infrastructure needs to accomplish project goals and creation of an integrated healthcare system. To date, the Hudson Valley Regional Health Officers Network, comprised of the health commissioners from the seven counties in the Hudson Valley, has convened two meetings to review preliminary assessment findings and discuss coordination among the counties. Dr. Deborah Viola presented the latest update to the health commissioners at the August 15 meeting. The PPSs have established weekly conference calls to discuss status and next steps related to the assessment.

Spotlight on Behavioral Health

Kudos to the Behavioral Health Workgroup for paving the way for our DSRIP planning efforts! Chaired by Amy Kohn, CEO, The Mental Health Association of Westchester, the workgroup has held four meetings covering integrated care, crisis

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Upcoming Meeting Dates

- September 15
9 a.m. to noon
Perinatal and Early Childhood Workgroup
- September 16
3 p.m. to 5 p.m.
Care Management Workgroup
- September 19
9 a.m. to 11 a.m.
Behavioral Health: Integrated Care
- September 19
11:30 a.m. to 1:30 p.m.
Behavioral Health: Crisis Stabilization
- September 24
10 a.m. to 11:30 a.m.
Project Advisory Committee Webinar
[Register here.](#)
- September 30
1:30 p.m. to 3:30 p.m.
Behavioral Health Workgroup
- October 9
Summit: CNA Report Out
Clinical & Program Planning Sub-Committee

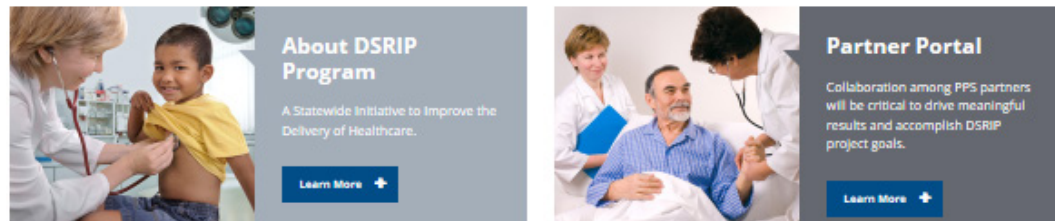
Engaging the Hudson Valley

Recently launched website provides real-time updates: <http://www.crhi-ny.org/>

Rotator highlights latest developments



Important contact information for PPS Committees and Workgroups



Partner portal to be used to facilitate collaboration

CONTACT US

Executive Committee	Behavioral Health Workgroup
Community Needs Assessment	Cindy Freidmutter President
Clinical & Program Planning Sub-Committee	CLF Consulting c.freidmutter@gmail.com
DSRIP Planning Process Communications	

MEET THE TEAM

Janet Sullivan, MD
Medical Director
Office (914) 327-5380
Center for Regional Healthcare Innovation
[View Full Profile](#)

Bios and contact info for project management office

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Lessons learned to date:

- Dedicated FTEs and investment of resources in the planning process critical to successful DSRIP effort.
- Operational governance should be developed through the planning process, including clinical and IT governance in addition to business operations, and focus on empowering providers at the point of care and driving local accountability.
- Input from multiple stakeholders across the community is critical; the planning process should provide structured ways to garner feedback.

Thank You!

Contact Information

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