

CLINICAL AND QUALITY AFFAIRS COMMITTEE MEETING MINUTES

MEETING INFORMATION

MEETING TITLE:	Clinical and Quality Affairs Committee
DATE:	October 21, 2015; 4:00-5:00pm
LOCATION:	WebEx / Albany Medical Center DSRIP PMO

ATTENDEES

	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Marjorie Bogaert – Accenture <input checked="" type="checkbox"/> Simone Brooks – Sr. Project Coordinator, AMCH <input checked="" type="checkbox"/> Diana Cartwright – Sr. Project Coordinator, AMCH <input checked="" type="checkbox"/> Dr. George Clifford, Ph.D. – Executive Director, AMCH <input checked="" type="checkbox"/> J. Joseph Curran – Manager of DSRIP Data Reporting, AMCH <input checked="" type="checkbox"/> Mary Daggett, RN – Community Health Service Director, Columbia Memorial Hospital <input checked="" type="checkbox"/> Dr. George Davis – Family Care Physician, Columbia Memorial Hospital <input checked="" type="checkbox"/> Dr. Richard Falivena – CMO, Saratoga Hospital <input checked="" type="checkbox"/> Tara Foster, M.S., RN – Nurse Manager, AMCH <input checked="" type="checkbox"/> Margaret Graham, APRN BC – Director of Community Services, Greene County Mental Health <input checked="" type="checkbox"/> Dr. Patricia Hale – Associate Medical Director for Informatics, AMCH <input checked="" type="checkbox"/> Zoe Isdell – Practice Manager, AMCH <input checked="" type="checkbox"/> Susan Kopp – Systems Consultant, AMCH <input checked="" type="checkbox"/> Dr. Kallanna Manjunath – Medical Director, AMCH <input checked="" type="checkbox"/> Christine McIntyre – Assistant Director, AMCH <input checked="" type="checkbox"/> Dr. Dennis McKenna – Senior VP & Medical Director, AMCH <input checked="" type="checkbox"/> Dr. Larry Perl – Chief Medical Director, Columbia Memorial Hospital <input checked="" type="checkbox"/> Sreekrishna Pokuri – Intern, AMCH <input checked="" type="checkbox"/> Jane Quinlan – Administrator, AMCH <input checked="" type="checkbox"/> Bonnie Ratliff – Columbia Memorial Hospital <input checked="" type="checkbox"/> Dr. Sean Roche – Assoc. Residency Director, AMCH <input checked="" type="checkbox"/> Dr. Carrin Schottler-Thal, MD – Director, Pediatrics, AMCH <input checked="" type="checkbox"/> Dr. Brendon Smith – Psychologist, AMCH
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AGENDA OVERVIEW

<u>Topic</u>
<ul style="list-style-type: none"> ✓ Welcome & Introductions ✓ Review & Approval of September 2015 Minutes ✓ AMCH PPS: <ul style="list-style-type: none"> ○ Executive Director Update ○ Member Survey – Update ○ Organization Engagement Process – next steps ✓ Clinical & Quality Affairs Committee: <ul style="list-style-type: none"> ○ Project Implementation

- Subcommittee structure & role
 - Request for participants
- Reopening of Provider Network – 28-Day window
 - 10/23 and close on 11/20 at 4 pm
- NCQA PCMH Congress – PMO participation
 - Medical Record Review
- ✓ IT Road map - Accenture Engagement
 - Current state assessment – summary
 - Next steps
- ✓ Q & A

MAIN POINTS / DECISIONS

Main Discussion Points from Attendees:

- ✓ Meeting commenced at: 4:03pm

Welcome/Intro

- ✓ Dr. Manjunath opened the phone line for roll call/introductions.

Review & Approval of September 2015 Minutes

- ✓ *Motion: Made by Ms. Daggett that the September 16th meeting minutes be approved. Ms. Graham made a 2nd to the motion. Motion approved through consent of the Committee.*

AMCH PPS

✓ Executive Director Update

- ✓ PMO staff is preparing quarterly reports due October 30th to report on the 2nd quarter ending 9/30.
- ✓ The DSRIP website was launched successfully: <http://albanymedpps.org>. It provides longitudinal history and information about the PPS and the selected projects.
- ✓ The PMO is now fully staffed with the recent addition of 2 Union (Clarkson) graduate students.
- ✓ PMO leadership is continuing to work on finalizing funds flow. Additional information will be available at the next PAC meeting on October 28.

✓ Member Survey – Update

- ✓ The comprehensive survey was sent to # organizations to capture a baseline assessment of their operations. George thanked all who participated in completing their surveys. As of Friday, October 16, 36 surveys were completed with an additional 10 submitted on Monday, October 19. 37 surveys are in various stages, yet to be completed. Notable organizations that have yet to complete and return their surveys are as follows:

- Capital Care
- Community Care
- Whitney M. Young, Jr. Health Center
- Albany Medical Center Hospital
- Family Care Physicians

- ✓ Each organization was asked to communicate the degree of interest in the 11 projects, with the following results to date:

- Integrated Delivery System (2.a.i) – 50 organizations have high interest
- Health Home at Risk Intervention (2.a.iii) – 28
- Medical Village/Alternative Housing (2.a.v) – 14
- ED Care Triage (2.b.iii) – 24
- Patient Activation Management (2.d.i) – 26
- Integration of Primary Care and Behavioral Health (3.a.i) – 35
- Community Based Crisis Stabilization (3.a.ii) – 28
- Cardiovascular – Million Hearts (3.b.i) – 26
- Asthma (3.d.iii) – 24

✓ Organization Engagement Process – next steps

- ✓ The next step upon receipt of the completed surveys is to review the respondent data baseline assessment and begin executing contracts to cover the 5-year DSRIP term.
- ✓ The DSRIP year coincides with the NYS fiscal year, April 1 – March 31. Contracts will be consistent with the DSRIP year and will renew annually consistent with addenda. Contracts will include the roles and responsibilities of the PPS and business

associate agreement. Executed contracts expected before Thanksgiving with funds to begin flowing before year-end.

Clinical & Quality Affairs Committee (presentation deck attached)

- ✓ Project Implementation
- ✓ An overview, with visuals, provided on how to navigate the MAPP Implementation Plan.
- ✓ The committee will review criteria of each project to identify needs and delegate resources.
- ✓ Subcommittee structure & role
- ✓ The project subcommittees were reviewed in more detail with the tasks and charges identified. Committee members are requested to consider others within their respective organizations to represent and function as Champions in subcommittees. The subcommittees will be as follows:
 - Patient Centered Medical Home (PCMH) – achieve NCQA 2014 Level 3 PCMH recognition or APCM
 - Electronic Health Records (EHR) – PPS-wide EHR connectivity
 - Care Coordination/Care Management – standardized care coordination/care management program utilizing best practices
 - Health Home – expansion of access to PC services and integrated care teams
 - ED Care Triage – create linkages post-ED visit
 - Primary Care and Behavioral Health (overview provided by Dr. Smith, staff psychologist working on the BH projects) – integrate PC & BH care services
 - Behavioral Health Community Crisis Stabilization Services - readily accessible BH crisis stabilization services
 - Cardiovascular Disease – evidence-based best practices for disease management in adults
 - Asthma Evidence-Based Guidelines , including Telemedicine – evidence-based medicine guidelines for asthma management (2 – 64 years of age)
- ✓ *Motion: Made by Dr. Roche to approve the creation of the aforementioned subcommittees. Ms. Daggett made a 2nd to the motion. Motion approved through consent of the Committee.*

Reopening of Provider Network – 28-Day window

- ✓ PPS Provider Network reopening 10/23 for a 28-day period. Periodic reopening is anticipated during the program. The goal is to engage additional provider organizations to achieve the scale numbers committed to in the application.

NCQA PCMH Congress – October 2015

- ✓ Attended by Dr. Manjunath, Dr. Clifford, Mr. Brooksby, and Ms. Foster from the PMO and Ms. Daggett from the Committee
- ✓ Dr. Manjunath requested that members look at organizations like WellSpan Health of Central Pennsylvania and others in population health as we work to improve care for the Medicaid population.
- ✓ The Quadruple Aim by Dr. Bodenheimer was reviewed.
- ✓ A site visit is possible, or a webinar, sometime next year.

IT Road map - Accenture Engagement

- ✓ Marge Bogart provided an update on the IT roadmap and assessments. The 3 major hospitals (AMCH, Saratoga Hospital, and Columbia Memorial Hospital) within the PPS took part.
- ✓ Current State Assessment – summary
- ✓ The messaging was rolled up into some key themes:
 - Fragmentation in systems application: a lack of single sign-on; variability in patient portals
 - Care management and patient navigation: minimal standardization; opportunity to enhance patient navigation; collaborative with 30 Skilled Nursing Facilities
 - Patient engagement: literacy and language barriers; lack of 7-day coverage
 - Data and reporting analytics: lack of real-time data to offer dash boarding
 - Utilizing Physician Champions: limited
- ✓ There were multiple requests for user-friendly, user-defined integrated systems.
- ✓ Next steps
- ✓ A need exists to understand the goals of DSRIP and what success means to DSRIP.
- ✓ The findings from the interviews will be incorporated into a current state assessment and gap analysis to help identify priorities for project plan implementation.

Additional Points

- ✓ Contact the PMO for help with survey completion.
- ✓ Participation is needed for a demo during the week of 11/30 by Accenture on IT, Care Management, and Clinician Engagement. Case scenarios will be explored.
- ✓ The committee would like to identify 1 – 2 projects before the end of the year.

Q&A

- ✓ None

✓ Meeting adjourned: 4:57pm

ACTION ITEMS

<u>Owner</u>	<u>Action Item</u>	<u>Due Date</u>
Dr. Manjunath	Email presentation deck to the Committee.	Week of October 26 th

Respectfully submitted by,
Simone Brooks, MBA
Sr. DSRIP Project Coordinator
Center for Health Systems Transformation at AMC