CLINICAL AND QUALITY AFFAIRS COMMITTEE MEETING MINUTES

MEETING INFORMATION

MEETING TITLE:	Clinical and Quality Affairs Committee
DATE:	December 16, 2015; 4:00-5:00pm
LOCATION:	WebEx / Albany Medical Center DSRIP PMO

ATTENDEES

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☑ David Balderson – Accenture
☑ Marjorie Bogaert – Accenture
☑ Simone Brooks – Sr. Project Coordinator, AMCH
☑ Courtney Burke – Sr. Vice President and Chief Strategy Officer, AMCH
☑ Diana Cartwright – Sr. Project Coordinator, AMCH
☑ Dr. George Clifford, Ph.D. – Executive Director, AMCH
☑ J. Joseph Curran – Manager of DSRIP Data Reporting, AMCH
☑ Mary Daggett, RN – Community Health Service Director, Columbia Memorial Hospital
☑ Dr. George Davis – Family Care Physician, Columbia Memorial Hospital
☑ Dr. Maria Kansas Devine, MD – Medical Director, Center for Disability Services
☑ Dr. Richard Falivena – CMO, Saratoga Hospital
☑ Tara Foster, M.S., RN – Nurse Manager, AMCH
☑ Margaret Graham, APRN BC – Director of Community Services, Greene County Mental Health
☑ Zoe Isdell – Practice Manager, AMCH
☑ Susan Kopp – Systems Consultant, AMCH
☑ Dr. Kallanna Manjunath – Medical Director, AMCH
☑ Erin McLaughlin – Project Coordinator, AMCH
☑ Shannon McWilliam – Project Coordinator, AMCH
☑ Dr. Larry Perl – Chief Medical Director, Columbia Memorial Hospital
☑ Dr. Denis Pauze – Physician/Instructor, AMCH
☑ Sreekrishna Pokuri – Intern, AMCH
☑ Dr. Sean Roche – Assoc. Residency Director, AMCH
☑ Ronald Santiago – Project Coordinator, AMCH
☑ Dr. Carrin Schottler-Thal, MD – Director, Pediatrics, AMCH
☑ Dr. Brendon Smith – Psychologist, AMCH

AGENDA OVERVIEW

Topic

- ✓ Welcome & Introductions
- ✓ Review & Approval of November 2015 Minutes
- ✓ AMCH PPS:
 - o Executive Director Update
 - Status of Contracting Process update
- ✓ Practitioner Engagement:

- Workstream overview
- Review draft documents and request approval
 - Practitioner Communication & Engagement Plan
 - Practitioner Training & Education Plan
- Next steps
- ✓ Clinical Integration:
 - Workstream overview
 - Clinical Integration Needs Assessment Accenture Engagement
 - Next steps Electronic approval
- ✓ Project Implementation:
 - Update on ED care triage project roll-out
 - Patient Engagment:
 - Patient Activation Measure (PAM)
 - Coaching for Activation (CfA)
- ✓ Q&A

MAIN POINTS / DECISIONS

Main Discussion Points from Attendees:

✓ Meeting commenced at: 4:02pm

Welcome/Intro

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

Review & Approval of November 2015 Minutes

Motion: Made by Dr. Roche that the November 18th meeting minutes be approved. Dr. Falivena made a 2nd to the motion. Motion approved through consent of the Committee.

AMCH PPS

- ✓ Status of the Contracting Process update
- ✓ Participating provider agreements have been finalized and sent. Saratoga Hospital and Planned Parenthood returned their signed contracts and are now waiting signatures internally. Members requested to notify the PMO if they can not locate their contracts.
- ✓ Executive Director Update
- ✓ PAC Webinar held earlier in the day on December 16th with PPS updates.
- ✓ Items requiring remediation that were submitted to the Independent Assessor for quarter-ending September 30th received feedback on December 15th. Modifications to the Implementation Plan and Systems Security Plan were successfully completed and submitted for Demonstration Year 1 Quarter 2 (DY1Q2).
- ✓ The PMO is preparing for the next reporting month in January, which reports on DY1Q3, ending December 31st.
- ✓ There have been recent interactions with the DOH to include the All PPS meeting on Friday, December 11th, the Independent Assessor and KPMG were on-site for quarterly review on Monday, December 14th; and a formal annual review occurred on Tuesday, December 15th with Peggy Chan of DOH regarding project status updates, challenges, governance, IT, etc. Additional information will be provided on the website.
- ✓ A PAC Leadership meeting was held December 10th. Since formation PAC Leadership has been co-chaired by Dr. Liza Whelan and Dr. Fred Venditti. Dr. Venditti tendered his resignation as co-chair and will be replaced by Courtney Burke, Sr. Vice President and Chief Strategy Officer of AMCH. Ms. Burke was welcomed to the PAC Leadership Committee.
- ✓ Practitioner Engagement
- ✓ Roles and responsibilities of CQAC members were reviewed.
- ✓ Effective patient engagement and practitioner engagement identified as success factors by one of the presenters during the Greater NY Hospital Association Medical Directors' Forum attended by Dr. Manjunath and Ms. Foster on December 15th.
- ✓ Review draft documents and request approval (attached)
- ✓ An overview of the Practitioner Communication and Engagement Plan and the Training and Education Plan deliverable as required by DOH was provided.
- ✓ Motion: Made by Ms. Daggett that the plan documents be approved. Dr. Roche made a 2nd to the motion. Motion approved through consent of the Committee.
- \checkmark The final requirement is to have the assessment approved by PAC Exec by December .

Clinical Integration

- ✓ The CI definition was reviewed to introduce the organizational workstream as well as activities that cover CI.
- ✓ The PPS is currently working with partners locally toward integrated care management.
- ✓ The first deliverable required by DOH is to perform a clinical needs assessment. Clinical integration requires providers' networks needs to be mapped, identification of data points for shared access and key interfaces, and to find other ways to drive CI in the system.
- ✓ The next deliverable due June 30th, 2016 is to create a CI strategy, which is a more comprehensive approach using the needs assessment.
- ✓ <u>Clinical Integration Needs Assessment Accenture Engagement (attached)</u>
- ✓ Ms. Bogaert presented details on the the CI needs assessment through an orientation of the findings.
- ✓ The current state assessment, also referred to as the executive summary, is available on slides 3 − 19. The goals and scope on slides 20 − 22. Findings start on slide 23, gap analysis on slide 33, and appendix on slide 40.
- ✓ To gather the current state, interviews and focus groups were conducted, along with a survey to 180 organizations. 90 survey responses were used to assess the capabilities of the organizations.
- ✓ High participation rate of the physician groups at 95%.
- ✓ AMCH has a monthly community meeting for high-risk patients with over 30 organizations participating to help manage patients and their care plans.
- ✓ Transportation identified as a common problem across the organizations, as well as across other PPSs.
- ✓ Accenture's CI Milestone document provides an overview of their understanding of the organizational work stream and the deliverables.
- ✓ Motion: Made by Dr. Falivena that the clinical needs assessment be approved. Dr. Roche made a 2nd to the motion. Motion approved through consent of the Committee.
- ✓ Ms. Kopp provided a brief recap of the vendor demonstrations that took place December 1st − 2nd. Four vendors gave demonstrations on Day 1, followed by CDPHP and HIXNY presentations on Day 2 to show how they would complement the vendors. Next steps are to continue vendor evaluation the that presented. The challenge is lack of information on capital funding.
- ✓ HANYS sent letters to the 25 PPSs; the PPS networks are now awaiting announcement of capital funding.
- ✓ The state issued RFPs. As the lead hospital of the PPS, AMCH solicited proposals from organizations within the PPS for a total of 11 proposals. The Finance Committee scored the proposals and ranked them by IT projects among other needs in accordance with the projects.
- ✓ The organizations will be required to match the share by 50% and must explain how the share will be derived.
- ✓ \$1.2B in capital funding is available from the state.

Project Implementation

- ✓ Update on ED care triage project roll-out
- ✓ A meeting with ED Directors and PPS management was held on Monday, December 7th to focus on the first projects to roll out: ED Care Triage, PAM, and Integrated Delivery Systems.
- ✓ Dr. Manjunathed attended a meeting with Columbia Memorial Hospital on Monday, December 14th to review the Implementation Plan and their goals through participation in DSRIP.
- ✓ Patient Activation Measure (PAM)
- ✓ The PAM project will be the 2nd project to roll out concurrently with ED Care Triage.
- ✓ The hope is to use a systematic, structured approach to improve how patients engage in their primary care and preventive care.
- ✓ The PPS is starting to work with EDs and CBOs to begin the patient activation process.
- ✓ The speed and scale is aggressive with the expectation to reach 17K+ patients by March 2016.
- ✓ The goal is to raise the levels of activation.

Q&A

- ✓ Dr. Roche mentioned that language barriers were not identified as a gap/barrier in the needs assessment, however, he recognizes it as a barrier such that more money is spent on translation services than is reimbursed for the office visit. Ms. Bogaert directed members to Slide 27, which includes language barriers.
- ✓ Dr. Roche asked if the organizations in the AMCH community group for high-risk patients includes PCPs. Information will be gathered and distributed to membership.
- ✓ Meeting adjourned: 4:55pm

ACTION ITEMS

<u>Owner</u>	Action Item	<u>Due Date</u>
Dr. Manjunath	Email presentation deck to the Committee and additional documents to membership	Week of December 21 st
Dr. Manjunath	Send information abou the AMCH high-risk community risk program	Week of December 21 st
Simone Brooks	Send Practitioner Communication and Engagement Plan and the Training and Education Plan to PAC Exec for approval	Week of December 21 st

Respectfully submitted by, Simone Brooks, MBA Sr. DSRIP Project Coordinator Center for Health Systems Transformation at AMC Meeting recorded on digital recorder