BRONX PARTNERS FOR
HEALTHY COMMUNITIES

SBH
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BPHC All-Member & Project Advisory Committee (PAC) Webinar

July 8, 2015 10:00 – 11:00 AM

Agenda

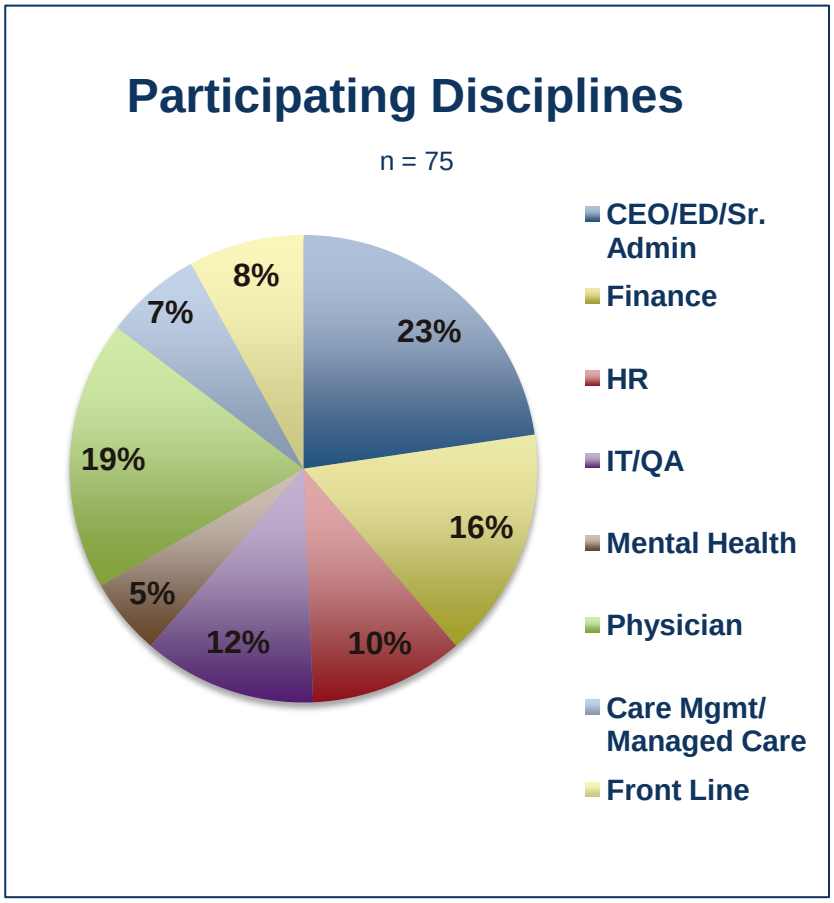
- Implementing BPHC Governance
  - Executive Committee and Sub-Committees
- Central Services Organization Update:
  - Building Up the Team
- DSRIP Timeline:
  - Project Planning Update:
  - Clinical Operation Plans (COPs)
    - Transitional Work Groups (TWGs)
    - Project Planning Contracts in Process
  - Gearing Up PCMH Implementation
  - Reaching to CBO Member Organizations
  - Workforce Update
  - IT Planning
- Update on Financial Award
  - Award and Payment Schedule
  - Update on State Reporting
- Master Services Agreement
  - Structure
- CRFP Update
- Appendix
  - Committee Members Rosters

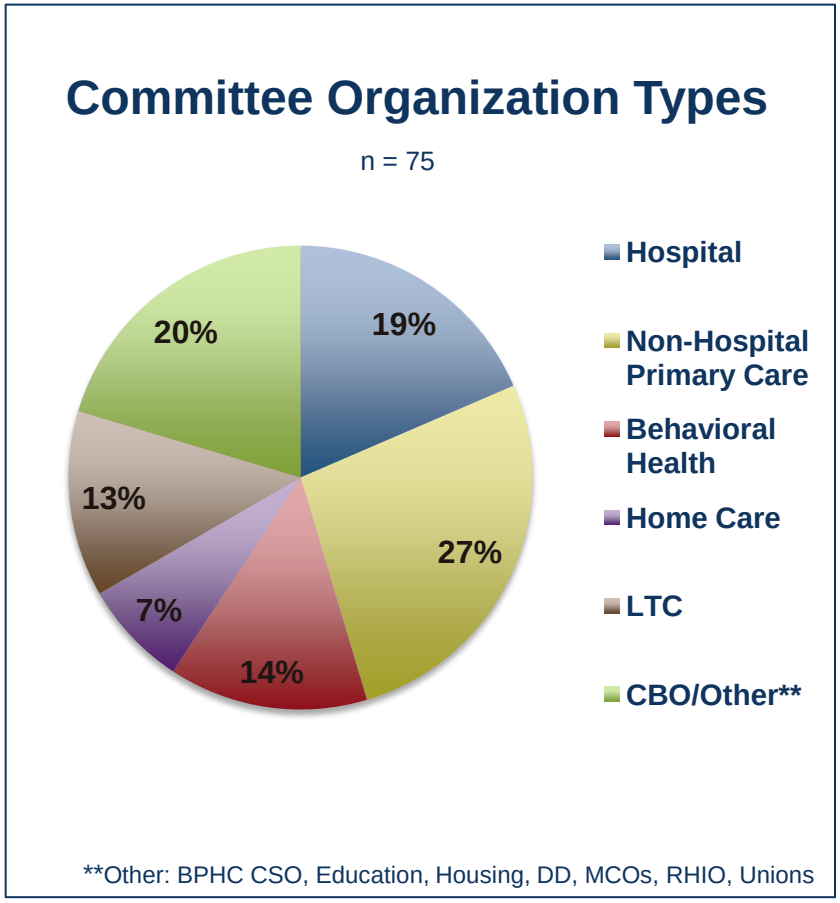
GOVERNANCE

Implementing BPHC Governance

- Executive Committee initiated April 2015
  - Reviewed and approved charters of governance committees
  - Approved structure and member nominees of the four BPHC Sub-Committees:
    - IT, Finance & Sustainability, Workforce and Quality & Clinical Innovations
    - Sub-Committees consist of 60 individuals, representing >40 member organizations in BPHC PPS
  - Approved draft and commentary period for Master Services Agreement (MSAs) with final vote scheduled for July 23
- BPHC Sub-Committees have each convened, and:
  - Co-Chairs have been established
  - Sub-Committee members have been oriented to their roles and responsibilities
  - Sub-Committee meeting calendars and work plans have been developed
- CSO team will staff and support Executive Committee and Sub-Committees ensuring cross-communication and management of deliverable time lines

Make-Up of Governance Committees*





* Includes Executive Committee & four Sub-committees: Finance & Sustainability, Work Force, IT and Quality & Care Innovation

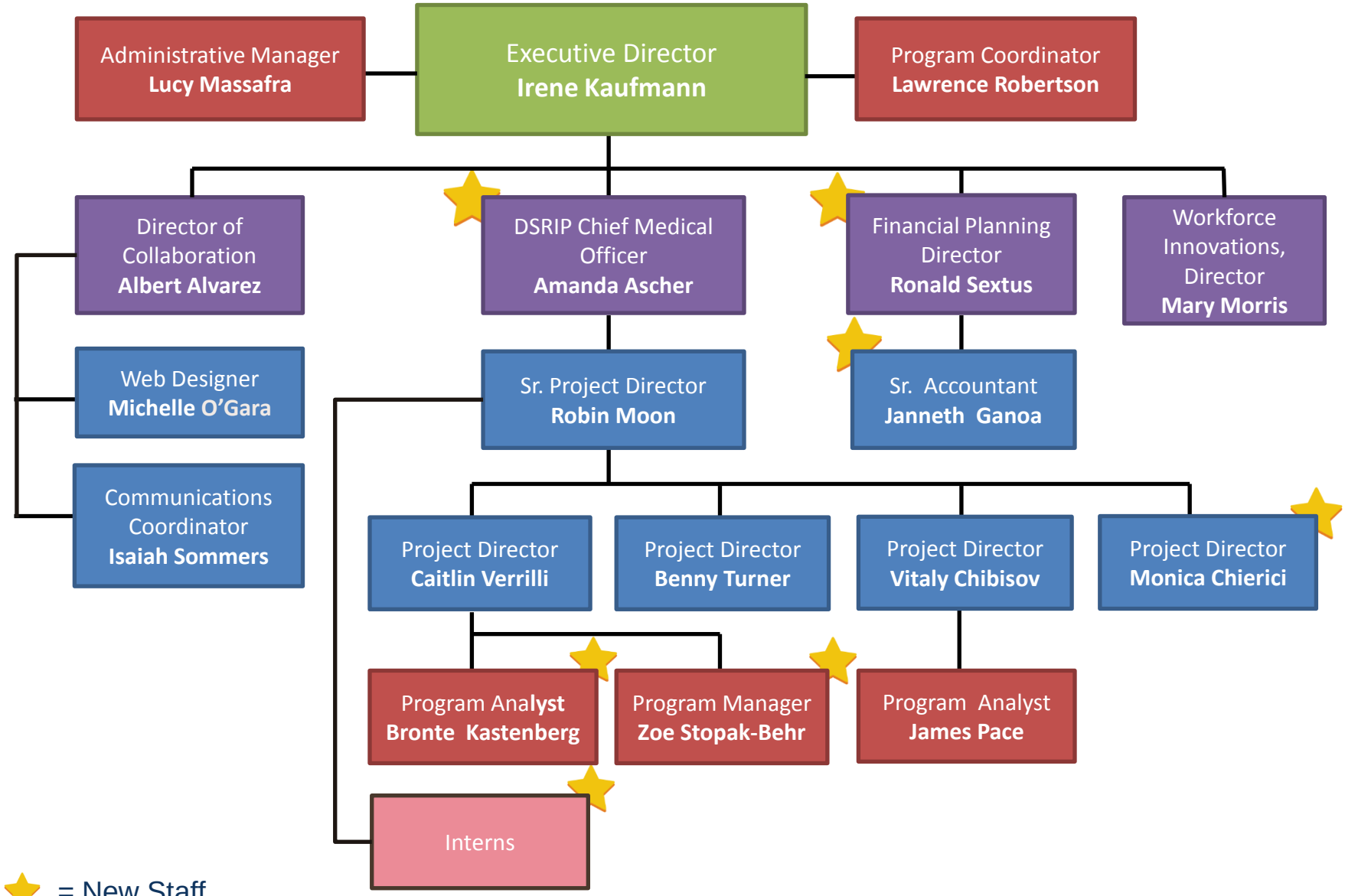
CENTRAL SERVICES ORGANIZATION

The CSO Team Continues to Grow

- Eight new members have joined the CSO since May, including:
  - Chief Medical Officer, with experience as clinical lead of Bronx-based medical center with hands on experience in PCMH and Collaborative Care implementation
  - Financial planning accounting team with experience and accountability for financial management in healthcare settings including FQHCs
  - Project management team has added leadership and analytical staff

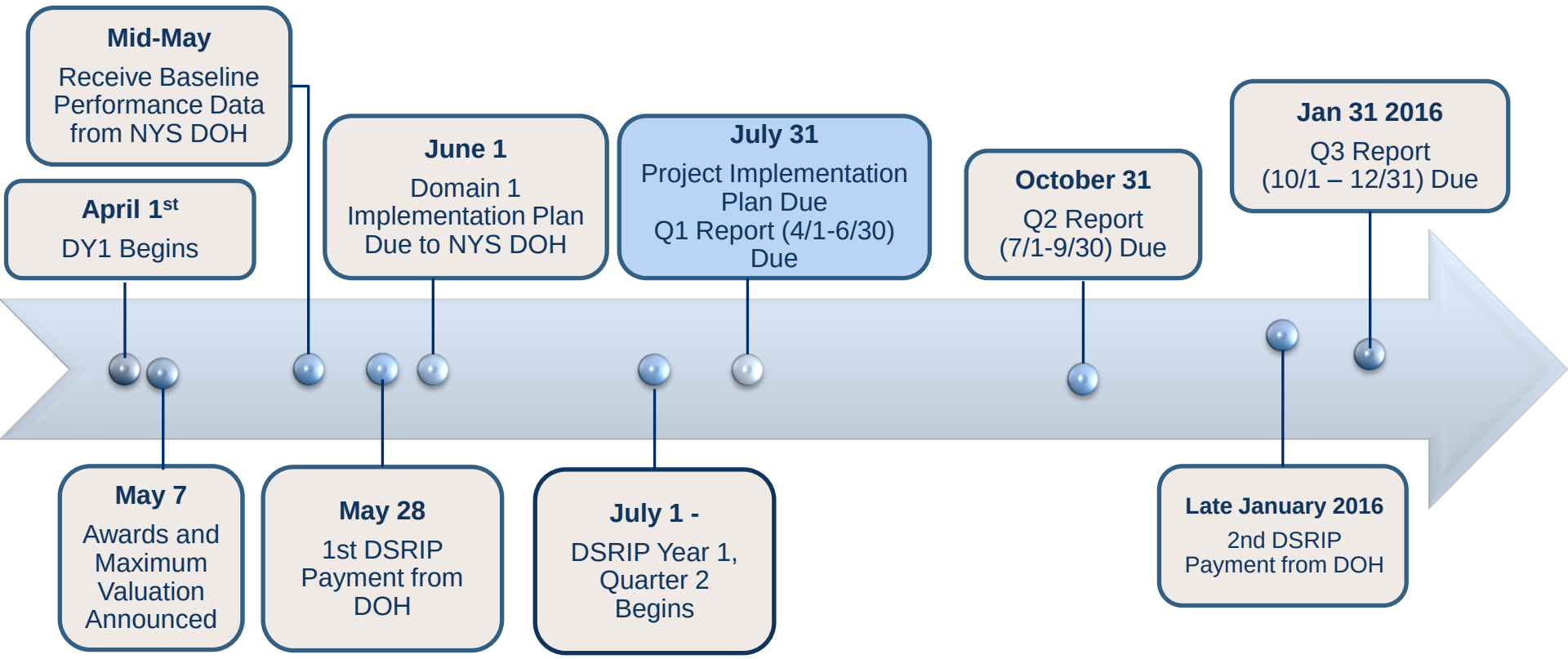
- In addition, interns from the Mailman School of Public Health and Fordham University have joined our project management and communications teams

Central Services Organization Team Update



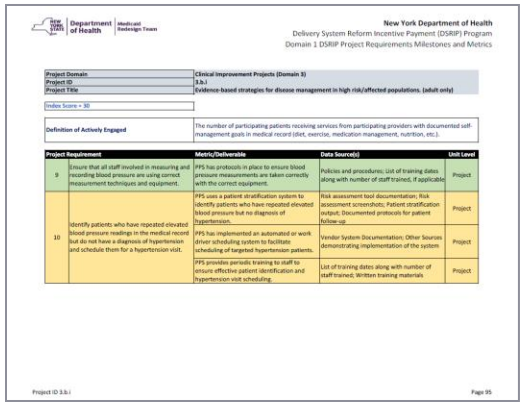
TIMELINE

DSRIP DY1 Timeline: April 2015-January 2016



PROJECTS PLANNING

Clinical Project Planning



New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Domain 1 DSRIP Project Requirements Milestones and Metrics

Project Domain	Clinical Improvement Projects (Domain 3)
Project ID	3.b.i
Project Title	Evidence-based strategies for disease management in high risk/affected populations. (adult only)
Index Score = 30	
Definition of Actively Engaged	The number of participating patients receiving services from participating providers with documented self-management goals in medical record (diet, exercise, medication management, nutrition, etc.).

	Project Requirement	Metric/Deliverable	Data Source(s)	Unit Level
9	Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.	Policies and procedures; List of training dates along with number of staff trained, if applicable	Project
10	Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.	Risk assessment tool documentation; Risk assessment screenshots; Patient stratification output; Documented protocols for patient follow-up	Project
		PPS has implemented an automated or work driver scheduling system to facilitate scheduling of targeted hypertension patients.	Vendor System Documentation; Other Sources demonstrating implementation of the system	Project
		PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.	List of training dates along with number of staff trained; Written training materials	Project

Project ID 3.b.i Page 95

NYS defined basic project requirements and timelines for all of the clinical projects, as well as project measures

Transitional work groups (TWGs) have been identifying resources, guidelines, etc. to implement the project requirements and collect data for measures

Output from the TWGs, as well CSO-wide strategies will form the basis of the Clinical Operational Plan (COP) for each project

Quality and Clinical Subcommittee (QCIS) and Executive Committee must approve COPs

Clinical Projects Planning Update

- Transitional work groups (TWGs) have been launched to develop detailed clinical operations plans (COPs) for each project
  - Diabetes/CVD
  - Asthma Home-Based Self-Management
  - At-Risk Health Home
- PPS members with project-specific expertise have been identified and engaged to assist in COPs development in 4 projects:
  - Asthma
  - ED Triage
  - Care Transitions
  - Primary Care Behavioral Health Integration
- COPs will provide guidance for project implementation as well as basis for determining resource needs for participating providers
- COPs planning expected to be completed Fall 2015
- Project resource planning is being integrated into COPs process; to be followed by provider level budgeting

Project Planning Contracts in Process

- a.i.r. nyc
  - 3.d.ii Asthma Home-Based Self-Management Program
- Montefiore Medical Center CMO
  - 2.b.iii Emergency Department (ED) Care Triage for At-Risk Populations
  - 2.b.iv Care Transitions to Reduce 30-Day Readmissions
- Institute for Family Health
  - 3.a.i Integration of Primary Care & Behavioral Health Services (Co-location Models)
  - 3.a.i Integration of Primary Care & Behavioral Health Services (IMPACT Model)

Gearing Up for PCMH Implementation

- PCMH Level 3 Recognition is a DSRIP requirement for primary care providers in a PPS
  - 936 BPHC primary care providers across > 150 locations will need to achieve NCQA Level 3 Recognition by March 2018
  - Implementation and submission of application takes 12-18 months
- CSO is recruiting experienced consultants to assist with this significant effort
  - > 20 Consulting firms have been identified
  - 18 have submitted letters of intent
  - Providers will select consultants and together submit proposals for PCMH implementation work plans in August
  - Approved plans will be funded through DSRIP funds and managed by CSO

Reaching Out to CBO Member Organizations

- Community Based Organizations survey profiles
  - Surveys distributed with a completion date of July 2
    - 148 surveys distributed; 21.6% responded
  - Identify primary services offered by CBO member organizations
  - Determine interest and capacity to participate as partner organizations
  - Identify key contacts for ongoing communication

- Groups of CBOs invited to join weekly forums starting July 16
  - Exploring CBO role as member organizations in BPHC
  - Facilitate participation in DSRIP projects
  - Draw feedback on strategies for involving CBOs in DSRIP planning
  - Best practices for community engagement, cultural competency, client education and health literacy

- Contact Albert Alvarez, Director of Collaboration, aalvarez3@sbhny.org, (718) 960-3783 for more information regarding the surveys or joining the forums

Workforce Update

- Workforce Sub-Committee has been established
  - Planning, Communications/Engagement, and Labor/Employee Relations Advisory Work Groups will be initiated to support Workforce Sub-Committee
- BPHC and TEF are collaborating with the Center for Workforce Studies (CHWS) at the SUNY School of Public Health to develop and pilot a DSRIP workforce survey
  - Determine current state and future needs
  - Standardize approach to gap analysis across PPSs
  - Survey results will be used to inform workforce plan including retraining, redeployment and hiring
  - Survey will be distributed in August
- Site visits to CBOs are being conducted to identify research on best practices in cultural competency and health literacy strategies
- Training and staffing requirements defined by clinical work groups are being integrated into workforce strategy
- Contract with TEF in process

IT Update

- Narrowing down selection of population health and care management solutions for the PPS with comprehensive functionality, including
  - Care coordination and management solution (CCMS) for care planning, clinical and social service navigation and transitions
  - Assessment and risk stratification
  - Patient registries
  - Patient engagement, in all its forms
- Exploring Bronx RHIO as a core solution, pending further due diligence on capabilities
  - Health information exchange
  - Centralized data storage, management & governance
  - Analytics, measurement & reporting
- Establish program management tools and determine resources needed to support implementation and assist partners
  - Performance reporting and network management tools
  - RHIO/HIE participation
  - Use of certified Stage 2 Meaningful Use EHRs
  - IT support for achieving PCMH 2014 recognition

AWARD AND PAYMENT SCHEDULE

BPHC DSRIP Valuation Award Letter

DOH Awards $384M to BPHC DSRIP Program

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

Safety Net Equity (SNE) Guarantee	$ 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

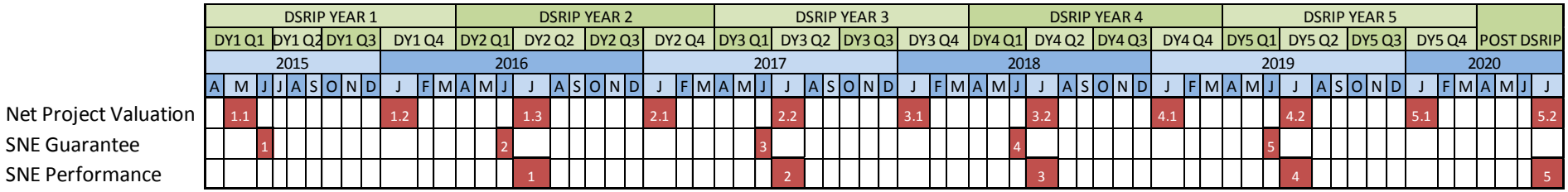
Update on PPS Payments

- Initial DY1 payment ***did not*** include 60% of estimated Safety-Net Equity (SNE) Performance payment, awaiting further guidance on timing and basis for payment
- SNE Guarantee payment ***not yet received*** as of today.
- Information about High Performance Fund payments is still pending
- No change in Maximum Valuation amounts used for budgeting at this point

	2015	2016	2017	2018	2019	Program Total
Max Net Project Valuation Plus SN Equity Performance	$38,083,295	$40,584,276	$65,629,867	$58,114,997	$38,083,295	$240,495,730
Performance Payments Received	**$36,179,130**	**$36,525,848**	**$55,785,387**	**$49,397,747**	**$32,370,801**	**$210,258,914**
Percent Waiver Revenue Received:	95%	90%	85%	85%	85%	87%
	2015	**2016**	**2017**	**2018**	**2019**	**Program Total**
Safety Net Equity Guarantee	$21,128,575	$21,128,575	$21,128,575	$21,128,575	$21,128,575	$105,642,873
Total Payments Received Excluding High Performance Funds	**$57,307,705**	**$57,654,423**	**$76,913,962**	**$70,526,322**	**$53,499,375**	**$315,901,787**

Update on Receipt of Award Funds – continued

- **Net Project Valuation payments** – 2 payments earned per year, except in DY1; Last payment for each DSRIP year received in Q2 of the following DSRIP year
- **SNE Guarantee payments*** – 20% of total amount, paid in equal installments, once per year (same timing each year)
- **SNE Performance payments**** – paid once per year, expected at same time as last payment of DSRIP year based on performance of entire year



* Based on communicated payment date and recurring each year

** Estimated based on guidance that payment is based on performance for full DSRIP year

Achievement Underlying Performance Payments

Performance payments will be based on achievements of Progress Milestones per the schedule below

Metric/Milestone Domains	DY1	DY2	DY3	DY4	DY5
Project progress milestones (Domain 1)	80%	60%	40%	20%	0%
System transformation and financial stability milestones (Domain 2), clinical improvement milestones (Domain 3), population health outcome milestones (Domain 4)	20%	40%	60%	80%	100%

Reporting and Payment Schedule

- There are 4 Reporting Periods per DSRIP Year and 2 semi-annual Payment Periods per DSRIP Year (DY1 and DY2 illustrated below)
  - DY3 – DY5 will follow timelines like that of DY2
  - Chart excludes planning grant and first payment associated with application approval

DSRIP Year/Quarter	Dates Covered	Quarterly Report Due	Payment Date
DY1, Q1	April 1, 2015 – June 30, 2015	July 31, 2015	**January 2016**
DY1, Q2	July 1, 2015 – September 30, 2015	October 31, 2015	
DY1, Q3	October 1, 2015 – December 31, 2015	January 31, 2016	**July 2016**
DY1, Q4	January 1, 2016 – March 31, 2016	April 30, 2016	
DY2, Q1	April 1, 2016 – June 30, 2016	July 31, 2016	**January 2017**
DY2, Q2	July 1, 2016 – September 30, 2016	October 31, 2016	
DY2, Q3	October 1, 2016 – December 31, 2016	January 31, 2017	**July 2017**
DY2, Q4	January 1, 2017 – March 31, 2017	April 30, 2017	

Guiding Principles for Funds Flow

- Payments to participants contingent upon PPS receipt of funds
- No payments to participants until MSA executed and returned – baseline contract, to which schedule(s) will attach Schedule A
- Payments will be tied to participant role, DSRIP activities and/or achievement of performance specified in Schedule A
- Performance obligations, milestones and funding amounts will be subject to the review and approval of the governance structure
- Schedule A will detail participant implementation, operating and reporting requirements, and performance targets for a defined timeframe – which may be shorter than entire DSRIP period

Guiding Principles for Funds Flow (cont'd)

- Payments are not tied to attribution, but instead programmatic initiatives
- Participants may have multiple Schedule A's initiated at various points throughout the DSRIP program
- If the BPHC PPS is subject to reduced payment due to missed milestones, Participants may be subject to proportionate reduced payments
- Bonus payments will be based on Participant performance, linked to achievement of results driving bonus to PPS

Update on State Reporting

On June 1, BPHC submitted its Implementation Plan to the State

- Key components of the Implementation Plan included:
  - Detailed workplans for meeting State-required milestones in organizational workstreams including governance, financial sustainability, cultural competency and health literacy
  - Identification of interdependencies across workstreams
  - Key stakeholders and their roles and responsibilities in implementation
  - Patient engagement targets for each project
- On June 28, IA commented on the submission; CSO will submit required changes on July 31

On July 31, BPHC will submit its first quarterly report to the State

- The first quarterly report will include:
  - Reporting on the organizational milestones identified in the Implementation Plan
  - Detailed workplans for meeting State Domain 1 requirements for each of the clinical projects
  - Identified risks in implementation and proposed mitigation strategies
  - Provider ramp up for each clinical project (for reporting purposes only)
- The second quarterly report, due in October, will require BPHC to identify the providers that will be participating in each project

BPHC will report on its progress in meeting the timelines laid out in the Implementation Plan throughout the course of DSRIP

MASTER SERVICES AGREEMENT

Who Contracts with BPHC?

Partner*
Organizations that will participate in BPHC and are expected to receive DSRIP funds

Member
Organizations that will participate in BPHC but are not expected to receive DSRIP funds

Vendor
Organizations that will not participate in BPHC but will provide services and receive payment for rendering services (e.g., IT vendor, PCMH technical assistance provider)

*Note: For partners assuming a leadership role in clinical deployment, BPHC will execute an MOU in advance of MSA to expedite execution (a.i.r. nyc, Institute for Family Health, Montefiore CMO).

What the Agreements Do and Do Not Do

What the Agreements Do

- Establish general roles and responsibilities of the parties
- Outline general framework for the PPS's process for distributing DSRIP payments
- Outline governance process
- Describe process for establishing Partner's responsibilities related to implementing specific projects
- Provide basic legal terms governing relationships among the parties

What the Agreements Do Not Do

- Describe which projects each Partner will participate in
- Establish Partner's specific obligations related to implementing a particular project
- Identify amount of DSRIP funds Partners will receive for implementing a particular project

All details around specific projects will be negotiated and set out in Project Specific Schedules at a later date.

MSA Review Process and Time Line

- **5/26:** Send drafts and comment matrix to partners and members
- **5/28:** Webinar to provide overview of documents, review process, and next steps
- **6/8:** Comments due
- **6/8 - 6/19:** CSO reviews comments
- **6/19:** Send final comment matrix and contract forms to partners
- **6/24:** All Member **c**onference call/webinar to discuss comment matrix and any outstanding issues
- **7/23** Executive Committee will do final review
- **7/30:** MSA will be posted on BPHC website

After July 30, there will be no further changes to the agreements.

CRFP UPDATE

CRFP Update

- On April 10th NYSDOH reissued Capital Restructuring Financing Program (CRFP) Request for Applications (RFA)
  - Reissuance stemmed from new statutory requirement directing DOH to ensure, to the extent possible, that award dollars are regionally proportional
- BPHC submitted 37 applications from 16 partner organizations on May 5th
  - $169,349,285 requested
- NYSDOH to announce awards in October

APPENDIX

Executive Committee

- **Eric Appelbaum**, SBH Health System
- **Maxine Golub**, Institute for Family Health
- **Marianne Kennedy**, Visiting Nurse Service of New York
- **Pamela Mattel**, Acacia Network
- **Fernando Oliver**, Bronx United IPA
- **Tosan Oruwariye**, Morris Heights Health Center
- **Amanda Parsons**, Montefiore Medical Center
- **Paul Rosenfeld**, CenterLight Health System
- **Stephen Rosenthal**, Montefiore Medical Center
- **Charles Scaglione**, Bronx RHIO
- **Eileen Torres**, BronxWorks
- **Len Walsh**, SBH Health System - Chair
- **Pat Wang**, Healthfirst
- **Gladys Wrenick,** 1199 SEIU Healthcare Workers East
- **Douglas York**, Union Community Health Center

***Ex-Officio: Irene Kaufmann, BPHC CSO; *CSO Staff: Benny Turner**

Finance & Sustainability Sub-Committee

- **Carol Bouton**, The Institute for Family Health
- **Carol Cassell**, ArchCare MCO
- **Tomas Del Rio**, Acacia Network
- **Max Francois**, Bronx United IPA
- **Marcus Freeman**, Morris Heights Health Center
- **Donna Friedman**, Riverdale Mental Health Association
- **Todd Gorlewski**, SBH Health System – Co-Chair
- **Mary Hartnett**, Union Community Health Center
- **Josephine Incorvaia**, Centerlight Health System
- **David Koschitzki**, Metropolitan Jewish Health System
- **Kity Khundkar**, Schervier Nursing Care Center
- **David Menashy**, Montefiore Medical Center – Co-Chair
- **Denise Nunez**, Divino Nino Pediatrics
- **Ravi Ramaswamy**, Families on the Move
- **BPHC CFO**

CSO Staff: Ronald Sextus, James Pace

Information Technology Sub-Committee

- **Nicole Atanasio**, Lott, Inc.
- **Jitendra Barmecha**, SBH Health System - Chair
- **Helen Dao**, Union Community Health Center
- **Brian Hoch**, Montefiore Medical Center
- **Jeeny Job**, SBH Health System
- **Tracie Jones**, BronxWorks
- **Kate Nixon**, Visiting Nurse Service of New York
- **Elizabeth Lever,** The Institute for Family Health
- **Uday Madasu**, Coordinated Behavioral Care IPA
- **Mike Matteo**, Centerlight Health System
- **Kathy Miller**, Bronx RHIO
- **Edgardo Nieves**, Morris Heights Health Center
- **Anthony Ramirez**, Acacia Network
- **Sam Sarkissian**, University Behavioral Associates
- **Yvette Walker**, AllMed Medical & Rehabilitation Centers

CSO Staff: Vitaly Chibisov; Guests: Jonathan Ong, SBH Health System; Nance Shatzkin, Bronx RHIO

Workforce Sub-Committee

- **Lourdes Blanco**, NYSNA
- **Lalit Clarkson**, CIR SEIU
- **Tom Cloutier**, 1199 SEIU
- **Glenn Courounis**, Centerlight Health System
- **Curtis Dann-Messier**, CUNY
- **Katrina Jones**, Acacia Network
- **Gloria Kenny**, Montefiore Medical Center
- **Eleanor Larrier**, Bronx Community Health Network
- **Russell Lusak**, Selfhelp Community Services
- **Rosa Mejias**, 1199 TEF – Co-Chair
- **Mary Morris**, SBH/Bronx Partners For Healthy Communities – Co-Chair
- **Theresa Pica**, 1199 SEIU
- **Wayne Webb**, SBH Health System
- **Pamela Smith**, Morris Heights Health Center
- **Annie Wiseman**, The Institute for Family Health

CSO Staff: Lawrence Robertson

Quality & Care Innovation Sub-Committee

- **David Collymore**, Acacia Network – Co-Chair
- **Megan Fogarty**, BronxWorks
- **Pablo Idez**, The Institute for Family Health
- **Kenneth Jones**, Morris Heights Health Center
- **Loredan Ladogana**, United Cerebral Palsy of New York City
- **Frank Maselli**, Bronx United IPA
- **Anne Meara**, Montefiore Medical Center
- **Beverly Mosquera**, Coordinated Behavioral Care IPA
- **Chris Norwood**, Health People: Community Preventive Health Institute
- **Todd Ostrow**, Centerlight Health System
- **Debbie Pantin**, VIP Community Services – Co-Chair
- **Rona Shapiro**, 1199 SEIU
- **Ed Telzak**, SBH Health System
- **Lizica Troneci**, SBH Health System
- **Dharti Vaghela**, EssenMED HouseCalls

CSO Staff: Amanda Ascher, MD, Monica Chierici, Bronte Kastenberg; Guest: Terry Ellman, Bronx RHIO

Thank You!

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