Albany Medical Center

AMCH PPS
Clinical & Quality Affairs Committee

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August 26, 2015

ALBANY MEDICAL CENTER
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AMCH PPS: Clinical & Quality Affairs (CQA) Committee

Presentation Objectives:

- CQAC Mission Statement:
  - Updated draft for approval
- AMCH PPS Project Overview:
  - Review key aspects of the 5 of the 11 projects
- List of Project Subcommittees - Draft
- Updates:
  - Staffing
  - County Health Department Collaboration

CQAC - MISSION STATEMENT – Draft

The purpose of the Clinical and Quality Affairs (CQA) Committee of AMCH PPS is to facilitate and support the development of a high-performing integrated health care delivery system designed to improve access to timely, effective, efficient, quality and patient-centered system of care.

Specifically, by year 2020, the CQA committee will support the transformation of the Medicaid health care delivery system across AMCH PPS to:

- **Provide a community-based approach to care through the integration of services**
- **Enhance patient experience and improve clinical outcomes**
- **Reduce avoidable Emergency Department use and Inpatient Admissions**
- **Improve key population health measures**
- **Reduce system-wide cost of care by transitioning to a Value-Based Payment System**

AMCH PPS: Key Project Activities

11 projects in three broad categories:

- System Transformation – 5
- Clinical Improvement – 4
- Population Health Management – 2

AMCH PPS: List of Projects

System Transformation:

1. **Create an Integrated Delivery System** focused on Evidence-Based Medicine and Population Health Management
2. **Health Home At-Risk Intervention Program:** Proactive Management of Higher Risk Patients Not Currently Eligible for Health Homes
3. **Create a Medical Village/Alternative Housing** Using Existing Nursing Home Infrastructure
4. **ED Care Triage** for At-Risk Populations
5. **Implementation of Patient Activation Activities** to Engage, Educate and Integrate the UI and LU/NU populations into Community Based Care

AMCH PPS: List of Projects

Clinical Improvement:

6. **Integration of Primary Care and Behavioral Health** Services
   - embedding behavioral health staff in primary care sites
   - establishing new care management capabilities in primary care sites
7. **Behavioral Health Community Crisis Stabilization** Services
8. **Implementation of evidence-based best practices/guidelines** for Adults with **cardiovascular** conditions – Million Hearts
9. **Implementation of evidence-based best practices/guidelines for Asthma** Management: 2 - 64 years of age

AMCH PPS: List of Projects

Population Health Management:

10. **Promote tobacco use cessation**, especially among low SES populations and those with poor mental health
11. **Cancer prevention:** Increase screening rates for:
    - colorectal cancer
    - breast cancer
    - cervical cancer

AMCH PPS: Project Overview

1. Project Title: Create an Integrated Delivery System

Objective: Create an Integrated Delivery System focused on Evidence-Based Medicine and Population Health Management

Eligible Patients: All patients of the AMCH PPS will be engaged in this project

Participating Providers: All organizations/providers of the AMCH PPS

Key Action Items:

- Create, implement and maintain an accessible Integrated Delivery System (IDS)
- Engage patients in the IDS to ensure they receive the appropriate health care and community support.
- Assure active use of EHRs and other IT platforms, including the use of targeted patient registries.

AMCH PPS: Project Overview

Title: Create an Integrated Delivery System – Key action items – *contd.*

- Achieve NCQA 2014 Level-3 PCMH recognition for all participating PCPs.
- Transition towards value-based payment arrangements.
- Risk Summary:
  - Most complicated and expensive project to implement, due dates chosen are aggressive.
  - Project is interconnected with at least four others.
- Responsible Committee/Sub-committee:
  - Project Management Office (PMO)
  - Clinical & Quality Affairs Committee (CQAC) & PCMH Sub-committee
  - Finance Committee (FC)
  - Technology & Data Management Committee (TDMC) & EHR Sub-committee
  - Workforce Coordinating Council (WFCC)
  - Cultural Competency and Health Literacy Committee (CCHLC)
  - Consumer & Community Affairs Committee (CCAC)

AMCH PPS: Project Overview

2. Project Title: Health Home At-Risk Intervention Program

What is a Health Home?

Health homes are designed to be person-centered systems of care that facilitate access to and coordination of the full array of primary and acute physical health services, behavioral health care, and long-term community-based services and supports.

Who can qualify for Medicaid health home services?

To be eligible for health home services, Medicaid beneficiaries must have;

- Two or more chronic conditions (e.g., mental health condition, substance use disorder, asthma, diabetes, heart disease, BMI over 25 or other chronic conditions).
- One qualifying chronic condition (HIV/AIDS) and the risk of developing another.
- One serious and persistent mental illness.

2011 Brief - THE HENRY J. KAISER FAMILY FOUNDATION

AMCH PPS: Project Overview

2. Project Title: Health Home At-Risk Intervention Program

Objective: Proactive Management of Higher Risk Patients Not Currently Eligible for Health Homes through Access to High Quality Primary Care and Support Services.

Eligible Patients: At-risk patients who do not qualify for care management services from Health Homes under current NYS HH standards, but may become HH eligible in the near future.

Participating Providers: Participating PCMHs, Health Homes (HH), CBOs

Key Action Items:

- Create an accessible Integrated Delivery System (IDS)
- Develop a Health Home At-Risk Intervention Program
- Engage eligible patient for risk reduction and comprehensive care management

AMCH PPS: Project Overview

Title: Health Home At-Risk Intervention Program – Key action items – *contd.*

- Establish partnerships between PCPs, Health Homes, CBOs, and local government units.
- Implement evidence-based practice guidelines for chronic disease management
- Risk Summary:
  - Challenging project - It will require extensive coordination and linkages between major PCPs, HH providers and CBOs and robust HIT solutions.
- Responsible Committee/Sub-committee:
  - Project Management Office (PMO)
  - Health Home Project Sub-Committee
  - Clinical & Quality Affairs Committee (CQAC) & PCMH Sub-committee
  - Technology & Data Management Committee (TDMC) & EHR Sub-committee
  - Cultural Competency and Health Literacy Committee (CCHLC)
  - Consumer & Community Affairs Committee (CCAC)

AMCH PPS: Project Overview

3. Project Title: Create a Medical Village/Alternative Housing Using Existing Nursing Home Infrastructure

Objective: To transform current nursing home infrastructure to meet the comprehensive care needs of the community.

Eligible Patients: Eligible patients receiving services in existing facilities.

Participating Providers: SNFs, PCPs, and/or selected specialty care providers.

Key Action Items:

- Complete the transformation of outdated (underperforming) nursing home capacity into a stand-alone emergency department/urgent care center or other healthcare-related purpose.

AMCH PPS: Project Overview

Title: Create a Medical Village/Alternative Housing – Key action items – *contd.*

- Create, provide, and execute an infrastructure transition plan and an implementation plan that will promote better service and outcomes.
- Ensure that all PPS Safety Net Primary Care Physicians in Medical Villages are actively sharing EHRs.
- Risk Summary:
  - Biggest single risk in implementation relates to capital funding.
  - Primary and specialty care providers willing to provide care on-site in participating SNFs.
- Responsible Committee/Sub-committee:
  - Project Management Office (PMO)
  - Clinical & Quality Affairs Committee (CQAC) & PCMH Sub-committee
  - Technology & Data Management Committee (TDMC) & EHR Sub-committee

AMCH PPS: Project Overview

4. Project Title: ED Care Triage for At-Risk Populations

Objective:

- To develop a care coordination/care transition program that will assist patients to link with a PCP & support patient confidence in self-management.
- To improve provider-to-provider communication and provide supportive assistance to transitioning members to the least restrictive environment.

Eligible Patients: *All patients of the AMCH PPS who were seen in ED and determined to need linkages to PCPs for ongoing proactive/preventive care.*

Participating Providers: EDs, PCMHs, Urgent care centers, HHs, and CBOs.

Key Action Items:

- Create, implement and maintain an accessible Integrated Delivery System (IDS)
- Improve access to alternatives to ED usage, including expanded hours, etc.

AMCH PPS: Project Overview

Title: ED Care Triage for At-Risk Populations – Key action items – *contd.*

- Utilize patient navigators to connect patients with PCPs.
- Engage urgent care centers and others in care coordination.
- Build IT capabilities to track all engaged patients
- Risk Summary:
  - Requires careful consideration during implementation to insure access to ED is managed and coordinated
- Responsible Committee/Sub-committee:
  - ED Care Triage Sub-committee
  - Clinical & Quality Affairs Committee (CQAC) & PCMH Sub-committee
  - Technology & Data Management Committee (TDMC) & EHR Sub-committee
  - Workforce Coordinating Committee
  - Cultural Competency and Health Literacy Committee (CCHLC)
  - Consumer & Community Affairs Committee (CCAC)

AMCH PPS: Project Overview

5. Project Title: Implementation of Patient Activation Activities:

Objective:

- Focused on persons not utilizing the health care system and work to engage and activate those individuals to utilize primary and preventive care services.
- PPS to formally train on PAM®, along with base lining and regularly updating assessments of communities and individual patients.

Eligible Patients: AMCH PPS attributed patients who are in the uninsured (UI), non-utilizing (NI), and low utilizing (LU) categories.

Participating Providers: CBOs, Hospitals & other community settings.

Key Action Items:

- Execute participation agreements with CBOs to expand the reach of the PAM tool to appropriate hot-spot areas.

AMCH PPS: Project Overview

Title: Implementation of Patient Activation Activities: – Key action items – *contd.*

- Develop a patient navigator program with trained patient navigators.
- Utilize data from PAM to develop strategies for patient engagement.
- Ensure appropriate and timely access for patient services.
- Risk Summary:
  - Complex project that will require the highest degree of engagement with CBOs.
  - Patient engagement will require innovative and alternative methods.
  - Overlapping PPSs will make this project a challenge
- Responsible Committee/Sub-committee:
  - Project Management Office & related committees
  - Clinical & Quality Affairs Committee (CQAC)
  - Technology & Data Management Committee (TDMC)
  - Cultural Competency and Health Literacy Committee (CCHLC)
  - Consumer & Community Affairs Committee (CCAC)

CQAC – Project Subcommittee List– Draft

- Patient Centered Medical Home
- EHR Implementation/Optimization
- Care Coordination/Care Management
- Health Home At-Risk
- ED Care Triage
- Behavioral Health
- Cardiovascular Disease
- Asthma Evidence-Based Guidelines, – including Telemedicine

CQAC – Updates

- **Staffing:**
- **County Health Department Collaboration**
- **Technology and Data Management**:
  - Survey process
  - Key requirements:
    - Ensure MU/PCMH Certified EHRs across all primary care practices
    - Link EHRs across PPS to RHIO/QE – Hixny
    - Population Health Management using targeted patient registries
    - Establish connectivity with EDs, Health Homes and other CBOs
    - Clinical decision support – BH screenings, asthma, CVD, tobacco cessation, etc
    - Patient engagement initiatives
    - Management of Quality Improvement initiatives/reporting.

Thank you!