All-Member Webinar

Bronx Partners for Healthy Communities (BPHC)

September 10, 2014

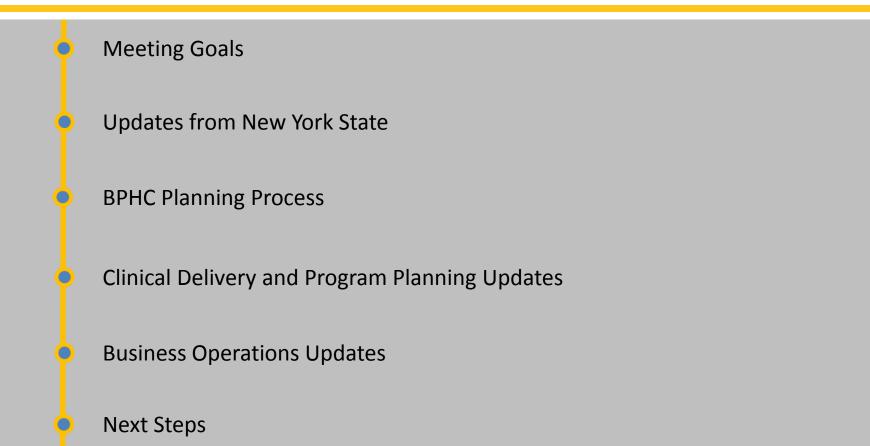
9:00 am - 10:30 am



Welcome and Introductions



Agenda







Review DSRIP updates from the State

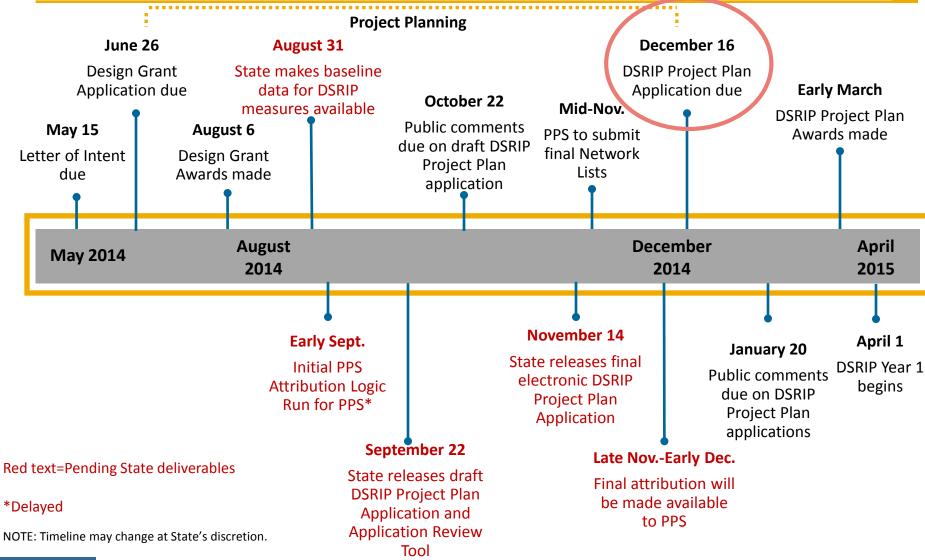


Review progress across BPHC's Critical Planning Areas



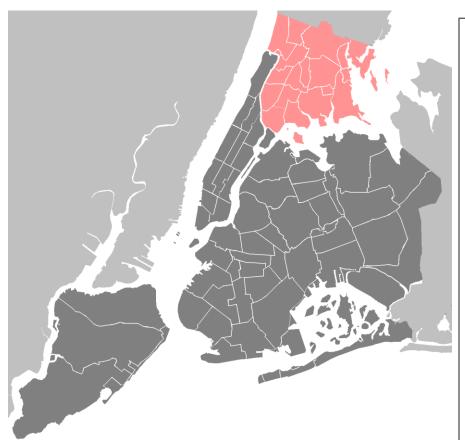
Updates from New York State







BPHC is continuing its planning as scheduled to ensure the development of a comprehensive, thoughtful application.



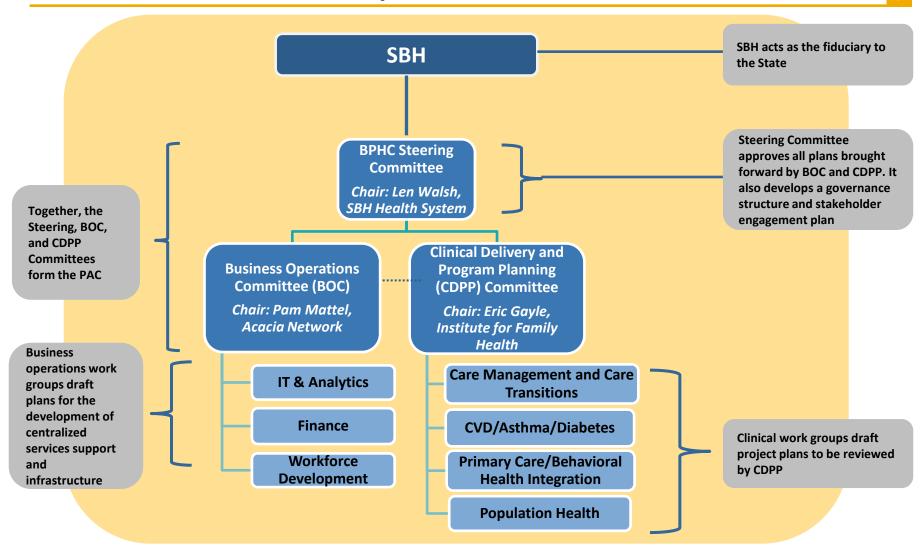
- The State is strongly encouraging PPSs to collaborate on both a borough- and city-wide basis
- BPHC participated in the Bronx-wide community needs assessment conducted by New York Academy of Medicine
- Other suggested areas for collaboration have included:
 - Project selection
 - Clinical project design
- BPHC is working with the other Bronx PPSs and the New York City DOHMH to explore opportunities for collaboration across these program planning areas



BPHC Planning Process



Committee and Work Group Structure and Processes





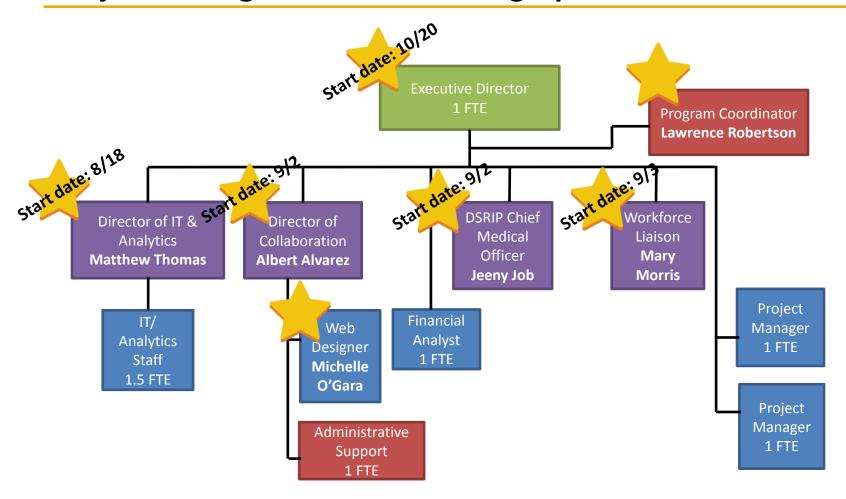
Member Participation in Planning Efforts



- From mid-July to today, BPHC has held:
 - > 5 meetings of the committees composing the PAC, involving **36 individuals** across **19 member organizations**
 - ➤ 13 work group meetings across the 5 work groups that have begun meeting*
- In total, the 7 work groups involve 113 individuals across 45 member organizations



Project Management Office Hiring Update





BPHC's Critical Planning Areas



Community Needs Assessment

- NYAM is completing the last stages of the borough-wide Community Needs Assessment (CNA)
 - Bronx Lebanon's PPS has recently joined the Bronx CNA effort
- NYAM has completed a preliminary draft of the CNA, which includes both primary and secondary data analysis:
 - The primary data analysis includes key informant interviews, focus groups with Medicaid beneficiaries and uninsured individuals, and more than 500 community surveys
 - The secondary data analysis includes data from a variety of sources, including the American Community Survey, the New York City Department of Health and Mental Hygiene, and New York State Department of Health



Stakeholder Engagement

- Hosted all-member kickoff meeting attended by 80 individuals from 56 organizations
- Recruited a Director of Collaboration within the PMO to lead outreach to stakeholders
- Created a website to disseminate information on the DSRIP projects, create transparency, and solicit community feedback; website will go live in the coming weeks
- Developing a Stakeholder Engagement Plan and Consumer Outreach Plan



Governance Plan & Legal Framework

- Developing an operational governance plan
- Will draft contracts/memoranda of understanding to govern relationships among PPS members & centralized services providers
- Will develop vendor agreements
- Will draft data sharing agreements between providers
- Will reconcile clinical care model with regulatory requirements



Clinical Delivery and Program Planning Updates



Big Picture: Work Groups' Task at Hand



CLINICAL SERVICES PLAN

The clinical work groups will develop individual project plans for their assigned projects, which will detail the problem the project is addressing, the goals and objectives of the project, and the interventions and care models required to achieve the project objectives, including specific program intervention elements (e.g., staffing/workforce, communications, HIT, and other components).



CENTRAL SERVICES PLAN

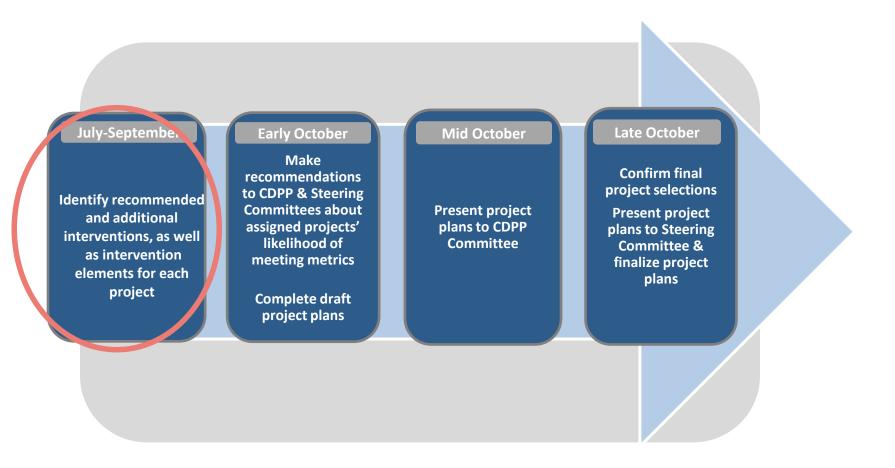
The business operations work groups will develop centralized service plans (e.g., IT, workforce development, analytics, finance, etc.) that will support the implementation of the clinical projects and the overall sustainability of BPHC.



PROJECT PLAN DUE: DECEMBER 16



Clinical Delivery and Program Planning Timeline





Clinical Work Groups and DSRIP Project Assignments

Clinical Work Group	DSRIP Projects	
	Health home at-risk intervention program	2.a.i
Care Management & Care	ED care triage for at-risk populations	2.a.iii
Transitions	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	2.b.iv
Primary Care/ Behavioral Health Integration	Integration of primary care and behavioral health services	3.a.i
	Evidence-based strategies for disease management for cardiovascular health	3.b.i
CVD/Asthma/Diabetes	Evidence-based strategies for disease management for diabetes	3.c.i
	Expansion of asthma home-based self-management	3.d.ii
Population Health	Promote mental, emotional and behavioral (MEB) well- being in communities	4.a.i
T	Promote tobacco use cessation, especially among low SES populations and those with poor mental health	4.b.i

Clinical Delivery and Program Planning Updates



CVD/Asthma/Diabetes

- Work group has convened 4 times
- Interventions and models being considered are:
 - -Million Hearts Campaign strategies for cardiovascular disease and diabetes
 - -a.i.r. Bronx

Work group lead: David Collymore, Acacia Network



Occurred on

7/30, 8/13,

8/27, 9/8

meeting:

Next

Occurred on

and 9/3

9/17

7/30, 8/4, 8/18,

Next meeting:

Meetings:

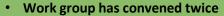
Primary Care/ Behavioral Health Integration

- Work group has convened 4 times
- Interventions being considered include:
 - -Collaborative Care/IMPACT model
 - -Co-location of primary care and behavioral health services
- Work group lead: Pat Belair, SBH Health System



All work groups agreed that BPHC should increase access to high quality primary care through the implementation of 2014 NCQA Level 3 PCMH Standards across all primary care sites

Care Management and Care Transitions



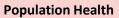
- Subgroups for each of the 3 projects have met separately
- Interventions being considered include:
 - -Bronx Collaborative Care Transitions Program, Critical Time Intervention
 - -Parachute NYC, Montefiore CMO Clinical Navigator Program, FDNY Diversion Initiative
 - -Expansion of HH model to individuals with one chronic condition

<u>Work group lead</u>: Alex Alvarez, Montefiore Medical Center



Meetings:

- Occurred on 7/30 and 8/11
- Next full-work group meeting: 9/22





- Work group has convened once
- A subgroup has met with representatives of other PPSs to develop a collaborative strategy for Bronx and city-wide population health initiatives
- Project selection is being finalized

<u>Work group lead</u>: Amanda Parsons, Montefiore Medical Center

Meetings:

- Occurred on 7/30
- Borough-wide meeting took place on 8/20

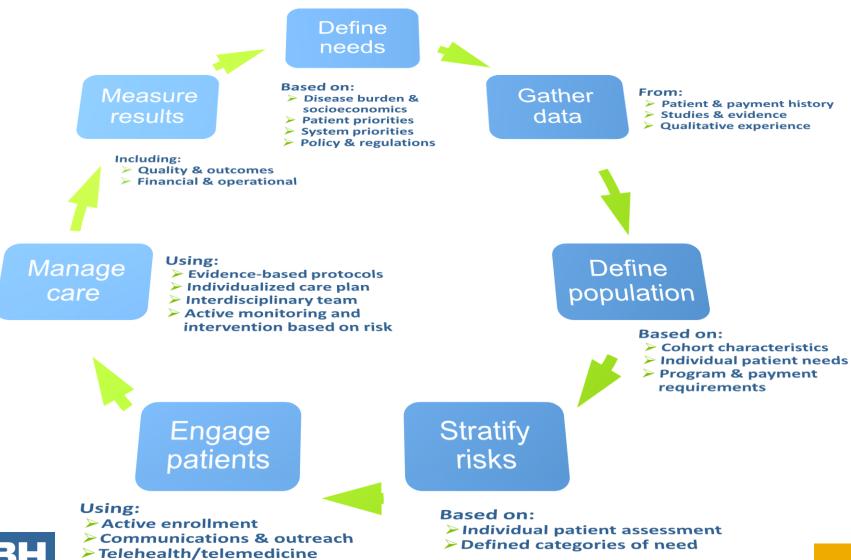


Meetings:

Business Operation Updates – IT & Analytics



Family & patient centeredness





manatt

IT and Analytics Planning Timeline

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Require	ements Gatherin	g Ven	dor RFI/RFP			Vendor	Contracting	
	PP	S Due Diligence	Draft	: HIT Plan/Budge	et	Implen	nentation Planning	3
Develop initial IT architecture and requirements framework	Develop and prioritize use cases Gather IT background from participants Current capabilities and plans of lead applicant and PPS partners provide a starting point	Finalize IT distribution decisions Initiate Request for IT Solution (RFI/RFP) Develop requirements for quality improvement, reporting and analytics central services Begin drafting PPS IT Plan	Make build vs. buy and IT vendor / contract decisions based on RFI/RFP responses Complete Data and Analytics Plan Complete Rapid Cycle Evaluation and Improvement Plan	Develop PPS IT and analytics budget Complete PPS IT and analytics planning for inclusion in DSRIP project plan submission	Begin contracting with IT solution vendor(s) / contractor(s)		Complete IT solution contracting based on DSRIP final award	Begin IT solution implementation /integration



IT & Analytics Work Group lead: Jitendra Barmecha, SBH Health System

Prioritization Exercise

- Objective: collect Work Group member perspectives on where to focus
- Approach:
 - Distributed Monday, August 25
 - 7 out of 16 responses received as of Wednesday, September 3

IT Planning Information Request

- Objective:
 - Determine available capabilities to build on
 - Identify common capabilities and gaps
 - Establish baseline understanding of who has what level of IT resources to contribute to the PPS and support DSRIP efforts
- Approach:
 - Created Survey Monkey and pdf form versions
 - Distributed to Work Group for beta-testing Tuesday, September

2

- 15 responses from 4 organizations received by September 3
- Modified and distributed to 136 member organizations on Tuesday, September 9 for completion by Monday, September 15

Components of IT Planning Request

- DSRIP IT framework and definitions for context
- Contact info and organizational description
- MU, PCMH and ICD-10 status (if applicable)
- # of users and IT FTEs
- RHIO participation and other HIE activities
- Capacity to compute quality or performance metrics, or to provide data to the PPS
- Capacity to attribute and track patient populations
- Area of greatest need (for support from PPS)
- Inventory of applicable vendors/systems
- Additional background information, as available:
 - IT overview documents
 - Planned major IT investments and initiatives
 - Background on data infrastructure
 - Care management-specific IT capabilities
 - · Detail on HIE capabilities
 - Org chart for IS



Reminder: Please complete the IT Planning Information Request for your organization by close of business on Monday, September 15.

Business Operation Updates – Finance



Financial Requirements of DSRIP

New York State Requirements (Attachment I of STC)

- Section IV. DSRIP Project Plan Requirements
 - <u>Budget</u>: Performing Provider Systems must provide a detailed budget for all 5 years of their DSRIP project. For
 Performing Provider Systems that were awarded HEAL grants, a detailed budget report along with a description of the similarities or differences must be included.
- Section IV. DSRIP Project Plan Requirements
 - Review of Financial stability: A complete review of the financial condition of all financially challenged safety net and public providers in the performing provider system.
- Section IV. DSRIP Project Plan Requirements
 - <u>Expectation of Sustainability</u>: Performing Provider Systems are asked to explain how the outcomes of this project will be sustained at the end of DSRIP and how gains can be continued after the conclusion of the project period. This should include a financial forecast of expected savings related to the implementation.
- Section V. Project Valuation.
 - <u>Project Value Monitoring:</u> Performing Provider Systems will be required to develop budgets and report on DSRIP
 project spending throughout the demonstration. As described in paragraph VI.c, CMS reserves the right to review
 project values to ensure that the project value index, the population denominator, and the overall project valuation are
 calculated correctly.



DSRIP Funding: Project Plan Valuation

Number of Attributed
Medicaid Beneficiaries

Once the PPS network of service providers is finalized, DOH will assign each PPS a number of Medicaid beneficiaries that can be attributed to their network, based on "loyalty" – total visit counts to the overall PPS network across hierarchical service categories. Recent changes in state guidance attribute uninsured patients to HHC

Valuation Benchmark Payment

X PMPM

Valuation benchmarks are PMPM payments that are pre-set by DOH, and will decrease as more projects are added to an application to account for the ability to leverage shared capacities (e.g. administration, IT)

Project Index Score

Project Index Scores are based upon a grading rubric that evaluates the project's ability to transform the health care system. The State has assigned an index score to each project based on a 60 point scale.

Project Plan Application Score

Applications will be scored by DOH based on a rubric to grade variation in DSRIP projects selected, fidelity to project description, likelihood of success on project, commitment to develop capability to receive risk-based payments from MCOs. In addition, a bonus will be given to applicants which are approved to implement project 2.d.i.

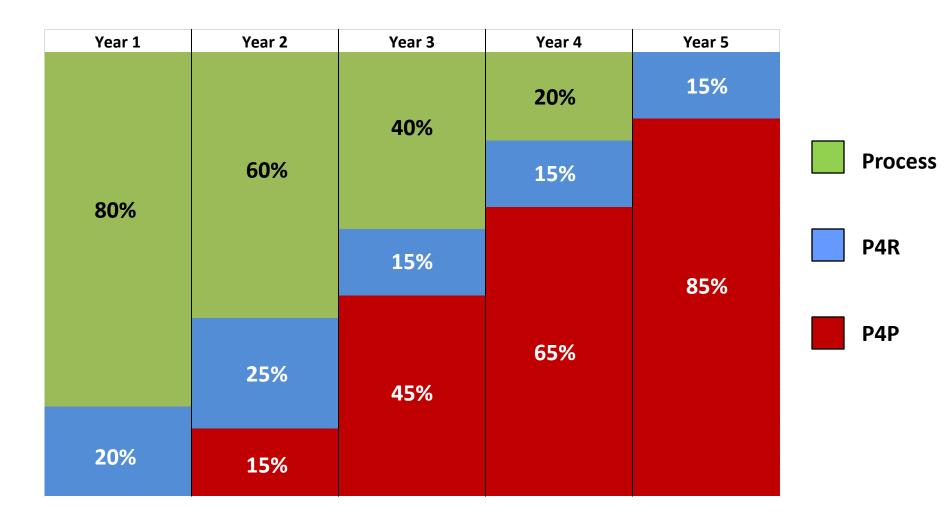
Duration of DSRIP Project

DOH has set the DSRIP Program Duration to be 60 months

Project Plan Valuation

Represents the highest possible financial allocation a Performing Provider System can receive for their project plan over the duration of their participation in the DSRIP program.







Develop State funding

model

		Define and Update Inputs Sept		Refine Models and Scenarios Oct-Nov	\rangle	Complete Models; Finalize Application December		Build Operational Tools Jan-Mar
5 Year DSRIP Budget	•	Determine direct and indirect expense categories Capture sources for all expenses Develop budget survey	reqColDetfinaCondist	view published budget uirements lect and review data termine and approve ancial model metrics mplete initial draft and tribute to Steering mmittee	•	Revise and complete final version Approve final budget, distribute to Steering Committee		
Funding Methodology	•	Review mechanics of funding and agree to principles	key • Rev	mplete draft and send to partners view feedback ordinate legal review	•	Approve methodology		
Financial Pro Formas	•	Develop initial project valuation	exp	ine project valuation and ense model assumptions orporate initial ribution report from DOH	•	Create pro formas and financial schedules Develop capital needs assessment		
Financial Sustainability Forecast	•	Establish principles of model post-2019	• Cor	nplete draft analysis nplete draft operating t structure	•	Complete draft of financial forecast model Approve model Adapt model into DSRIP application		
Financial Tracking Tools SBH Jealth System		Finance Work Grou Kickoff Meeting:	nb		•	Develop model and systems to track DSRIP expenditures	•	ID and compile performance metrics Determine each metric, performance metrics, and 12 month target Build tracking model

BRONX

September 15th

Business Operation Updates – Workforce Development



Workforce Development Planning Timeline



Mary Morris has been hired as the PMO Workforce Liaison. She will be attending the clinical work group meetings moving forward.

Sep	Oct	Nov)	Dec	Jan	>	Feb	
Begin gathering information about	Assist in developing budget	BOC and Steering Committee review					Develop recommenda	ation
existing resources	for Workforce Development and	draft of BPHC Workforce					to feed into Launch Action	n Pla
Develop	Training Strategy	Development and						
requirements,	Central Service	Training Strategy Central Services						
based on project needs, for	Components	plans						
Workforce		pians						
Development and		Finalize Workforce						
Training Strategy		Development and						
M. 16 1		Training Strategy						
Workforce Liaison participates in		Central Services plans						
clinical work group		piaris						
meetings								
Workforce								
Development								
Work Group								
convenes for the								
first time								



Next Steps



DSRIP Timeline

September

- Identify recommended and additional interventions, as well as intervention elements for each clinical project
- Begin data gathering to identify gaps for quality improvement, reporting, and analytics central services
- Draft incentive funding distribution methodology
- Draft initial Rapid Cycle Evaluation Plan
- Confirm BPHC Members
- Begin resource gap analysis for implementation of clinical projects

October

 Make recommendations to CDPP & Steering Committees about assigned projects' likelihood of meeting metrics



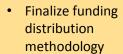
 Present HIT Infrastructure, Data and Analytics, and Rapid Cycle Evaluation Plans to BOC

finalization

- Make build v. buy and IT vendor/contract decisions
- Draft initial five-year
 PPS budget
- Develop operating cost structure

November

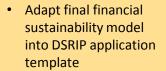
- Complete draft of financial forecast model
- Present HIT
 Infrastructure, Data and
 Analytics, and Rapid
 Cycle Evaluation Plans to
 Steering Committee



- Present BPHC Workforce Development and Training Strategy central services plan to BOC and Steering Committee for approval
- Finalize governance plan
- Final Project Plan
 Application is released
 on Nov. 14th

December

- Develop model and systems to track DSRIP project expenditures
- Finalize financial forecast model



Project Plan
Application is
submitted by Dec. 16th





Meetings Going Forward



The next all-member meeting will be in November.



Please send additional questions or feedback to:

Albert Alvarez, Director of Collaboration Aalvarez3@sbhny.org 718-960-3783

