BRONX PARTNERS FOR
HEALTHY COMMUNITIES

All-Member Webinar

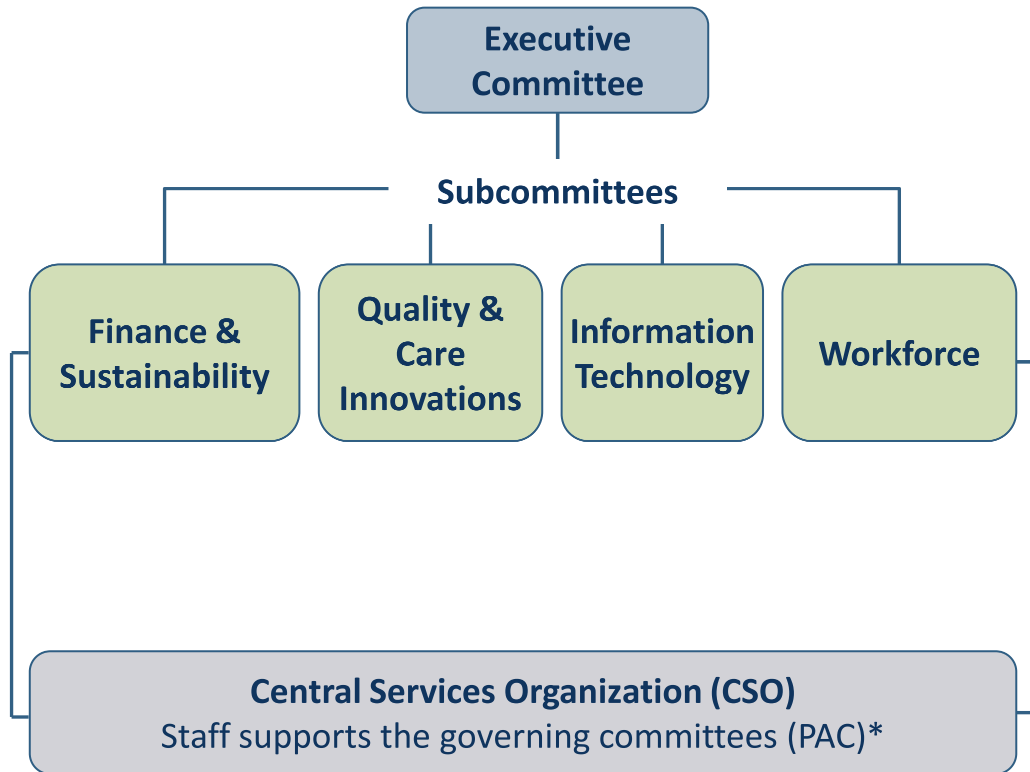
March 15, 2016

Agenda

- Welcome
- Governance
- BPHC Compliance Plan
- Funds Flow
- Distribution of Funds
- Care Delivery Transformation
- Patient Centered Medical Home
    - Integration of Behavioral Health
- Community Engagement
- DSRIP Project Implementation
    - Implementation Work Groups
    - Site-Based DSRIP Program Directors
- Physician and Practitioner Engagement
- Performance Measures and Payment Schedules
- Workforce
- BPHC Collaborations
- CRFP

BPHC Organization

Structure and Guiding Principles



Governance committee members reflect the diversity of BPHC's member organizations

- 75 committee and subcommittee seats
- 69 workgroup seats

Include clinical and non-clinical stakeholders

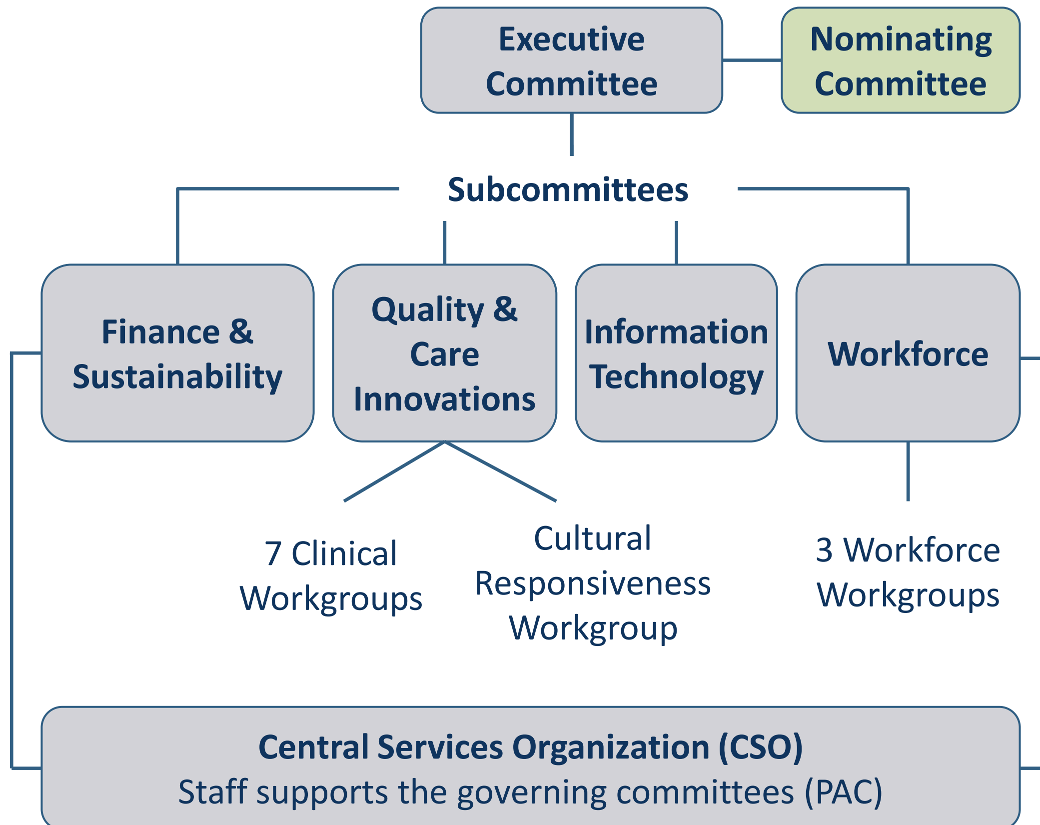
- Executive Committee includes: primary care providers, hospitals, FQHCs including practitioners, CBO (**BronxWorks**), MCO (**HealthFirst**), Workforce (**1199**), and the **Bronx RHIO**
- CBOs have seats on all committees, subcommittees and workgroups

Promote transparency and collaboration

- Planning and implementation workgroups
- Frequent and targeted communications
  - Monthly committee meetings
  - Meetings with subcommittee co-chairs

BPHC Organization *cont'd*

BPHC Governance Structure: New Additions and Opportunities to Participate



Nominating Committee

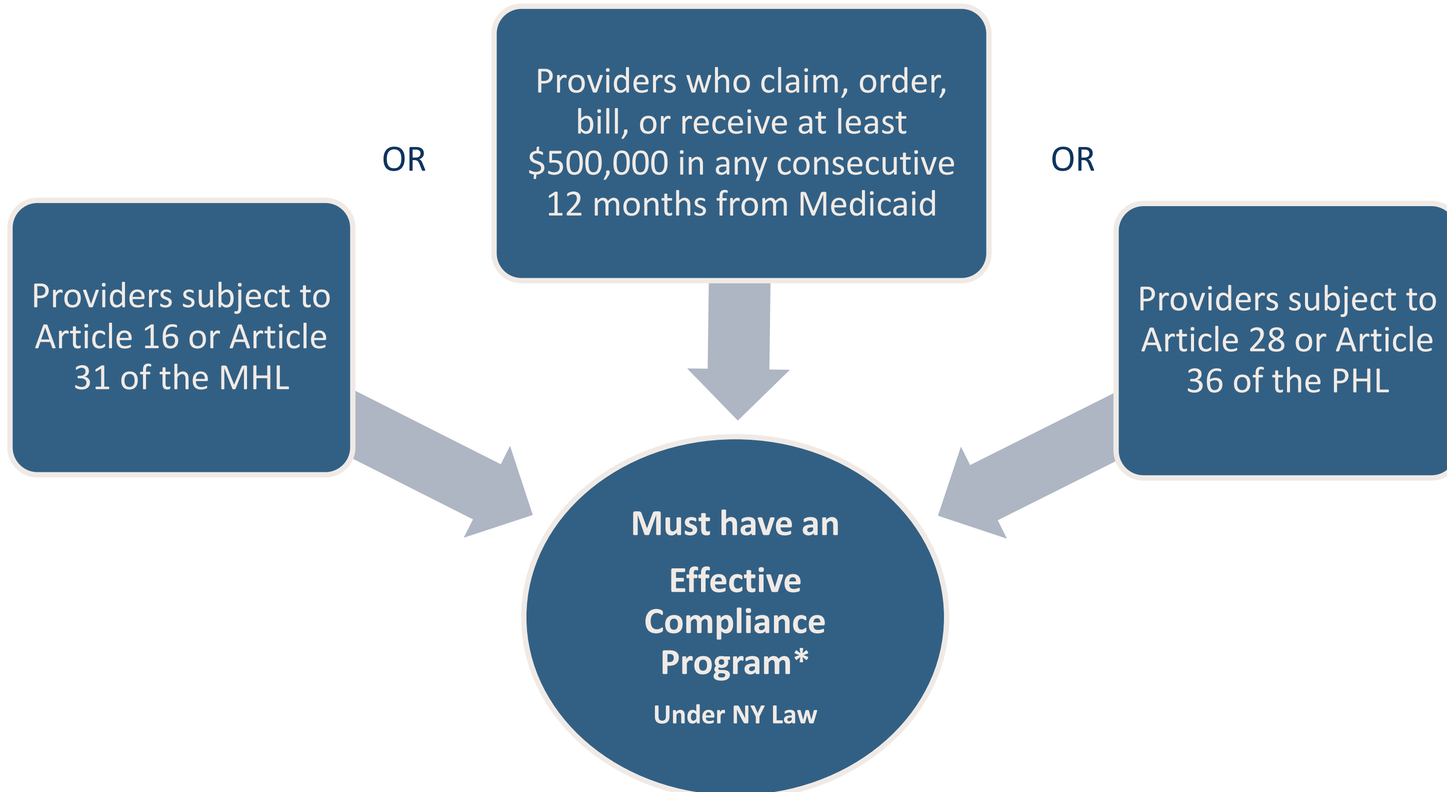
- Inaugural meeting: December 11, 2015
- Responsible for vetting and recommending nominees for vacated seats on the Executive Committee and its Subcommittees
  - Vacated seats filled to date: 7
  - Nominations for vacated seats under review: 3

New Work Groups:

- Clinical Workgroups: Health Home at Risk, ED Triage/Care Transitions, Primary Care/Behavioral Health, CVD/Diabetes, Asthma, Mental Health/Substance Abuse and HIV
- Cultural Responsiveness Workgroup: focus on strengthening cultural competency and health literacy capabilities within the PPS to address health inequities most common in the Bronx
- Workforce Workgroups
  - Workforce Communication and Engagement Workgroup
  - Workforce Planning Group
  - Workforce Advisory Group

COMPLIANCE PROGRAM

Legal Requirements for Compliance Program



- * Documents detailing the BPHC's Compliance Program can be found in the Document Center on our website:
- Compliance Plan: http://www.bronxphc.org/wp-content/uploads/2014/09/BPHC-Compliance-Plan-Final.pdf
- Code of Conduct: http://www.bronxphc.org/wp-content/uploads/2014/09/BPHC-Code-of-Conduct-Final.pdf

Goals of Compliance

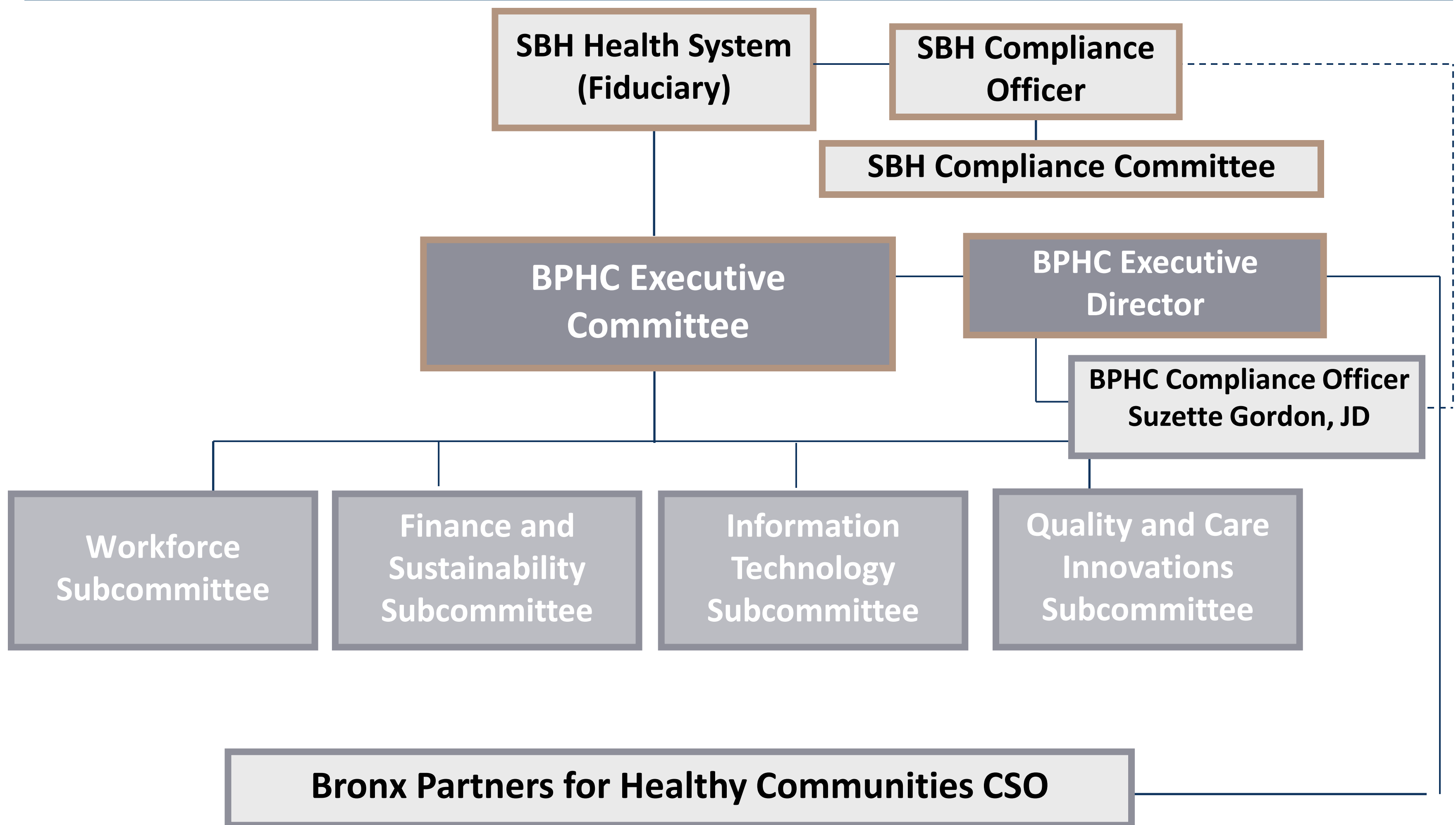
Establishes a culture that promotes integrity and ethical behavior.

Provides assistance in complying with complex governmental regulations.

Identifies issues of concern and detects and prevents patterns of improper conduct.

Safeguards public and private funds; helps control fraud, waste, and abuse.

BPHC's Compliance Program: Part of Its Governance Structure



BPHC Compliance Activities

- Compliance Plan & Code of Conduct
- Attestation from Members with MSA
- Establishing Compliance Hotline
- Training Material for Members
- Developing Policies & Controls for Identified Risks

Funds to BPHC

New Equity Programs (EIP and EPP)

Plan for Distribution of Funds DSRIP Y1 - Y2

FUNDS FLOW

Total DSRIP Funding

BPHC DSRIP Valuation Award Letter: $384M

Funding Category	5-Year Total Award Amount
*Net Project Valuation (NPV) - Based on Attribution of 159,201	$ 170,067,148
*Equity Programs – Performance Program (EPP)	$ 70,428,582
Max Valuation for Performance(Funding from 1 + 2)	**$** 240,495,730

*Equity Programs – Infrastructure Program (EIP)	$ 105,642,873
Max Valuation for Budget (Funding from 1 + 2 + 3)	**$ 346,138,603**

Net High Performance Fund (3%)	$ 21,219,444
Additional High Performance Fund (State Only)	$ 16,913,314
Total Max Valuation (Funding from All Sources)	$ 384,271,362

*Note: BPHC will need to receive NPV + Equity Fund Programs (EIP +EPP) funds in order to distribute funds to member organizations

Equity Programs –Infrastructure Program (EIP) & Performance Program (EPP) *contd.*

- Achieving Payments
  - **EIP –** PPSs will provide evidence of its participation in a ***at least four out of nine*** pre-defined key DSRIP initiatives
  - **EPP –** DOH will forward PPSs performance information on 6 PPS specific and pre-selected DSRIP performance metrics
- MCO Involvement
  - BPHC has been paired with the following MCOs:
    - HealthFirst
    - MetroPlus
    - Fidelis
    - Affinity
    - Empire
    - Emblem

EIP Targeted Initiatives

- The following list highlights the main initiatives that make up EIP. PPSs must provide evidence of participating in four of the nine following activities to receive EIP payment:
  - Participation in IT TOM initiatives
  - **Participation in one of the MAX Series projects**
  - **Participation in expanded HH enrollment**
  - **EHR implementation investment**
  - Capital spending on primary / behavioral health integration
  - Participation in a state recognized tobacco cessation program
  - **Participation in state efforts to end HIV/AIDS**
  - **Participation in fraud deterrence and surveillance activities**
  - **Infrastructure spending related to SHIN-NY / RHIO**

Highlighted initiatives are targeted for reporting to health plans

EPP Scoring Categories

Equity Performance Program – Final Measures

PPSs must be accountable for performance on at least 6 of these measures

EPP Final Measures	
Children's Access to Primary Care – 12 to 24 months	Children's Access to Primary Care – 25 months to 6 years
Children's Access to Primary Care – 7 to 11 years	Children's Access to Primary Care – 12 to 19 years
Prenatal and Postpartum Care – Postpartum Visits	Prenatal and Postpartum Care – Timeliness of Prenatal Care
Frequency of Ongoing Prenatal Care (81% or more)	Childhood Immunization Status (Combination 3 – 4313314)
Follow-up care for Children Prescribed ADHD Medications – Initiation Phase	Follow-up care for Children Prescribed ADHD Medications – Continuation Phase
Lead Screening in Children	Chlamydia Screening (16 – 24 Years)
Med. Assist. w/ Smoking & Tobacco Use Cessation – Discussed Cessation Strategies	Med. Assist. w/ Smoking & Tobacco Use Cessation – Discussed Cessation Medication
Controlling high blood pressure	Comprehensive Diabetes Care
Comprehensive Diabetes screening – All Three Tests	Diabetes screening for persons with schizophrenia
Diabetes monitoring for persons with schizophrenia	Adherence to anti-psychotic medications for individuals with schizophrenia
Behavioral Health – follow up after hospitalization for mental illness (7 day)	Behavioral Health – follow up after hospitalization for mental illness (30 day)
Initiation and Engagement in Alcohol and Other Drug Dependence Treatment (IET) within 14 days of substance abuse episode	Follow-up on Alcohol and Other Drug Dependence Treatment (IET) within 30 days of initial engagement
Well Care Visits in the first 15 months (5 or more Visits)	

EIP Current Status

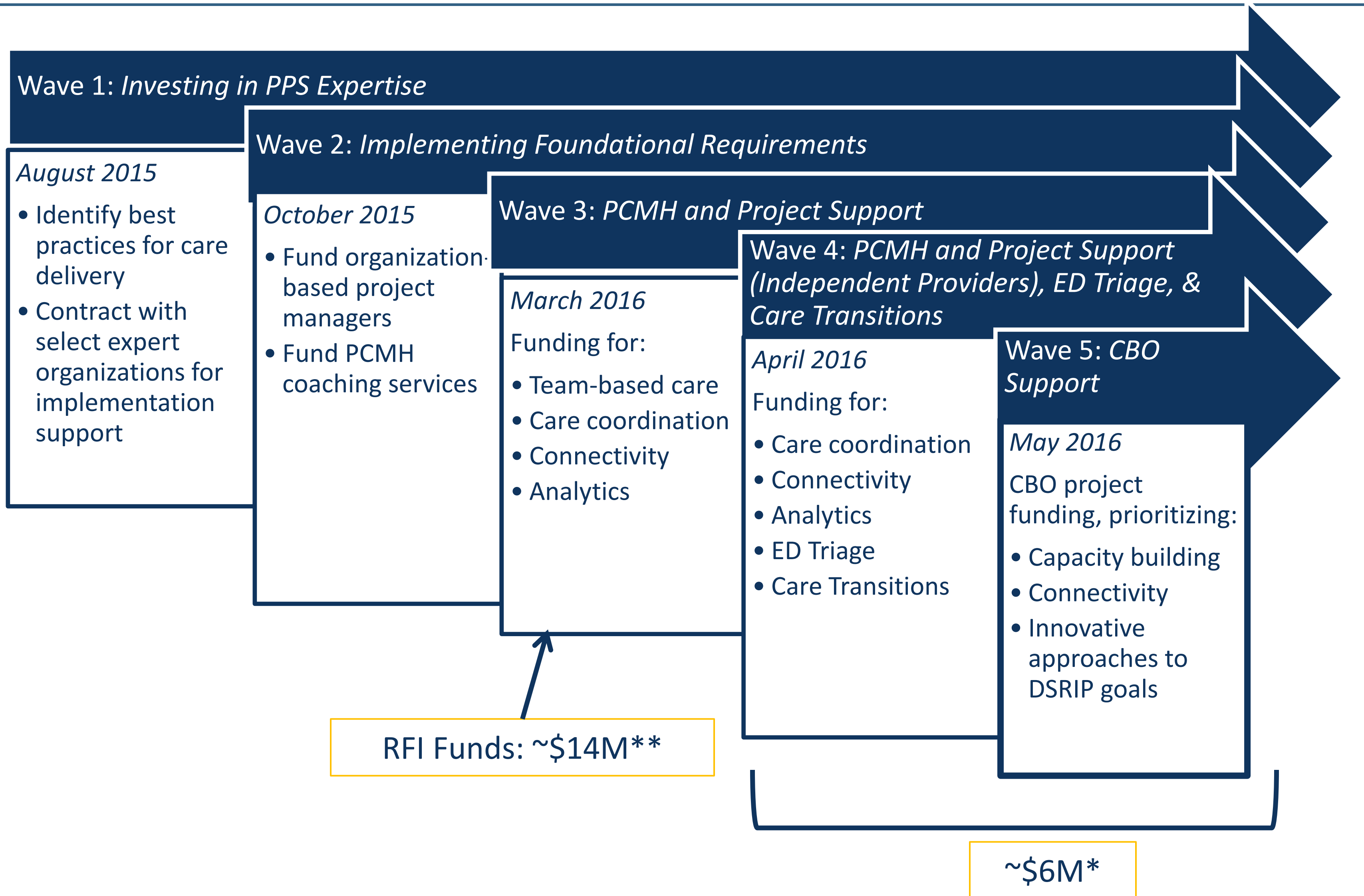
- BPHC has participated in PPS Consortium to develop a standardized contract template and reporting process for EIP
  - Mount Sinai, Maimonides, Lutheran, Bronx Lebanon, Montefiore, Stony Brook
- The contract has been submitted to BPHC's paired health plans
- CSO is preparing reports for EIP initiatives that can be submitted as soon as contract agreement is reached

DSRIP Fund Distribution

- Underlying principles driving distribution of DSRIP Funds:
  - **Facilitating**: project implementation and sustainability
  - **Unifying**: adoption and spread of standardized protocols, clinical guidelines, interventions, care models, and systems
  - **Achieving**: DSRIP targets by supporting work, processes and resource needs of member organizations
  - **Inclusive:** extend funding opportunity broadly to PPS members

- **Four** categories of Implementation Funds
  - **Centralized** systems, services, and personnel foundational to DSRIP success
  - **Core resourcing for** implementing standardized care team and care management model
  - **Project-specific resources** (Domains 2-4)
  - **Community services and Innovations support**

Plan for Distribution of Funds*



*Distribution depends on State funding received by BPHC.

**Initial distribution amounts and timing will be based on funding receipt schedule.

Patient Centered Medical Home

Integrating Behavioral Health

CARE DELIVERY TRANSFORMATION

Primary Care: PCMH 2014 Level 3 Support

Challenges

- Primary care practices must achieve PCMH 2014 Level 3 by March 2018
- 952 BPHC PCPs, 150+ locations
- Varied practice settings
- Different levels of preparation and experience

Best Practices

CSO funding for PCMH coaches

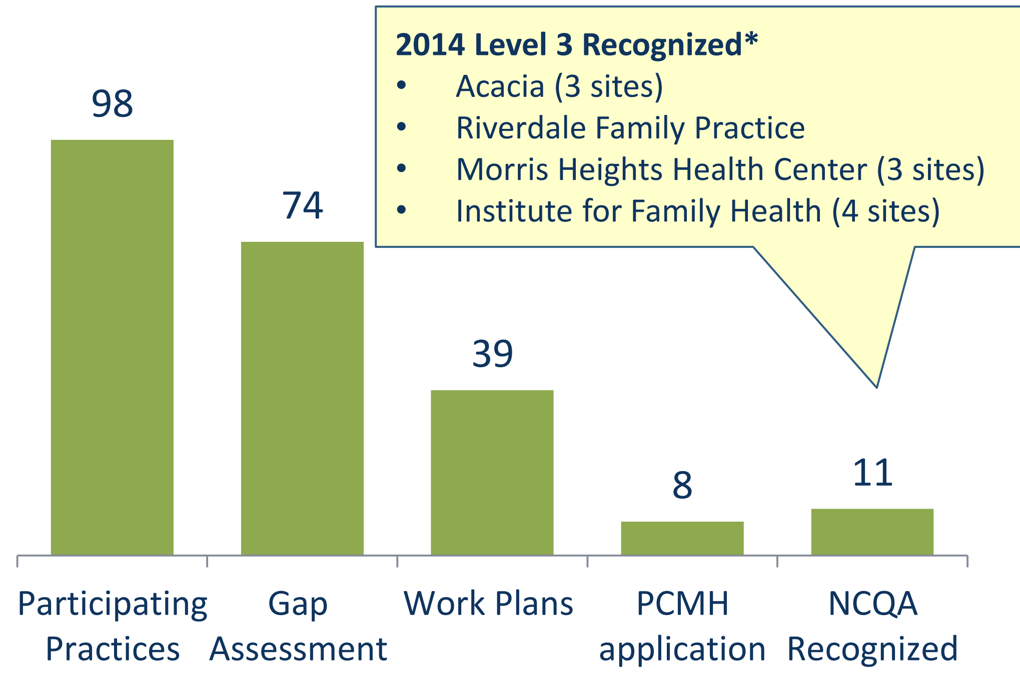
- CSO recruited consultants
- Organizations selected their coaches based on fit with coaches' focus area

Create a Community of Practice

- Coaches meet regularly to exchange learnings

Establishes one standard of care across the PPS and the skills to succeed in the DSRIP Program

PCMH Milestones Achieved



* Data current as of 3/10/2016

Integrating Behavioral Health

3.a.i Primary Care/Behavioral Health Integration

Organization*	Models	Sites
Acacia Network	1, 2, 3	14
Bronx United IPA	3	5
IFH	3	4
Montefiore	1,2,3	22
Morris Heights	1,3	6
SBH Health System	1,2,3	14
Union Community Health	1, 3	4

Supported by **Institute for Family Health**

- Model 1 = Co-location of BH in PC
- Model 2 = Co-location of PC in BH
- Model 3 = IMPACT

*Discussions ongoing, numbers subject to change

Community Based Support for Behavioral Health Care Transitions

- CBOs join our ED Care Triage and Care Transitions Workgroup to help establish smooth transitions to community and home:
  - RAIN
  - RMHA Respite Center
  - Centerlight
  - BronxWorks
  - VNS Mobile Crisis services
  - Kings Harbor
- **Critical Time Interventions** for homeless/homeless-at-risk patients after psychiatric discharge
  - Intensive 6 to 9 month evidence-based model

Community Engagement Plan

Project Specific Partnerships

BPHC Community-based Health Homes

BPHC Communications

COMMUNITY ENGAGEMENT

Community Engagement

- BPHC invited CBOs across the PPS to participate in community-based discussion sessions July-August 2015
  - The following areas were identified as priorities for framing community engagement:
    - Communications Strategies
    - Outreach and Engagement
    - Interconnectivity

CBOs own the Community Engagement Strategy

- 40+ CBOs, chaired by New York Legal Assistance Group, worked in collaboration with BPHC to develop the Community Engagement Plan
- The Plan prioritized:
  - Ongoing assessment of community and CBO client needs via surveys and focus groups
  - Establishing critical and common training needs for CBO staff
  - Strategies for interconnectivity, including development of a BPHC Resources and Services Directory to be posted on the website
  - Feedback to ensure BPHC communications continue to be community oriented
    - CBO focus group provided recommendations on BPHC website content and design
  - Ongoing networking and communications to keep member organizations informed about:
    - DSRIP programs and achievements
    - Community health status updates

Community Engagement Plan Workgroup

New York Legal Assistance Group
Mary Mitchell Family and Youth Center
God's Love We Deliver
Workforce Housing Group
The Bronx Health Link, Inc.
Riverdale Senior Services
Bronx Community Health Network, Inc.
Services for the UnderServed, Inc.
Northwest Bronx Community & Clergy Coalition
Jewish Home Lifecare
EAC, Network
God's Love We Deliver
R.A.I.N. Inc. (Regional Aid for Interim Needs)
Selfhelp Community Services, Inc.
Health People
Services for the UnderServed, Inc.

Geel Community Services, Inc.
BOOM! Health
JASA (Jewish Association Serving the Aging)
Abbott House
Beacon of Hope House
Providence Rest. Inc.
Puerto Rican Family Institute
Goodwill Industries NY & NJ
La Familia Verde
The Bronx Addiction Treatment Center
Northwest Bronx Community & Clergy Coalition
The Children's Village/ Inwood House
Riverdale Senior Services
Counseling Services of New York
Coordinated Behavioral Care, Inc.
Leake and Watts Services, Inc.

CBO Partners in Project Implementation

3.d.ii Asthma Home-Based Services

- Provide home visits and coordinate Integrated Pest Management (IPM), with **DOHMH Healthy Homes Program**
- Train community health workers

3.a.i. PC/BH Integration

- Provide Implementation support for co-location of Primary Care and Mental Health Integration and IMPACT
- Develop curriculum and provide training

4.a.iii: Strengthen Mental Health and Substance Abuse Infrastructure

- Strengthen BH infrastructure in schools
- Increase referrals to school and community resources

3.c.i. Diabetes Management

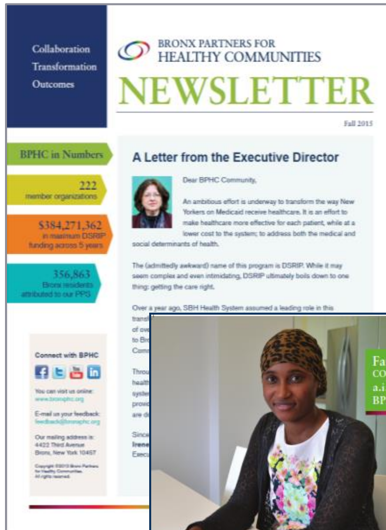
- Coordinate **Diabetes Self-Management** and **Lower Extremity Amputation Prevention (LEAP)** program
- Training for peer health educators

BPHC Community-Based Health Homes

- Health Homes play a key role in BPHC's Integrated Delivery System
  - Facilitate access to care and support services to improve health outcomes and reduce unnecessary hospital utilization for complex chronic diseases patients through care coordination services.
- BPHC is deepening engagement with the three Health Homes in the PPS
  - Bronx Accountable Healthcare Network
  - Community Care Management Partners
  - Coordinated Behavioral Care, Inc.
- Will ensure improved bottom-up referrals and communications between PCP care teams and Health Homes for care management of the most vulnerable patients.
- Create continuity of practice between Health Home and Health Home At-Risk care management intervention

BPHC Communications

*BPHC's communications are **resources** for PPS members to **introduce** and **inform** their staff about BPHC and DSRIP*



BPHC's Quarterly Newsletter

- Big picture discussion of BPHC's vision and strategy
- Summary of most recent accomplishments and focus areas
- Intended for wide range of audiences, including those who may not yet be familiar with BPHC or DSRIP

BPHC Profiles

- Stories of individuals and their experiences executing DSRIP
- Represent a wide range of services, including primary care, behavioral health, CBOs, Health Homes, and more

***Print versions** of BPHC's Newsletters and Profiles are available on our website:*

Newsletters: www.bronxphc.org/document-center
Profiles: www.bronxphc.org/blog/category/profile-blog

BPHC Communications *contd.*

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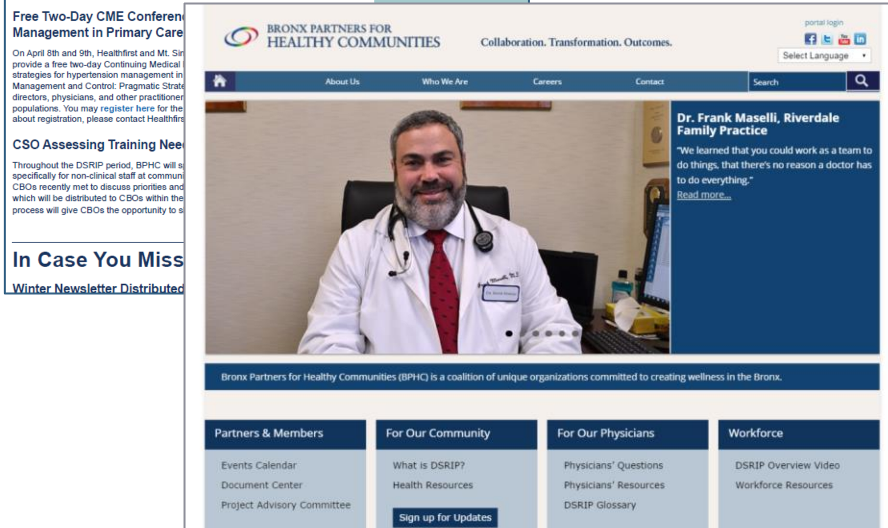


BPHC Bulletin

- Distributed every 2 weeks
- Detailed updates on BPHC's projects and PPS-wide activities
- Upcoming action items or opportunities to participate
- Highlight important dates, useful resources, and featured profiles

BPHC's Website

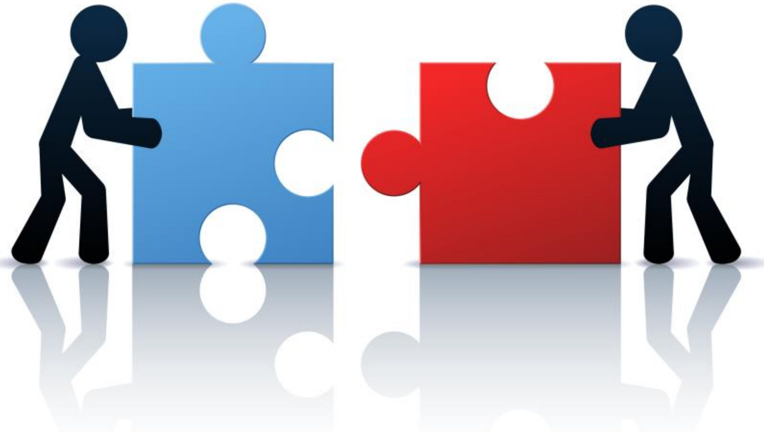
- Repository of BPHC resources:
  - All communications materials to date
  - Past all-member webinars
  - Compliance, policies & procedures
  - DSRIP Overview video for workforce
- Featured profiles and profile blog
- Coming soon: materials specific to partners, practitioners, workforce, and community
- Descriptions and membership of BPHC governance committees
- Send feedback and subscribe to mailing list

DSRIP PROJECT IMPLEMENTATION

Program Development and Implementation

Work of Transitional Work Groups Completed

- Developed the elements of the Clinical Operations Plan, including:
  - Target Conditions
  - Staffing Models
  - Job Descriptions
  - Training Requirements
  - Assessment Tools
  - Patient Flow Charts
  - Evidence Based Guideline Recommendations



Program Implementation Launched

- Clinical Operations Plans written and disseminated
- DSRIP Program Managers/Directors hired at largest partner sites
- The Site Specific Implementation Team (SSIT): Operational staff actively engaged in rolling out activities, policies and procedures described in projects and BPHC Clinical Operations Plans

Implementation Work Groups Launched

- The Implementation Workgroups (IWG) will act as project specific quality councils
  - High level feedback on implementation
  - Project specific clinical quality councils
  - Reviews metrics and measures, including Rapid Cycle Evaluation (RCE) metrics
  - May form topic-specific task forces as needed
- Quality and Care Innovations Subcommittee (QCIS) oversees project-specific IWGs and monitors overall clinical quality

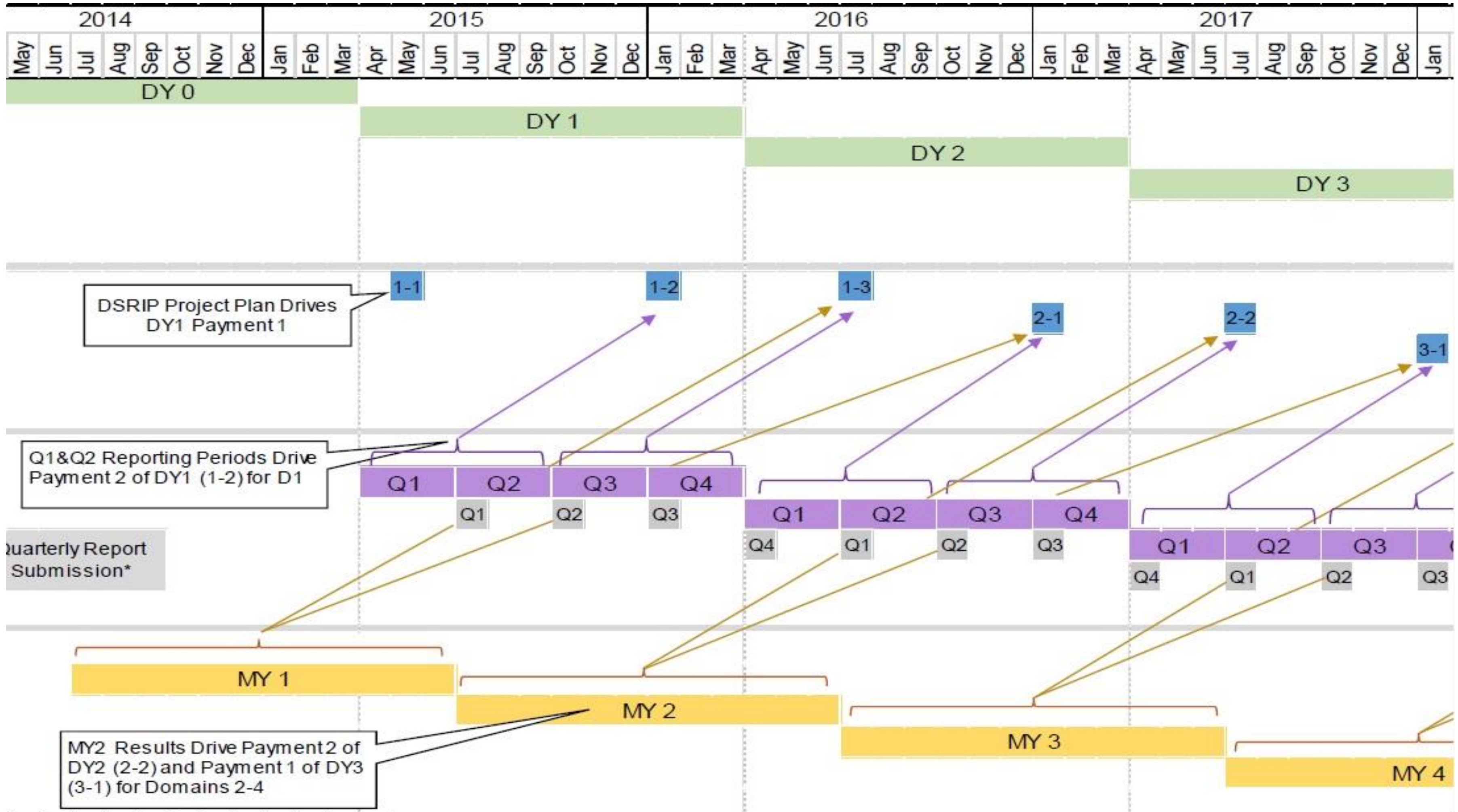
Project Launch Timeline

Domain	Project	Date
3	Primary Care/Behavioral Health Integration	September 30
2	30 Day Care Transitions	November 11
2	ED Care Triage	November 23
2	Health Home At-Risk Intervention	Week of Jan 11
3	CVD/Diabetes Disease Management	Week of Feb 8
3	Asthma Home-Based Self-Management	Week of Mar 7
4	Mental Health and Substance Abuse	Spring/Fall 2016
4	Early Access / Retention in HIV Care	Spring 2016

PERFORMANCE MEASURES AND PAYMENT SCHEDULES

Measurement Years and Payment

MY2 (July 2015 – June 2016) performance drives DY2 payment 2 and DY3 Payment 1



Performance Measurement Types

Different timeframes and different degrees of risk / reward:

- Patient Engagement / Speed & Scale Measures

  PPS must collect and report

- Pay for Reporting and Pay for Performance Domain 2-3:

  SOH official reporting from claims and surveys

  - System Transformation Measures
  - Clinical Measures
  - CAHPS

Pay for Performance through DY3

- Domain 2-4 measures generate 61% of total payment and are calculated almost exclusively by SDOH, based on claims and surveys.
  - **Focusing on project implementation alone will not result in full funding**
- Nineteen Domain 3 measures switch from P4R to P4P in DY2
- **Current performance** (measurement year: July 2015 – June 2016) determines payment to be received in DY 2 & 3
  - Intervene between now and June 30 to affect particular high value measures
- Where possible BPHC will create interim reports from data in the Bronx RHIO to help determine when/how to intervene to improve performance prior to official calculation.

P4P Domain 3 Measures DY2 – Payment 2

Project	Measure Name	*Funds at Risk	Numerator	Denominator	Annual Improvement Target (Percentage Points)	Annual Improvement Target #
3.a.i - Primary Care / Behavioral Health Integration	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	$45,794	53	77	2.34	1.8
	Antidepressant Medication Management - Effective Continuation Phase Treatment	$45,794	1,312	3,609	0.71	25.71
	Antidepressant Medication Management - Effective Acute Phase Treatment	$45,794	1,808	3,609	0.99	35.74
	Potentially Preventable Emergency Department Visits (for persons w/ BH diagnosis) ±	$45,794	19,113	21,515	-5.35	-1,152.12
	Follow-up after hospitalization for Mental Illness - w/in 7 days	$45,794	698	1,632	3.14	51.28
	Follow-up after hospitalization for Mental Illness - w/in 30 days	$45,794	970	1,632	2.88	47
	Initiation of Alcohol and Other Drug Dependence Treatment (1 visit w/in 14 days)	$22,897	3,259	6,172	0.43	26.77
	Engagement of Alcohol & Other Drug Dependence Treatment (initiation & 2 visits w/in 44 days)	$22,897	1,067	6,172	1.1	67.78
	Diabetes Screening for People w/ Schizophrenia or Bipolar Disease Using Antipsychotic Meds	$91,587	1,934	2,489	1.13	28.1
	Diabetes Monitoring for People w/ Diabetes and Schizophrenia	$91,587	464	721	2.54	18.34
	Adherence to Antipsychotic Medications for People with Schizophrenia	$91,587	1,172	1,985	1.74	34.59

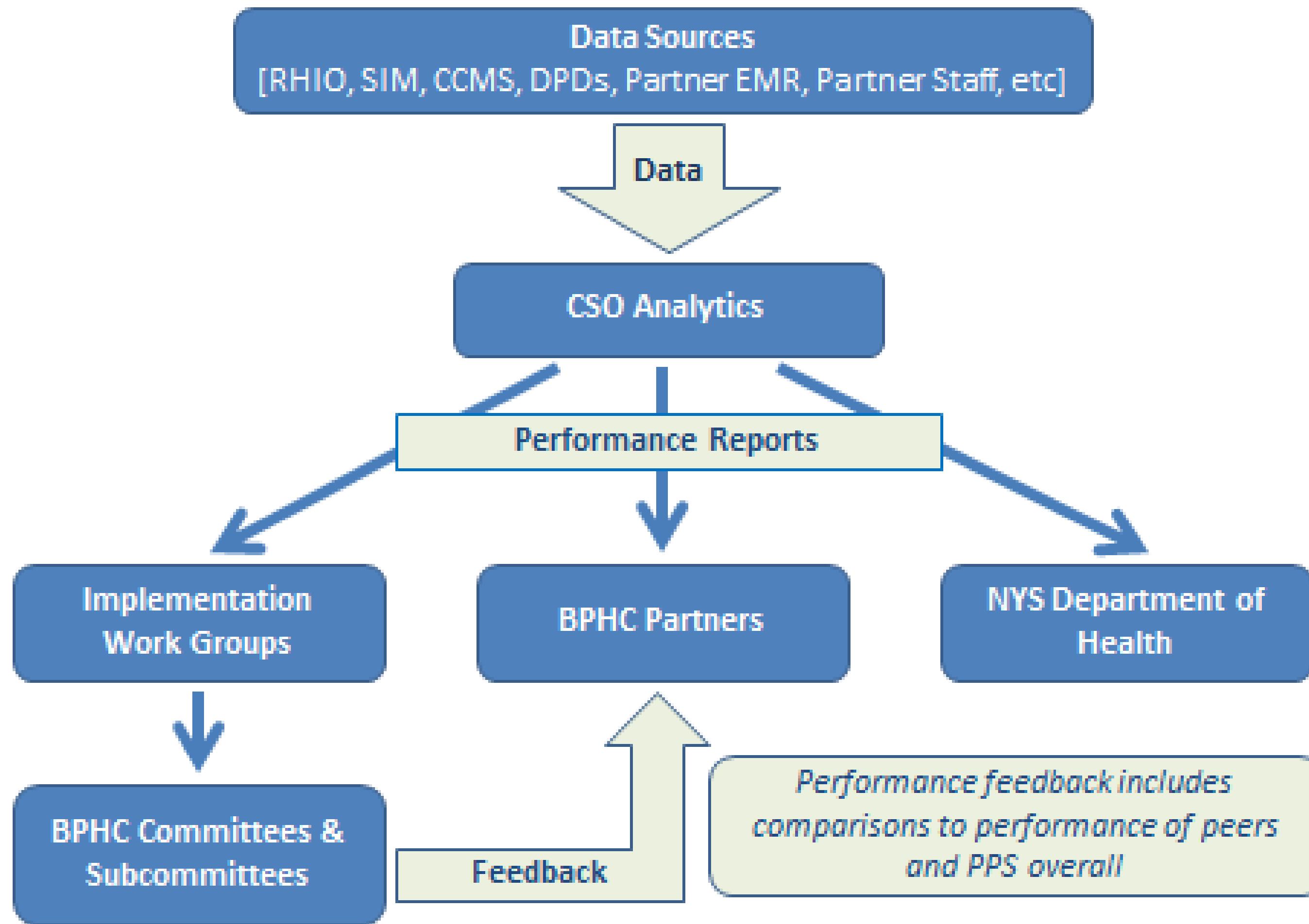
HEDIS, AHRQ, 3M defined, measured through claims. Amounts not reflective of SDOH changes received 2/9/16

P4P Domain 3 Measures DY2 – Payment 2

Project	Measure Name	*Funds at Risk	Numerator	Denominator	Annual Improvement Target (Percentage Points)	Annual Improvement Target #
3.b.i - CVD	Prevention Quality Indicator # 7 (HTN) ±	$275,935	254	181,862	-12.73	-23.16
	Prevention Quality Indicator # 13 (Angina w/out procedure) ±	$275,935	43	181,862	-2.09	-3.8
3.c.i - Diabetes	Prevention Quality Indicator # 1 (DM Short term complication) ±	$580,381	365	181,862	-19.25	-35
3.d.ii - Asthma Home-Based Self-Management	Asthma Medication Ratio (5 – 64 Years)	$148,222	4,320	7,433	1.79	
	Prevention Quality Indicator # 15 Younger Adult Asthma ±	$148,222	284	103,369	-26.12	-27
	Pediatric Quality Indicator # 14 Pediatric Asthma ±	$148,222	849	97,878	-82.49	-80.74
	Medication Management for People w/ Asthma (5 - 64 yrs) - 75% of Treatment days covered	$49,407	1,916	5,963	1.28	76.4
	Medication Management for People w/ Asthma (5 - 64 yrs) - 50% of Treatment days covered	$49,407	3,561	5,963	0.89	52.79
	TOTAL	**$2,271,050**				

**HEDIS, AHRQ, 3M defined, measured through claims. Amounts not reflective of SDOH changes received 2/9/16*

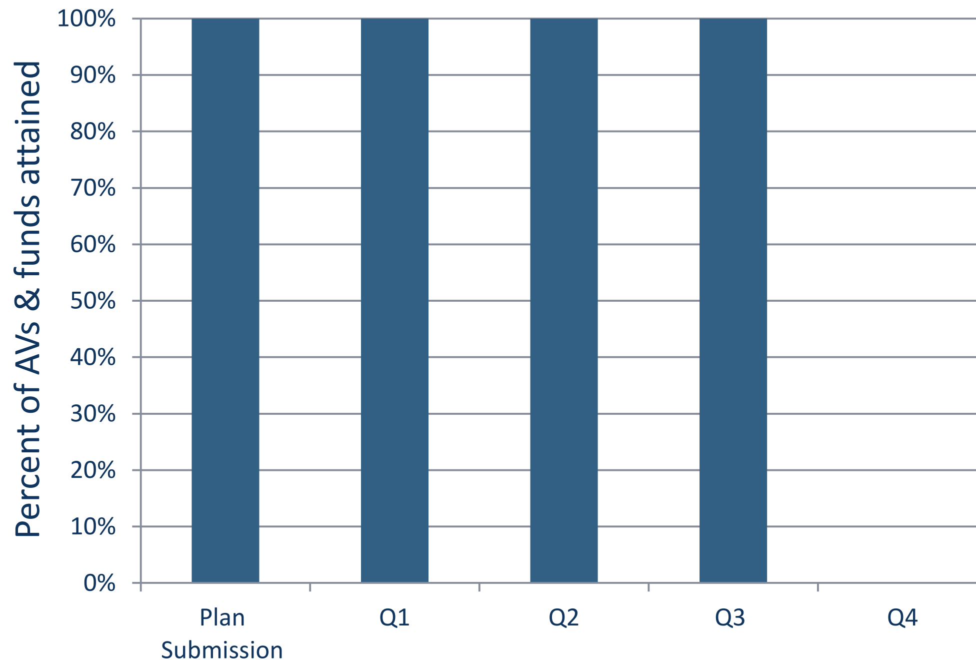
Performance Monitoring Structure



Earning Funds Based on "Achievement Values"

- Achievement Values (AVs) are the points given for reaching milestones in a given reporting period.
- AVs are calculated as either a 1 or 0, which correlates to either "meeting" or "not meeting" a milestone.
- PPS earns AVs based on implementation progress reporting and performance/ reporting on quality measures.
- PPS receives payments based on AVs earned. Semi-annual payments to the PPS reflect AV earnings over the course of two DSRIP quarters.
- AVs categories:
  - Organizational Workstreams
  - Project Reporting and Implementation Speed
  - Domain 2-4 Measures
  - Patient Engagement

Reporting Has Been Successful



BPHC has successfully met 100% of its reporting requirements and has earned all funds accessible in DSRIP Demonstration Year 1, so far

PHYSICIAN AND PRACTITIONER ENGAGEMENT

Practitioner Engagement

Effective Practitioner Engagement is crucial for the successful creation of an integrated delivery system, true clinical integration, sustained population health management, and improved patient outcomes.

BPHC Approach

- Formed Site Specific Implementation Teams at primary care partner organizations, which include front-line Primary Care Practitioners.
- Engaged Albert Einstein College of Medicine for CME/CE/MOC credit for workshops, lectures and performance improvement learning collaboratives.
- Created a *Practitioner Communications & Engagement Strategy* prioritizing open, transparent two-way communication and collaboration.

Results

Engagement Forum	# of Unique Practitioners Engaged
Executive Committee	4
Subcommittees	14
Workgroups	44
Site Implementation	22
Educational Forums	6
PCMH Recognition	879
Total	971

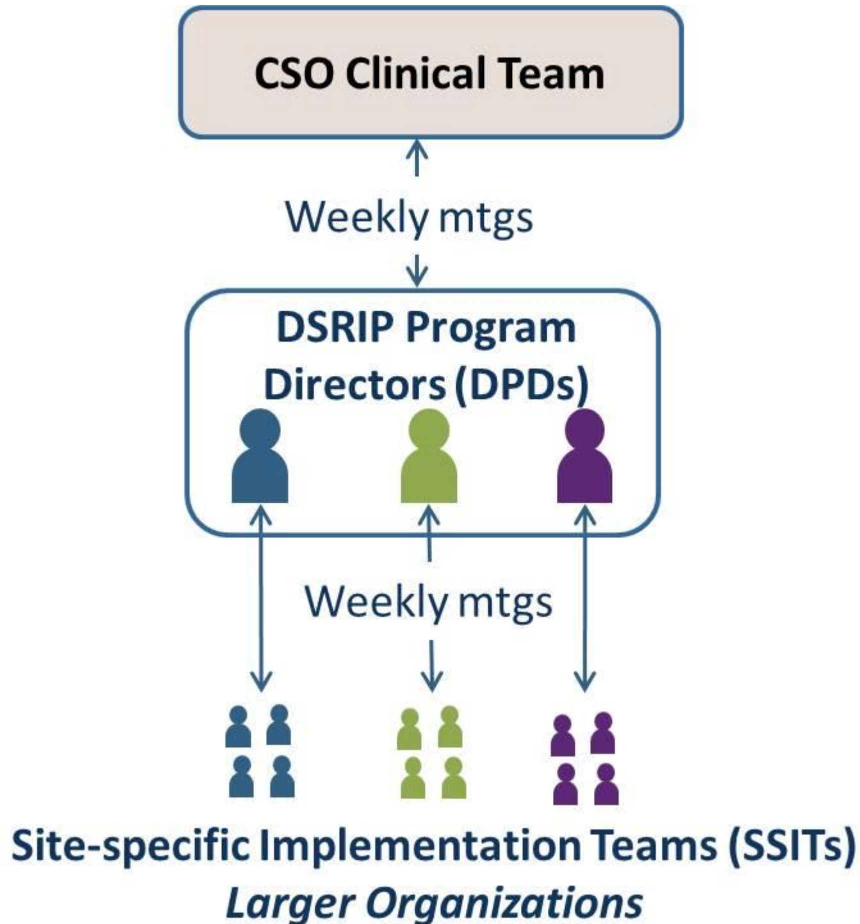
Practitioner Engagement

Next Steps

- Continue to identify and develop beneficial practitioner engagement activities; include coding, population health management, RHIO, panel management, social determinants of health.
- Develop master calendar of various engagement events; make available on practitioner-specific website.
- Routine in-person, telephonic, and electronic communication.
- Create Performance Improvement learning collaboratives.
- Assist partners in establishing systems of accountability for practitioners adherence to project-specific evidence based guidelines and practices

DSRIP PROGRAM DIRECTORS

Site-Based DSRIP Program Directors



- Embedded within BPHC's seven largest partner organizations
- Report to clinical or administrative leadership of the member organization and to Central Services Organization (CSO)
  - Serve as liaison between partner organization and CSO
- Oversee site-specific DSRIP project implementation, monitoring, reporting, communication and coordination to ensure project success
  - Work with SSIT to address barriers that may affect programmatic progress and performance
- Ensure adoption and adherence to policies and procedures described in the Clinical Operations Plan

DPD Reporting Responsibilities

- Act as points of contact for CSO reporting, on behalf of the partner organizations they represent.

- Reporting includes, but is not limited to:
  - State quarterly reports
    - Major Risks to Implementation and Mitigation Strategies
    - Project Implementation Speed
    - Patient Engagement Speed
    - Project Implementation Requirements
  - Rapid Cycle Evaluation Metrics

WORKFORCE UPDATES

Workforce Update

- Completed and launched Workforce Engagement Plan: Approved by Workforce Subcommittee at 3/10/16 meeting
  - Began with video, newsletters and staff profiles
  - Early focus is on 3 themes:
    - Training and job opportunities for the future
    - An improved, more responsive healthcare system
    - A healthier Bronx community
- BDO selected to help us with our State mandated milestones
  - Working in collaboration with 3 other PPSs
  - Current State survey (of the Workforce) distributed early February including compensation and benefit questions, which are State DOH requirements (AV)
  - To date: 60% response rate

Workforce Update *contd.*

- Projected state of the workforce using simulation modeling to:
  - Anticipate impact by DSRIP project, care setting and health profession
  - Analyze data regarding health trends in the Bronx community
  - The gap analysis between the Current State survey and future state simulation will be used to inform training, retraining and new hire strategies
- Current training and re-training plans
  - Launching training program for current Medical Assistants and Medical Office Assistants on March 22: includes participants from Acacia, UCHC, SBH & Morris Heights
  - Conducting needs assessment for training needs of CBOs based on input from the Community Engagement Workgroup
  - Developing Curriculum for Care Coordinator position in Care Management Staffing Model; additional roles in model to follow
- Successfully appealed to the NYSDOH to approve backfill

Cultural Competency and Health Literacy Plan

- The Bronx is extraordinarily culturally and ethnically diverse, containing the highest proportion of non-white residents of any NYC borough.
- Poorest county is NYS, lowest levels of education and unemployment
- #62 of 62 counties in measures of health

Cultural Competency and Health Literacy high level strategy has been developed by a workgroup of CBOs and other partners, approved by QCIS and the Executive Committee

- Identify priority groups experiencing health disparities
- Identify specific initiatives and standards to improve access to quality services and address health disparities
- Identify tools and resources in selected thematic areas that could build health literacy and support effective self-management of health conditions for priority groups experiencing health disparities
- Identify community-based interventions that could reduce health disparities and improve health outcomes
- Determine the requirements and timing for integration of cultural competency in the training and retraining strategies linked to implementation of the clinical projects
- Training plans for clinicians, focused on available evidenced-based research addressing health disparities for targeted segments of patient population
- Training plans for other segments of the workforce regarding specific populations and effective patient engagement approaches

BPHC COLLABORATIONS

Collaborations

Cross-PPS Collaboration

Bronx PPSs

- Workforce vendor selection
  - Development and management of Workforce survey
  - Survey distribution
- Joint public communications and advocacy
- Unified strategy for increasing participation in RHIO
  - Communications
  - Operations
  - Training
- Standardizing CMO contracts for Equity Program
- Strategies for working with providers and member organizations that participate in multiple PPSs

County/LGU Collaboration

- **CUNY (Hostos)–** developing a "refresher" curriculum for current Medical Assistants to achieve NHA certification as a Clinical Medical Assistant
- **Center for Workforce Studies–** support administration of workforce surveys and workforce strategy for future state
- **Agency Coordination Plan** – enhance BPHC services by accessing the expertise and integrating with communication and information systems provided by public sector agencies to address PPS's population needs:
  - e.g., **DOHMH -** both Domain 4 Projects

CRFP UPDATE

Three BPHC Members Receive CRFP Awards

- Governor Cuomo announced a total of $1.5 Billion to fund 162 projects statewide through Capital Restructuring Financing Program (CRFP) and Essential Health Care Provider Support Program
- 16 BPHC member organizations submitted a total of 43 applications (for 43 projects)
  - Total amount of funding requested by BPHC: $175,953,035
- 3 BPHC member organizations received awards
  - Montefiore Medical Center – 1 project
  - Morris Heights Health Center -- 2 projects
  - The Institute for Family Health -- 1 project

Thank You!

BRONX PARTNERS FOR
HEALTHY COMMUNITIES

Please visit our website: **www.bronxphc.org**
Contact **info@bronxphc.org** with DSRIP related questions.