CLINICAL AND QUALITY AFFAIRS COMMITTEE MEETING MINUTES

MEETING INFORMATION

MEETING TITLE:	Clinical and Quality Affairs Committee
DATE:	January 20, 2016; 4:00-5:00pm
LOCATION:	WebEx / Albany Medical Center DSRIP PMO

ATTENDEES

☑ Courtney Burke – Sr. Vice President and Chief Strategy Officer, 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
☑ Todd Fauble – Sr. Project Coordinator, AMCH
☑ Tara Foster, M.S., RN – Nurse Manager, AMCH
☑ Margaret Graham, APRN BC – Director of Community Services, Greene County Mental Health
☑ Dr. Patricia Hale – Assoc. Medical Director for Informatics, AMCH
☑ Zoe Isdell – Practice Manager, AMCH
☑ Dr. Maria Kansas – Medical Director, Center for Disability Services
☑ Susan Kopp – Systems Consultant, AMCH
☑ Mary Jo LaPosta, Ph.D., RN – Senior Vice President, Saratoga Hospital
☑ Dr. Kallanna Manjunath – Medical Director, AMCH
☑ Dr. Dennis McKenna – Medical Director, AMCH
☑ Erin McLaughlin – Project Coordinator, AMCH
☑ Shannon McWilliam – Project Coordinator, AMCH
☑ Sreekrishna Pokuri – Intern, AMCH
☑ Mark Quail – Sr. Project Coordinator, AMCH
☑ Jane Quinlan – Practice Administrator, AMCH
☑ Bonnie Ratfliff –Columbia Memorial Hospital
☑ Dr. Sean Roche – Assoc. Residency Director, AMCH
☑ Dr. Carrin Schottler-Thal, MD – Director, Pediatrics, AMCH
☑ Dr. Brendon Smith – Psychologist, AMCH

Excused:
☑ Simone Brooks – Sr. Project Coordinator, AMCH
☑ Dr. Richard Falivena – CMO, Saratoga Hospital
☑ Dr. George Clifford, PhD – Executive Director, AMCH

AGENDA OVERVIEW

Topic
✓ Welcome & Introductions
✓ Review & Approval of December 2015 Minutes

- ✓ AMCH PPS:
  - Executive Director Update
  - Status of Contracting Process – update
- ✓ Committee Charter:
  - Review draft CQAC Charter
  - Review Sub-committee Charter
  - Approval
- ✓ CQAC survey - summary
- ✓ Project Implementation Status:
  - ED Care Triage
  - Patient Engagement Project (PAM)
  - Project Implementation – Next steps:
    - Asthma & Telemedicine
    - Health Home at Risk
    - Cardiovascular Disease
    - Behavioral Health Projects
- ✓ Population Health Management System – "Bridge Solution"
- ✓ Q & A

MAIN POINTS / DECISIONS

Main Discussion Points from Attendees:

- ✓ Meeting commenced at: 4:01pm

Welcome/Intro

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

Review & Approval of December 2015 Minutes

- ✓ *Motion: Made by Ms. Daggett that the December meeting minutes be approved. Dr. Hale made a 2nd to the motion. Motion approved through consent of the Committee.*

AMCH PPS

- ✓ Executive Director Update
- ✓ Will be provided electronically.
- ✓ Status of the Contracting Process – update
- ✓ Will be provided electronically.

Committee Charter

- ✓ Review draft CQAC Charter
- ✓ Dr. Manjunath reviewed the set of documents that were distributed to the committee via email which provide an extended summary on charters that the committee had viewed briefly back in September and October. These provide more information on the committee's organization as well as the committee's scope.
- ✓ Upon approval by CQAC, they will be forwarded to the AMCH PPS Board of Directors (BOD.)
- ✓ CQAC has dual reporting lines; one to the PAC Leadership, and to the PPS BOD. CQAC is an advisory group and decisions made by the committee will be forwarded as recommendation to the PPS BOD as well as PAC Leadership, who will ultimately approve the recommendation(s).
- ✓ Review Sub-committee Charter
- ✓ Key roles of CQAC were reviewed: overseeing quality of care, care coordination, care management, active practitioner engagement, looking at specifics of transition of care (hospital to community setting and vice-versa.)
- ✓ CQAC has previously approved the formation of 6 subcommittees.
- ✓ CQAC will also oversee the primary care practices in terms of their efforts to achieve accreditation under NCQA PCMH Level 3 2014 standards by March 2018.
- ✓ Health Home At Risk Subcommittee: major objective is to work with PCMHs currently accredited under Level 3 2011 standards, and link them to health homes in the region, or to health home downstream providers. The project is very specifically working with at-risk individuals with a chronic illness. Subcommittee will focus on implementing milestones/ tasks that have been outlined in the implementation plan.

- ✓ Remaining subcommittees will look at how to best implement the objectives that NYSDOH has outlined as well as what the PPS has outlined in the implementation plan. Each subcommittee has a specific role but also has a responsibility to work with other subcommittees as well as the PMO to implement the tasks.
- ✓ Themes common across subcommittees: promote linkages between community members, primary care practices, hospitals, and community-based organizations. Linking systems together will be key to easier transition of patient care from one setting to another setting; Systems in place to identify at-risk individuals in any given group in need of additional support such as self-management support or care coordination; Developing best-practice guidelines based on what's available nationally and locally for manging certain conditions or processes, and adopt across PPS; Work with patients on improving self-management skills and ability; Work with Technology & Data Management Committee to leverage PHM system, present and future, and leverage that technology support to provide seamless transitions of care as well as communication between various entities.
- ✓ *Motion: Made by Dr. Hale that the CQAC and subcommittee charters are approved. Dr. Roche made a 2nd to the motion. Motion approved through consent of the Committee.*

CQAC survey - summary

- ✓ Ms. Foster provided a summary of the feedback that was collected from committee members in December.
- ✓ 5 responses were received. Common themes were identified.
- ✓ Question #1: What do you feel your roles and responsibilities are as a member of CQAC? Most responses were related to clinical and quality initiatives, improvement, assurance, evaluation, to be present, to learn about the goals of DSRIP, to approve roadmap, project development, work together on implementation. One response noted being a little unclear about their role, and that there has been little opportunity for meaningful exchange between members on the exact roll-out of the projects.
- ✓ Question #2: Any additional ways your experience and expertise might be of benefit to the CQAC and its acitvities? The themes were around quality, risk management, providing linkages to students, faculty and residents of AMC, quality evaluation. One response did note that it would vary by participant, but that there might be a need throughout project implementation to bring in other members based on areas of expertise, in order to meet goals.
- ✓ Question #3: A lot of information has been presented during the monthly meetings. Has the information been helpful to you in understanding DSRIP and the goals of the project(s)? Most responses did indicate yes. Some feedback was that there was a lot of information in very short periods of time, but overall members appreciate the organized format of the meeting. Most responses indicated gaining a better understanding of DSRIP in general through the course of CQAC meetings.
- ✓ Question #4: Do you have any specific feedback on how to improve the process of the CQAC? Some responses did say that in-person meetings work better for them. Meetings time is not convenient for some, as it coincides with other meetings. At this point meetings have been more information than oriented on task-creators.
- ✓ Based on feedback, some changes will be made this year to meeting format. Next month will start having CQAC meetings at AMCH. There may be consideration for having meetings in Saratoga and Hudson.
- ✓ Feedback is still being accepted.
- ✓ Next year's annual survey may be developed and administered with a formal tool.
- ✓ Meetings will continue to be mostly informational due to time constraints for holding a task-oriented discussion. Task oriented activities will happen primarily at the subcommittee level.

Project Implementation Status

- ✓ Updates:
  - ED Care Triage (provided by M. Kang)
    - Subcommittee had first official meeting on December 22. Subcommittee chair is Dr. Denis Pauze, Vice Chair for Clinical Operations in AMCH Emergency Department. Members consist of ED Directors and representatives from Case Management at Albany Medical Center, Saratoga and Columbia Memorial Hospitals.
    - Meeting included review of subcommittee roles and responsibilities, and project implementation steps. Also discussed expanding subcommittee membership to those who may be crucial for project success.
    - For the next subcommittee meeting, there is a request for each member to review documents with ED teams, and bring any feedback to the meeting.
    - Next subcommittee meeting is scheduled for Monday, February 1 at 10am via WebEx. Subsequent meetings will be held on the first Monday of the month.
    - In addition to subcommittee meetings, the PMO has been making efforts to engage stakeholders in

the 3 hospitals. On January 6, Dr. Manjunath and Evan Brooksby presented to Saratoga Hospital leadership and department managers about DSRIP and AMCH PPS projects.
        - M. Kang thanked everyone for welcoming the team to their meetings and asked that if there was any interest in further information on the project to please reach out to her, or the PMO.
    - Patient Engagement Project (PAM) (Provided by M. Quail)
        - M. Quail provided a brief overview to the purpose of the project and the PAM tool.
        - PAM is an industry-validated tool developed by the University of Oregon that assesses a person's level of engagement in their care. There are four levels (1-4) that are based on an algorithm that utilizes the responses to the questionnaire. People at levels 1-2 need more support and empowerment to engage in their healthcare.
        - Other key elements to the PAM tool include coaching the patient post-assessment to understand their role in their health and health issues, and linking them to a PCP.
        - The project team has engaged and trained leaders at the 3 EDs. There are some complex workflow issues that ED teams are addressing. The team has also engaged a variety of CBOs and healthcare oranizations across the 3 PPS hubs, including Catholic Charities, Planned Parenthood, The Healthcare Consortium, and Greene County Family Planning. Catholic Charities has been moving forward and have administered a number of PAMs.
        - The project has an ambitious number for active patient engagement (over 30,000 throughout the life of the project) and training the trainers, which has been achieved with the training of 70 PAM trainers. The team continues to look to organizations with an interest in the project, and will prioritize those organizations that indicated a high level of interest on their partner surveys and serve a high Medicaid population.
        - The project team may be contacted through the website (Mark Quail, Ronald Santiago and Kendal Pompey)

✓ Project Implementation – Next steps:

✓ For the next 4 weeks, the PMO would like to roll out 3-4 projects.
    - Asthma & Telemedicine
        - The PMO is piloting an approach/ internal PDSA to see if WebEx meetings are an effective way to share project-specific information
        - WebEx is scheduled for tomorrow (January 21) at 1pm. Committee members are welcome to send/ invite team members to join the meeting.
        - This will go into greater detail on project-specifics, what is planned to be accomplished, what it would mean to be a part of the project, potential benefits as healthcare entities, as well as tasks and responsibilities.
        - Depending on meeting success and feedback, a similar approach will be planned for hypertension in the following weeks along with Health Home at Risk and eventually, Behavioral Health-Primary Care Integration.
        - Additional suggestions/ ideas for effectively communicating with partners are welcome.
        - Sessions will be recorded and made available on PPS website.
    - Health Home at Risk
        - Does have some limitation for who can participate. As a primary care entity, they must be accredited as a Level 3 PCMH under NCQA 2011 standards.
    - Cardiovascular Disease
    - Behavioral Health Projects
        - Dr. Smith provided an update on the two behavioral health projects, more detailed information is available on this meeting's slide deck and the charter document that was distributed.
        - 3.a.i., or, Integration of Primary Care and Behavioral Health Services. Fundamental goal is to integrate behavioral health and primary care services to provide coordinated and effective care. There are 3 different models to meet this goal: Model 1 integrates behavioral health services into primary care practices; Model 2 integrates primary care services into behavioral health practices; Model 3 is implementing the IMPACT Model into primary care practices. The IMPACT Model is a systematic program for stepped care of depression management involving a consulting psychiatrist and depression care manager.

- 3.a.ii is the Behavioral Health Community Crisis Stabilization project. Fundamental objective is to provide accessible behavioral health crisis stabilization services, improving access to appropriate levels of crisis services, and supporting rapid de-escalation of crises. At a minimum the project will involve expanding, or developing, mobile crisis services, intensive crisis services (i.e. stabilization beds), and outreach services. The team is also motivated to develop central triage services and warm lines for supportive peer services.
- Currently beginning roll-out: finalizing project-specific summaries
- Next steps: distribute summaries to participating providers, gauge overall interest in each project, and interest in specific activities of each project. The team will also continue to populate the subcommittee and schedule initial subcommittee meetings. The hope is to have 3.a.i rolled out by mid-February, by having a subcommittee meeting scheduled at that time. 3.a.ii will likely be planned for March. A PAC webinar for the behavioral health projects is likely to be planned for mid-February.
- CQAC's role in these projects is one of broad oversight of the project subcommittees.

Population Health Management System – "Bridge Solution"

- ✓ Ms. Kopp thanked everyone for their participation and feedback for the vendor demonstration held in early December.
- ✓ HIXNY and CDPHP also provided demonstrations of their functionality with regards to HIE connectivity and care management model.
- ✓ Currently conducting reference checks on 2 of the vendors, however, there has been no update on capital funding. This will inhibit moving forward with vendor selection, and Accenture has been moving forward with developing the "low-cost" or interim solution. This is targeted to last for about 18 months, whether we implement a system or do not have one for the time being. The premise is to use existing infrastructure, looking at HIXNY and other systems that may be in place already.
- ✓ Slide #3 of Ms. Kopp's presentation provides an example of what Accenture is developing for this interim solution, looking very closely at the milestones and working very closely with the PMO. In addition to the technology needs, Accenture looked at people and process. Next was functional categories, of which there are about 12, and this will be seen more in early February when the IT Roadmap becomes available.
- ✓ Detailed work plans are expected in the next couple of weeks that translate requirements into steps.
- ✓ Slide #4 of Ms. Kopp's presentation details the process of starting with 115 milestones, whiche are boiled down to 35 requiring technology, and at the bottom is the focus on tier one. Tier one are affiliates that are crucial to project success.
- ✓ Pulling in a parallel solution has been very challenging and AMCH has communicated with other PPSs who are facing the same difficulty.

Q&A

- ✓ No questions were raised.
- ✓ Meeting adjourned: 4:39pm

ACTION ITEMS

Owner	Action Item	Due Date
Dr. Manjunath	Email presentation deck to the Committee and additional documents to membership	Week of January 24th
Tara Foster	Re-send Simone's email for additional feedback on CQAC survey	January 20th
Committee	Please let Dr. Manjunath know if meeting at 3pm on the same 3rd Wednesday will be preferable (as opposed to 4pm)	ASAP
Dr. Manjunath	Provide Executive Director's update electronically	

Respectfully submitted by,
Shannon McWilliam, MPH
DSRIP Project Coordinator
Center for Health Systems Transformation at AMC
Meeting recorded on digital recorder