# CLINICAL AND QUALITY AFFAIRS COMMITTEE MEETING MINUTES

## MEETING INFORMATION

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| **MEETING TITLE:** | Clinical and Quality Affairs Committee |
| **DATE:** | April 20, 2016; 4:00-5:00pm |
| **LOCATION:** | WebEx / B241J SICU CR |

## ATTENDEES

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|---|---|
| | ☑ David Balderson – Accenture<br>☑ Katherine Raber – Accenture<br>☑ Susan Chihi – Accenture<br>☑ Sandra Calver – Accenture<br>☑ Dr. George Clifford, PhD – Executive Director, AMCH PPS<br>☑ Joe Curran – Project Manager, AMCH PPS<br>☑ Mary Daggett, RN – Community Health Service Director, Columbia Memorial Hospital<br>☑ Dr. George Davis – Columbia Memorial Hospital<br>☑ Dr. Richard Falivena, MD – CMO, Saratoga Hospital<br>☑ Todd Faubel – Project Manager, AMCH PPS<br>☑ Louis Filhour, PhD, RN – AMCH PPS<br>☑ Tara Foster, M.S., RN – Nurse Manager, AMCH PPS<br>☑ Dr. Patricia Hale – Assoc. Medical Director for Informatics, AMCH<br>☑ Mingie Kang – Sr. Project Coordinator, AMCH PPS<br>☑ Dr. Maria Kansas – Medical Director, Center for Disability Services<br>☑ Susan Kopp – Systems Consultant, AMCH<br>☑ Mary Jo LaPosta, Ph.D., RN – Senior Vice President, Saratoga Hospital<br>☑ Dr. Kallanna Manjunath – Medical Director, AMCH PPS<br>☑ Christine McIntyre – Assoc. Director, AMCH PPS<br>☑ Shannon McWilliam – Sr. Project Coordinator, AMCH PPS<br>☑ Dr. Lawrence Perl, MD – Chief Medical Director, Columbia Memorial Hospital<br>☑ Dr. Lawrence Robinson, MD – AMCH<br>☑ Dr. Sean Roche – Assoc. Residency Director, AMCH<br>☑ Dr. Brendon Smith – Psychologist, AMCH PPS<br>☑ Dr. Paul Sorum – AMCH<br>*Excused:* |

## AGENDA OVERVIEW

| **Topic** |
|---|
| ✓ Welcome & Introductions<br>✓ Review & Approval of March 2016 minutes<br>✓ AMCH PPS: |

- CEO Update
- Executive Director Update

✓ Clinical Integration Strategy:
- Project status
- Future state model development – update

✓ Project Implementation Updates:
- ED Care Triage
- Asthma & Telemedicine
- Cardiovascular Disease
- Health Home at Risk
- Behavioral Health Projects

✓ Primary Care Advisory Group
- Purpose
- Approval

✓ PCMH Initiatives

✓ Q & A

## MAIN POINTS / DECISIONS

**Main Discussion Points from Attendees:**

✓ Meeting commenced at: 4:05pm

Welcome/Intro

✓ Dr. Manjunath welcomed attendees and asked that everyone send email confirmation of their attendance on the webinar.

Review & Approval of March 2016 Minutes

✓ *Motion: Made by Dr. Sorum that the March meeting minutes be approved. Tara Foster made a 2nd to the motion. Motion approved through consent of the Committee.*

AMCH PPS

✓ CEO Update

✓ No updates at this time.

✓ Executive Director Update

✓ Dr. Clifford provided an update on funds flow, and the vendor contracted for this task. AMCH PPS Finance Committee and the Board reviewed and approved execution of contract with COPE Health Solutions. They will be consulting on fair market valuation and funds flow distribution at the project level. AMCH PPS is looking to have this in place in the next couple of days, and looking to fund organizations promptly.

✓ A question was raised about the implications of contracting and paying our partnering organizations. Dr. Clifford responded that we are contracting with COPE based largely on the need for fair market value considerations, and to remain consistent with appropriate federal and state regulations. Eligible organizations would be limited to the 180 organizations who signed a consent form to participate with the PPS. Of the 180, those who have signed a POA and BAA with the PPS, and then of that total, those who subsequently sign(ed) a contract to participate in any one or more of the 11 projects for which AMCH PPS was funded, can expect to be eligible for these payments. Payment methodology ranges from fairly simple to fairly complicated, depending on the contract.

Clinical Integration Strategy

✓ Project status provided by Katherine Raber, Accenture

✓ Review of accomplishments and activities since March CQAC meeting. The Future State Workgroup has

kicked off and 3 of 5 workgroup sessions have been held. Sessions have been utilized to make adjustments to straw models based on feedback provided during sessions. They have also conducted a current state read-out with Columbia Memorial and met with Dr. Robinson for initial read-out of AMCH. A read-out is scheduled with the larger AMC group next week. An extended workgroup session was held with the CI Steering Committee to review draft Care Coordination Model.

- ✓ Key upcoming activities include 2 final Future State Workgroups, where final adjustments to the straw models will be made based on feedback and suggestions. There will also be the current state read-out with larger groups at AMCH and Saratoga.
- ✓ A couple of risks include varying workgroup participation leading to inconsistency – this has been mostly mitigated as the 3 workgroups have included largely the same participants; Relationships with key partners have yet to be determined and may change project outcomes – handling relationships and continuing to include partners so that choices made during workgroups will work for everyone.
- ✓ Future state model development – update provided by Susan Chihi and Sandra Calver, Accenture
- ✓ Reviewed topics of workgroup sessions. Tomorrow's session is Patient Navigation, Barriers to Care session and next week is wrap-up and Alignment of All Processes.
- ✓ Each session includes strawmodels accompanied by research and processes for getting feedback from the group. The first portion of each session reviews and validates what was done in the last session.
- ✓ Dr. Manjunath clarified that the hope is to use this model as a guide or reference tool for partners when considering their own internal processes, needs and strategies for getting to their ideal state.
- ✓ An overview of session outputs was provided. Three key areas where session outputs are pulled from include Process Flow & Details, Technology Alignment, and Products.
- ✓ Susan Kopp shared that TDMC is aligning their work with Accenture work as well and will eventually bring this information to project subcommittee meetings.
- ✓ Sandra Calver shared how information is being pulled together and how some of the processes have been worked through. A lot of processes can be standardized across all care management functions (assessing patients, transitions of care, etc) and implemented across while technology is being built underneath.
- ✓ Session 5 of the workgroup will be going through the entire process.
- ✓ As elements of the technology piece are being built, the information can still be captured and used by partners' current systems.
- ✓ A committee member raised a question about patients with SU or mental health diagnoses and whether it would be considered a diagnosis, barrier to care, and where it would fit in. Dr. Manjunath responded that it could be a diagnosis 1, diagnosis 2 if co-occuring, or a risk factor for managing other conditions.

Project Implementation Updates

- ✓ ED Care Triage
- ✓ Last meeting held April 5. Accenture presented this information with a focus on ED care transitions, which was well-received.
- ✓ Committee will continue to meet 1st Monday at 10am.
- ✓ There is a verbal agreement among the 3 EDs to adopt NYC guidelines for managing opiates in the ED setting. Dr. Pauze will be making some minor changes to the guidelines prior to presenting to the subcommittee. It will be proposed to the subcommittee as well as CQAC to adopt those guidelines as a PPS. Next steps also include focusing on specific milestones that are due at the end of June and September and looking at outcome measures related to this project/ Domain 2 and where the focus should be on moving the needle.
- ✓ PCP representation on the subcommittee is currently limited, but will look to expand in order to improve measures related to primary care.
- ✓ Asthma & Telemedicine
- ✓ Last/ first meeting held March 28.
- ✓ Will be looking at asthma action plans as part of implementation of guidelines.

- ✓ Subcommittee will meet 2nd Friday, 12-1pm.
- ✓ Cardiovascular Disease
- ✓ Last/ first meeting held March 25.
- ✓ Strong participation from PCPs and specialists.
- ✓ Subcommittee will use materials from Million Hearts Campaign initiatives as a guide.
- ✓ This is a sizable project with 20 milestones and 35 metrics, but it is an area where many partners have expertise.
- ✓ The group wants to work towards standardized protocols for hypertension management and CVD management, and also discussed specifics for how to capture the data in the EMR.
- ✓ Koinonia Primary Care has an open door policy for blood pressure checks, allowing patients to receive this service at any time. There are other initiatives, such as Cut Hypertension from AMCH, that may allow for further community linkages.
- ✓ First subcommittee task will be to agree upon an action plan to capture needed elements, since there is funding linked to this.
- ✓ Subcommittee will meet 1st Friday, 8-9am.
- ✓ Health Home at Risk
- ✓ Last/ first meeting held end of March.
- ✓ Disscussion ensued about health homes and about providers' knowledge of health homes. It would likely be in the best of interest of the PPS and subcommittee to have some of the health home downstream providers creat an informational session on health homes. This will be held as a webinar.
- ✓ Subcommitte will meet 2nd Monday, 8-9am.
- ✓ Behavioral Health Projects
- ✓ 3.a.i – Keith Stack from the Addictions Care Center of Albany has been named co-chair.
    - Subcommittee broken down into workgroups based on practice type. One for projects based in primary care, and one for projects based in behavioral health.
    - Second subcommittee meeting will be 4/21, 2-3pm, with discussions for identifying preventative care and behavioral health screenings. These will include screenings that are required for milestone completion, as well as any adjunctive screenings that the subcommittee may recommend. Another important component will be the project evaluation for participating providers to further assess interest, experience, readiness, and barriers to integrating primary care and behavioral health services. This will also help to meet state deliverables. At the request of the CI Workgroup, the subcommittee will consider recommendations for the CI Workgroup re: behavioral screening questions.
- ✓ 3.a.ii – Tyleia Harrell from Albany County Department of Mental Health has been named co-chair.
    - First subcommittee meeting held 3/31, and covered a variety of topics ranging from project requirements to existing mobile crisis services, and possible upcoming changes in reimburesement.
    - Requested that participating providers either begin or continue discussions within and across organizations on expanding crisis services.
    - Next meeting is 5/9, 1-2pm. Planning to review subcommittee charter, key roles and responsibilities, identifying strategies for reviewing existing best practices both regionally and natonally. It will also be important to discuss collaboration with other PPSs to address regional concerns.
- ✓ Create a Medical Village
- ✓ 2.a.v – Request for information distributed to interested parties (SNFs.) At least 4 nursing homes have been identified who have expressed interest in participation. As a companion piece, there is also a hotspot needs assessment, in terms of access to care. The next phase will be working with the nursing homes to identify beds to be decertified, and then reprogramming the space either for urgent care or primary care.

Primary Care Advisory Group

- ✓ Purpose
- ✓ Proposed due to the critical role of primary care in DSRIP – i.e. integration of primary care and behavioral

health, PCMH, HEDIS measures, etc.

- ✓ The group would have serveral functions, including: promote active primary care participation in DSRIP projects; facilitate and promote PCMH recognition; and promote integration of primary care and behavioral health.
- ✓ Would need to identify at least 2 indiviudals – a clinician, and someone with operations experience and expertise to help maximize the group's effectiveness.
- ✓ Approval
- ✓ *Motion: Made by Dr. Sorum that the Primary Care Advisory Group be approved. Dr. Falivena made a 2nd to the motion. Motion approved through consent of the Committee.*

PCMH Initiatives

- ✓ PCMH is considered the bedrock of DSRIP because it is so woven throughout the projects. They share the goal of the quadruple aim to improve clinical outcomes, enhance patient experience, increase provider and staff satisfaction, and reduce cost.
- ✓ A questionnaire was distributed to partners. Information collected includes whether primary care partners held a Level 3 PCMH 2014. Center for Disability Services has received the recognition, as well as Whitney Young Health. Columbia Memorial Health has submitted an application and Saratoga has 1 site that is Level 3 2014.
- ✓ A brieft questionnaire will be distributed by the end of the week to help determine level of support needed. A consultant will be engaged based on these needs.

Q&A

- ✓ Meeting adjourned: 5:01pm

## ACTION ITEMS

| Owner | Action Item | Due Date |
|---|---|---|
| Committee | Please contact the PMO if you are interested in subcommittee participation | ASAP/ Ongoing |
| Committee | Please email to confirm your attendance | |
| Dr. Manjunath | Send presentation | |

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