BRONX PARTNERS FOR
HEALTHY COMMUNITIES

Collaboration. Transformation. Outcomes.

Latest PPS News

New Improvement Workgroups Focus on Population Health

As DSRIP begins its third year and our PPS work moves from an emphasis on project implementation to performance improvement, BPHC has restructured the focus and configuration of our Improvement Workgroups to align with three families of pay-for-performance measures: Behavioral Health, Chronic Disease and Access & Utilization.

The main aim of Population Health Management (PHM) is to improve health outcomes of groups of people by improving the quality of care, providing better access to care and increasing preventive care.

Our new Improvement Workgroups are collaborating and focusing on best practices for PHM strategies – from clinical interventions to workflows and data collection technologies – that can be shared across our PPS and drive our improvement goals in our 52 pay-for-performance measures.

They will begin sharing best practices for current PHM strategies and developing new PHM strategies that target a number of high-value measures. These measures include but are not limited to controlling high blood pressure, diabetes screening and monitoring for people with schizophrenia, ADHD screening and follow-up care, medical assistance with tobacco use cessation, follow-up after hospitalization for mental illness, and reducing the rates of preventable admissions and ED visits.

Additional measures will be added as they move forward with their work.

Improvement Workgroups members at their launch and working session earlier this month.

Participants include Quality Improvement leaders and PHM strategists from Acacia Network, CenterLight Health System, Institute for Family Health, Montefiore Medical Center, Morris Heights Health Center, R.A.I.N., SBH Health System, Services for the Underserved, Union Community Health Center, and Visiting Nurse Service of New York.

We look forward to keeping you updated on their work. For more information on the Improvement Workgroups, contact Dr. Amanda Ascher at **AAscher@sbhny.org**.

Update on PCMH Recognition

A core requirement of DSRIP is for all BPHC primary care practices to become recognized as a Patient Centered Medical Home (PCMH), a model of care that emphasizes communication between providers, coordination of care, and primary care and behavioral health integration.

A PCMH is led by a personal primary care provider who works collaboratively with a team of health professionals to communicate and coordinate a patient's care to maximize their health outcomes. This care is also facilitated by sharing information through registries, information technology and health information exchanges.

The National Committee for Quality Assurance (NCQA) PCMH recognition program is a widely adopted model for transforming primary care practices into medical homes. BPHC supports practices in attaining NCQA certification through PCMH coaches who provide program guidance and services like assessments, work plans and technical assistance.

More than two-thirds of our eligible providers have achieved PCMH recognition by NCQA and many others are working toward that goal.

We're proud to congratulate these practices which recently became PCMH 2014 Level 3 recognized:
SBH achieved recognition at Arthur Ave Pediatrics and Bronx Park Pediatrics
Acacia achieved recognition at Ramon Velez Community Health Center, Casa Maria Health Center and La Casa de Salud

For questions about PCMH recognition, contact Vitaly Chibisov at **VChibisov@sbhny.org**.

PPS Resource Directory Update

BPHC welcomes three PPS members that recently joined our Resource Directory:
Catholic Guardian Services
God's Love We Deliver
Tri Center

Visit **BronxResourceDirectory.org**

Contact **Albert Alvarez** with questions.

Workforce Training Update

Register for Medical Interpreting Training!

BPHC's DSRIP Cultural Responsiveness Training Series continues this spring, beginning with our Medical Interpreting Training, starting on May 4.

This six-session program is geared to staff who interact directly with patients or clients, and are proficiently bilingual (any language).

Click here for more information and how to register.

Congratulations!

All participants of the BPHC Medical Office Assistant training, who were in the fourth cohort in January and February, passed the national Certified Clinical Medical Assistant Exam (CCMA) through the National Healthcareer Association (NHA)!

Stay tuned for upcoming workforce training announcements. Contact **Mary Morris** with questions regarding Workforce trainings.

Diabetes Population Health Project

White Paper

Riverdale Family Practice, a BPHC PPS member organization, recently published a white paper on its Diabetes Population Health Project, focusing on patient care strategies used to lower A1c levels among the practice's highest risk diabetes patients.

This model can encourage discussion among other provider groups and interested health care organizations looking to refine their chronic disease care management process.

Download the white paper **here**.

Important Links:

BPHC Resource Directory
BPHC Document Center
BPHC Compliance
BPHC Website

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