AMCH PPS
Clinical & Quality Affairs Committee

Clinical Integration

February 24, 2016

ALBANY MEDICAL CENTER
KNOWN FOR OUR EXPERTISE. CHOSEN FOR OUR CARE.

AMCH PPS: Clinical Integration

Presentation Objectives:

- Clinical Integration Strategy
  - Background
  - Accenture Engagement

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AMCH PPS: CQA Committee

Clinical Integration: *Definition*

"Clinical integration is the extent to which patient care services are coordinated across people, functions, activities, and sites over time so as to maximize the value of services delivered to patients."

Stephen M. Shortell, Robin R. Gillies, David A. Anderson, Remaking Health Care in America, 2000

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AMCH PPS CQA Committee – Roles & Responsibilities

CQAC will lead or take an active role in the following PPS organizational areas:

Practitioner Engagement

- Develop practitioner communication & engagement plan
- Develop Practitioner Training & Education plan

Clinical Integration

- **Required Milestones**
  - Perform ‘needs assessment”
  - Develop a Clinical Integration Strategy
- Strategy development
- Strategy implementation

Population Health

- Develop population health management roadmap

Performance Reporting

IT Systems & Processes

Clinical Integration: Deliverables

Milestone 1. Perform a clinical integration <u>needs assessment</u> - DY1Q3

- Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including:
  - Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health)
  - Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration
  - Identify other potential mechanisms to be used for driving clinical integration

Insight Driven Health

Clinical Integration Milestone – Current State Gap Analysis Slides

December 14, 2015

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Current State Assessment – Gap Analysis

Executive Summary - Key Takeaways

Significant technology investment has been made; increased focus on capability utilization and cross-system integration could close gaps and facilitate DSRIP requirements

Developing an integrated care plan through system integration across the AMCH PPS will **eliminate many of the current manual** efforts and **improve data flow and access to near-real information** across the continuum of care

Current technologies across the PPS provide a **strong foundational base with 100% of the Tier 1 affiliates having an EMR** to feed the new integrated solution and a common care plan

Significant gaps in resource expertise and experience with leading practice business functions and technology capabilities and the ability **to support 7 day a week operations**

The **current business functions** related to Care Management and Population Health Management have **significant gaps to leading practices** and lack the technology to drive near-real time decision making

Tier 1 organizations have limited resources to support implementation / training and change management is critical to support **effective implementation** and **successful adoption** of the new integrated solution

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CI Milestone 2. Develop a Clinical Integration strategy - DY2Q1

- **Clinical Integration Strategy, signed off by CQAC, including:**
  - **Clinical and other info for sharing**
  - Data sharing systems and interoperability
  - **A specific Care Transitions Strategy**, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers
  - **Training for providers across settings** (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination
  - **Training for operations staff** on care coordination and communication tools

Care Coordination

Definition:

- The deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services. (McDonald, 2007)
- Care coordination is a set of activities that is needed to minimize the dangers of fragmentation.

Ref: MacColl Institute for Healthcare Innovation, Group Health Research Institute

PPS Project Impact:

- Success of 8 out of 11 projects are dependent on an effective care coordination services across our PPS.

Insight Driven Health

Albany Medical Center Hospital

DSRIP Clinical Integration Strategy

AMCH PPS CQAC Committee

February 24, 2016

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AMCH PPS Clinical Integration

NY State DSRIP CI Milestone & Requirements

The CI milestone requires the development of a Clinical Integration (CI) Strategy that needs to meet the following requirements:

- Specific Care Transitions Strategy that consists of hospital admission, discharge coordination, care transitions, coordination and communication among Primary Care (PC), Behavioral Health (BH) and Substance Use providers
- Signed off by the Clinical Quality committee
- Clinical and other information for sharing
- Data sharing systems and interoperability
- Implementation plan with a focus on Care Transitions
- Training for providers across settings (ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination
- Training for operations staff on care coordination and communication tools

CI Strategy Deliverable due to DOH by 6/30/16

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Representative Measures by Project

P4R / P4P / Engagement metrics depend on operational improvements

Care Coordination is critical for all projects to accelerate, achieve the results for a value of $89M

Measures (P4R or P4P and Pt. Engagement)	2.a.i IDS	2.a.iii At Risk	2.a.v Med. Village	2.b.iii ED Triage	2.d.i PAM	3.a.i I PC / BH	3.a.ii BH Crisis	3.b.i CVD	3.d.iii Asthma	4.b.i Tobacco	4.b.ii Cancer
↓ avoidable ED visits	✓	✓	✓	✓	✓	✓	✓				✓
↓ avoidable readmissions	✓	✓	✓	✓							
↑ frequency of ambulatory / preventive visits	✓	✓	✓	✓							
↓ cost in ED / inpatient / PC / BH	✓	✓	✓	✓							
↑ alignment to PCP	✓	✓	✓	✓	✓					✓	
↑ patient satisfaction	✓	✓	✓	✓	✓						
↑ capture of HCAHPS Care Transition across PPS	✓	✓	✓	✓							
↓ % of admissions	✓	✓	✓	✓				✓	✓	✓	✓
↑ pts. with new / updated CM plan / self mgmt. goals		✓						✓	✓		
↑ pts. with two+ non-ED services at Medical Village			✓								
↑ ED pts. with follow-up appointment with PCP				✓							
↑ pts. with completed PAM / PAM level 3 or 4					✓						
↑ pts. with preventive screening & include BH / SA						✓		✓			✓
↑ pts. receiving PC services at BH/SA sites						✓					
↑ pts. screened using PHQ-2 or 9 / SBIRT						✓	✓				
↑ medication adherence / mgmt.						✓	✓	✓	✓		
↑ post-D/C follow-up / condition monitoring – for BH pts.						✓	✓				
↑ % pts. screened for depression with tool / follow-up						✓	✓				
↑ pts. receiving crisis stabilization /crisis programs							✓				
↑ adoption of substance dependence treatment							✓				
↑ Health literacy								✓			
↓ Premature deaths										✓	✓
Total	**$12M**	**$10M**	**$10M**	**$9M**	**$9M**	**$8M**	**$8M**	**$7M**	**$7M**	**$5M**	**$4M**

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AMCH PPS Clinical Integration

Project Goal / Objectives

Primary Goal:

- Define the CI strategy for the AMCH PPS with a focus on the Medicaid population and the DOH requirements

Secondary Goal:

- Define a CI strategy applicable for patient populations to meet today's CMS' VBP / Readmissions and future VBC requirements for Care Management / Population Health Management functions

What Are the Objectives?

AMCH PPS DSRIP Objectives:

- Define Transitions of Care (ToC) strategy with a focus on hospital and ED admissions and discharge coordination
- Outline the clinical and other information for sharing among the PPS affiliates
- Outline the tools and communication approaches to facilitate coordination among PPS affiliates and engage patients (using the "no cost/low cost" framework)
- Define training criteria

Additional AMC-Defined Objectives*:

- Define the Care Coordination Model (CCM) with governance / structure at the PPS wide / local level
- Identify CCM functions / processes, protocols, roles and technology enablers

* Based on AMC executive conversations

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AMCH PPS Clinical Integration

Scope

Accenture will collaborate with AMCH to validate / analyze, define and develop the following areas for the CI CCM at both the PPS-wide, regional, and affiliate local level entities (ED, inpatient, outpatient):

- **CI CCM –** governance at PPS wide / local level, structure / approach to support oversight / decision-making, framework**,** components and timeframes
- **CCM functions / processes / protocols** – hospital admission management, discharge planning / ToC across ED, inpatient, outpatient / providers, readmissions management, care coordination / communication and high-risk patient management
- **Roles / responsibilities –** infrastructure , staffing ratios, hours of coverage, roles
- **Training** – criteria, orientation / training and coaching / mentoring plans
- **Technology** – enablers (e.g., forms, views, alerts, etc.) to support new / enhanced processes to facilitate care coordination / communication
- **Approach** – recommendations, implementation / training approach and plan

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AMCH PPS Clinical Integration

Governance Structure – New Proposed Structure

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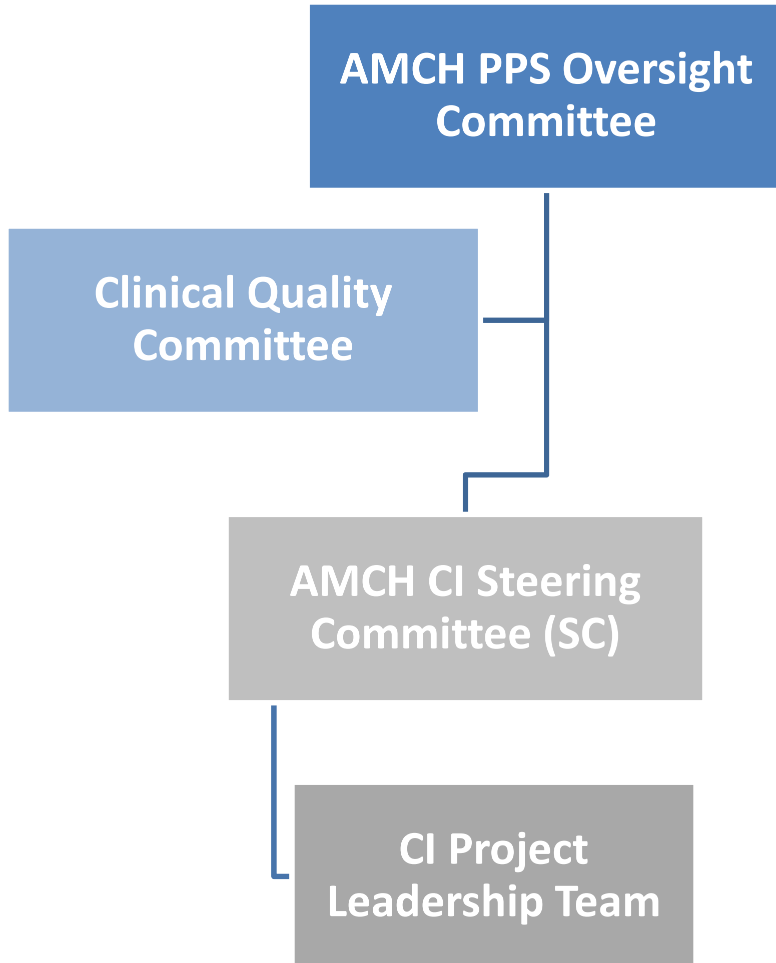
Governance structure to support effective affiliate engagement, stakeholder buy-in / adoption and timely execution of recommendations would consist of:



AMCH PPS Oversight Committee:

- Receive monthly CI Project status updates
- Review / approve CI Project recommendations / plans
- Align plans with overall AMCH PPS strategy

Clinical Quality Committee:

- Receive monthly CI Project status updates
- Review and approve CI strategy / plans
- Key Clinical Quality committee members serve on CI SC

AMCH CI Steering Committee (new committee):

- Receive bi-weekly CI Project status updates / oversee Project
- Review / approve CI strategy / plan, approach / deliverables
- Key Clinical Quality committee members, PPS affiliate Executive Sponsors (e.g., hospitals, Tier 1 affiliates, Medical Directors of hospitals, leadership of physician practices, CDPHP, etc.) serve on CI SC

CI Project Leadership Team (new committee):

- Conduct weekly CI Project reviews / status updates
- Manage / monitor Project plan and activities
- Provide Project updates to governance committees
- Plan and execute right messages at right time to affiliate stakeholders

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Governance Structure

Committee Membership

The CI Steering Committee and CI Project Leadership Team are new committees that consist of both AMCH PPS and ACN leadership

AMCH CI Steering Committee:

- **AMCH PPS (~ 12-15 team members)**
  - Courtney Burke, Senior Vice President & Chief Strategy Officer, Albany Medical Center
  - Paul Sorum MD, Executive Sponsor, Albany Medical Center
  - Kallanna Manjunath MD, Medical Director, AMCH DSRIP PPS
  - George Clifford PhD, Executive Director, AMCH DSRIP PPS
  - George Hickman, EVP & CIO, AMC
  - Larry Robinson MD, Physician Champion, AMC
  - Katherine Roche, SVP & CNO, AMC
  - CMH reps – Physician Champion & Case Management Champion
  - SMC rep – Physician Champion & Case Management Champion
  - Tracy Langley / Kathy Leyden CDPHP
  - VNA rep – Executive with CM responsibility
  - Stephen Giordano PhD, / Tyleia Harrell, LCSW, Albany County Mental Health
  - HH Rep
  - Tara Foster – Nurse Manager, AMCH DSRIP PPS
- **ACN**
  - Gerry Meklaus, Engagement Director
  - Dave Balderson, Project Director
  - Marj Bogaert , CM / Population Health Mgmt. Advisor

CI Project Leadership Team:

- **AMCH PPS**
  - Courtney Burke, Senior Vice President & Chief Strategy Officer, Albany Medical Center
  - George Clifford PhD, Executive Director, AMCH DSRIP PPS
  - Kallanna Manjunath MD, Medical Director, AMCH PPS
  - Tara Foster, Nurse Manager, AMCH PPS
  - Brendon Smith PhD, Clinical Psychologist, AMCH PPS
  - Lauren M. Ayers, Director of Financial Operations AMCH PPS
  - Susan Kopp, System Consultant, DSRIP, Albany Medical Center
  - Ronald Santiago, Project Coordinator, AMCH PPS
  - Lucas Popolizio, Project Coordinator, AMCH PPS
  - Sreekrishna Pokuri, Pre-Med Intern
- **ACN**
  - Dave Balderson, Project Director
  - Marj Bogaert , CM / Population Health Mgmt. Advisor

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Proposed AMCH Roles to Support the Project

It is anticipated that the AMCH PPS resources to support the project would consist of the following type of resources with the estimated time commitment as described in the table below:

Type of Resource	Estimated Time	Project Activities
Project executive sponsor(s)	4 -6 hrs. / week	▪ Provide overall project leadership , decision-making, updates to committees ▪ Participate in weekly / monthly governance meetings
CI project leadership team members	2 – 4 hrs. / week	▪ Participate in weekly CI project reviews / status updates ▪ Manage / monitor project plan, activities , review /provide feedback on deliverables
Project architect	16 – 20 hrs. / week	▪ Serve in the principal liaison role with the ACN team ▪ Provide executive subject matter expertise and content on all in scope areas
AMCH CI SC members	1 – 2 hrs. / week	▪ Participate in bi-monthly CI project status updates and oversee project ▪ Review and approve CI strategy / plans
AMCH PPS oversight committee members	1 – 2 hrs. / month	▪ Participate in monthly CI project status updates ▪ Review / approve CI project recommendations / plans
Clinical quality committee members	1 – 2 hrs./ month	▪ Participate in monthly CI project status updates ▪ Review and approve CI strategy / plans
Project manager	10 – 12 hrs. / week	▪ Serve as resource to ACN team to support project activities ▪ Attend key status updates / meetings
PPS affiliate executive sponsors	2 – 5 hrs. / week	▪ Serve as the affiliate executive to support / execute project activities ▪ Review and provide feedback on key project deliverables
DSRIP CI workgroup members	4 – 8 hrs. / week	▪ Participate in weekly design sessions ▪ Review / provide input and approve deliverables
Subject matter experts (affiliates / PMO)	2 – 16 hrs. / week	▪ Review and provide subject matter advice on strawmodels / deliverables ▪ Participate in key meetings / design sessions
CM SME RN/MSW (2 FTEs) / Business Analyst (0.5)	7 weeks - 40 hrs. / 20 hrs.	▪ Develop / conduct training ▪ Support activities, complete work efforts and deliverables
PPS affiliate current state stakeholders	1 – 2 hrs. / on-site	▪ Participate in current state activities
Staff – support data requests / scheduling	2 – 4 hrs. / week	▪ Complete data / document request and support follow-up questions ▪ Schedule validation, design and weekly activities

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Tier 1 Afflliliates – Level of Involvement / CSA Particiapation

Reach agreement on level of involvement and how to engage / Current State Assessment (CSA) participation:

CI Function (Across) Affiliates (Down)	Hospital Admission	DC Planning / ToC	Readmissions Mgmt.	Pt. Navigation	Barriers to Care	Care plan protocol	CM assessment	BH Coordination	CSA
AMC Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓
Columbia Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓
Saratoga Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓
AMC Faculty Practice				✓	✓	✓	✓	✓	✓
CMH Physician Group				✓	✓	✓	✓	✓	✓
Saratoga Hosp Health Center				✓	✓	✓	✓	✓	✓
Community Care PC				✓	✓	✓	✓	✓	✓
Whitney M Young				✓	✓	✓	✓	✓	✓
Center for Disability Services				✓	✓	✓	✓	✓	✓
Albany County Mental Health				✓	✓	✓	✓	✓	✓
Alb -Children Youth and Families				✓	✓	✓	✓	✓	✓
Greene County MH				✓	✓	✓	✓	✓	✓
Saratoga County MH				✓	✓	✓	✓	✓	✓
Addictions Care Center of Alb				✓	✓	✓	✓	✓	✓
CDPC				✓	✓	✓	✓	✓	✓
Catholic Charities				✓	✓	✓	✓	✓	✓
Transitional Services, Inc				✓	✓	✓	✓	✓	✓
VNA Home Health				✓	✓	✓	✓	✓	✓
CDPHP Case Management				✓	✓	✓	✓	✓	✓
Healthcare Consortium – CC				✓	✓	?	?	✓	✓

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Next Steps

1. Mobilize / launch both AMC and Accenture Teams
2. Finalize Tier 1 stakeholders
3. Launch project governance structure
4. Finalize / launch data / document request
5. Communicate with PPS affiliates
6. Charter and launch the project

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