INTRODUCTIONS

Dan Sisto, Chair
North Country Health Systems Redesign Commission
Joel Duhl, Executive Director
North Country Physicians Organization, PLLC
NORTH COUNTRY PHYSICIANS ORGANIZATION, PLLC

&

ACCOUNTABLE CARE COALITION OF THE NORTH COUNTRY, LLC

The North Country’s original ACO
North Country Physicians Organization, PLLC - Background

- North Country Physicians Organization, PLLC (NCPO) was formed in 1995.
- Membership is 181 physicians including 73 primary care physicians and 108 specialist.
- Fletcher Allen Health Care has participated with NCPO since 2000.
- NCPO participating physicians practice in St. Lawrence County and the upper half of Franklin County.
NCPO Service Area & Location of Primary Care Physicians Participating in the ACO.
NCPO Services and Business

NCPO provides assistance to its membership to help meet the demands of the constantly evolving medical business. Many NCPO member practices are small and do not have the resources that are often available to larger practices. NCPO fills this void.

Payor Contracting and Assistance
- NCPO agreements
- Individual practice agreements

Practice Management Services
- Accounts receivables
- Fee analysis
- General business advice
- Some legal services

Education
- 1-2 programs per year on current issues, e.g. ICD-10 and the impact of the Affordable Care Act on practices.
NCPO Services and Business

– Annual coding boot camp since 2004. Certified approximately 150 coders.
– 15 free online courses on compliance and practice management.
– All education provides physicians CME and certified coders CEU.

Assistance with current issues concerning practice management such as achieving meaningful use and changes in the Health Insurance Portability and Accountability Act (HIPAA).
NCPO Challenges

**Physician turnover** (from NCPO Membership Statistics)

- Last three years, recruited: 81
- Last three years, retired, deceased or left area: 55
- Ratio of population per 1000 to primary care physicians 2011-2012
  - Overall in New York: 1,222:1
  - National Benchmark: 1,067:1 (90th percentile)
  - Franklin County: 1,395:1
  - St. Lawrence County: 1,897:1

http://www.countyhealthrankings.org
Other NCPO Business

- Independent Practice Association authorized by the New York State Department of Health
- Third party administration business
  - 7,284 Covered individuals under self insured plans.
- 15,854 Covered lives under Direct NCPO Agreements
- Accountable Care Organization. Initially 5,000 beneficiaries. Expect between 6,000 and 8,000 this year.
What is an Accountable Care Organization (ACO)

- An ACO is a group of doctors, hospitals, or other healthcare providers who come together voluntarily to coordinate care for individuals with Original Medicare (often referred to as “Medicare” or “Medicare Fee-for-Service”).

- An ACO provides care to Medicare Fee-For-Service beneficiaries (beneficiaries) with Original Medicare who are assigned by the Centers for Medicare & Medicaid Services (CMS). There is a three-year commitment with annual reporting requirements.

- There are two tracks, one risk and one non-risk. This is the direction both the government and commercial payors are headed over the next few years.

- If an ACO succeeds in both delivering high-quality care (there are 33 quality measures) and reducing the cost of that care below what would otherwise be expected, it will share in the savings it achieves for Medicare.
What is an Accountable Care Organization ACO

Achieving the goals of the “Triple Aim” of the ACO requires fundamental changes in data collection, analytics, and accountability.

- **Triple Aim** = Improved Outcomes, Lower Cost & Patient Satisfaction.

  - **Health Outcomes**
  - **Patient Experience** in a safe environment, equitable to all who seek it, and available when needed
  - **Improved Health Outcomes** accomplished through prevention and chronic care management
  - **Lower Per Capita Costs** intended to reduce the trend of cost increases associated with the Medicare Fee For Service population

http://www.healthpartners.com/public/about/triple-aim
Accountable Care Coalition of the North Country, LLC (ACCNC) - Startup

- NCPO has had a close working relationship with Universal American, a publicly traded company that provides Medicare Advantage health insurance products.

- In 2011, Universal American approached NCPO about doing a joint venture to form a company and file an application with the Centers for Medicare and Medicaid Services (CMS) to be recognized as an ACO under the Medicare Shared Savings Program (MSSP).

- NCPO and Universal American, through one of the Universal American subsidiaries, Collaborative Health Systems (CHS), formed the Accountable Care Coalition of the North Country, LLC and filed an application with CMS.

- On April 1, 2012, the ACCNC became an Accountable Care Organization and was subsequently approved by the state of New York as a state certified Medicare Only ACO.
  - In the first group of 27 approved ACO’s.
  - Began with a small subset of NCPO members to help the startup of the ACO to be more manageable.
  - Approximately 5,000 beneficiaries attributed to the ACO.

- Collaborative Health Systems/Universal American is providing management, systems, and care management support.
During most of the remainder of 2012 and the beginning of 2013 ACCNC concentrated on infrastructure, including:

- required beneficiary notification,
- establishing compliance programs,
- development and implementation of policies and procedures,
- recruitment of three RN Care Managers,
- training of physicians and the care coordination team and,
- formation of corporate structure and committees.

Care Coordinators began transition of care and follow-up with beneficiaries in the fall of 2012.

Claims data providing analytical information began being distributed in the end of 2012.
ACCNC - Challenges

- Timely and complete claims information to use for analytics.
- Changes in practice behavior by physicians.
- Meeting deadlines.
- Beneficiary buy-in.
- Meeting the requirements of the Quality Measures and reporting.
ACCNC - Successes

- Physician participation.
- Beneficiary acceptance and engagement.
- Development of programs that improve quality and potentially reduce costs.
- Final financial results are still pending.
ACCNC/NCPO - Plans Going Forward

- Care Coordination plans for 2014
  - Care Coordination team will be concentrating on coordinating education and treatment of chronic obstructive pulmonary disease (COPD) and pneumonia which represents 51% of the potential avoidable beneficiary hospital admissions and a large percent of emergency room visits.
  - Reduction of Emergency Department visits through expanded resources provided to beneficiaries.
  - ACCNC will be providing an after-hours nurse triage service for its beneficiaries.
  - Continued transition of care services where appropriate.

- Integration of physician/hospital/other provider systems using technology that is available in the area.

- Contracting with other providers.
  - Specialists and hospitals
  - Additional primary care physicians to increase the number of ACO beneficiaries attributed to the ACO.

- Apply for a commercial ACO state certification.
  - Begin developing relationships with commercial payors.

- Expanding the ACO services to NCPO’s TPA customers.
  - Expanded to 21 primary care physicians, locations can be found on slide 3.
Structure of OMH Programs

State Operated
- Licensed
- Non-Licensed

Community Operated
- Licensed
- Non-Licensed
N. Country Programming

Over 200 OMH licensed, funded, and operated programs in the North Country. Including:

- 20 clinics
- 8 crisis intervention programs
- 5 general hospital psychiatric units
- Licensed and unlicensed residential programs with different levels of treatment and supports
  - Approximately 400 licensed treatment beds
  - Additional supported housing (unlicensed beds) across region
- Over 150 support and care coordination programs, including recovery centers, school-based MH, educational and vocational programs, and care management
Programming

North Country residents are served by four OMH psychiatric centers: St. Lawrence, Capital District, Hutchings, Mohawk Valley

OMH operates inpatient and community services serving thousands of N. Country residents annually:

- Inpatient: Adult and children, Sex Offender Treatment Program
- Community: 3 child & youth clinics, 3 adult clinics, 2 day treatment (children), 1 State Operated Community Residence
Community Services are the Backbone
Categories of OMH Service

- Residential
- Inpatient
- Outpatient
- Support
- Emergency
Find a Mental Health Program in Your Community
Search for all licensed and unlicensed mental health programs throughout New York State.
In one week, over 5,300 lives are touched by the public mental health system in the North Country

(2011 OMH Patient Characteristics Survey)
Access

Telepsychiatry is used across the region for treatment, and consultation.

North Country is participating in the integrated clinic pilot between DOH, OMH & OASAS.

Co-location of services is important for access due to travel needs in the region.
Spending

Approx $92 million spending on local public mental health services in N. Country counties:

- $15 million State Aid to Localities
- $77 million Medicaid (includes Fee for Service and Medicaid Managed Care for Mental Health services)
Statistics and Reports

Archived Statistics and Reports

Online Access to OMH Statistical Data

Adult Housing - The Adult Housing web page presents the Residential Program Indicators (RPI) report. The RPI is a performance measurement reporting tool for adult housing programs in New York State. Viewers can use indicators in the report to evaluate agency residential programs, based on county, regional, and statewide averages.

Assisted Outpatient Treatment (AOT) Reports - Up-to-date statistical data on AOT program operations, the demographic and diagnostic characteristics of AOT recipients, and outcomes for AOT recipients. Statewide, regional and county-level data are available.

Assertive Community Treatment Reports - The ACT web page provides an overview of the ACT program, and up-to-date statistical data on program operations, the demographic and diagnostic characteristics of ACT recipients, and recipient outcomes. Statewide, regional, county and program-level data are available.

Balanced Scorecard - The OMH Balanced Scorecard allows anyone to view and assess the agency’s progress toward achieving its strategic goals. The Scorecard uses up-to-date quantitative data to compare actual performance against specific measurable targets. Content areas include outcomes experienced by individuals served in the NYS public mental health system, results of public mental health efforts undertaken by OMH, and critical indicators of organizational performance. The OMH Balanced Scorecard is updated.

County Profiles Portal - The County Profiles Home Page offers consolidated, at-a-glance, and comparative views of key county community characteristics, mental health services, expenditures, and outcomes. Its purpose is to enable planners and others to identify service gaps and disparities and plan improved service delivery.

http://www.omh.ny.gov/
http://bi.omh.ny.gov/cmhp/dashboard
OMH Regional Centers of Excellence

The Regional Centers of Excellence Plan

New York State Office of Mental Health

NORTH COUNTRY HEALTH SYSTEMS
Additional Information

Central New York Field Office
Phone: 315-426-3930
Address: 545 Cedar St.
Syracuse, NY 13210

County Department of Mental Health
Clinton: 518-565-4060
Essex: 518-873-3670
Franklin: 518-891-2280
Fulton: 518-773-3557
Hamilton: 518-648-5355
Jefferson: 315-785-3283
Lewis: 518-873-3670
St. Lawrence: 315-386-2048
Warren/Washington: 518-792-7143

http://www.omh.ny.gov/
North Country Behavioral Health Network

Barry Brogan, Executive Director
North Country Behavioral Health Network
22 Behavioral Health & Human Service Providers

- 3 Hospitals
- 8 Alcohol and Substance Abuse Treatment and Recovery Providers
- 9 Mental Health Treatment and Recovery Providers
- 4 Prevention Service Providers
- 3 Mental Health Peer Service Agencies
- 2 Wrap Around Services Agencies
Services include

- Inpatient Units and Outpatient Clinics for SUD and MH
- Adult and Adolescent Residential
- Veteran SUD Residential
- Supportive Housing (generic term)
- Community Prevention Services
- Peer Support
- Wrap Around to include Food Pantry, Employment Training, Clothing, and Emergency Shelter Assistance
22 Providers Serving 7 North Country Counties
NYS DOH Work Plan

- Implementation of HIT in BH including Connectivity to RHIO & Primary Care
- Preparation for Medicaid Managed Care (7/1/15)
- Reducing Homelessness in the North Country
- Addressing BH Prevention Agenda Issues
Regional Alignment Project (RAP) Strategic Plan

- Develop partnerships with Primary Care and additional BH Providers
- Interoperable EHR by 2016.
- Collective quality (use data to demonstrate value proposition) Adopt BH EBP
- Identify the strategic business and program opportunities for designing and implementing integrated partnerships
- ACOs Health Home Etc.
North Country Behavioral Healthcare Network

HRSA /DSRIP (proposed) Collaborative Project

Leading the Way: Creating a Step Change in High Risk Behavioral Health Outcomes through Clinical Integration, Measurement and Reporting Across the Rural Continuum of Care
North Country Behavioral Health Network

- Implement electronic medical records in behavioral health settings
- Increase access to behavioral health care in the primary care setting through the use of telemedicine and home telehealth
- Facilitate development and adoption of best-practice protocols for rural behavioral health treatment both in primary care and in behavioral and substance abuse clinics
- Coordinate behavioral health care between inpatient, emergency, primary care and outpatient mental health services.
Clinton County

Population 81,000+
- One city-Plattsburgh

Challenges
- Unemployment at 10.5%
- Poverty Level at 13.1%
- No Health Insurance 11%
- Local Share Medicaid $17+ million annually (62% tax levy)
- Strained behavioral health resources
  - High utilization of ED & IP
    - 2620 psychiatric evaluations in 2012
  - Significant gaps in services, i.e. mobile crisis, crisis respite
  - Lack of capacity in existing services
- Critical shortage of PCP’s and Psychiatrists
2012 Activity in Mental Health

** Diagnosis: 
- Mental Health  
  - Mood Disorder 53%  
  - Anxiety 27%  
  - Psychosis 8%  
  - PTSD 6%

** Admissions: 
- Total 1246  
  - Adults 861  
  - Children 385

** Units of Service: 
- 78,373
2012 Activity in Addictions

Primary Drug Use - Alcohol
- Increasing Prescription Drug Abuse, Heroin & Meth Amphetamine

Admissions - 459

Units of Service - 20,727
PCP Notification

Every Admission

- Determine if patient has a PCP
  - Obtain Release
- Send admission notification to PCP
  - within 10 days
  - request H & P records if available
- Send Progress Update
  - every 90 days
Hospital Discharge

β Warm Hand Off
– Meet with impending discharge
– Engage
– Schedule appointment time
  • Best for patient
Warm Hand Off Experience

Show Rate improved significantly
- No show from 90% to 30%

If patient no-shows
- Call-set up new appointment
- Can’t be reached-send letter
Warm Hand Off

On-hold
County Wide Plan of Action

- Two pronged approach
  - CO-LOCATION
    - behavioral health in primary care
      - Clinton County Mental Health and Addiction Services
    - primary care in behavioral health
      - Behavioral Health Services North

- PLUS:
  - Enhanced communication

- Outcomes:
  - Improve access to care
  - Improve quality of care
  - Lower overall healthcare expenditures
Behavioral Health in Primary Care

β County Mental Health & Addiction Satellite Clinic

β Co-locate in Primary Care Practice
  – On-site licensed clinicians
    • consultation
    • assessment
    • individual & group therapy
  – Limit service to patients in the practice
Referral Process

PCP to Clinic via fax
- Demographics
- Reimbursement Information
- Reason for referral
- Signed release of information
Managed by County Clinic

- Registration for services
  - Telephone
- Electronic scheduling & Electronic Chart
  - Clinician carries lap top
- Ongoing written reports & feedback
  - Diagnosis, plan for treatment, progress toward goals
- Billing for services
Satellite Sites

4 sites operating
- 5th slated for February
North Country Medical Group

– Hudson Headwaters-Champlain, NY
  • no previous behavioral health services
  • Hudson Headwaters planning a new building

Satellite 3 days a week
Staffed by 4 Clinicians
Mental Health & Addictions
Adults & Children
Mountain View Pediatrics

Share a pediatrician between practice & clinic

Satellite 1 day a week
Staffed by 2 Clinicians
Mental Health Children & Adolescents
Shared Pediatrician

- On-site Mental Health Clinic
  - 2 days per week
  - Handles less complex cases
    - Psychiatric supervision
  - Provides medication services
Urgicare of the Northeast

- Specializing in diabetes & asthma
- Provides drug screens

Satellite 1 day a week
Staffed by 1 Clinician
Mental Health & Addiction
Adults
CVPH Health Care

β Satellite 2 days a week
- Staffed by 1 clinician
- Mental Health
- Adults and Children

β On-site hospital staff psychiatrist 2 days a week

β On-site medical home/health home
Next steps for co-location

- Additional sites in planning stage
  - Focus on underserved areas
- Connect to HIXNY
  - Electronic Health Information Exchange
Primary Care in Behavioral Health

Population Served:
- SPMI-seriously & persistently mentally ill

Services provided:
- Day Program-PROS
- Outpatient Clinic
- Health Home Care Management
- Housing
Primary Care in Behavioral Health

BHSN Plan:
- Establish an Article 28 clinic or;
- Contract with Primary Care to establish a satellite
  • Discussion underway with CVPH

BHSN Preparation:
- New building-two exam rooms
- Nurse manager supervises adult clinic
- Health monitoring underway
Health Home Activity

- Outreach: 172
- Active Cases: 85
- Engagement Rate: 43%
- Survey Results
  - 98% found services helpful
Additional County Activities

The Prevention Agenda

- Behavioral Health agencies are participating with Clinton County DOH and CVPH to develop a plan to meet the objectives of the focus area in the Prevention Agenda of Promotion of Mental Health and Prevention of Substance Abuse.
NORTH COUNTRY
CHEMICAL DEPENDENCE SERVICES IN THE NORTH COUNTRY

Tim Donovan, Regional Coordinator
Northeast Regional Office
New York State Office of Alcoholism & Substance Abuse Services
Clinton County

Outpatient Clinic
- Clinton County Community Services Board - Plattsburgh
- Champlain Valley Family Center - Plattsburgh
  w/ Enhanced Medically Supervised Adolescent Svc
- Conifer Park - Plattsburgh

Opioid Treatment Program
- Conifer Park Methadone Maintenance Treatment Program - Plattsburgh
  25 slots with plan to expand as needed

Community Residential
- Twin Oaks Community Residence, Behavioral Health Svcs. North
  20 adult male beds - Plattsburgh

CD Prevention
- Champlain Valley Family Center – county wide

Permanent Supported Housing for High Frequency Medicaid Users
- Champlain Valley Family Center  8 Units
Essex County

Outpatient Clinic
  St. Joseph’s Addiction Treatment and Recovery – Ticonderoga
  Additional locations:
    Elizabethtown
    Keeseville

CD Prevention
  Substance Abuse Prevention TEAM of Essex County
Franklin County

Inpatient Rehabilitation Center
St. Joseph’s Addiction Treatment and Recovery
  63 beds – 46 male
    17 female

Outpatient Clinic
Citizen Advocates, Inc. – Malone
  Additional Locations:
    Saranac Lake
    Tupper Lake
    Long Lake (Hamilton County currently inactive)
    Speculator (Hamilton County)
St. Joseph’s Addiction Treatment and Recovery
  Malone
  Saranac Lake
  Additional Location:
    Mountain Lake Children’s Home – Lake Placid
Franklin Co. cont’d.

Community Residential
St. Joseph’s Addiction Treatment & Recovery – Saranac Lake
25 bed male for Veterans – Feb. 2014 completion
St. Regis Mohawk Tribal Reservation
Akwesasne

Inpatient Rehabilitation
  Partridge House 10 bed male, 6 bed female

Outpatient Treatment
  St. Regis Mohawk Outpatient Clinic

CD Prevention
  St. Regis Mohawk Prevention
Hamilton Co.

Outpatient Clinic
  2 additional locations of Citizen Advocates located in Franklin Co.

CD Prevention
  Hamilton County Community Services Prevention
  HFM Prevention Council
Jefferson Co.

Outpatient Clinic
  Samaritan Medical Center - Watertown
  Credo Community Center - Watertown

Residential Rehabilitation for Youth
  Credo Community Center – 26 beds male
    Evans Mills

Intensive Residential
  Credo Community Center – Watertown
    15 bed – women with children

Community Residential
  Credo Community Center - Watertown
    15 bed male
    16 bed male
Jefferson Co. cont’d.

CD Prevention

Alcohol and Substance Abuse Council of Jefferson County, Inc.
Lewis Co

Outpatient Clinic
   Additional location operated by Credo Community Center
      Lowville

CD Prevention
   Mountain View Prevention Services, Inc.
St. Lawrence Co.

Medically Managed Withdrawal & Stabilization Services
Canton-Potsdam Hospital - Potsdam
7 beds

Inpatient Rehabilitation
OASAS Operated
St. Lawrence Addiction Treatment Center - Ogdensburg
40 beds up to 12 beds for women
Offers Inpatient Problem Gambling Treatment
Canton-Potsdam Hospital - Potsdam
17 beds

Residential Rehabilitation Services for Youth
Can-Am Youth Services, Inc. d/b/a/ Rose Hill - Massena
30 bed co-ed accepts young women with a baby
St. Lawrence Co. cont’d.

Community Residential
North Country Freedom Homes, Inc.
  12 bed male - Canton
  12 bed male - Madrid

Supportive Living
North Country Freedom Homes, Inc.
  12 bed male - Canton

Outpatient Clinic
St. Lawrence County Community Services Board – Ogdensburg
St. Lawrence County Community Services Board – Canton
Canton-Potsdam Hospital – Norwood

CD Prevention
Seaway Valley Council for Alcohol/ Substance Abuse Prevention, Inc.
Warren Co.

Outpatient Clinic
Conifer Park, Inc. – Glens Falls
820 River Street – Queensbury
Glens Falls Hospital – Glens Falls

Community Residential
820 River Street – 21 bed male – Glens Falls

Supportive Living
820 River Street – 12 bed male or female as needed
Glens Falls

NORTH COUNTRY HEALTH SYSTEMS
Washington Co.

Outpatient Clinic
  Glens Falls Hospital – Hudson Falls
  Additional locations:
    Granville
    Cambridge

Community Residential
  820 River Street – Granville
  15 bed female
Contact Information

Northeast Regional Office
OASAS
1450 Western Ave
Albany, NY 12203-3526
518-485-1660

Central Field Office
OASAS
J. H. Hughes State Office Bldg.
333 E. Washington St. Rm 546
Syracuse, NY 13202-1422
315-428-4113

http://www.oasas.ny.gov/
Thomas Carman, Chair
Fort Drum Regional Health Planning Organization

Col. Matthew Mattner, Commander
USA MEDDAC - Fort Drum

Denise Young, Executive Director
Fort Drum Regional Health Planning Organization
Today’s Discussion

- Overview of NYSHHealth Grant to the Foundation for Long Term Care
- Key Demographics in the Eastern Adirondacks
- Role of LTCSS Providers in North Country Health System Redesign
- Major Factors Influencing LTCSS Providers in the North Country
- Next Steps in Grant Initiative
Overview of NYShealth Grant to the Foundation for Long Term Care
Eastern Adirondacks

Clinton
Essex
Franklin
Hamilton
Warren
Washington
Grant Objectives

- Assess demand and supply of long-term care supports and services (LTCSS) in the 6-county Eastern Adirondacks region
- Identify the needed configuration of services in the region and develop an action plan to rebalance those services
- Pursue opportunities to enhance operational efficiencies and promote financial stability
- Address needs for transitional financial assistance
- Pursue regulatory flexibility targeted towards the needs of the region

Timeframe: October 1, 2013 – September 30, 2014
Grant Key Deliverables

1. A core group of partner organizations and their governance bodies – The Eastern Adirondacks Long Term Care Coalition (EALTCC)

2. A long-term care supports and services needs assessment and service gaps analysis for the region

3. A draft strategic action plan that addresses the needs assessment and service gaps analysis

4. A community forum where the draft strategic action plan will be presented and discussed with a larger stakeholder group

5. A final version of the strategic action plan
EALTCO Members

- Skilled nursing facilities
- Hospitals
- Adult care facilities/assisted living
- Adult day health care programs
- Senior housing
- Home and community-based services
  - County Offices for the Aging
  - CHHAs
  - LTHHCPs
  - Consumer directed programs
- Hospice/Palliative care
- Managed care
- Hudson Headwaters Health Network
- Adirondack Health Institute
- Iroquois Healthcare Alliance
Key Demographics in the Eastern Adirondacks
The population for the six counties will grow about 2.3% from 2010 to 2020, but grows at a decreased rate of about 1.9% from 2020 through 2030.

### Current and Projected Population by Age Group: Six-County Total

<table>
<thead>
<tr>
<th>Age Cohorts</th>
<th>Population</th>
<th>Annual Population Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
<td>2020</td>
</tr>
<tr>
<td>65-69</td>
<td>14,588</td>
<td>19,659</td>
</tr>
<tr>
<td>70-74</td>
<td>10,641</td>
<td>15,733</td>
</tr>
<tr>
<td>75-79</td>
<td>8,824</td>
<td>10,159</td>
</tr>
<tr>
<td>80-84</td>
<td>6,846</td>
<td>5,987</td>
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<tr>
<td>85+</td>
<td>6,160</td>
<td>6,647</td>
</tr>
<tr>
<td><strong>Total 65+</strong></td>
<td>49,069</td>
<td>60,205</td>
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</table>

*Source: Program on Applied Demographics, Cornell University*
## Income and Poverty Profile

<table>
<thead>
<tr>
<th>County</th>
<th>Median Household Income</th>
<th>% of 65+ Population in Poverty</th>
<th>Households with individuals 65 years and over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Clinton</td>
<td>$49,260</td>
<td>12.4</td>
<td>7,882</td>
</tr>
<tr>
<td>Essex</td>
<td>$46,629</td>
<td>8.1</td>
<td>5,146</td>
</tr>
<tr>
<td>Franklin</td>
<td>$43,673</td>
<td>12.4</td>
<td>4,988</td>
</tr>
<tr>
<td>Hamilton</td>
<td>$51,142</td>
<td>8.0</td>
<td>822</td>
</tr>
<tr>
<td>Warren</td>
<td>$53,877</td>
<td>5.3</td>
<td>8,141</td>
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<tr>
<td>Washington</td>
<td>$50,117</td>
<td>7.9</td>
<td>6,801</td>
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<tr>
<td>NYS</td>
<td>$56,951</td>
<td>11.5%</td>
<td>1,925,416</td>
</tr>
</tbody>
</table>

*Source: Program on Applied Demographics, Cornell University*

Drives demand for Medicaid services.
Percent of 65+ Living Alone

<table>
<thead>
<tr>
<th>County</th>
<th>Householder living alone 65 years or older</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinton</td>
<td></td>
<td>3,001</td>
<td>9.5</td>
</tr>
<tr>
<td>Essex</td>
<td></td>
<td>2,182</td>
<td>13.6</td>
</tr>
<tr>
<td>Franklin</td>
<td></td>
<td>2,259</td>
<td>11.9</td>
</tr>
<tr>
<td>Hamilton</td>
<td></td>
<td>349</td>
<td>15.2</td>
</tr>
<tr>
<td>Warren</td>
<td></td>
<td>3,396</td>
<td>12.0</td>
</tr>
<tr>
<td>Washington</td>
<td></td>
<td>2,690</td>
<td>10.9</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>13,877</td>
<td>12.2%</td>
</tr>
</tbody>
</table>

Living alone is a risk factor for poorer overall health.

Sources: American Community Survey: 2007-2011; 2010 Census
# Health Characteristics

## Health Status/Health Behaviors

<table>
<thead>
<tr>
<th>Health Status/Health Behaviors</th>
<th>North Country</th>
<th>Upstate</th>
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<tbody>
<tr>
<td>% Adults with Hypertension</td>
<td>33.2</td>
<td>30.4</td>
</tr>
<tr>
<td>% Adults with Diabetes</td>
<td>10.4</td>
<td>9.5</td>
</tr>
<tr>
<td>% Adults with Asthma</td>
<td>12.6</td>
<td>10.8</td>
</tr>
<tr>
<td>% Adults Smoking</td>
<td>23.3</td>
<td>21.1</td>
</tr>
<tr>
<td>% Adults Obese</td>
<td>30.5</td>
<td>27.1</td>
</tr>
</tbody>
</table>

## Mortality/Cases per 100,000 population

<table>
<thead>
<tr>
<th>Mortality/Cases per 100,000 population</th>
<th>North Country</th>
<th>Upstate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Lower Respiratory Disease Mortality</td>
<td>59.0</td>
<td>52.9</td>
</tr>
<tr>
<td>Heart Disease Mortality</td>
<td>218.8</td>
<td>240.0</td>
</tr>
<tr>
<td>Diabetes Mortality</td>
<td>22.6</td>
<td>20.0</td>
</tr>
</tbody>
</table>

*Source: 2013 Center for Workforce Studies Health Workforce Planning Guide*
# Health Workforce

<table>
<thead>
<tr>
<th>Health Occupations, per 100,000</th>
<th>North Country</th>
<th>Upstate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Physicians</td>
<td>233</td>
<td>259</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>98</td>
<td>100</td>
</tr>
<tr>
<td>Dentists</td>
<td>46</td>
<td>62</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>57</td>
<td>88</td>
</tr>
<tr>
<td>Nurse Practitioners/Midwives</td>
<td>60</td>
<td>94</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>1,317</td>
<td>1,372</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>589</td>
<td>528</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>33</td>
<td>52</td>
</tr>
<tr>
<td>Physical Therapists</td>
<td>72</td>
<td>86</td>
</tr>
<tr>
<td>Respiratory Therapists</td>
<td>16</td>
<td>31</td>
</tr>
<tr>
<td>Social Workers</td>
<td>114</td>
<td>190</td>
</tr>
</tbody>
</table>

Source: 2013 Center for Workforce Studies Health Workforce Planning Guide

Shortage in LTCSS-related occupations
Role of LTCSS Providers in North Country Health System Redesign

- LTCSS providers offer critical services:
  - Chronic disease management
  - Prevention and health promotion services
  - Post-acute services to help reduce hospital readmissions
  - Comprehensive assessments, care planning and care coordination
  - Facility-, community- and home-based services and supports
  - Home health, adult day health and personal care services on a long term basis

- The success of many new models of care delivery and payment will depend on relationships and partnerships between LTCSS providers and hospitals, primary care providers, behavioral health providers, payers and others.
Major Factors Influencing LTCSS Providers in the North Country

- Reimbursement constraints
- Changes in payment and healthcare delivery
- Implementation of new models of care
- Workforce/informal caregiver availability
- Access to practitioner/professional services
- Geography and proximity
- Lack of technology resources
- Diseconomies of scale
Next Steps in Grant Initiative

- Develop interactive model to estimate demand for long term care supports and services in 6-county region taking into account key influencers
  - Stakeholder input on assumptions and variables
    - Population growth of 65+
    - Hospital discharges to SNF and HCBS of 65+
    - Workforce availability
    - Availability of informal caregivers
    - Availability of assisted living, HCBS or other substitutes for SNFs
    - Other variables/assumptions

- Review model with EALTCC at March meeting
- Share initial results of demand model with NCHSRC