



# BRONX PARTNERS FOR HEALTHY COMMUNITIES



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## All-Member Webinar

July 19, 2016

# Agenda

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- Welcome *Len Walsh, Executive VP & COO, SBH Health System*
- Achievements *Irene Kaufmann, Executive Director, BPHC*
- Subcommittee Updates
  - Finance & Sustainability Subcommittee *Todd Gorlewski, Executive Vice President, SBH Health System*
  - Workforce Subcommittee *Mary Morris, Director of Workforce Innovation*
  - Information Technology Subcommittee *Dr. Jitendra Barmecha, CIO Information Technology*
  - Quality & Care Innovation Subcommittee *Dr. Amanda Ascher, Chief Medical Officer, BPHC*
- Nominating Committee Update *Patricia Belair, Senior Vice President, SBH Health System*
- BPHC Developments *Dr. Amanda Ascher, CMO, BPHC*
  - Performance Measures and Payment Schedules
  - EPP and EIP Updates
  - DSRIP Program Directors (DPDs )
- Community Engagement & Collaborations *Irene Kaufmann, ED, BPHC*
  - Wave 5 Funding: Community Engagement
  - Initiatives for CBOs
  - PCMH Implementation Progress
  - BPHC PPS and Public Agency Collaborations
- Q&A

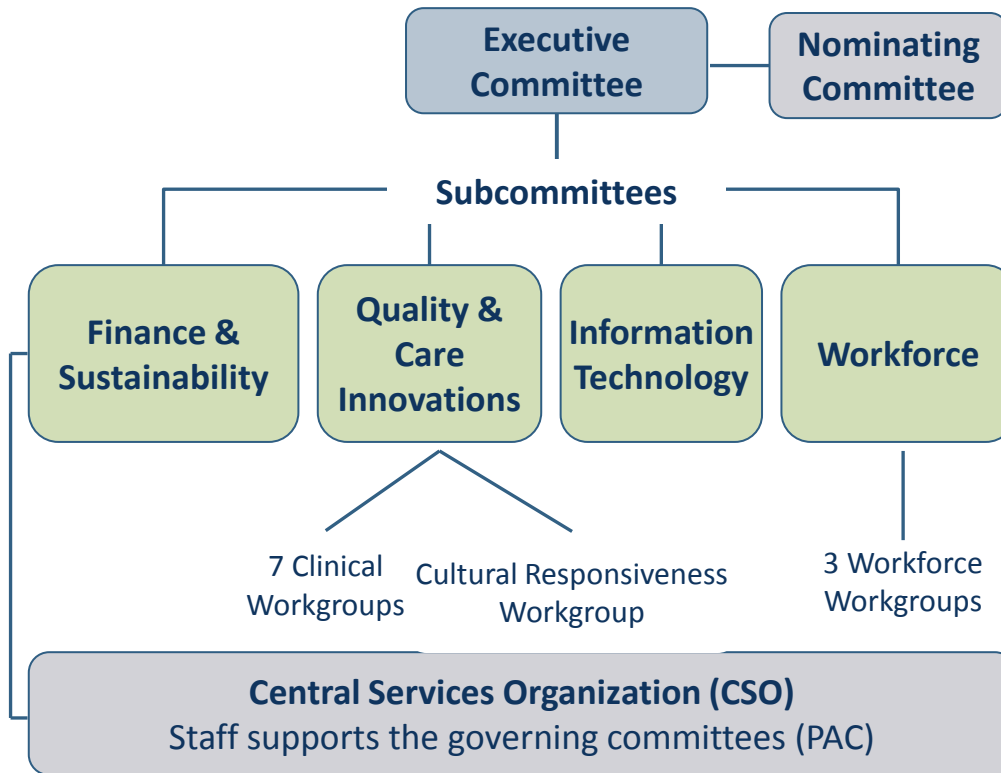
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BPHC Governance Structure Update  
CBO Membership Active in DY1Q4  
Master Services Agreements (MSAs) with Partners  
Contracts with Partners and Vendors  
Speaking Engagements  
DY1 Achievements

# ACHIEVEMENTS

# BPHC Governance Structure

## Composition and Guiding Principles



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

- 80 committee and subcommittee seats, currently representing 33 organizations
- 101 workgroup seats, currently representing 26 organizations

**Include clinical and non-clinical stakeholders**

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

**Promote transparency, collaboration & continuity**

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

An additional 20 community organizations have been working to advance the Community Engagement Plan



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# Community Engagement Workgroup

## CBO Membership Active in DY1Q4

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Bestcare, Inc.	Goodwill Industries of Greater New York & Northern New Jersey	New York Legal Assistance Group (NYLAG)/LegalHealth
BOOM!Health	Health People	Northwest Bronx Community and Clergy Coalition
Bronx Community Health Network	Hospice of New York, LLC	Phipps Neighborhoods
Coordinated Behavioral Care	La Familia Verde	Regional Aide for Interim Need, Inc. (R.A.I.N.)
Counseling Services of New York	Leake and Watts Services	Riverdale Senior Services
Geel Community Services	Mary Mitchell Center	St. Mary's Healthcare System for Children
Good Shepherd Services	New Alternatives for Children	The Bronx Health Link, Inc.

# Master Services Agreements with Partners

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- To Date, BPHC has executed Master Services Agreements (MSAs) with 16 partner organizations
  - Acacia Network
  - Bronx United IPA
  - The Institute for Family Health
  - Montefiore Medical Center
  - Morris Heights Health Center
  - SBH Health System
  - Union Community Health Center
  - a.i.r. nyc
  - Visiting Nurse Services of New York
  - Bon Secours / Schervier Nursing Care Center
  - ArchCare
  - Health People
  - Community Care Management Partners (CCMP) Health Home
  - Coordinated Behavioral Care (CBC) Health Home
  - Coordinated Behavioral Care (CBC) IPA
  - United Cerebral Palsy of New York

# Schedule A's and other Contracts with Partners\*

<b>a.i.r. nyc</b>	Project 3.d.ii Asthma Schedule A	Project 3.d.ii Asthma Services Agreement		
<b>Acacia Network</b>	DPD	Startup Funding		
<b>Bronx United IPA</b>	DPD	Startup Funding	PCMH TA (CTG)	
<b>Montefiore Medical Center</b>	DPD/DPM	Startup Funding	ED Care Triage & Care Transitions	PCMH TA (Rona Affoumado & PCIP)
<b>Morris Heights Health Center</b>	DPD	Startup Funding	PCMH TA (Quality First)	
<b>SBH</b>	DPD	Startup Funding	ED Care Triage & Care Transitions	PCMH TA (Qualis)
<b>The Institute for Family Health</b>	DPD	Startup Funding	Project 3.a.i Co-location and Impact Model Services Agreement	Project 3.a.i Co-location and Impact Model Schedule A
<b>Union Community Health Center</b>	DPD	Startup Funding		PCMH TA (Qualis)
<b>Health People</b>	Project 3.c.i Diabetes Self-Management Schedule A			

\* Includes contracts with PCMH Technical Assistance vendors for services provided to Partners.

# BPHC Contracts with Vendors

<b>Health Management Associates (HMA)</b>	PCMH coaching and implementation support
<b>CTG</b>	PCMH coaching and implementation support
<b>Rona Affoumado Consulting*</b>	PCMH coaching and implementation support
<b>Quality First Healthcare Consulting</b>	PCMH coaching and implementation support
<b>Qualis Health</b>	PCMH coaching and implementation support
<b>PCIP</b>	PCMH coaching and implementation support
<b>Insight Management</b>	PCMH coaching and implementation support
<b>Joslyn Levy &amp; Associates</b>	Quality improvement training
<b>Training &amp; Education Fund (TEF)</b>	Workforce training consultant
<b>BDO</b>	Workforce baseline analysis and future needs
<b>Bronx RHIO</b>	Data management, analytics, measurement and reporting services
<b>CMO, The Care Management Company</b>	Planning, training and program implementation consultant on ED Care Triage and Care Transitions Projects

\* Contract is with Montefiore Medical Center for Rona Affoumado for PCMH consulting services for 22 Montefiore primary care sites.



# BPHC Collaboration Agreements

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<b>DSRIP Domain IV Collaborative</b>	Multi-PPS Collaboration on Project 4.a.iii MHA (BPHC PPS, OneCity Health PPS, Community Care of Brooklyn PPS and Bronx Access PPS)
<b>The Jewish Board and Astor Children and Family Services</b>	Project Management Services for DSRIP Domain IV Collaborative
<b>DSRIP HIV Coalition</b>	Multi-PPS Collaboration on Project 4.c.ii HIV (BPHC PPS, OneCity Health PPS, Community Care of Brooklyn PPS, Bronx Access PPS, Mount Sinai PPS, Brooklyn Bridges PPS and New York Hospital Queens PPS)

# BPHC Shares Its DSRIP Experience

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- Amanda Ascher, MD, BPHC CMO and Caitlin Verrilli, DSRIP Program Director, presented at the New York State Public Health Association Summit on Improving Asthma Control through Home Based Services, June 23, 2016
- Amanda Ascher, MD, BPHC CMO, presented at UHF Antibiotic Stewardship Outpatient Regional Forum, May 12, 2016
- Monica Chierici, Project Management Director, represented BPHC at the Health Care Reform Policy and Practice Forum on June 22nd held by the Collaborative for Children and Families where she discussed how BPHC is working with its members to implement PC/BH integration.
- Len Walsh, SBH Executive VP & COO and BPHC Executive Committee Chair, presented at Columbia Business School's 12th Annual Healthcare Conference on February 26, 2016
- Pat Belair and Lizica Troneci, MD, SBH Director of Psychiatry, will be presenting Primary Care/Behavioral Health Integration at the New York Association for Ambulatory Care in September 2016

# DY1 Achievements

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- AV Performance for Reporting Required Deliverables
  - Scored 100% AV for Implementation Plan and Required Reports through DY1Q3
    - DY1Q4 Report missed only one projected target: number of documented care plans
- Plans developed for BPHC and approved by the Executive Committee
  - Performance Reporting Structure
  - Clinical Integration Needs Assessment and Strategy
  - Practitioner Communication and Engagement
  - Compliance Plan
  - Cultural Competency and Health Literacy
  - PPS Policies and Procedures
- Hosting Bronx PPS Listening Tour for DOH

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# FINANCE & SUSTAINABILITY SUBCOMMITTEE UPDATE



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# Revenue and Expenses

## BPHC CASH FLOW As of June 30, 2016

DSRIP Payment 6/1/15  
DSRIP Payment 1/20/16  
EIP 4/15/16  
EIP 4/20/16  
EIP 4/29/16  
EIP 5/4/16  
EIP 5/26/16  
EIP 6/20/16  
Total Payments

Equity Program funding received May-June  
2016 positions BPHC to initiate planned  
Wave 5 funding.

DY 2 REVENUE	TOTAL REVENUE
	16,157,743
	5,385,914
1,622,451	1,622,451
3,079,975	3,079,975
9,095,929	9,095,929
3,736,968	3,736,968
1,471,681	1,471,681
1,801,384	1,801,384
20,808,388	42,352,045

	DY 1	CSO Operations	PPS Workforce	PPS PCMH	PPS IT	PPS CONTRACTUALS	PPS TOTAL	ALL EXPENSES DY 2	TOTAL ALL EXPENSES
SBH REIMBURSEMENT (4.1.14 - 05.31.15) 7/18/15	3,773,193						-	-	3,773,193
	-						-	-	-
CSO Payroll and Fringe	2,568,762	1,051,230					-	1,051,230	3,619,992
Consultants - Manatt	1,574,390	404,459					-	404,459	1,978,849
Other Items <10K	63,980	29,833.07	2,500		5,000		7,500	37,333	101,313
Indirect Cost (Space, Utility and Other personnel Cost)	683,483	183,140					-	183,140	866,623
							-	-	-
Program Director/Managers	760,688					287,500	287,500	287,500	1,048,188
RFI	-					3,265,118	3,265,118	3,265,118	3,265,118
Project 2b ED Care Triage	-					625,000	625,000	625,000	625,000
AIR NYC	379,727						-	-	379,727
IFH	320,735						-	-	320,735
CMO Montefiore	804,700						-	-	804,700
Health People						50,000	50,000	50,000	50,000
Bronx RHIO					156,259		156,259	156,259	156,259
Performance Logic	71,081				10,900		10,900	10,900	81,981
Silverline	123,006						-	-	123,006
Salesforce	105,975						-	-	105,975
HIS	23,903						-	-	23,903
HMA	15,916			29,014			29,014	29,014	44,930
CTG	43,377			39,506			39,506	39,506	82,883
NY e Health	-			2,881			2,881	2,881	2,881
Quality First	28,704			68,277			68,277	68,277	96,981
Qualis Health				9,000			9,000	9,000	9,000
MHHC	6,565						-	-	6,565
1199 TEF	895,388		344,443				344,443	344,443	1,239,831
Pablo Farias (Cultural Competency)	14,625						-	-	14,625
BDO	168,739						-	-	168,739
CCME	5,000						-	-	5,000
NAVEX	7,560	516					-	516	8,076
	-						-	-	-
<b>Total</b>	<b>12,439,496</b>	<b>1,669,177</b>	<b>346,943</b>	<b>148,678</b>	<b>172,159</b>	<b>4,227,618</b>	<b>4,895,398</b>	<b>6,564,576</b>	<b>19,004,072</b>

Balance as of June 30, 2016

14,243,812

23,347,974

\*Estimated



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# EIP Contract Updates

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MCO	EIP Amount Budgeted	EIP Amount Received	Variance	Date Amount Received
HealthFirst	9,095,929.00	9,095,929.00	-	04/29/2016
MetroPlus	1,801,384.00	1,801,384.00	-	06/17/2016
Amerigroup/Empire	1,697,415.00	1,622,451.00	74,964.00	04/15/2016
HIP/Emblem	1,716,903.00	1,471,681.00	245,222.00	05/26/2016
FidelisCare	3,079,975.00	3,079,975.00	-	04/20/2016
Affinity Plan	3,736,968.00	3,736,968.00	-	05/04/2016
	21,128,574.00	20,808,388.00	320,186.00	

- Amerigroup/Empire and HIP Emblem: Shortfalls to be reconciled with DOH
- DY2Q1 Fidelis payment, \$769,994 of \$3,079,975, received July 2016

# Funds Distribution Plan for Partners *Contd.*

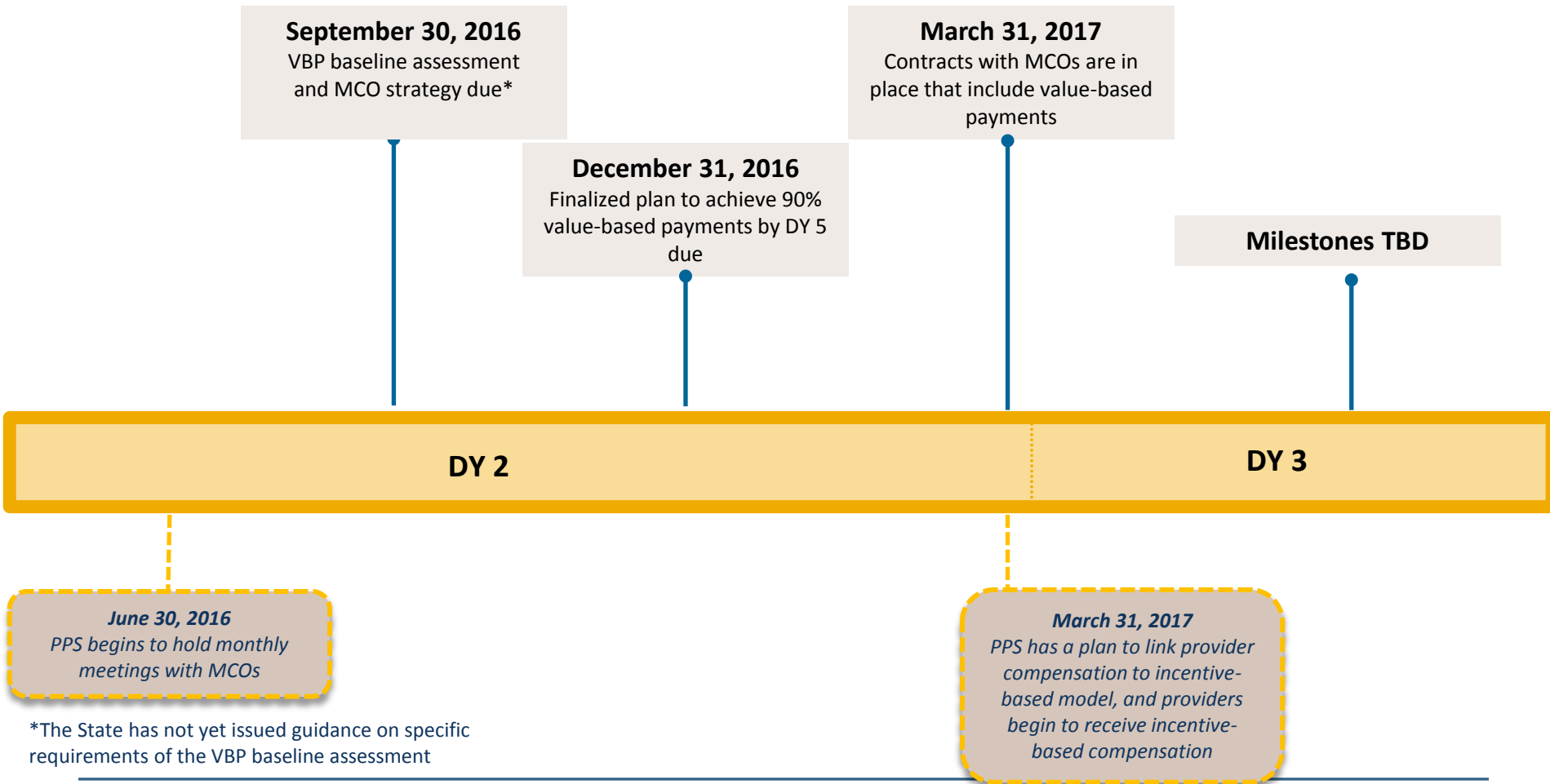
**Amount to distribute:** \$13,986,193 to seven large primary care partners for start-up funds (through DY2)

	Funds related to Population health management	Funds related to Infrastructure Technology	Funds related to patient attribution	Funds related to clinical project scoring	Total Funding	Funding by Percentage	25% of total RFI Funding DY2 Q1
Acacia Network	\$ 100,000	\$ 150,000	\$ 258,728	\$ 262,204	\$ 770,932	5.51%	192,733
Bronx United IPA	\$ 100,000	\$ 150,000	\$ 282,420	\$ 393,306	\$ 925,726	6.62%	231,432
Institute for Family Health	\$ 100,000	\$ 150,000	\$ 422,321	\$ 131,102	\$ 803,423	5.74%	200,856
Morris Heights	\$ 100,000	\$ 150,000	\$ 1,384,450	\$ 262,204	\$ 1,896,654	13.56%	474,164
SBH Health Systems	\$ 100,000	\$ 150,000	\$ 965,966	\$ 131,102	\$ 1,347,068	9.63%	336,767
Union Community Health Center	\$ 100,000	\$ 150,000	\$ 900,553	\$ 393,306	\$ 1,543,860	11.04%	385,965
Montefiore Organizational and Employed Physician NPIs	\$ 100,000	\$ 150,000	\$ 6,186,325	\$ 262,204	\$ 6,698,530	47.89%	1,674,632
	<b>\$ 700,000</b>	<b>\$ 1,050,000</b>	<b>\$ 10,400,764</b>	<b>\$ 1,835,429</b>	<b>\$ 13,986,193</b>	100%	<b>3,496,548</b>

## Contracting and Payment Process

- Schedule A developed for MSA, major components including sections delineating deliverables and payment schedule respectively:
  - 25% of total funds will be paid to partner upon execution of Schedule A
  - Balance of funds to be paid quarterly (through DY2) based on hiring & training of staff and expense budget

# DSRIP PPS Value-Based Payment Milestones





# Value-Based Payment (VBP) Updates

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## 1. Upcoming PPS obligations and milestones:

- 9/30/16: Develop detailed baseline assessment of revenue linked to VBP, preferred compensation modalities for different provider types and functions, and MCO strategy
- 3/31/17: Finalize a plan towards achieving 90% value-based payments across network by DY 5



## 2. Capacity Analysis

- BPHC CSO currently analyzing the PPS' capacity to take on VBP arrangements (June/July)
- Findings will be presented to the Board (August/September)
- Results compiled in PPS Baseline Assessment (September 30)



## 3. Next Steps

- BPHC is exploring the nature of potential contractual and other relationships with the Montefiore ACO
- BPHC CSO reaching out to partners to gather more information about current VBP efforts



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# WORKFORCE SUBCOMMITTEE UPDATE

# Training and Re-training Programs

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## **Trainings open to new hires and existing care management staff**

1. Medical Office Assistant Refreshers and Certification Course (9 day program leading to CCMA certification)
  - Cohort #1: 3/22/16 - 5/17/16, 19 participants completed.
  - Cohort #2: 6/21/16 - 9/16/16, 18 participants enrolled and currently attending.
2. Care Coordinator Training Program (9 day program)
  - Cohort #1: 7/13/16 - 11/2/16, 20 participants enrolled and currently attending.
3. Care Nurse Management Supervisor (10 day program)
  - Note: Care Nurse Managers will participate in the Care Coordinator Program above and will take 1 additional class specific to supervisors. The first class is scheduled for 11/9/16.
4. Essentials of Care Coordination (2 day program)
  - Designed for DSRIP new hires and redeployed staff not participating in any programs above (excluding IT staff)
  - Program launch October 2016



# Training and Re-training Programs

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## Trainings open to CBO staff

Three programs for DY2 were selected by the Community Engagement Workgroup:

- DSRIP 101 – Interactive 30 minute e-learning course designed for BPHC members who are less familiar with DSRIP. Provides a basic understanding of DSRIP and the triple aim.
- Cultural Competency in the Bronx
- Motivational Interviewing

# Training and Re-training Programs

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## Cultural Competency Training Programs Selected for Development

1. Cultural Competency in the Bronx for CBOs and front line staff
2. Patient Centered Care for Seniors in the Bronx
3. Cultural Competency for Home Care
4. BPHC Cultural Competency Leadership
5. Poverty Simulation for interdisciplinary teams
6. Cultural Competency and the Social Determinants of Health for Practitioners
7. Working with Behavioral Health Patients
8. Community Health Literacy Program delivered by CBOs



# Current State of Workforce: Overview

- The PPS's current workforce state provides details of reported BPHC workforce by DOH facility types and job titles by headcount, FTEs, and FTE vacancies.
- PPS Partners reported workforce data which includes a total headcount of 71,232 individuals or 48,030 FTEs.

**Current Workforce State Total Reported Data by DOH Facility Type**

<u>Facility Type</u>	<u>Headcount</u>	<u>FTEs</u>
Home Care / Hospice	27,198	15,274
Hospital / ED	11,624	10,438
Nursing Home / SNF	10,724	8,420
Other*	10,195	5,610
Outpatient (Article 31)	2,906	1,571
Non-licensed CBO	2,896	2,510
Hospital Outpatient Clinic (Article 28)	1,867	1,880
Inpatient (Article 31)	1,430	426
Diagnostic & Treatment Centers (Article 28)	1,396	1,081
Outpatient (Article 32)	339	276
Inpatient (Article 32)	305	301
Private Provider Practice	219	139
Pharmacies	80	63
Clinics (Article 16)	53	41
Retail Clinics	-	-
<b>Grand Total</b>	<b>71,232</b>	<b>48,030</b>

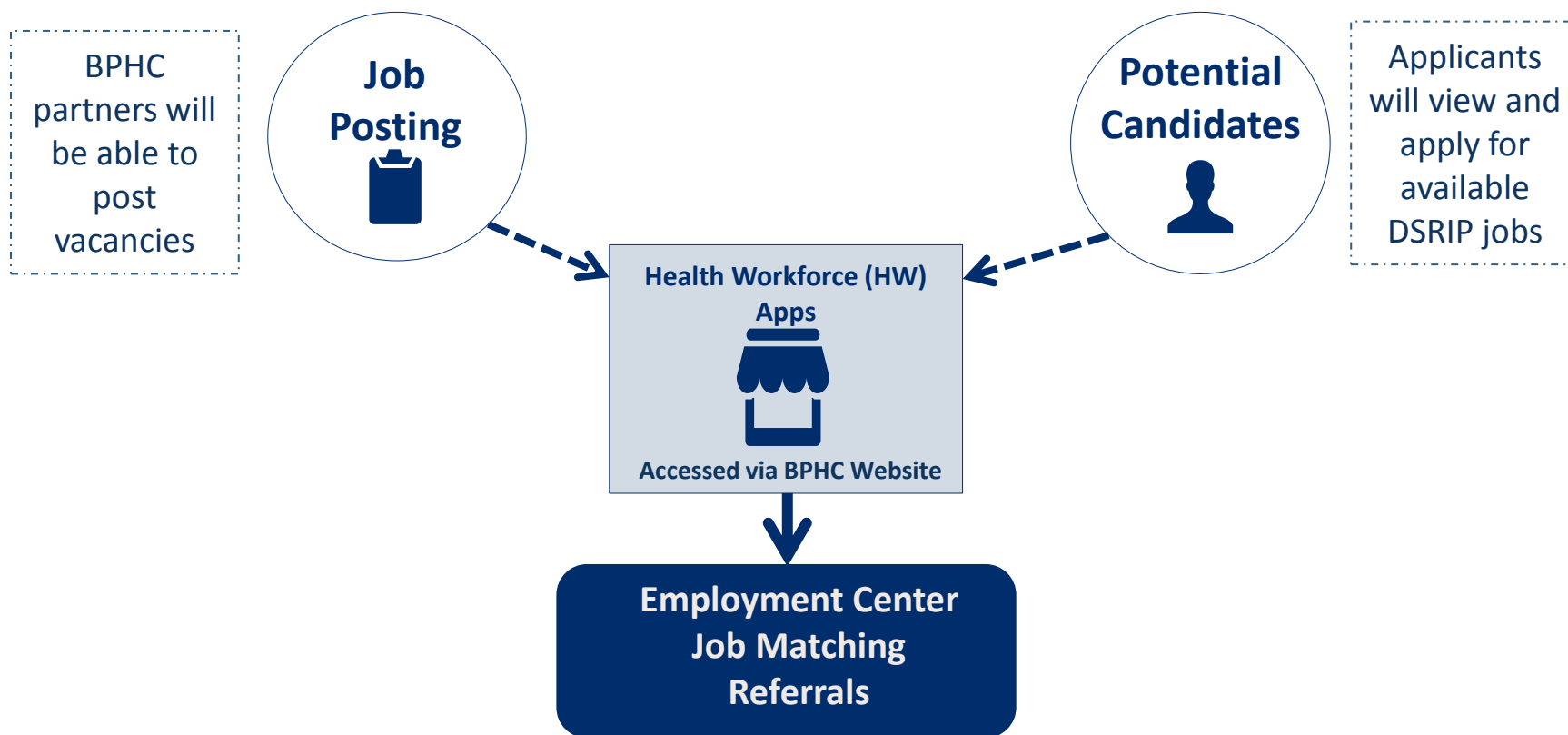
# Current State of Workforce

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## BPHC Workforce Current State Key Survey Findings

- The current state survey was distributed to BPHC providers on February 2nd and accepted through April 1<sup>st</sup>.
  - About 75% of the current PPS workforce is employed by either a Homecare/Hospice, Hospital/ED or Nursing Home/SNF facility
  - Homecare workforce is the largest job category found within the BPHC workforce at 31%
  - 25% of all vacant positions reported are found within the nursing category
  - Case management positions currently only makeup 6% of the BPHC workforce, this number will increase over the course of DSRIP

# TEF Regional Jobs Bank Employment Center



Through close collaboration between the Employment Center & partner organizations, job outcomes are reported to BPHC



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# INFORMATION TECHNOLOGY SUBCOMMITTEE UPDATE

# Care Coordination and Management Solution (CCMS)

## Acupera Status Update

### Completed

#### Priority Items

- Referrals
  - Demo
  - Integration with Healthify, NowPow, Salesforce, BxRHIO
- Integration

#### Additional Items

- Security
- HARP with BAHN
  - Forms/Assessments
  - Plan of Care
- Secure Messaging
  - What are BPHC requirements
  - Acupera's current abilities
  - Text Messaging
    - Montefiore already using this ability
  - Interface(s)

### Outstanding

#### Priority Items

- Care Transitions
- Multi-Tenancy
  - HIPPA
- Acupera Roadmap and Release Strategy

#### Additional Items

- Go Live/Implementation Plan
  - Backload Strategy

#### Budgetary Costing:

Operational and Capital

#### Alternative CCMS Plan –

##### **Allscripts Care Director**

Demos completed with high level discussions including pricing are ongoing

##### **Altruista Health**

Initial meetings and demos scheduled for June 15th

##### **GSI Health**

Initial meetings to be scheduled



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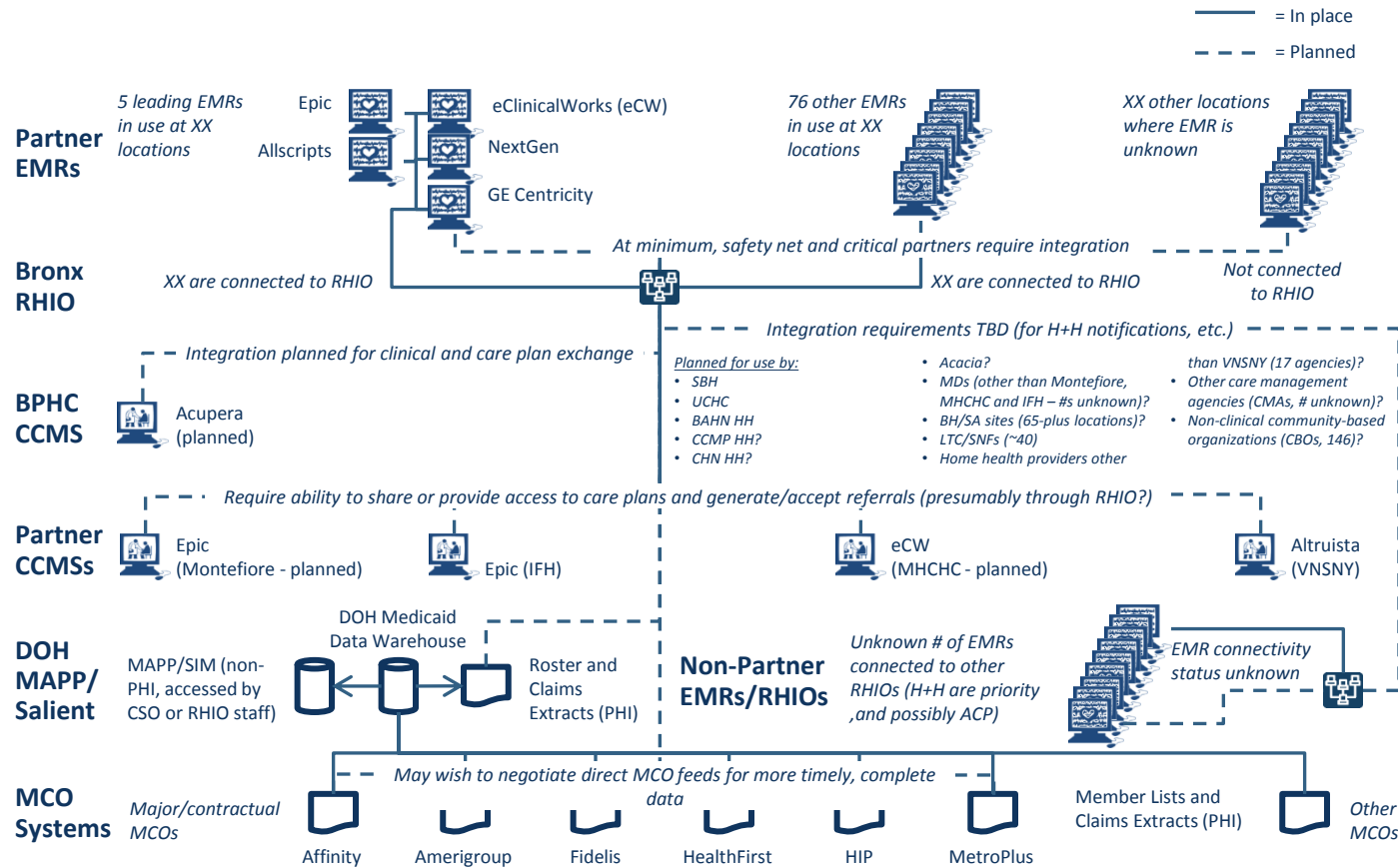
# Clinical Connectivity Roadmap

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- Clinical data sharing and interoperable systems roadmap that outlines:
    - Network capability for data sharing and system interoperability for the projects chosen by the PPS.
    - A training plan to conduct requirement training to support new IT platforms and processes.
    - Implementation guidelines for the use of common data sets for each of the projects chosen by the PPS.
    - Data exchange agreements between all of the PPS's network providers, CBOs, etc.that will include protection for PHI and DEAA compliance.
    - Training schedule
  - Summary
    - Leverage existing partner electronic medical record (EMR) systems
    - Utilize the Bronx RHIO for health information exchange, central data management and analytics
    - Implement CCMS
    - Program management for monitoring and assisting partners with EMRs, PCMH 2014 recognition and RHIO/HIE adoption and integration
  - Three types of data sharing and interoperability requirements:
    - EMR-to-EMR messaging
    - EMR-to-CCMS and CCMS-to-CCMS integration
    - Performance data collection (for reporting or calculating DSRIP metrics)
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# Clinical Connectivity Roadmap - Conceptual Diagram



# Data Sharing Agreements & BxRHIO Analytics

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- All large partners have returned signed Business Associate Agreements (BAAs) with where the partner is the covered entity and PPS is the business associate
- Bx RHIO currently in process of obtaining 2-way Data Use Agreements with our common partners. These allow the RHIO to provide access to partner PHI and administrative data to the PPS for analysis
- Both organizations are planning to implement the additional agreements as part of their initial partner onboarding processes
- A separate agreement between SBHHS (BPHC) and Bronx RHIO for providing performance measurement reports and analytics has been executed
- BxRHIO received approval from NYS DOH for Claims data access

# Additional Data & Analytics Update

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- Current Activities / Plans

- Building of MS Azure Server (cloud based) meeting state requirements for security with capacity to include services:
  - Database – MS SQL
  - Reporting – SSRS
  - Visualization – Tableau
- Allows us to complete requirements in the Systems Security Plan workbooks to receive state Medicaid data on attribution and claims
- Review of SpectraMedix Healthcare Analytics as a comprehensive and complementary solution to the Bronx RHIO Analytics

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# QUALITY & CARE INNOVATION SUBCOMMITTEE UPDATE



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# RCEs: Why are they important?

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- Act as a proxy for SDOH process and performance measures
- Designed to drive and track incremental changes towards achievement of DSRIP goals
- Early indication of where CQI initiatives may be needed
- Change periodically to reflect current implementation priorities
  
- Organizational Leadership drives DSRIP implementation
  - DPDs drive the monthly RCE reporting process
    - Need leadership support
    - Need IT and analytics support





# How RCEs Affect Populations & Outcome Measures

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- *Unpaid, frequently measured (monthly) process metrics that change as they are achieved*

## RCE Metrics

## Patient Engagement Metrics

- *Small payment tied to each quarter to achieve a volume goal of engaging patients*

- *Larger quarterly payments to achieve outcome targets in the populations*
- *Includes 6 EPP measures as well*

## P4R and PRP measures



# Example: Asthma

## RCE Metrics

# of referrals to a.i.r bronx in the past month

% of asthma patients seen in the last month with an up-to-date Asthma Action Plan

## Patient Engagement Metrics

# of participating patients in Asthma Home-Based Self-Management Program based on home assessment log, patient registry, or other IT platform

## P4R and PRP measures

Asthma Medication Ratio (5 - 64 Years)

Medication Management for People with Asthma (5 - 64 Years) - 50% of Treatment Days Covered

Medication Management for People with Asthma (5 - 64 Years) - 75% of Treatment Days Covered

Pediatric Quality Indicator # 14 Pediatric Asthma +/-

Prevention Quality Indicator # 15 Younger Adult Asthma +/-

PDI 90 - Composite of all measures +/-

PQI 90 - Composite of all measures +/-

Potentially Avoidable Emergency Room Visits +/-

Potentially Avoidable Readmissions +/-

Health Literacy (QHL13, 14, and 16)

Medicaid Spending on ER and Inpatient Services +/-

Medicaid spending on Primary Care and community based behavioral health care



# Rapid Cycle Evaluation Metrics (RCEs)

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BPHC selected process oriented metrics, reviewed by QCIS and IWGs



Allowing time for partners to develop electronic data collection, looking to RHIO for help with this

The first submission of RCEs through Salesforce was received May 1<sup>st</sup> and reflected data for the month of March.

# Rapid Cycle Evaluation Metrics (RCEs)

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Metric
% of PCP visits patients had with their assigned PCP [IDS]
# of bottom up referrals to Health Home care management agencies in the past month – Hospital & Ambulatory [IDS]
% of care management team staff hired/redeployed [HH@R]
# of new comprehensive care management plans developed in past month [HH@R]
% ED Navigators hired/redeployed [ED Care Triage]
# closed loop referrals to alcohol/substance abuse programs within 14 days [ED Care Triage]
% of Care Transitions Clinical Coordinators hired/redeployed [Care Transitions]
% of Care Transitions Clinical Coordinators trained [Care Transitions]

# RCEs *continued*

## Metric

% of patients seen during the month for whom a PHQ-2 screen was administered [PCBH]

% of patients seen during the month with a positive PHQ-2 screen that received a subsequent PHQ-9 [PCBH]

# sites currently conducting population health review for diabetes monitoring for schizophrenic patients with diabetes and diabetes screening (annual A1c) for people with schizophrenia or bipolar disorder who are using antipsychotic medications [Diabetes]

# of types of staff who can update self-management goals in the medical record [CVD/Diabetes]

% of staff trained on correct BP measurement techniques in the past 12 months [CVD]

# of referrals to a.i.r bronx in the past month [Asthma]

% of asthma patients seen in the last month with an up-to-date Asthma Action Plan

# BPHC DSRIP Project Launch Timeline

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Domain	Project	Date*
3	Primary Care/Behavioral Health Integration	09/30/15
2	30 Day Care Transitions	11/11/15
2	ED Care Triage	11/23/15
2	Health Home At-Risk Intervention	01/11/15
3	CVD/Diabetes Disease Management	02/08/15
3	Asthma Home-Based Self-Management	03/07/15
4	Early Access / Retention in HIV Care	06/30/2016
4	Mental Health and Substance Abuse	09/2016

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# NOMINATING COMMITTEE UPDATE



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# Nominating Committee Update

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- Charge

- Nominating Committee (NC) is charged with recommending members of Committees and Subcommittees to Executive Committee (EC) who will make the final determinations

- Membership Composition

- Charter requires that NC consists of five members, including at least one SBH representative. The other four members will be PPS Member representatives.
- EC decided to select a representative from each of the four Subcommittees for the four other NC members and had Subcommittee Co-chairs nominate one representative from their respective Subcommittees
- EC approved Co-Chairs' recommendations and appointed members of NC in September 2015, including SBH representative and one representative from each Subcommittee: Information Technology, Finance & Sustainability, Workforce and Quality & Care Innovation



# Nominating Committee Update *cont'd*

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- Activities to Date

- Number of rounds of nominating process: 3 (January, March, May)
- Number of vacant seats to fill: 16
- Number of nominations received: 35
- Number of vacant seats filled: 13

- Reasons for vacant seats

- Members leaving their organizations
- Member stepped down due to inability to make time commitment
- Some members with 1-year terms that ended elected to step down
- Automatic removal due to failure to meet attendance requirements as stipulated in charters\*
- \* Must attend at least 80% of all regular and special meetings during 12-month tracking period

# Nominating Committee Update *cont'd*

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## ■ Nominating Process

- Subcommittee Co-Chairs and CSO Staff work together to identify seats that have been vacated
- CSO Staff emails notification to all PPS members announcing vacant seats and the opening of nominating process (accepting nominations)
  - Committee/Subcommittee Nomination Form attached to email notification
- NC reviews nominations and makes recommendations to Executive Committee
- EC makes final determinations (selects new members)

## ■ Nominating Committee's Review Criteria

- Experience and education relevant to Subcommittee on which they will serve
- Leaders in their organizations and communities
- Willing and able to make time commitment necessary to attend all meetings
- NC also reviews current membership of each Subcommittee to identify qualities and background needed in nominees to ensure diversity of perspectives and viewpoints representing diverse organizations of BPHC and patients they serve

# Nominating Committee Update *cont'd*

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- Next Round of Nominating Process
  - CSO Staff will email announcement regarding vacant seats and accepting nominations in September
  - NC will meet in October to review nominations and make recommendations to EC
  
- Website pages listing members of BPHC Committees and Subcommittees
  - <http://www.bronxphc.org/who-we-are/>



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Performance Measures and Payment Schedules

EPP & EIP Updates

DSRIP Program Directors (DPDs) – Best Practices

# BPHC DEVELOPMENTS

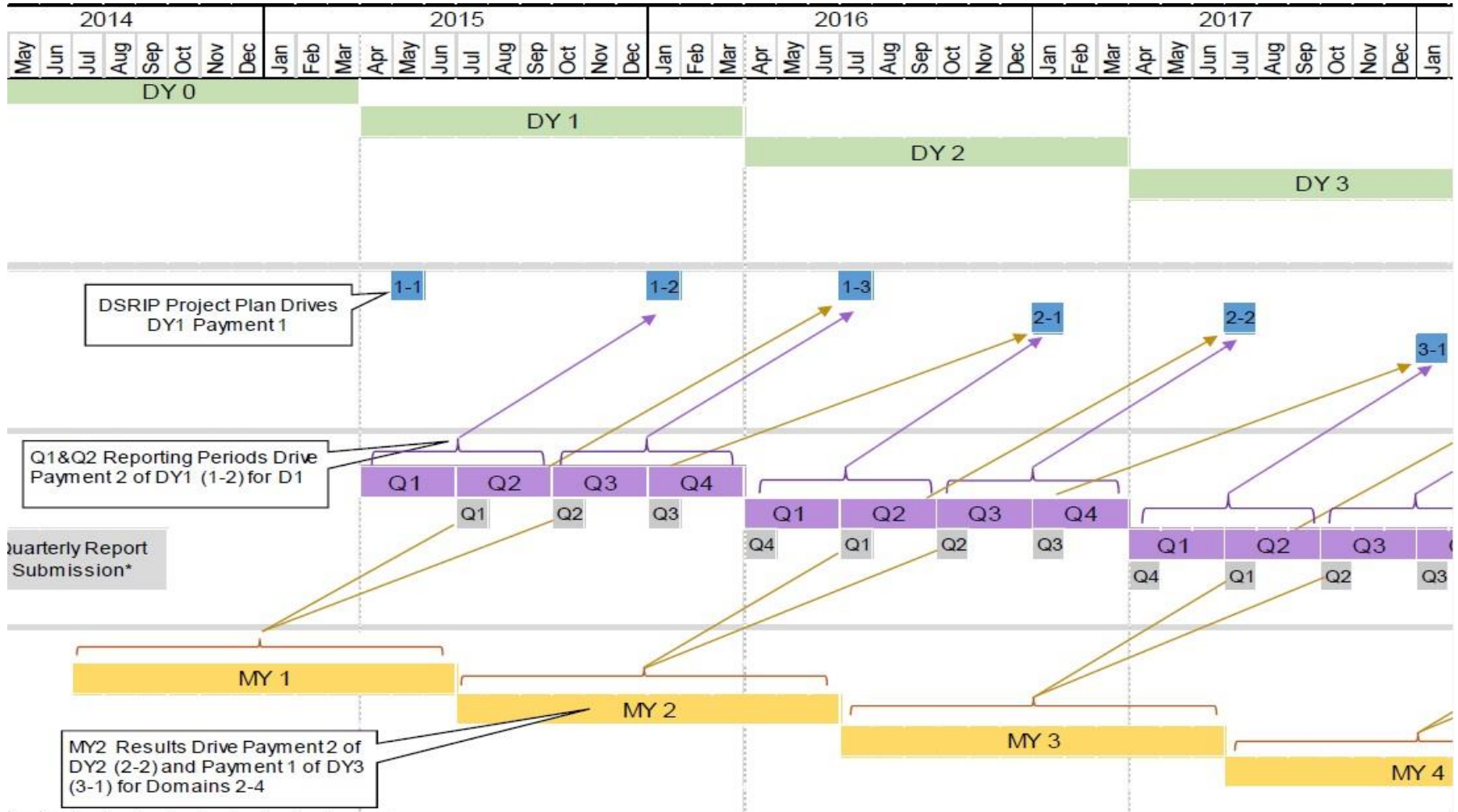


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# Performance Measures and Payment Schedules

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



# EPP Metrics

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## Equity Performance Payments (EPP)

QCI Subcommittee review of 18 High Performance reporting metrics BPHC can choose from

### Final EPP Metrics Chosen

Follow-up care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medications – Initial Phase

Follow-up care for Children Prescribed ADHD Medications – Continuation Phase

Controlling High Blood Pressure

Diabetes monitoring for persons with schizophrenia

Medical Assistance with Smoking and Tobacco Use Cessation – Discussed Cessation Medications

Diabetes screening for persons with schizophrenia

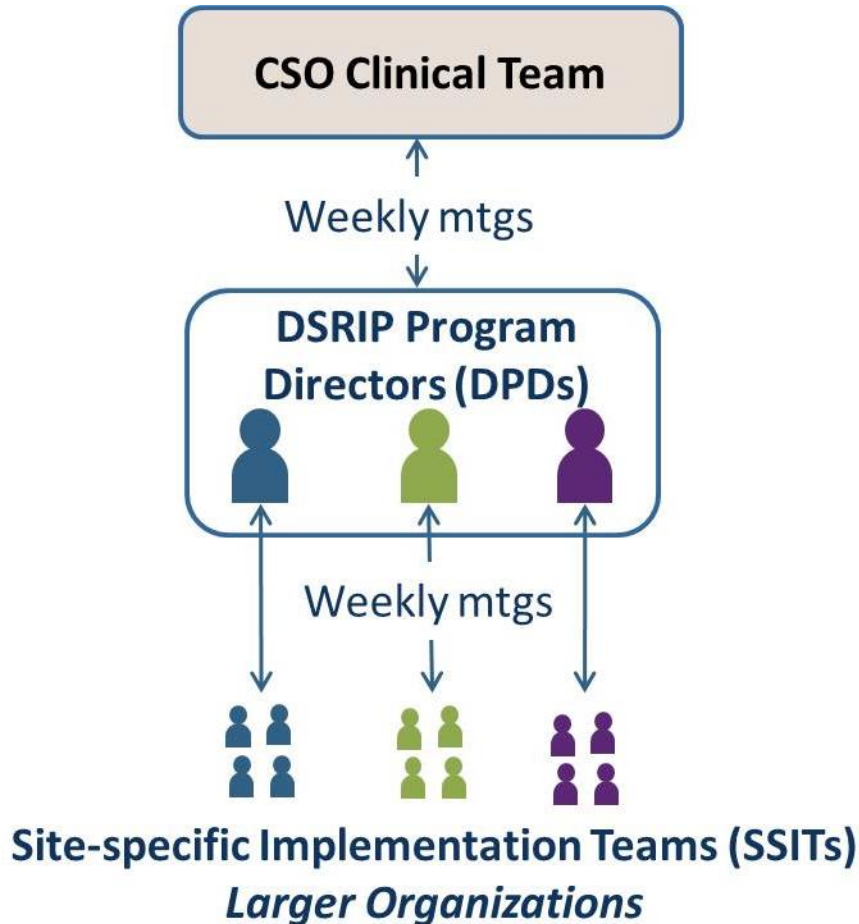
# EPP Metrics *contd.*

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## Considerations used to select EPP Metrics

- Baseline performance of entire PPS
  - Debate about whether to use best current performance or worst
- Current performance of partners with largest attribution based on primary care
- Denominator (size of population and ability to identify same)
- Numerator (number needed to treat to show improvement)
- Ability to create actionable reports from the RHIO
- When metric becomes P4P (must choose at least one that becomes P4P in DY2)
- Project alignment
- GNYHA recommendations
- QCIS input
- Bronx Lebanon PPS input (what are they likely to choose, given population overlap)
- Careful reading of the CAHPS questions

# Site-Based DSRIP Program Directors (DPD)



- 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





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Wave 5 Funding: Community Engagement  
Initiatives for CBOs  
PCMH Implementation Progress  
BPHC PPS and Public Agency Collaborations

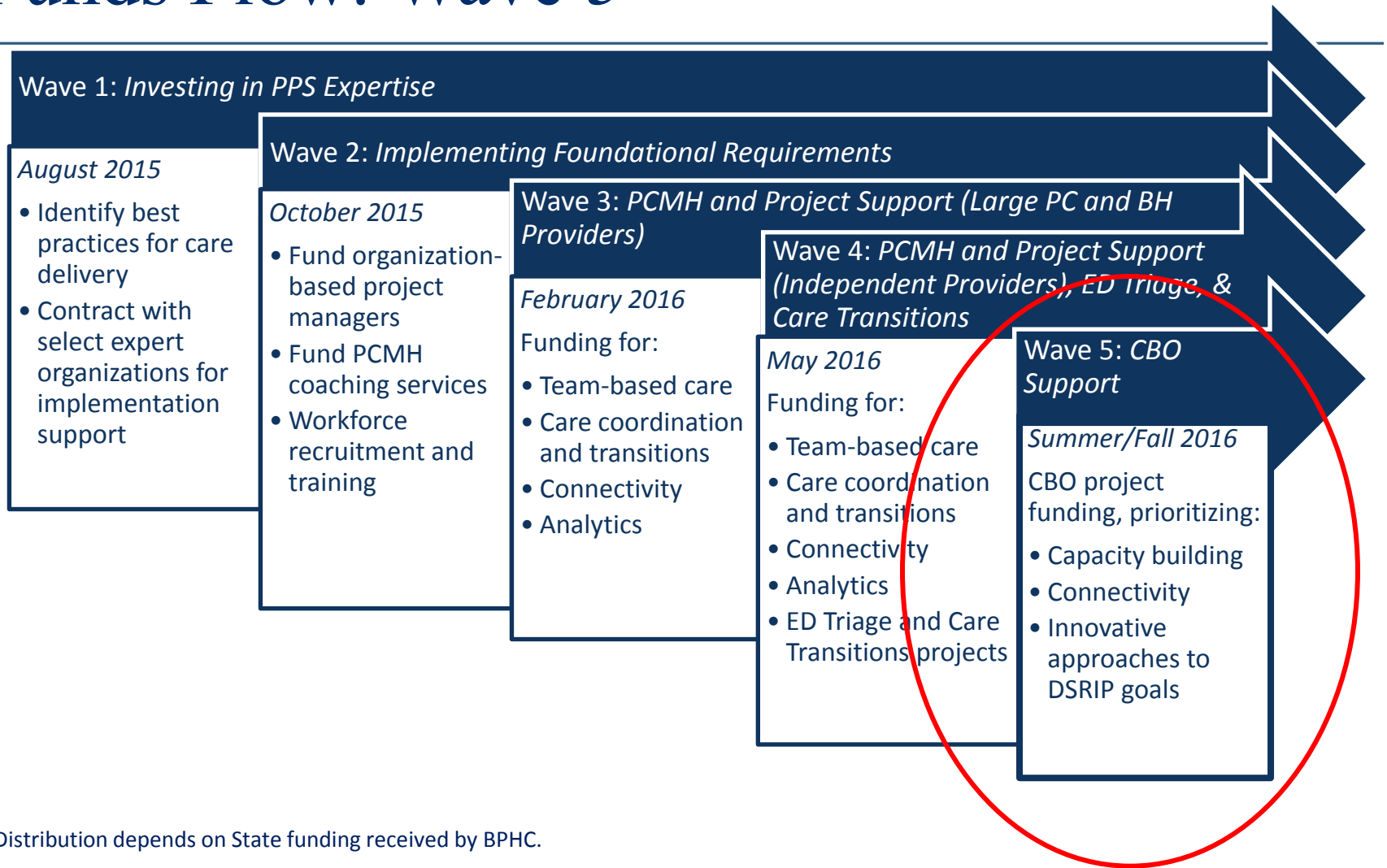
# COMMUNITY ENGAGEMENT & COLLABORATIONS



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# Funds Flow: Wave 5



# Initiatives for CBOs / RFP Opportunities

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## ▪ **Cultural Competency Training RFP**

- BPHC issued a Letter of Intent (LOI) on April 20 to 183 CBOs to announce an opportunity to contract with BPHC for the delivery of Cultural Competency training to its member organizations.
- 9 submissions received by May 2nd
- 4 CBOs selected to participate: R.A.I.N., Selfhelp, People Care, The Jewish Board

## ▪ **Critical Time Intervention (CTI) RFP**

- Seeking proposals from organizations to enroll approximately 40 to 80 new participants in a six-month CTI program
- Proposal due July 28
- BPHC will consider funding four to six organizations, including Health Homes, Mental Health (Article 31) and Substance Abuse (Article 32) organizations that may already operate a CTI program,

## ▪ **Community-based Behavioral Health “Call to Action”**

- Adopt evidenced based practices to unify screening interventions and ensure that BPHC can meet its HEDIS metrics for PPS attribution with Behavioral Health conditions
- Kick-off Breakfast in mid-September to all community-based behavioral health executives
  - Kick-off Breakfast will inform development of RFP
- Coalesce behavioral health providers and learn what they need to help them succeed and get their input toward shaping the RFP to support this work

## ▪ **Community Health Literacy RFP**

- Request for Letter of Interest was circulated to CBOs to provide community health literacy education on topics selected and vetted by both CBOs and providers
- Respondents to Letter of Interest were invited to discuss the framework of the program on July 8
  - Their feedback will be used to inform development of RFP
- RFP to be released to organizations who submitted Letters of Interest before end of August

# BPHC Resource Directory

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- **Purpose:** The Community Engagement Plan outlined the goals for the BPHC Resource Directory as follows:
  - Engage community-based organizations
  - Identify community resources and organizations
  - Develop information and tools to better navigate community resources
- **BPHC Resource Directory Audience**
  - BPHC Member Organizations
  - Available to the general public via website
- **Production Timeline**
  - Resource Directory Phase 1 version, now available on the BPHC website at <http://www.bronxphc.org/resource-directory/>
  - Resource Directory Phase 2 version will be available by September 30, 2016

# BPHC Resource Directory *cont'd*

Organizational page including  
organizational profiles provided by CSO

Organizational listing result of search  
or advanced search function

**SEARCH BY ORGANIZATION**  
Or by service type below

**ADVANCED SEARCH BY BOROUGH/NEIGHBORHOOD**

**SERVICE TYPE**

- Housing Services
- Food Banks
- Financial Support
- Employment Support Services
- Social Service Organizations
- Government Agency
- Community Outreach Agency
- Transportation Services
- Youth Development Services
- Developmental Disability Support
- Advocacy Organizations
- Foster Children Agencies
- HIV Prevention/Outreach
- Alternatives to Incarceration
- Syringe Access Programs
- Nutrition & Exercise Programs
- Women's Resources
- Senior Services
- Immigrant Services
- Uninsured Services
- LGBT Services
- Behavioral Health
- Primary Care
- Hospital & Emergency Department
- Health Home
- Home Care

**ORGANIZATION**

**Beacon of Hope House**

2467 Barge Avenue  
Bronx

(718) 367-6990

Housing and support services

Prevention, syringe access, health coordination, behavioral health, housing, legal, advocacy and wellness services

Community and school-based health centers

Pediatric care

Home care services

**PROFILES**

Veronica Alberto  
Divina Nino Pediatrics

Provided by CSO

**ADVANCED SEARCH BY FILTERS**

Search by organization

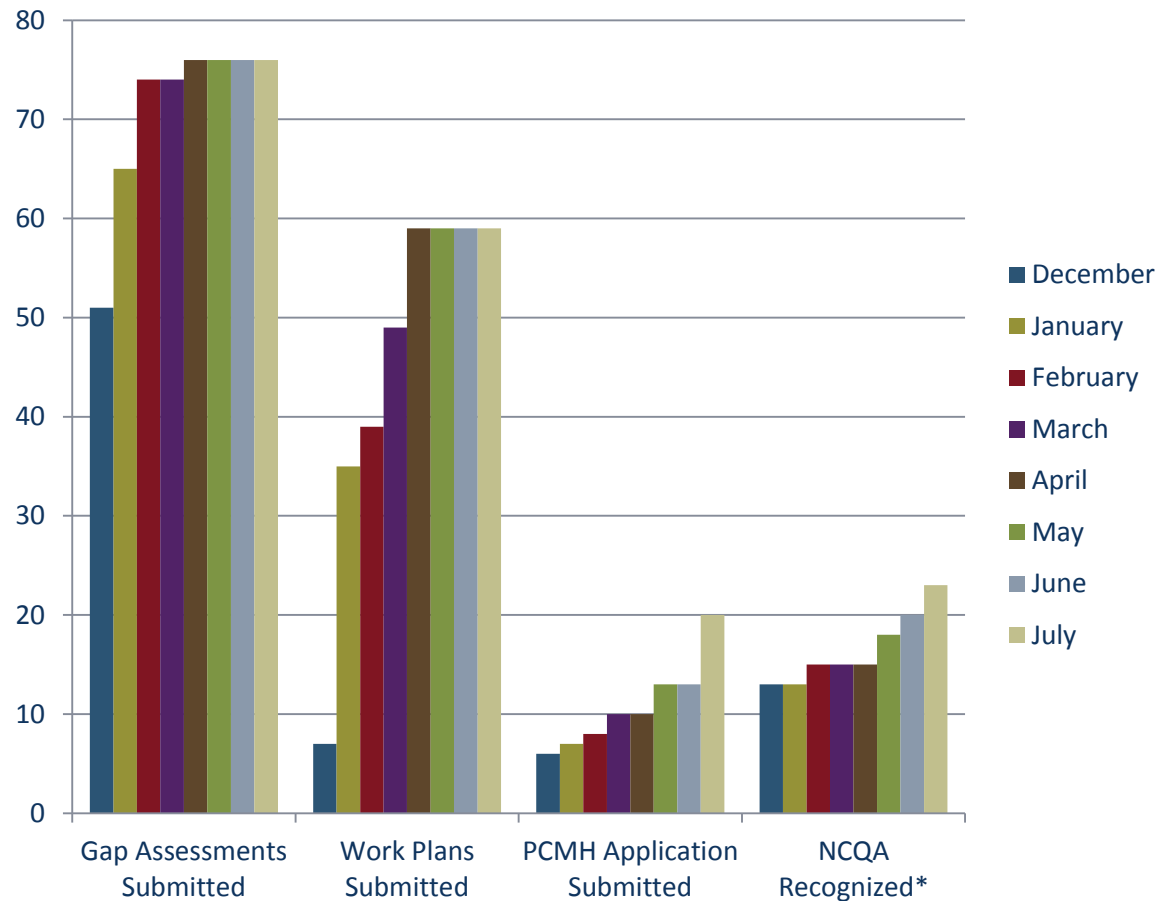
Phase 1, now available on the BPHC website at <http://www.bronxphc.org/resource-directory/>



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Health System  
BRONX

# PCMH Engagement Progress To Date



**Accomplishments since March 2016:**  
**4 Montefiore sites (Grand Concourse, Family Care Center, Mount Vernon and Wakefield Ambulatory Care Center) received PCMH 2014 – Level 3 and join SBH, IFH, Acacia & Morris Heights in this accomplishment**

\* Practices recognized prior to BPHC involvement are listed here.

# PCMH Engagement Progress To Date

Organization	Reported PCPs at Site	Number of Practices Approved	Clinicians Approved
SBH Health System	67	6	21
Union Community Health Center	23	4	0
Practices (General)	21	10	2
Acacia Network	17	5	7
Morris Heights Health Center	16	5	26
Bronx United IPA	33	20	14
Montefiore - MMG	266	22	179
Montefiore - Voluntary	60	43	0
Montefiore - Faculty	15	2	0
Institute for Family Health	28	4	28
<b>Total</b>	<b>546</b>	<b>121</b>	<b>277</b>

**Total SDOH PCPs in our PPS: 1027**  
**Total SDOH PCPs targeted for PCMH: 889**  
**We have reached 31% of goal\***

\* SDOH relaxed restrictions on the number of PCPs BPHC is responsible for. There will now be the option to challenge PCPs' eligibility for PCMH.

# Agency and Cross-PPS Collaborations

## Public Agency Coordination

### Currently working with BPHC

- New York City Department of Health and Mental Hygiene (NYCDOHMH)
- Healthy Homes Program (NYCDOHMH)
- Primary Care Information Project (PCIP)
- New York City Department of Education
- New York City Department of Homeless Services
- New York State Office of Mental Health (OMH)
- New York State Office of Alcohol and Substance Abuse Services (OASAS)

### Envisioned to be working with BPHC

- New York City Department of Aging
- New York City Department of Corrections
- Mayor's Office of Immigrant Affairs
- New York City Human Resources Administration
- Bureau of Communicable Diseases (NYCDOHMH)

## Cross-PPS Collaboration by Project

- **Cross PPS PC/BH Integration Collaborative**
- **NYCDOHMH Regional Planning Consortium – Behavioral Health PPS Steering Group**
- **Cross PPS MHSA Collaborative**
- **DSRIP HIV Coalition** convened by NYCDOHMH
  - DSRIP HIV Coalition
- **Blueprint for Health Equity** hosted by the Hudson Valley PPS (Workforce)



# Thank You!

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Please visit our website: [www.bronxphc.org](http://www.bronxphc.org)  
Contact [info@bronxphc.org](mailto:info@bronxphc.org) with DSRIP related questions.

