Bronx Partners for Healthy Communities (BPHC)

All-Member Webinar

February 24, 2015

BRONX PARTNERS FOR HEALTHY COMMUNITIES

Agenda

- Application Scores
- CRFP Update
- Implementation Plan
- Workforce Strategy Updates
- Governance Update
- Subcommittee Member Nominations

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- **Application Scores**
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BPHC has one of the highest application scores

Congrats on the score increase!

The Project Approval and Oversight Panel (PAOP) awarded BPHC **an additional 1.67 points** at February 20 public hearings:

- 5 minute, 5 slide presentation by Len Walsh focused on BPHC themes of collaboration and workforce engagement
- Independent Assessor presented BPHC DSRIP proposal highlights
- With the addition of the 1.67 workforce points, BPHC has achieved the maximum 3 bonus points
- These points impact the score of all the clinical projects

Scoring considerations

- Scores were based on Project Descriptions, Goals, and Speed & Scale targets:
  - **Project Implementation Speed**
  - **Patient Engagement Speed**
- Faster implementation and more providers = higher score
- PPSs will be evaluated on meeting speed and scale targets
- PPSs with more ambitious speed and scale targets will be held to them
- Therefore, BPHC made a strategic decision to pursue a conservative approach in order to maximize performance

BPHC Application Scores

Organizational Application Score (30% of overall score)

Top 5 PPSs	Organizational Score
Ellis Hospital	98.23
Finger Lakes PPS	97.99
HHC	97.74
St. Barnabas Hospital	**97.60**
Westchester Medical Ctr	97.57

BPHC achieved the 4th highest *organizational score of all 25 PPSs !*

Average score across all projects= ***91.37!***

On Friday, POAP awarded BPHC an additional 1.67 points

Clinical Project Scores (70% of overall score)

Project #	Final Application Score	All PPS Average Score	BPHC vs. All PPS Average
2.a.i	**92.57**	92.70	-
2.a.iii	**90.71**	89.31	+
2.b.iii	**87.46**	88.63	-
2.b.iv	**88.64**	88.33	+
3.a.i	**87.99**	86.93	+
3.b.i	**86.12**	85.32	+
3.c.i	**90.66**	88.55	+
3.d.ii	**89.60**	87.79	+
4.a.iii	**100**	97.93	+
4.c.ii	**100**	98.19	+

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The CRFP supports DSRIP

Overview of CRFP Fund

CRFP = Capital Restructuring Financing Program

Goal: Support eligible projects to fulfill DSRIP and PPS objectives

How is it structured?

- Capital grants from NYS DOH
- Single fund for all of New York State
- DOH charges PPS responsibility for reviewing and ranking CRFP submissions
- CSO Team reviews applications for compliance with DOH requirements.
- Content of the applications not reviewed
- Once submitted, negotiations occur directly between the applicant and DOH

CRFP applications were submitted last week

BPHC CRFP Applications Timeline

January 26-30: Initial Internal Review

- Received 36 CRFP applications from 17 organizations
- Total amount requested = $146,908,386

February 4: Initial Taskforce Review Meeting

February 9: Secondary Taskforce Review Call

February 12: Steering Committee Review Meeting

February 20: Final CRFP Applications due to NYS

CRFP: BPHC's Ranking Process

A volunteer taskforce from the steering committee was convened:

- Pam Matel (Acacia Network)
- Tosant Oruwarirye, MD (Morris Heights)
- Rona Shapiro (1199)
- Len Walsh (SBH Health System)
- Irene Kaufmann (SBH Health System)
- Mary Keegan (Manatt)

The taskforce identified criteria for prioritizing CRFP projects:

- Alignment with DSRIP goals
- Alignment with BPHC projects
- Attribution (number of beneficiaries)
- Potential to increase capacity post-CRFP

- ✓ **Using this criteria, projects were grouped into three priority buckets (High/Med/Low)**
- ✓ **Next, the CSO team met and sequenced the projects within each buckets**
- ✓ **All proposals submitted to BPHC were reviewed, ranked, and forwarded to DOH**
- ✓ **The prioritization will be shared with members this week**

A few things to keep in mind…

DOH has received nearly $3 billion in capital funding requests—but only $1.2 billion is allocated for capital funding:

> "*PPSs should not assume they will get the full amount of capital funding they requested, and should therefore have contingency plans.*"
>
> (DOH Summary of the all-PPS meeting, January 16, 2015)

Once submitted, negotiations occur directly between the applicant and DOH

The final PPS internal ranking is just 1 of 17 criteria used by DOH to determine funding:

CRFP Application Evaluation Criteria

1. Satisfies eligibility requirements?
2. Satisfies completeness requirements?
3. Statewide geographic distribution of funds
4. Relationship to identified community need
5. Extent of alternative funding and/or matching funds
6. Furthers NYS Public Health Law 2825?
7. Further development of Primary care?
8. Benefits Medicaid enrollees and uninsured individuals?
9. Addresses potential risk to patient safety and welfare ?
10. Received or applied for temporary rate adjustment ?
11. Will project contribute to long term sustainability of applicant?
12. Close nexus to a component of DISRIP application?
13. [if waivers requests], impact of failure to obtain waiver
14. Furthers DSRIP program goals?
15. **Priority of the proposed project as identified**
16. Relationship between the grant request and the benefits including any verifiable savings from avoidable admissions, ER visits and/or improved patient safety and welfare
17. Meets or exceeds the MWBE goals?

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Final List of BPHC Projects

Domain 2 System Transformation	2.a.i	Create Integrated Delivery Systems
	2.a.iii	Health Home At-Risk Intervention Program
	2.b.iii	Emergency Department Care Triage
	2.b.iv	Care Transitions to Reduce 30 Day Readmissions
Domain 3 Clinical Improvement	3.a.i	Integration of Primary Care Services and Behavioral Health
	3.b.i	Evidence-Based Strategies for Managing Adult Population with Cardiovascular Disease
	3.c.i	Evidence-Based Diabetes Management
	3.d.ii	Expansion of Asthma Home-Based Self-Management Program
Domain 4 Population-wide	4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure Across Systems
	4.c.ii	Increase Early Access to, and Retention in, HIV Care

Implementation Plan Structure

Implementation Plan

Organizational Implementation Plan

- Governance
- Workforce
- Financial sustainability
- Cultural competency
- IT systems and processes
- Performance reporting
- Physician engagement
- Population health management
- Clinical integration
- Budget
- Funds Flow

Project Implementation Plan

General Project Implementation Approach

Completed only once since relevant to all DSRIP projects

- Overall approach to implementation
- Major dependencies
- Key stakeholders
- Roles and responsibilities
- IT requirements
- Performance monitoring
- Community engagement

Project-Specific Implementation Plans: "Measurable Milestones and Implementation Risks"

Completed for <u>each</u> DSRIP project

- Risks and mitigation strategies
- Project implementation speed
- Patient engagement speed

The Implementation Plan Subcommittee Members will focus on these sections

Project-Specific Implementation Plans

Completed for <u>each</u> DSRIP project

Project-Specific Implementation Plans:

"Measurable Milestones and Implementation Risks"

Implementation Risks (Domains 2, 3, 4)

Major risks to implementation

Mitigation strategies

Major Milestones (Domains 2 & 3 only)

- Project implementation speed (2.a.i. only)
  - Work plan setting out non-provider-specific steps
- Project implementation speed
  - Number of providers meeting all project requirements by provider type per quarter
- Patient engagement speed
  - Number of "actively engaged" patients by vs. target set in the DSRIP application

The Major Milestones section of the Implementation Plan is a refinement of the "Speed & Scale" section of the application

Implementation Plan Team Members

Primary Care and Behavioral Health Integration Team

- **Patricia Belair,** St. Barnabas Health System
- **Katherine Austin,** Morris Heights Health Center
- **Mildred Casiano,** Union Community Health Center
- **Tyler James,** Institute for Family Health
- **Virna Little,** Institute for Family Health
- **Brian Wong,** Montefiore Medical Center

(3.a.i) Integration of Physical and Behavioral Health Care

Care Management and Care Transitions Team

- **Alex Alvarez,** Montefiore Medical Center
- **James Carey,** R.A.I.N. Inc
- **Stephan Deutsch,** Centerlight Health System
- **Megan Fogarty,** BronxWorks
- **Donna Friedman**, Riverdale Mental Health Association
- **Eric Gayle**, Institute for Family Health
- **Wanda Kelly,** SBH Health System
- **Maria Perez,** Methodist Home for Nursing and Rehabilitation
- **Neil Pessin,** Visiting Nurse Service of NY
- **Kathryn Shea,** Kings Harbor Multicare Center
- **Susan Willie,** Centerlight Health System
- **John Williford,** BAHN/Montefiore Medical Center
- **Susan Wiviott,** Coordinated Behavioral Care (CBC)

(2.a.iii) Health Home At-Risk
(2.b.iii) ED Care Triage for At-Risk Populations
(2.b.iv) Care Transitions to Reduce 30 Day Readmissions

CVD/Asthma/Diabetes Team

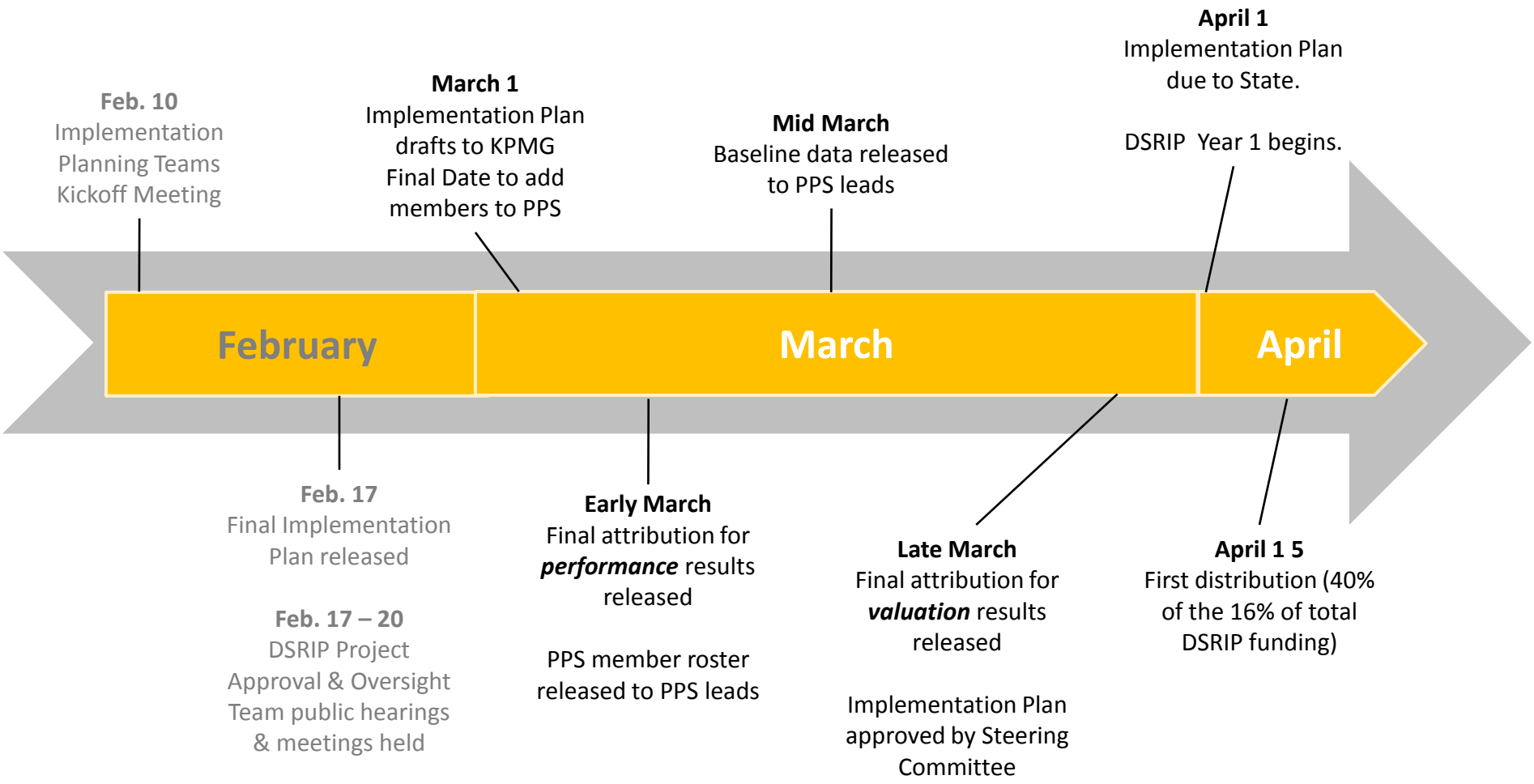
- **Uche Akwuba,** Morris Heights Health Center
- **Eric Appelbaum,** SBH Health System
- **David Collymore,** Acacia Network
- **Deborah Forbes,** Alpine Home Care & Centers for Specialty Care Group
- **Chris Norwood**, Health People, Inc.
- **Vanessa Pratomo,** Montefiore Medical Center
- **Shoshanah Brown,** a.i.r. nyc
- **Enrico Cullen**, a.i.r. nyc
- **Eric Gayle,** Institute for Family Health

(3.b.i) Disease Management (CVD)
(3.c.i) Disease Management (Diabetes)
(3.d.ii) Asthma Home-based Self-Management

Implementation Team Members Roles & Responsibilities

- Regularly attend meetings in person whenever possible
- Commit to participating in one Implementation Team meeting in mid-March to inform the Implementation Plan prior to submission
- Commit to participating in four to six meetings post Implementation Plan submission to develop Clinical Operational Plans (mid-March through May 31, 2015)
- Actively engage in discussions and contribute expertise to plan development
- Provide timely review and feedback of documents where solicited
- No substitutions

DSRIP Timeline



NOTE: Timeline may change at State's discretion.

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Workforce continues to be a high priority to BPHC

Expanded role of workforce as BPHC moves into implementation:

✓ **Workforce Subcommittee will now report to the Executive Committee, supported by 2 workgroups:**

Workforce Communications

- Recommend communication strategies related to workforce (e.g. job fairs, newsletters, speakers, contests, employee recognition)
- Ensure workforce receives timely, accurate information about implementation of DSRIP projects and their impact on the workforce

Workforce Advisory

- Facilitated by 1199 SEIU Labor Mgt Project
- Regular meetings to discuss workforce input and concerns, identify structural barriers

✓ **Subcommittee will continue to include union and HR representation and workforce experts, and will be joined by frontline staff**

✓ **1199 SEIU Training and Employment Fund identified as the primary workforce vendor for BPHC**

✓ **Collaboration with other Bronx PPSs and TEF to identify commonalities for more effective use of resources:**

- Determine competency and training gaps
- Coordinate training sequence in order to accommodate all PPS project timelines
- Hold joint training sessions
- Coordinate recruitment strategies

1199 SEIU Letter of Understanding

- Lays out a strategy for working with TEF
- Currently under review by Steering Committee

Strong 3-part workforce implementation strategy planned

Retraining:

- Target: 10,000 staff (out of 35,000)
- Ambulatory Care & Behavioral Health
- Chronic Diseases and Care Management
- Collaborative Care
- Data & IT skill-building

Redeployment:

- *Minimal*: Few jobs lost
- At -risk staff will be retrained for new jobs

Hiring

- Projected: 750+ new jobs
- Bronx- centric recruitment
- Care coordination, management and navigation roles

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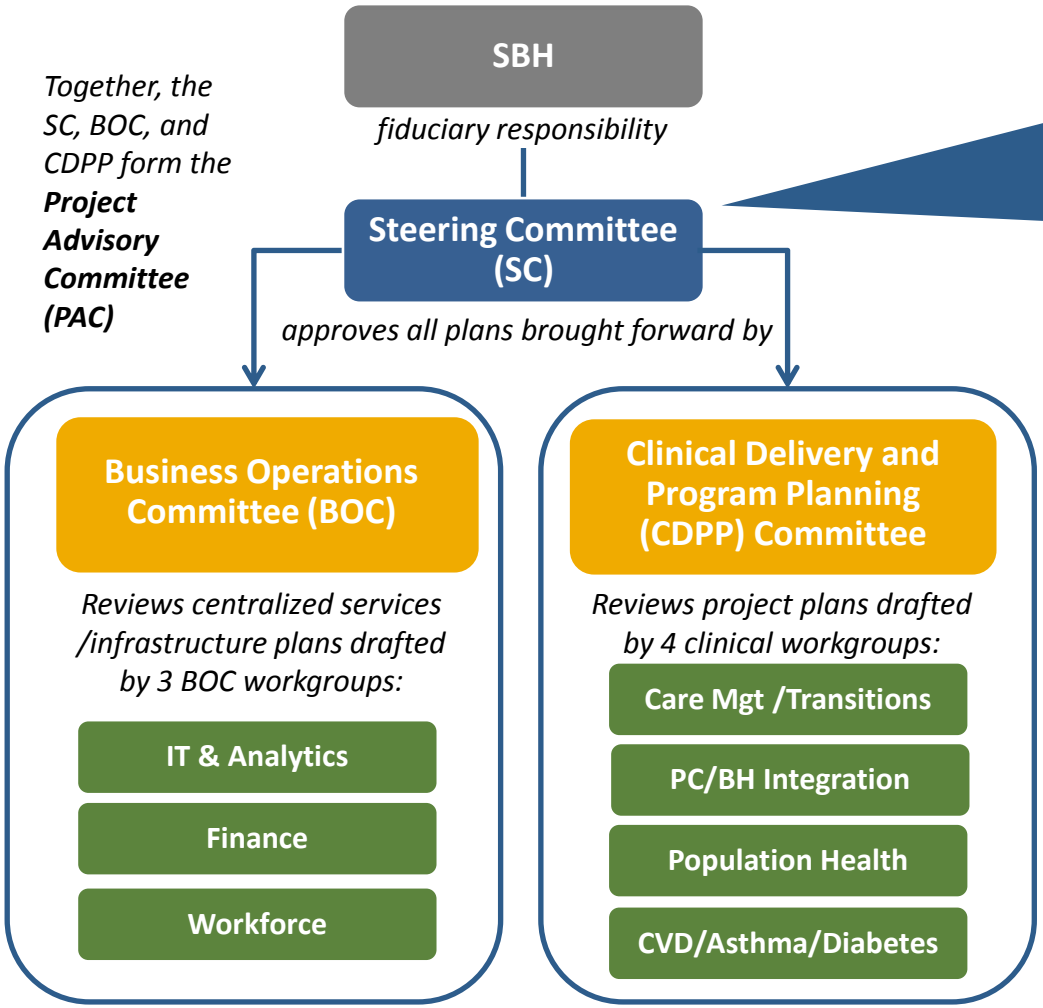
BPHC Governance



- 1199 SEIU Healthcare Workers East
- Acacia Network
- Bronx United IPA
- CenterLight, Inc.
- Institute for Family Health
- Montefiore Medical Center
- Morris Heights Health Center
- Puerto Rican Family Institute, Inc.
- SBH Health System
- Union Community Health Center
- Visiting Nurse Service of New York

Introduction to Implementation Governance

Steering Committee transitions to Executive Governance Committee

- Oversight of overall DSRIP Program implementation
- Satisfaction of key metrics to realize incentives
- Development of Program vision and implementation of "rules of the road"
- Representative of the PPS (though some partners may not have a direct representative)
- Involvement of executives with ability to commit their organizations to decisions and provide leadership
- Oversight of PPS financial management

Subcommittees

Finance and Sustainability

Make recommendations on distribution of Project Partner Implementation Funds and Community Good Pool (approved by Exec Committee and SBH)

Quality and Care Innovation

Create and update clinical processes and protocols applicable to all Partners

Information Technology

Create and update IT processes and protocols applicable to all Partners

Workforce

Develop and implement a comprehensive workforce strategy

Ad Hoc Subcommittees may be convened on an as-needed basis.

Transition from Steering to Executive Committee

Required Seats

- 2 seats for SBH
- 2 seats for Montefiore

Proposed Seats

- Single seats for partner organization representative of the PPS (9 seats total)
- Single seat for Health Plan
- Single seat for labor

= 15 total seats

Proposed Executive Committee Members

SBH Health System (2 seats)

Centerlight Health System

Montefiore (2 seats)

Union Community Health Center

Morris Heights

Acacia Network

Health First

Institute for Family Health

1199

VNS

Bronx United

TBD

TBD

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Similar to the Work Group nomination process in July 2014, Bronx Partners for Healthy Communities (BPHC) is asking your organization to nominate staff to serve on its Subcommittees

The nominations will be internally reviewed and members will be selected based on experience and expertise

Each Subcommittee will consist of 12-15 members

The nomination forms will be distributed to all PPS Members on Monday, March 2

The nomination forms will be due back to BPHC on Wednesday, March 18 for review

Finance and Sustainability

Quality and Care Innovation

Information Technology

Workforce