Albany Medical Center Hospital

PAC MEETING - 9 Delivery System Reform Incentive Payment Program April 27, 2015



Agenda

- 1. Welcome new project staff
- 2. Updates
- 3. Standing Committees of the PAC
- 4. Lunch provided
- 5. Finance, funds flow and budget
- 6. Revisions to operating guidelines and charter
- 7. Implementation plan submission
- 8. Questions and Next Steps



Welcome to new project staff:

Dr. Kallana Manjunath - Medical Director Chrissy McIntyre - DSRIP Assistant Director Todd Faubel - Sr. DSRIP Project Coordinator Kendal Pompey - Sr. DSRIP Project Coordinator Jenn Bates - Sr. DSRIP Project Coordinator Ronald Santiago - DSRIP Project Coordinator Sarah Wong – DSRIP Project Coordinator Several additional staff will join in May and June



Updates

- Dual factor authentication
- CRFP resubmission May 6th
- Implementation plan split 1st half due June 1st and second on July 31st
- OMIG Compliance plan guidance issued April 6, 2015 (2015-01 and 2015-02)
- Award announcement postponed, now expected May 7th
- 1st payment delayed, now expected May 28th



Dual Factor Authentication

What is it?

A security process in which an authorized user provides two means of identification; a password and a physical piece of information that only the user knows.

Why is it needed?

To share the PHI DSRIP detail with AMCH's PPS participating providers.

AMCH is developing a solution – July 2015



Capital Restructuring Financing Program (CRFP)

The AMCH PPS submitted 12 capital funding requests

Addictions Care Center

Albany Medical Center

Columbia-Memorial Hospital

Equinox

Northern Rivers

Albany County Nursing Home

Center for Disability Services

Daughters of Sarah

Price Chopper

Saratoga Hospital

- The original RFP was withdrawn and replaced
 - Replacement is identical except for distribution methodology



CRFP

- What are we doing?
- We have re-opened the process briefly.
- Organizations can revise their requests
 - AMC, Northern Rivers, and Center for Disability Services all intend to revise their applications
 - Others will need to attest that there are no changes
- Timeline Awards… someday.



Phase 1: Ended December 22, 2014

- Needs assessment & Planning
- Interim governance structure
- Application Submitted, reviewed and approved by the State's advisory panel (PAOP), the DOH Commissioner and CMS
- Award announcement expected May 7,
 2015; first payment expected May 28, 2015



Phase 2: January through July 31, 2015

- Implementation planning including organizational plan sections and details for project 2.a.i – now due June 1, 2015
- Identification of participating partners now due July 31, 2015
- Execution of contracts and funds flow under development, to be reviewed by the PAC



Phase 3: April 14, 2015 to March 31, 2016

- Project Implementation
- IT Systems evaluation
- Contracting
- Roadmap development for work streams
 - Workforce, Community Engagement, IT, etc.
- Baseline measurement
- Training and workforce development



Phase 4: 4/1/17 - 3/31/20

- Full regional project implementation
- IT connectivity and interoperability
- System integration and transformation
- Payment reform



Standing Committees of the PAC

- Audit and Compliance
- Clinical and Quality Affairs
- Cultural Competency and Health Literacy
- Consumer and Community Affairs
- Finance
- Technology and Data Management
- Workforce Coordinating Council



AMCH PPS Organization

WCC

Finance

AMC Board of Directors

AMCH Executive Steering

Project Management Office

PPS Executive Committee

TDMC

QCA

A/C

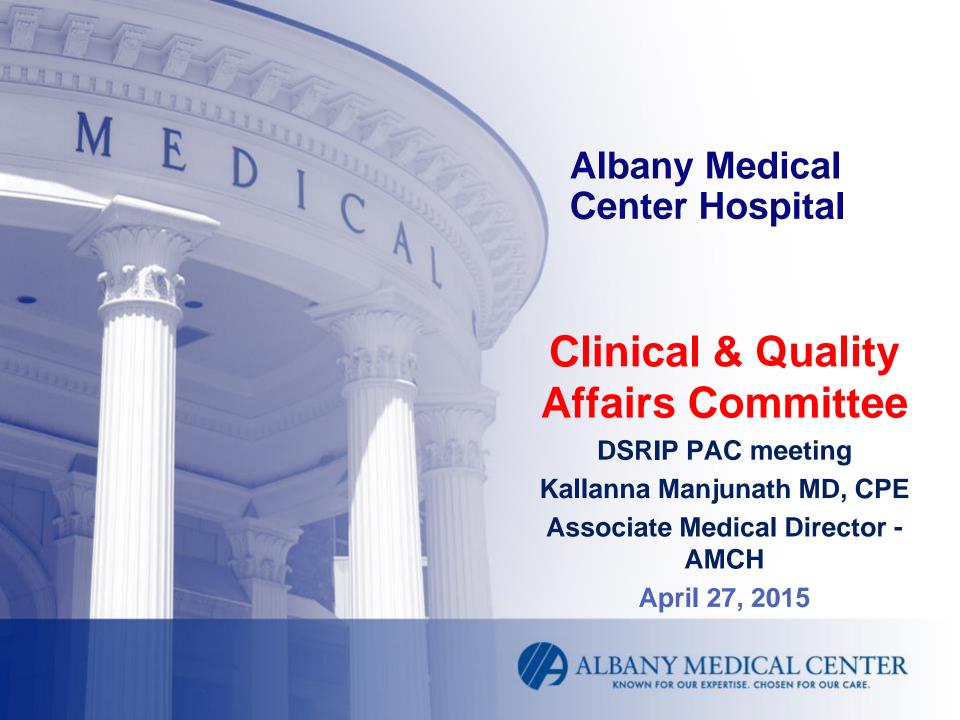
CCHLC

Project Advisory Committee

Performing Provider Organizations and Providers



CCA



Education & Training

- India Medical education
- UK Pediatric residency and hospitalist training
- USA Pediatric residency

Experience:

- Over 30 years of experience as a board-certified General Pediatrician serving children primarily with Medicaid/MMC special interest; Asthma, ADHD and Child Maltreatment
- Medical Director St. Peter's Hospital outpatient network
- Chief Medical Officer, Whitney M. Young Health Services
- Director Asthma Coalition of the Capital Region
- Credentials Committee Member Fidelis Care
- Past Board Member & Vice Chair HIXNY



Certification:

- Diplomate: American Board of Pediatrics
- Certified Physician Executive: American Association for Physician Leadership
- Certification in H.I.T University of Connecticut
- PCMH Certified Content Expert NCQA 2011 standards

Key Accomplishments:

- Implementation of QI program resulting in improvement of chronic disease outcome measures
- Implementation of Chronic Care Model asthma, diabetes, HIV
- Successful EMR implementation 2007
- NCQA PCMH Level 3 recognition 2010, 2013
- NCQA Diabetes recognition program 2012
- Establishment of the Asthma Coalition of the Capital Region



DSRIP – personal perspective

- A unique, unprecedented opportunity;
 - to redesign care delivery system and enhance the quality of life for patients.
 - to create a system of care to enhance <u>patient</u>, <u>clinician</u>
 and <u>staff satisfaction</u>.
 - to offer an opportunity to receive financial incentives for better performance.
 - to reduce the cost of care.
 - to prepare us for the anticipated value-based payment model.
 - Adjectives used to describe DSRIP "nerve racking, challenging, enormous, daunting, <u>exciting"!</u>
- " Walk in the Park"!



DSRIP - Key Critical Success Factors

- Strong endorsement from senior leadership
- Effective governance & sub-committee structure
- Effective clinically integrated systems with active practitioner participation
- Effective patient engagement
- Availability and utilization of health information systems
- Availability of trained workforce
- Alignment of financial incentives to performance
- Timely and effective changes to regulatory requirements to facilitate innovation
- Active participation of community care management programs and organizations responsible for addressing social determinants of health



Clinical and Quality Affairs

Milestones:

 Establish a clinical governance structure, including clinical quality committees for each DSRIP project.

Membership:

 PPS wide & multidisciplinary, including licensed medical and behavioral health practitioners participating in the selected projects, staff from AMCH PMO, care management, care coordination, quality improvement, clinical informatics and H.I.T areas.



DSRIP - Clinical & Quality Affairs Committee

Roles and Responsibilities:

- Coordinate efforts to achieve active engagement by practitioners across PPS.
- Develop detailed work plans for relevant clinical projects, identifying operational and/or procedural changes required at clinical sites to integrate care management protocols, data collection, and quality improvement.
- Working closely with the governing boards and the Medical Staff of partner organizations, facilitate the development and adoption of best practice guidelines and evidencebased protocols.
- Provide a forum for evaluating technology to support implementation of guidelines, care coordination efforts and improvement of clinical outcomes.



Information Technology and Data Management and Reporting

Part of IT Systems and Processes

- Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).
- Develop an IT Change Management Strategy.
- Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network.
- Develop a specific plan for engaging attributed members in Qualifying Entities.
- Develop a data security and confidentiality plan.



Audit and Compliance

Part of Financial Sustainability

- Working with Finance Committee finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest.
- Finalize Compliance Plan consistent with New York State Social Services Law 363-d



Consumer and Community Affairs

Part of Governance

- Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)
- Finalize partnership agreements or contracts with CBOs



Cultural Competency & Health Literacy

- Finalize cultural competency / health literacy strategy.
- Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).



Workforce Coordinating Council

- Define target workforce state (in line with DSRIP program's goals)
- Create a workforce transition roadmap for achieving your defined target workforce state.
- Perform detailed gap analysis between current state assessment of workforce and projected future state.
- Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.
- Develop training strategy.



Finance

Part of Financial Sustainability Milestones

- Finalize PPS finance structure, including reporting structure.
- Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.
- Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.



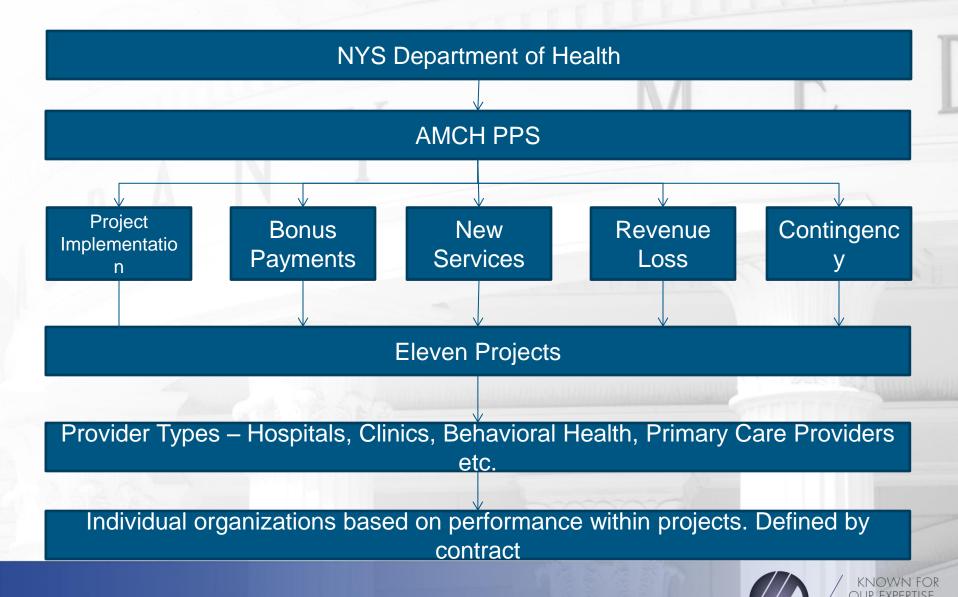
Finance

- Three major sections related to finance
 - Financial Sustainability
 - Budget
 - Funds Flow

- The budget and funds flow are still being developed
 - What follows is still a high level draft concept



High Level Draft Funds Flow



Implementation Plan Structure

- Part 1 (Due: June 1)
 - Workforce
 - Governance
 - Cultural Competency & Health Literacy
 - Population Health Management
 - Performance Reporting
 - Practitioner Engagement
 - IT Systems & Processes
 - Finance (3 sections)

- Part 2 (Due: July 31)
 - General Project
 Implementation
 - Specific Project implementation
 - Roles & Responsibilities
 - Implementation Speed
 - Implementation Scale
 - Risks to implementation
 - Project Dependencies



Operating Guidelines and Charter

The PAC formally adopted a charter and operating principles and guidelines at its meeting on September 29, 2014

To comply with new DOH requirements regarding governance, organizational requirements and structure, we need to amend these documents. They have been sent to each of you for review and will be voted on at our May meeting.



Questions

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