

# North Country Health Systems Redesign Commission



December 17, 2013

High Peaks Resort | Lake Placid | New York



A large, faded map of New York State serves as the background for the title. The map shows county boundaries and major cities.

# Courtney Burke

## Deputy Secretary for Health





**Nirav R. Shah, M.D., M.P.H.**

Commissioner of Health

*New York State Department of Health*





Daniel Sisto

Chair

*North Country Health Systems Redesign Commission*





# NCHSRC Charge

- Assessing the total scope of care in the North Country: community and preventive care, secondary and tertiary care and long term care.
- Assessing the regional population's health care needs and the system's ability to meet them.
- Recommending ways in which to ensure that essential providers survive or that appropriate capacity is developed to replace failing providers; a restructuring and re-capitalization agenda.

## NCHSRC Charge (cont.)

- Identifying opportunities for merger, affiliation and/or partnership among providers that will maintain or improve access and quality, financial viability and promote integrated care.
- Making specific recommendations that providers and communities can implement to improve access, coordination, outcomes and quality of care, and population health.
- Developing recommendations for the distribution of re-investment grants.

# Timeline

- Recommendations due: [March 31, 2014](#)

# North Country Health Systems Redesign Commission (NCHSRC)-Members

- Daniel Sisto, Chair
- Arthur Webb, Co-Chair
- John Ruge, M.D., Co-Chair
- Stephen Acquario
- Cali Brooks
- Dan Burke
- Tedra Cobb
- Tom Curley
- Susan Delahanty

# North Country Health Systems Redesign Commission (NCHSRC)-Members (cont.)

- Garry Douglas
- Hon. Janet Duprey
- Hon. Betty Little
- Frederick Monroe
- Hon. Patty Richie
- Neil Roberts
- Hon. Addie Russell
- Hon. Dan Stec
- Denise Young

# External Factors Transforming Health Care



# State Health Care Innovation Plan (SHIP)

Hope Plavin

*Director of Planning*

*Office of Quality and Patient Safety*

*New York State Department of Health*



# The case for change: our health system has fallen behind in sustainably improving New Yorkers' lives

## Population health



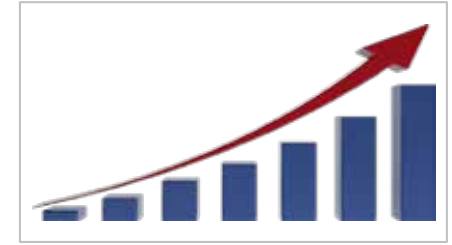
- Less than half of adults receive recommended screening and preventative care
- >30% of children are overweight or obese
- 1 in 10 New Yorkers has diabetes
- Inequities in social determinants of health hinder our growth

## Care quality and patient experience



- Fragmented system of care
- State ranks 50th nationwide for avoidable hospital use and costs, and 40th in ambulatory care-sensitive admissions
- Disparities lead to health inequities

## Unsustainable costs



- Costs outpace economic growth
- Annual per capita health spend is 22% more than U.S. average, translating into approximately \$30B 'excess spend' annually
- Unnecessary utilization
- Unaffordable burden for individuals, families, businesses



# The New York State Health Innovation Plan is our 5-year roadmap to transform our health system for all New Yorkers

## New York State Health Innovation Plan



**Goal** Delivering the Triple Aim – Better health, better care, lower costs

<p><b>Pillars</b></p>	<p><b>1</b>  <b>Improve access to care for all New Yorkers, without disparity</b></p> <p>Elimination of financial, geographic, cultural, and operational barriers to access appropriate care in a timely way</p>	<p><b>2</b>  <b>Integrate care to address patient needs seamlessly</b></p> <p>Integration of primary care, behavioral health, acute and postacute care; and supportive care for those that require it</p>	<p><b>3</b>  <b>Make the cost and quality of care transparent to empower decision making</b></p> <p>Information to enable consumers and providers to make better decisions at enrollment and at the point of care</p>	<p><b>4</b>  <b>Pay for healthcare value, not volume</b></p> <p>Rewards for providers who achieve high standards for quality and consumer experience while controlling costs</p>	<p><b>5</b>  <b>Promote population health</b></p> <p>Improved screening and prevention through closer linkages between primary care, public health, and community-based supports</p>
<p><b>Enablers</b></p>	<p><b>Workforce strategy</b> <b>A</b> Matching the capacity and skills of our healthcare workforce to the evolving needs of our communities</p> <hr/> <p><b>Health information technology</b> <b>B</b> Health data, connectivity, analytics, and reporting capabilities to support clinical integration, transparency, new payment models, and continuous innovation</p> <hr/> <p><b>Performance measurement &amp; evaluation</b> <b>C</b> Standard approach to measuring the Plan's impact on health system transformation and Triple Aim targets, including self-evaluation and independent evaluation</p>				

# Transition toward Advanced Primary Care

Tier	Pre-APC	Standard APC	Premium APC
<b>Description</b>	<ul style="list-style-type: none"> <li>▪ Largely reactive approach to patient encounters of care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Capabilities in place to more proactively manage a population of patients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Processes in place to clinically integrate primary, behavioral, acute, post-acute care<sup>1</sup></li> </ul>
<b>Capabilities</b>	<ul style="list-style-type: none"> <li>▪ Selected medical home capabilities, aligned with specific NCQA Level 1 must-pass sub-elements, or equivalent</li> </ul>	<ul style="list-style-type: none"> <li>▪ Certified EHR</li> <li>▪ Full medical home capabilities, aligned with NCQA Level 1-3, or equivalent</li> <li>▪ May require reinforced validation over time</li> </ul>	<ul style="list-style-type: none"> <li>▪ Certified EHR</li> <li>▪ Meaningful Use Stage 1-3<sup>3</sup></li> <li>▪ HIE interoperability</li> <li>▪ Reinforced medical home capabilities, aligned with expanded NCQA Level 3<sup>2</sup>, or equivalent</li> </ul>
<b>Metrics and reporting</b>	<ul style="list-style-type: none"> <li>▪ Standard statewide scorecard of core measures</li> <li>▪ Consolidated reporting across payers, leveraging APD, portal</li> </ul>		
<b>Payment model mix</b>	<ul style="list-style-type: none"> <li>▪ FFS + P4P</li> <li>▪ Potential EHR support</li> </ul>	<ul style="list-style-type: none"> <li>▪ FFS + gain sharing (+other)</li> <li>▪ Care coordination fees</li> <li>▪ Transformation support</li> </ul>	<ul style="list-style-type: none"> <li>▪ FFS + risk-sharing or global capitation</li> <li>▪ Other</li> </ul>



# New York State of Health Exchange

Sherry Tomasky

*Director of Stakeholder Engagement*

*New York State of Health*

*New York State Department of Health*



# NY State of Health

## *the Official Health Plan Marketplace*

Sherry Tomasky  
Director of Outreach  
December 17, 2013

# NY STATE OF HEALTH OPENED ON OCTOBER 1<sup>ST</sup>

# What is NY State of Health?

- **Organized marketplace**
  - One-stop shopping for subsidized and unsubsidized coverage
  - Easily compare health plan options
  - The only place to check eligibility and apply for financial assistance
  - Enroll in qualified health plans
- **Two programs**
  - Individual Marketplace
  - Small Business Marketplace

# Who Will Enroll In NY State Of Health?

Health Plan Marketplace enrollment is estimated to be  
1.1 million New Yorkers



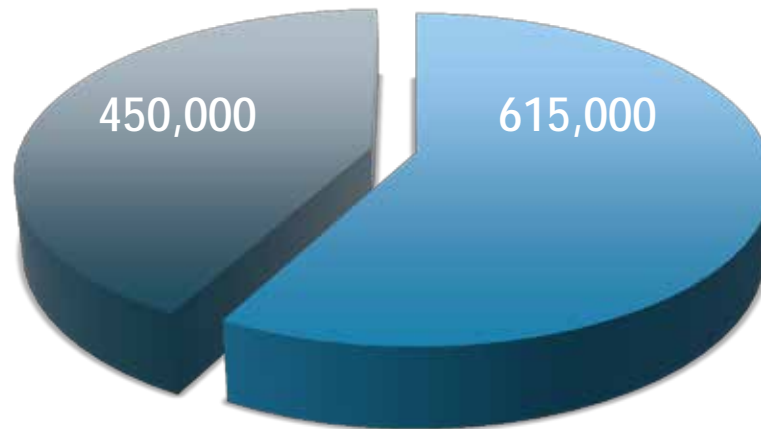
Individual Marketplace (58%)	450,000	615,000
Small Business Marketplace (42%)		



# Goals for Small Business Enrollment

Enroll 100,000 small businesses covering 450,000 members

- Individual Marketplace (58%)
- Small Business Marketplace (42%)



# NY State of Health Enrollment Dates

- Individuals can enroll through March 31, 2014, unless they have a qualifying event
- Small employers can choose open enrollment dates for their employees any month of the year
- Coverage is effective as early as January 1, 2014
  - Individuals must enroll by December 23
  - Small businesses by November 29



# A STATE OF THE ART WEBPORTAL ALLOWS NEW YORKERS TO SHOP, COMPARE AND ENROLL IN COVERAGE

# Online Enrollment

One portal will process applications for:

- Medicaid
- Child Health Plus
- Individual Marketplace
- Small Business Marketplace



# A FIRST CLASS CUSTOMER SERVICE CENTER DEDICATED TO ASSISTING NEW YORKERS

# Customer Service Call Center

## 1-855-355-5777

- Call Center now open
  - Answer Questions
  - Complete phone applications
  - Hours: 8am-8pm (M-F) and 9am-1pm (Sat)
- Assistance available in over 170 languages
  - Many staff are bilingual and oral interpretation available for remaining languages.

**CERTIFIED ENROLLMENT  
EXPERTS AVAILABLE TO PROVIDE  
IN-PERSON ASSISTANCE IN THE  
COMMUNITY AT CONVENIENT LOCATIONS.**

# 3 Types of In-Person Assistors

## IPA/Navigators

- Complete Applications
- Compensation from DOH grant program
- Training and certification required
- Serve Individuals and Small Business Marketplace

## Certified Application Counselors

- Complete Applications
- No compensation from Marketplace
- Training and certification required
- Serve Individuals

## Insurance Brokers

- Complete Applications
- Commission-based compensation
- Training and certification required
- Choose to certify in Small Business Marketplace, Individual, or both



# Navigator Grants

- Conditional grants totaling \$27 Million
- 50 organizational awards, including one Urban Indian organization.
  - 96 subcontractors for a total of nearly 500 FT staff
  - 48 languages spoken among all Navigators
- Publicly available directory include site schedules, hours, languages spoken

<http://info.nystateofhealth.ny.gov/IPANavigatorMap>

# THE RIGHT PLACE FOR INDIVIDUALS AND SMALL BUSINESSES TO FIND A CHOICE OF HIGH QUALITY, LOW COST PRIVATE HEALTH PLANS

# QUALIFIED HEALTH PLANS



Today's Options® of New York, Inc.



<http://info.nystateofhealth.ny.gov/PlansMap>

# QUALIFIED DENTAL PLANS



# HEALTH PLANS


- Cover Essential Health Benefits:
  - preventive, wellness and chronic disease management;
  - Inpatient care;
  - outpatient services;
  - mental health and substance abuse disorder services;
  - emergency services;
  - lab and imaging;
  - prescription drug;
  - rehabilitative and habilitative;
  - maternity and newborn care;
  - pediatric dental and vision
- Available in 4 Metal Tiers: Platinum, Gold, Silver and Bronze
- Each must have an adequate network
- All state consumer and provider protections in place

**THE ONLY PLACE INDIVIDUALS AND  
SMALL BUSINESSES IN NEW YORK CAN  
APPLY FOR AND RECEIVE FINANCIAL  
ASSISTANCE TO HELP PAY FOR COVERAGE**

# Two Forms of Financial Assistance for Individuals and Families

1. **Tax Credits** reduce monthly premiums
  - single adults earning less than \$45,960
  - families of 4 earning less than \$94,200
  
2. **Cost-Sharing Credits** lower co-payments and deductibles
  - single adults earning less than \$28,725
  - families of 4 earning less than \$58,875

# Tax Credit & Premium Rate Estimator



**nystateofhealth**<sup>™</sup>  
The Official Health Plan Marketplace

### Tax Credit & Premium Rate Estimator

The premium you pay for health plans purchased through the Marketplace may be reduced if your household income is below 400 percent of the federal poverty level (\$48,960 for individuals and \$94,200 for a family of four). Use the Tax Credit and Premium Estimator below, to estimate the amount of tax credit you may be eligible for and the amount you will have to pay toward coverage each month. Fill in the boxes below.

**I. Tax Credit Estimator for Individuals and Families:**

Total Number of Individuals in Your Tax Household	ENTER >	4	Include everyone in your tax household whether or not they are applying for coverage
Number of Adults that are applying for Coverage	ENTER >	2	Do not include any young adult children up to age 26
Number of Children ages 19 through 25 that are applying for Coverage	ENTER >	0	
Number of Children under 19	ENTER >	2	
Total # of Household Members Applying for Coverage		4	
Family Type:		Employees with Spouse	
Cost of Coverage for Child(ren) under 19:	\$	18.00	
Annual Taxable Income	ENTER >	\$ 50,000.00	
Percent of Federal Poverty Level (FPL)		212.31%	
Select the County in which you reside:	SELECT FROM DROPDOWN LIST:	Erie	
Select the Level of Coverage which you are interested in:	SELECT FROM DROPDOWN LIST:	Gold	
Estimated Advance Premium Monthly Tax Credit Available to Apply to Premium		\$269.84	

The above amount is an estimate of the advance premium tax credit that will be available to you to lower the cost of your coverage. The estimated premium amount you will pay each month is shown in the table below and varies by the level of coverage and the health plan you choose. Your actual advance premium tax credit, if any, will be determined at the time you apply for coverage.

<http://info.nystateofhealth.ny.gov/PremiumEstimator>



# Financial Assistance and Premium Estimates for Silver Level Plans

<http://info.nystateofhealth.ny.gov/PremiumEstimator>

## Essex County

Adult earning \$20,000

Tax credit: \$177/month

Premiums start at:  
\$101/month

## Clinton County

Adult earning \$20,000

Tax credit: \$291/month

Premiums start at:  
\$108/month

\*Exact rates will depend on the metal tier, health plan selected, and county.

# Financial Assistance and Premium Estimates for Silver Level Plans

<http://info.nystateofhealth.ny.gov/PremiumEstimator>

## Essex County

Family of 4 earning \$50,000

Tax credit: \$244/month

Parent premiums start at: \$312/month

CHP premiums for children: \$18/month

## Clinton County

Family of 4 earning \$50,000

Tax credit: \$472/month

Parent premiums start at: \$325/month

CHP premiums for children: \$18/month

\*Exact rates will depend on the metal tier, health plan selected, and county.

# A STATEWIDE MULTI-MEDIA ADVERTISING CAMPAIGN AND TOOLS FOR CONSUMERS AND SMALL BUSINESSES

# Media

- New name, logo and website unveiled
- Creative campaign including TV, print, digital, radio, and “out-of-home”
- Public relations campaign actively underway
- Social media includes Twitter, Facebook, YouTube and Google Plus

# ON OUR WEBSITE...

Many Valuable Tools & Resources:

- Tax Credit and Premium Estimator
- Fact Sheets, Rack Cards, and Posters in English, Spanish, Haitian Creole, French, Korean, Russian, Italian, and Chinese
- Newsletter inserts
- County-specific list of Navigators
- County-specific list of Health Plans
- Plan provider Networks
- Regional Fact Sheets
- Application demonstration videos

# Fact Sheets, Rack Cards, & Posters



**FACT SHEET**

**nystateofhealth**  
The Official Health Plan Marketplace



**FAST FACTS ON**  
**Why It Is Now Easier to Pay for Health Insurance**

Health insurance doesn't have to cost a lot anymore. That's why NY State of Health was created, to make sure all New Yorkers can get this important benefit.

Here are 5 ways it will soon be easier to pay for health insurance in New York State


- 1 Help with insurance bills**  
For the first time ever, many New Yorkers will have help paying for a health plan. This help puts health insurance within many people's reach. A wide range of people can get the kind of help - from an individual earning \$45,000 to a family of four making \$74,200.
- 2 Support for the "extras"**  
It's not just the monthly insurance bill that's a burden. It's extra line "co-pays" - the part of a medical bill that's charged to you, not your insurance company - and "deductibles," the amount you must pay before your insurance kicks in. If your income falls below a certain point, NY State of Health will help you pay for these "extra" costs.
- 3 Everyone in the pool**  
Insurance rates are based on the number of people in a group, or "pool." The larger the pool, the lower the monthly cost of health insurance for everyone. The pool in NY State of Health is going to be very large.
- 4 Healthy or ill, the cost is the same**  
No one will be denied coverage or charged more just because they're already sick.
- 5 Big bang for the buck**  
Starting in 2014, every health plan offered at NY State of Health, no matter what it costs, must cover 13 key health services. These include care at a doctor's office, prescription drugs, emergency services, even prevention and wellness services. So if you buy a health plan at this new Marketplace, you can be sure you'll get a lot of bang for your buck.

Sign up for a health plan from **OCTOBER 1, 2013 to MARCH 31, 2014**. Coverage will begin as early as **JANUARY 1, 2014**.

Online at [nystateofhealth.ny.gov](http://nystateofhealth.ny.gov)

By phone at 1-855-355-5777

**nystateofhealth**  
The Official Health Plan Marketplace



# Today's the day

**FOR SMALL BUSINESSES**

Sign up for a health plan as early as **OCTOBER 1, 2013** for coverage beginning **JANUARY 1, 2014**, or sign up on the first of any month after January.

1-855-355-5777 | [nystateofhealth.ny.gov](http://nystateofhealth.ny.gov)

[MORE >](#)



# Today's the day

**THE OFFICIAL HEALTH PLAN MARKETPLACE: SHOP. COMPARE. ENROLL.**

Access to low-cost, quality health plans for all New Yorkers is here. Welcome to NY State of Health, the Official Health Plan Marketplace. Call or go online to find a quality, low-cost health plan that's right for you.

**nystateofhealth**  
The Official Health Plan Marketplace

1-855-355-5777 | [nystateofhealth.ny.gov](http://nystateofhealth.ny.gov)

# IPA/Navigator Site Locations

## Navigator Agency Location and Site Schedule

*(Subject to change, please call agency to confirm.)*

### County: Albany

Lead Agency Name	Healthy Capital District Initiative
Subcontractor's Name	N/A
Enrollment Site Name	Cohoes Senior Center
Site Address	10 Cayuga Plaza
City	Cohoes NY 12047
Site Main Phone #	(518) 462-7040
Languages	English & Spanish

Lead Agency Name	Community Service Society of New York
Subcontractor's Name	Guilderland Chamber of Commerce
Enrollment Site Name	Bethlehem Town Hall
Site Address	445 Delaware Avenue
City	Delmar NY 12054
Site Main Phone #	(518) 456-6611
Languages	English

Lead Agency Name	Community Service Society of New York
Subcontractor's Name	Guilderland Chamber of Commerce
Enrollment Site Name	Guilderland Chamber of Commerce
Site Address	2050 Western Avenue
City	Guilderland NY 12084
Site Main Phone #	(518) 456-6611
Languages	English

Lead Agency Name	Community Service Society of New York
Subcontractor's Name	Guilderland Chamber of Commerce
Enrollment Site Name	Guilderland Public Library
Site Address	2228 Western Avenue
City	Guilderland NY 12084
Site Main Phone #	(518) 456-6611
Languages	English

Lead Agency Name	Community Service Society of New York
Subcontractor's Name	Guilderland Chamber of Commerce
Enrollment Site Name	Town of Coeymans Town Hall
Site Address	18 Russell Avenue
City	Ravena NY 12145
Site Main Phone #	(518) 456-6611
Languages	English

<http://info.nystateofhealth.ny.gov/IPANavigatorSiteLocations>


# Map of Health Plans by County



<http://info.nystateofhealth.ny.gov/PlansMap>



# State and Regional Fact Sheets



NEW YORK STATE FACT SHEET

**Overview:**  
NY State of Health is the official online health plan marketplace for New Yorkers, and the only place where you can check your eligibility and apply for financial assistance. It is an easily accessible, one-stop-shop where you can compare costs and coverage, and buy a plan from a certified group of health issuers.

**Who's Eligible:**  
NY State of Health is open to individuals or small business owners with 50 or fewer employees. Everyone should come to the Marketplace to see what it can offer.

**Underinsured & Uninsured in New York State:**  
There are over 2.7 million uninsured and many underinsured in New York State. At full enrollment, nearly 1.1 million uninsured and underinsured New Yorkers will obtain health insurance through NY State of Health: 615,000 individuals and 450,000 small business members.

**New York State Specifics:**

Navigators:

For a list of Navigators available in the state of New York by region, visit:  
<http://www.nystateofhealth.ny.gov/healthplannavigator>

Individual Marketplace: Individual Plans *	Qualified Health Plans:	Small Business Marketplace: Individual Plans *
<ul style="list-style-type: none"> <li>• Amity Health Plan</li> <li>• American Progressive Life &amp; Health Insurance Company of New York (Today's Options of NY, Inc.)</li> <li>• Capital District Physician Health Plan, Inc.</li> <li>• EmblemHealth</li> <li>• Empire BlueCross and Empire Blue Cross Blue Shield</li> </ul>	<ul style="list-style-type: none"> <li>• Excelsior (Excelsior Blue Cross BlueShield in Central NY and Univera in Western NY)</li> <li>• Fidelis Care</li> <li>• Freelancers Co-op (Health Republic Insurance)</li> <li>• HealthFirst New York</li> <li>• HealthNow New York, Inc. (Blue Shield of NENY; Blue Cross BlueShield of Western NY)</li> </ul>	<ul style="list-style-type: none"> <li>• Independent Health</li> <li>• MetroPlus Health Plan MVP Health Plan, Inc.</li> <li>• North Shore LIJ</li> <li>• Oscar Insurance Corporation</li> <li>• United Healthcare of New York, Inc. (Oxford)</li> </ul>

All plans include coverage in the following areas:  
1) ambulatory patient services, 2) emergency services, 3) hospitalization, 4) maternity and newborn care, 5) mental health and substance use disorder services, 6) prescription drugs, 7) rehabilitative and habilitative services and devices, 8) laboratory services, 9) preventive and wellness services and chronic disease management, 10) pediatric services, including oral and vision care

**Individual Marketplace: Individual Plans \* - Starting Rates for Approved Monthly Premiums \*\***

- Bronze: \$ 215
- Silver: \$ 271
- Gold: \$ 307
- Platinum: \$ 360

\* Premiums starting as low as listed amount per tier. All plans are not available in every county.  
\*\* Excludes possible tax credits

**Small Business Marketplace: Individual Plans \* - Starting Rates for Approved Monthly Premiums**

- Bronze: \$ 233
- Silver: \$ 285
- Gold: \$ 333
- Platinum: \$ 392

\* Premiums starting as low as listed amount per tier. All plans are not available in every county.

**Find Out More:**  
 Tax Credit and Premium Estimator: <http://info.nystateofhealth.ny.gov/PremiumEstimator>  
 NY State of Health Plan Map: <http://info.nystateofhealth.ny.gov/PlansMap>  
 Website: [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) Facebook: [www.facebook.com/NYStateofHealth](https://www.facebook.com/NYStateofHealth)  
 Twitter: [www.twitter.com/NYStateofHealth](https://twitter.com/NYStateofHealth) Google+: [NY State of Health](https://plus.google.com/+NYStateofHealth)

For more information please contact:

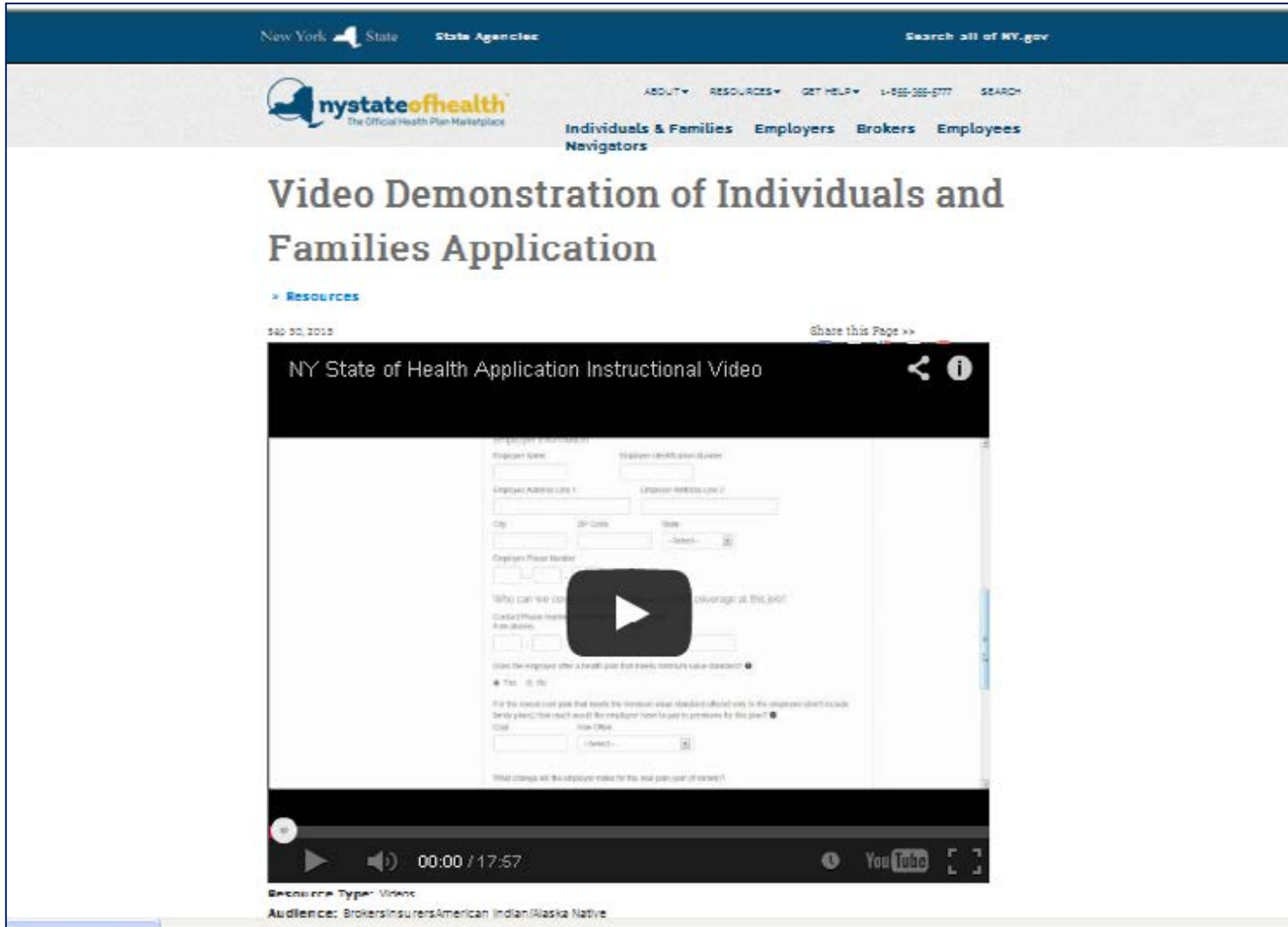
Bill Schwarz, Director Public Affairs Group  
New York State Department of Health  
(518) 474-7354 ext. 1

## NY State Fact Sheet Small Business Fact Sheet

### Regional Fact Sheets:

- Albany
- Bronx
- Brooklyn
- Buffalo
- Long Island
- Manhattan
- Mid-Hudson
- Queens
- Rochester
- Staten Island
- Syracuse
- Utica

# Individual Application Demo



The screenshot shows the nystateofhealth website interface. At the top, there is a navigation bar with "New York State" and "State Agencies" on the left, and a search bar on the right. Below this is a secondary navigation bar with the nystateofhealth logo and menu items: "ABOUT", "RESOURCES", "GET HELP", "1-800-368-6777", and "SEARCH". A main navigation bar lists "Individuals & Families Navigators", "Employers", "Brokers", and "Employees".

## Video Demonstration of Individuals and Families Application

> Resources

5/10/2015 Share this Page >>

**NY State of Health Application Instructional Video**

The video player shows a screenshot of the application form with fields for:

- Employer Information (Employer Name, Employer Address, City, State, ZIP Code)
- Employer Health Plan Information (Employer Health Plan ID, Employer Plan Number)
- Who Can You Cover (Contact Person Name, Email Address)
- Does the employer offer a health plan that meets minimum value standards? (Yes/No)
- For the lowest cost plan that meets the minimum value standard offered only to the employee (self/family) (Plan Code)
- What changes will the employer make for this new plan year (if any)?

Resource Type: Video  
Audience: Brokers/Insurers/American Indian/Alaska Native

<http://info.nystateofhealth.ny.gov/resource/video-demonstration-individuals-and-families-application>

New York State State Agencies Search all of NY.gov

**nystateofhealth**  
The Official Health Plan Marketplace

ABOUT RESOURCES GET HELP 1-800-362-5777 SEARCH

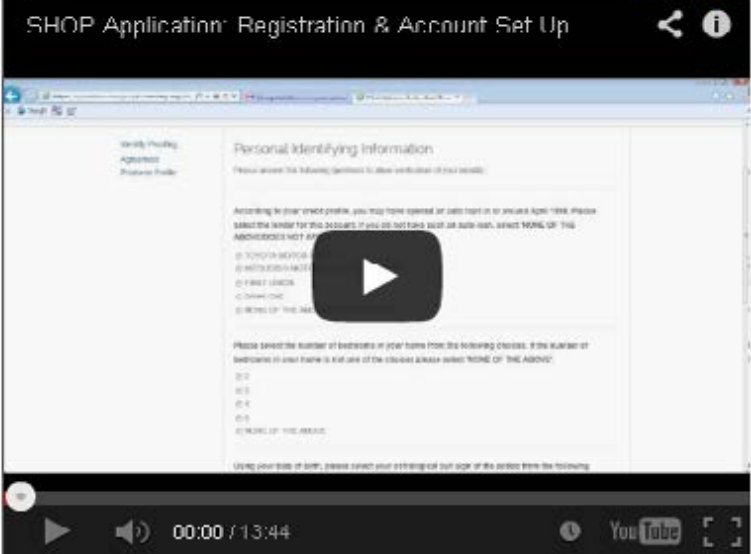
Individuals & Families Employers Brokers Employees Navigators

## Video Demonstration of Producer Registration & Account Set Up

> Resources

Oct 1, 2013 Share this Page >>

SHOP Application: Registratin & Account Set Up



Resource Type: Videos  
Audience: Brokers

<http://info.nystateofhealth.ny.gov/resource/video-demonstration-producer-registration-account-set>

**nystateofhealth.ny.gov**  
**1-855-355-5777**

# The Prevention Agenda 2013-2017

Guthrie Birkhead, M.D., M.P.H.

*Deputy Commissioner  
Office of Public Health*



# The Prevention Agenda 2013-2017

New York's State Health Improvement Plan

Guthrie S. Birkhead, MD, MPH

Deputy Commissioner, Office of Public Health

New York State Department of Health

**North Country Health Systems Redesign Commission**

**December 17, 2013**

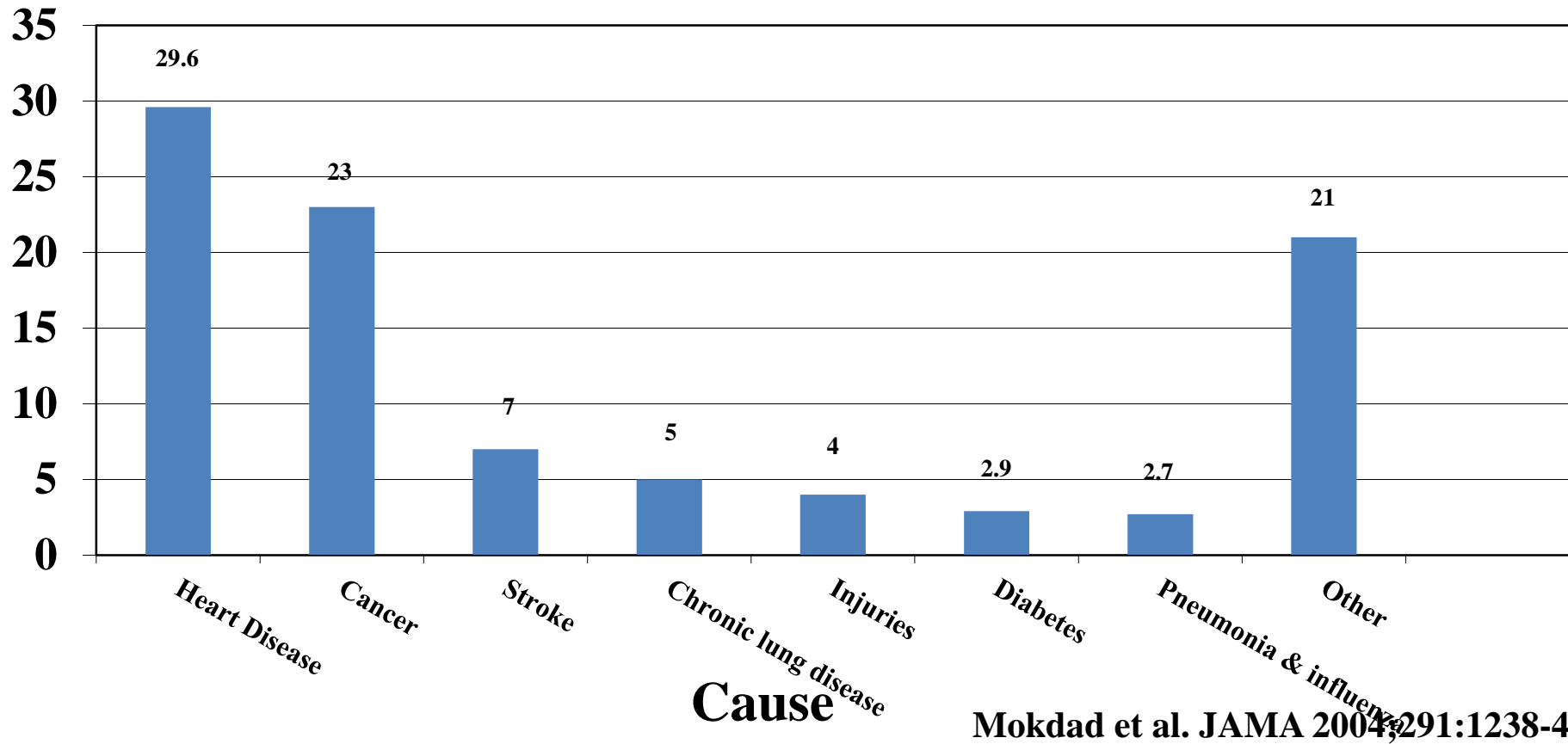
# Improving Population Health

---

- **“Population Health” defined:**
  - Your patients
  - Your enrolled members
  - Total population in a geographic area
- **Access to good health care is necessary but not sufficient to improve Population Health.**
- **Improving health requires engagement of the broader health system and a “health in all policies” approach.**

# Leading Causes of Death United States

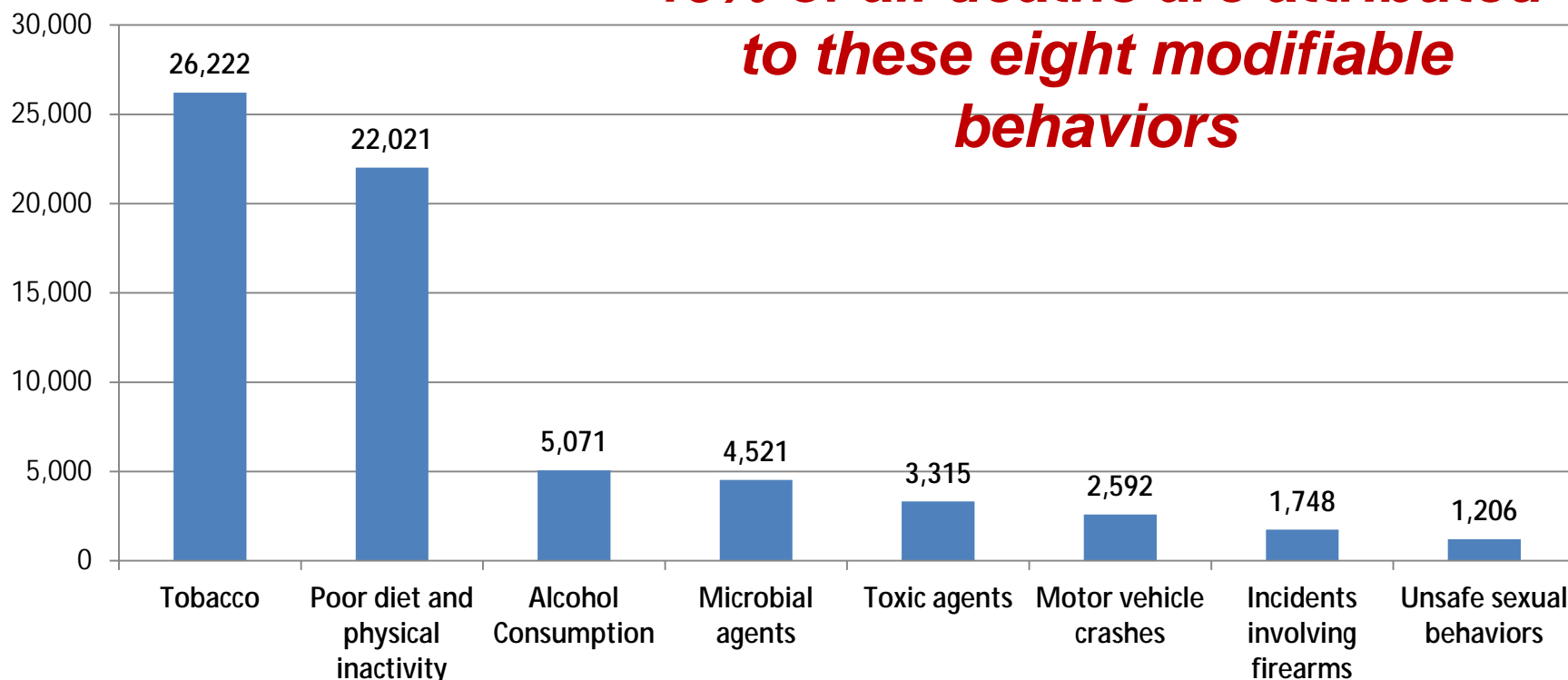
Percent





# Underlying Causes of Death NYS 2009

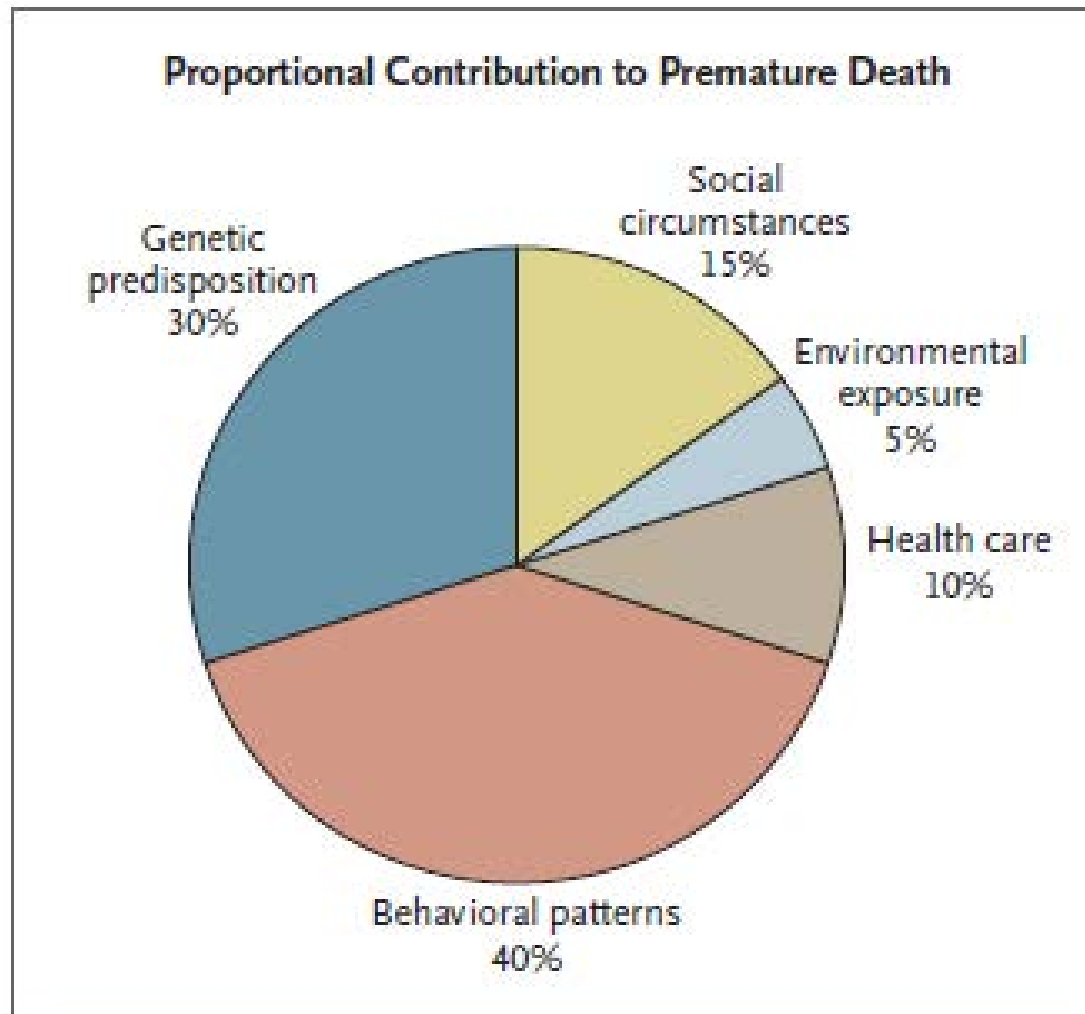
**46% of all deaths are attributed  
to these eight modifiable  
behaviors**



Estimates were extrapolated using the results published in:

"Actual Causes of Death in the United States, 2000", JAMA, March 2004, 291 (10) and NYS 2009 death data

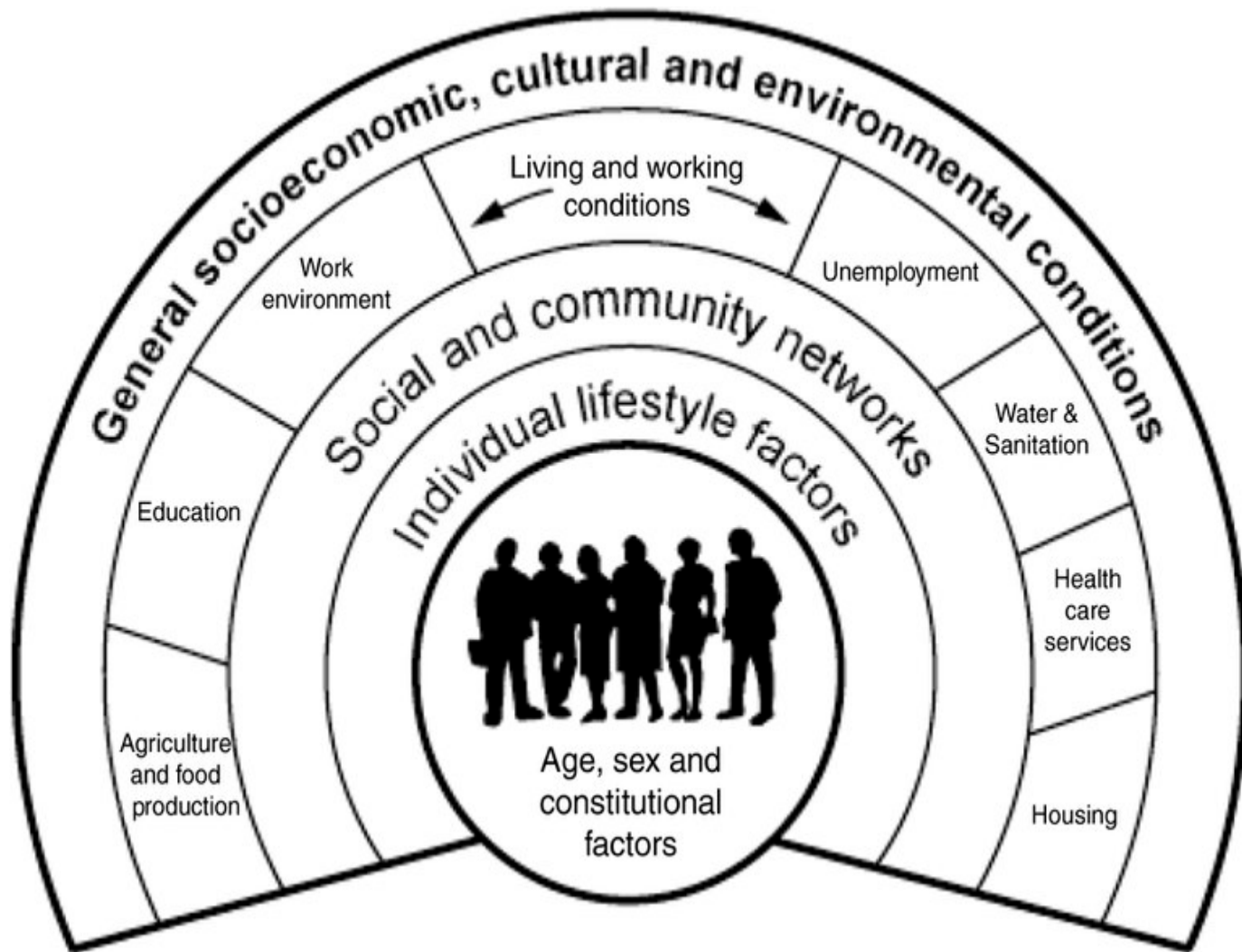
# What Determines Health?



**Figure 1. Determinants of Health and Their Contribution to Premature Death.**

Adapted from McGinnis et al.<sup>10</sup>

# How Health Improvement is Produced



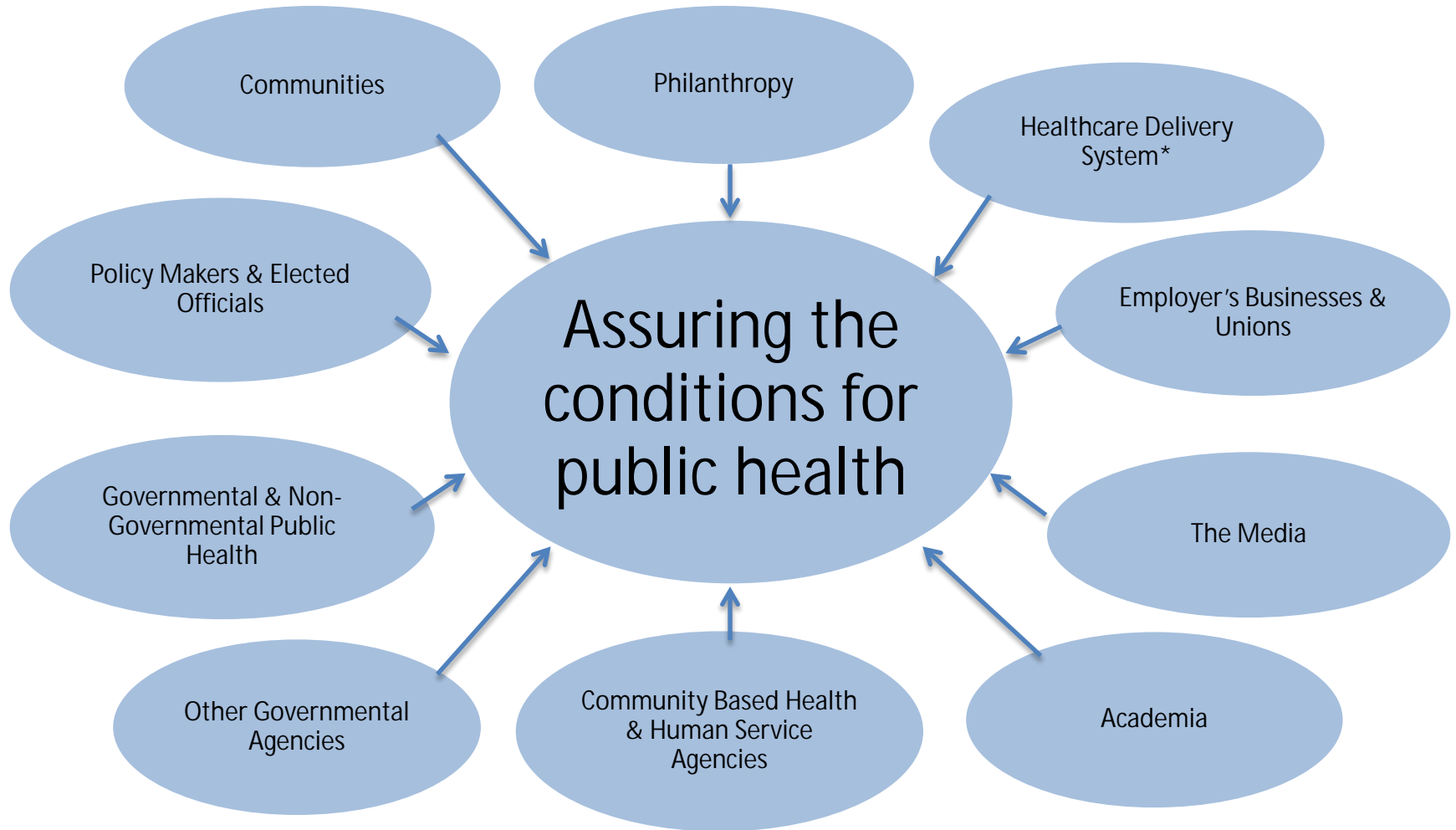
Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies.

# Prevention Agenda 2013-2017

---

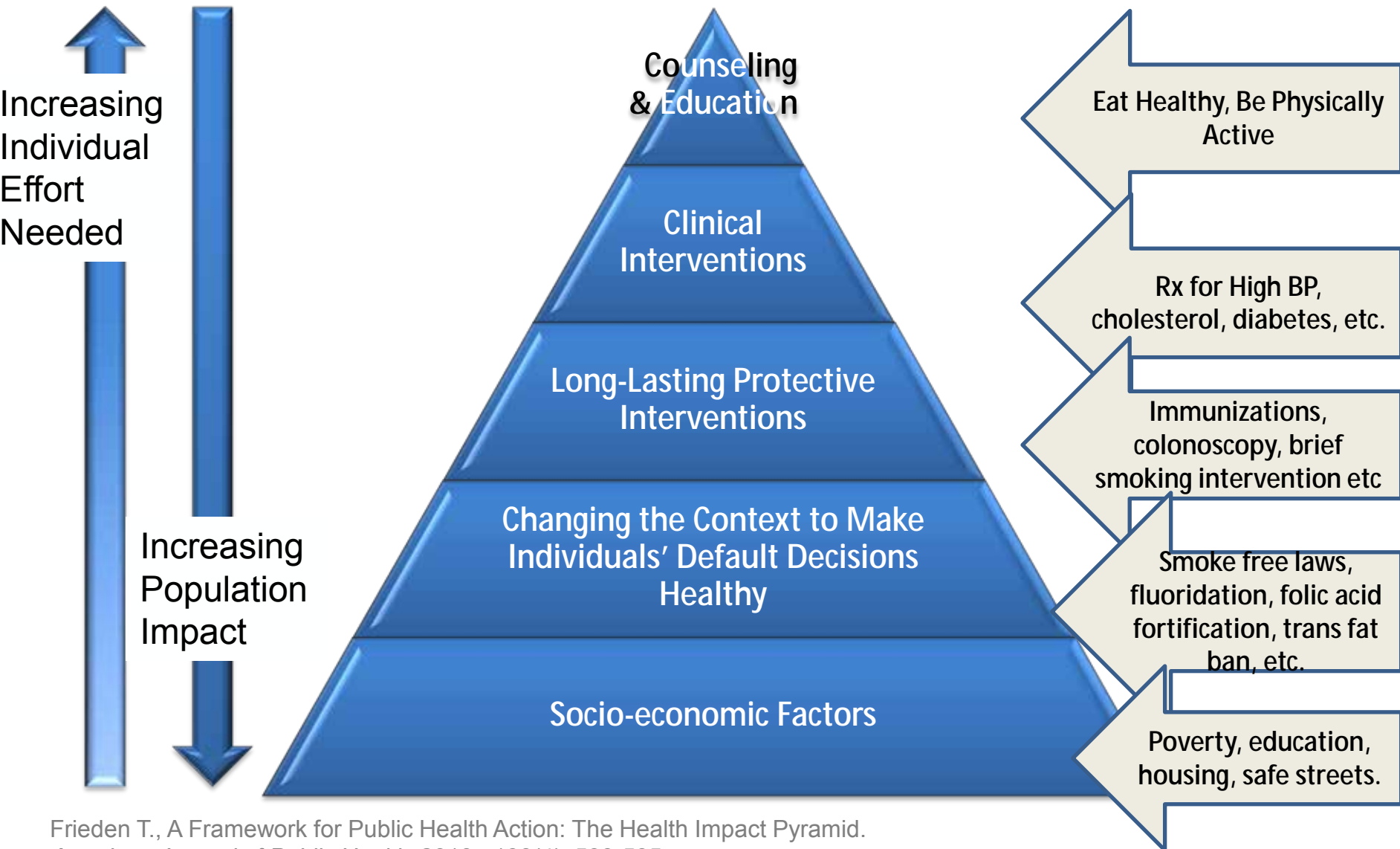
- Goal is improved health status of New Yorkers and reduction in health disparities through increased emphasis on prevention.
- Call to action to broad range of stakeholders to collaborate at the community level to **assess** local health status and needs; **identify** local health priorities; and **plan, implement and evaluate** strategies for local health improvement.

# The Public Health System



# Health Impact Pyramid

## Framework for Improving Health



Frieden T., A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health*. 2010; 100(4): 590-595

# Prevention Agenda 2013-2017

---

- Development began in 2012
- Multi-stakeholder ad-hoc committee of the State Public Health and Health Planning Council chaired by Dr. Jo Bufford, NYAM.
- Started with an evaluation of health and other data.
- Selected priority areas for the Plan based on the data, preventability, and availability of evidence based interventions.
- Requirement for DOH Accreditation

# Prevention Agenda 2013-2017: Ad Hoc Leadership Group

- Leaders in Public Health, Healthcare, Business, Academia, Community-based Organizations and Local Health Departments.





# Prevention Agenda: Goals

---

1. Improve health status & close health disparities;
2. Advance a “Health in All Policies” approach to address the broader determinants of health;
3. Strengthen public health infrastructure;
4. Create and strengthen sustainable public-private and multi-sector partnerships;
5. Further strengthen and promote the case for investment in prevention and public health.

# Prevention Agenda: Vision

---

**New York is the Healthiest State**

# Prevention Agenda: 5 Priority Areas

---

1. Prevent chronic diseases
2. Promote a healthy and safe environment
3. Promote healthy women, infants and children
4. Promote mental health and prevent substance abuse
5. Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated infections

# Measurable Objectives

---

- **58 objectives will be tracked annually**
- **31 objectives with disparity and/or high risk populations**
- **Data are available**
  - by county for 43 objectives
  - by healthcare plan for 4 objectives
  - by hospital for 2 objectives

# Selecting Interventions

---

- Identified evidence based, promising and “next” policies, programs, and practices;
- Assessed potential to address health disparities;
- Ability to measure success;
- Potential reach and potential for broad partner support and collaboration;

# CHAs & CSPs

- County Health Department Community Health Assessments (CHAs) & Community Health Improvement Plan (CHIP):
  - Due November 15, 2013; covers years 2014-2017
- Hospital Community Service Plans (CSPs):
  - Due November 15, 2013, covers years 2013-15
- Joint County Health Department and Hospital Planning.
- Choose at least two Prevention Agenda priorities, (one addressing a disparity) for joint action.
- Hospital plan meets IRS Form 990 Schedule H Community Benefit requirements.

# North Country County Health Departments Prevention Agenda Priorities

Local Health Dept.	Priority 1	Priority 2
<b>Clinton County Dept. of Health</b>	Promote a Healthy and Safe Environment/Built Environment	Mental Health and Substance Abuse - Infrastructure, Mobilization
<b>Essex County Public Health Department</b>	Chronic Disease - Reduce Obesity in Children & adults /Built Environment	Chronic Disease - Increase access in clinical & community settings
<b>Franklin County Public Health Svcs.</b>	Chronic Disease - Increase access in clinical & community settings	Maternal, Child, Infant Health/Promote Healthy Women and Infants (Preconception care, breastfeeding, well-child care)
<b>Jefferson County Public Health Svcs.</b>	Chronic Disease - Increase access in clinical & community settings	Maternal, Child, Infant Health/Promote Healthy Women and Infants (dental caries prevention, well-child care)

# North Country County Health Departments Prevention Agenda Priorities

Local Health Dept.	Priority 1	Priority 2
Lewis County Public Health Agency	Maternal, Child, Infant Health/Promote Healthy Women and Infants (Preconception care, breastfeeding, well-child care)	Mental Health and Substance Abuse - Suicide Prevention
St. Lawrence County Public Health Dept.	Chronic Disease - Reduce Obesity in Children & adults /Built Environment	Mental Health and Substance Abuse - Mobilization
Warren County Public HI. Svcs	Chronic Disease - Increase access in clinical & community settings	Chronic Disease - Increase access in clinical & community settings
Washington County Public Health Svcs.	Chronic Disease - Reduce Obesity in Children & adults	Chronic Disease - Increase access in clinical & community settings



# North Country Hospital Prevention Agenda Priorities

Hospital	Priority 1	Priority 2
<u><b>Clinton</b></u> Champlain Valley Physician Medical Center	Promote a Healthy and Safe Environment/Built Environment	Mental Health and Substance Abuse - Infrastructure, Mobilization
<u><b>Essex</b></u> Elizabethtown Hosital Ludington Hospital	Chronic Disease - Reduce Obesity in Children & adults /Built Environment	Chronic Disease - Increase access in clinical & community settings
<u><b>Franklin</b></u> Adirondack Medical Center- Lake Placid Site Alice Hyde Memorial Hospital	Chronic Disease - Increase access in clinical & community settings	Maternal, Child, Infant Health/Promote Healthy Women and Infants (Preconception care, breastfeeding, well-child care)
<u><b>Jefferson</b></u> Carthage Area Hospital	Chronic Disease - Increase access in clinical & community settings	Maternal, Child, Infant Health/Promote Healthy Women and Infants (dental caries prevention, well-child care)

# North Country Hospital Prevention Agenda Priorities

Hospital	Priority 1	Priority 2
<b>Carthage Area Hospital</b> <u>Lewis County</u>	Maternal, Child, Infant Health/Promote Healthy Women and Infants (Preconception care, breastfeeding, well-child care)	Mental Health and Substance Abuse - Suicide Prevention
<b>Canton Potsdam Hosp.</b> <b>Claxton-Hepburn M.C.</b> <u>St. Lawrence County</u>	Chronic Disease - Reduce Obesity in Children & adults /Built Environment	Mental Health and Substance Abuse- Mobilization
<b>Glens Falls Hospital</b> <u>Warren County</u>	Chronic Disease - Increase access in clinical & community settings	Chronic Disease - Increase access in clinical & community settings
<b>Mary McClellan Hosp.</b> <u>Washington County</u>	Chronic Disease - Reduce Obesity in Children & adults	Chronic Disease - Increase access in clinical & community settings

# Improving Population Health

---

- “Population Health” - think outside the box of your defined patient population to the broader community.
- Engage broader health system partners – county health departments, educational sector, business to change the environment in communities to promote health.
- Encourage a “health in all policies” approach.
- Leverage Prevention Agenda work

# Prevention Agenda Web Site

New York State Department of Health - Windows Internet Explorer

http://www.health.ny.gov/

File Edit View Favorites Tools Help

NYSDOH WorkPlace SSL (2) Google A-to-Z (2) Log on to the Health Comm... A-to-Z CDC Centers for Disease Control... New York State Department...

Find: Parker Previous Next Options

New York State State Agencies

## Department of Health

Information for a Healthy New York

**Governor Cuomo**

Andrew M. Cuomo, Governor

- Governor's Home Page
- Governor's Newsroom

**Commissioner Shah**

Nirav R. Shah, M.D., M.P.H., Commissioner

- Commissioner's Home Page
- 2013 Press Releases


**Follow NYSDOH**

f t YouTube p

**Current Issues**

- 2013 Strategic Report - Department Brochure (PDF)
- I-STOP: Important Notice to Providers Awaiting - or with Pending - HCS Accounts
- Executive Order #38
- Sandy Social Services Block Grant (SSBG) Funding


**Get a FLU VACCINE**




**Sign Up Today!**

**DONATE LIFE**

New York State




**Redesign Medicaid in New York**




**PREVENTION AGENDA**

2013 - 2017




**Health Data NY**




**nystate offhealth**

The Official Health Plan Marketplace



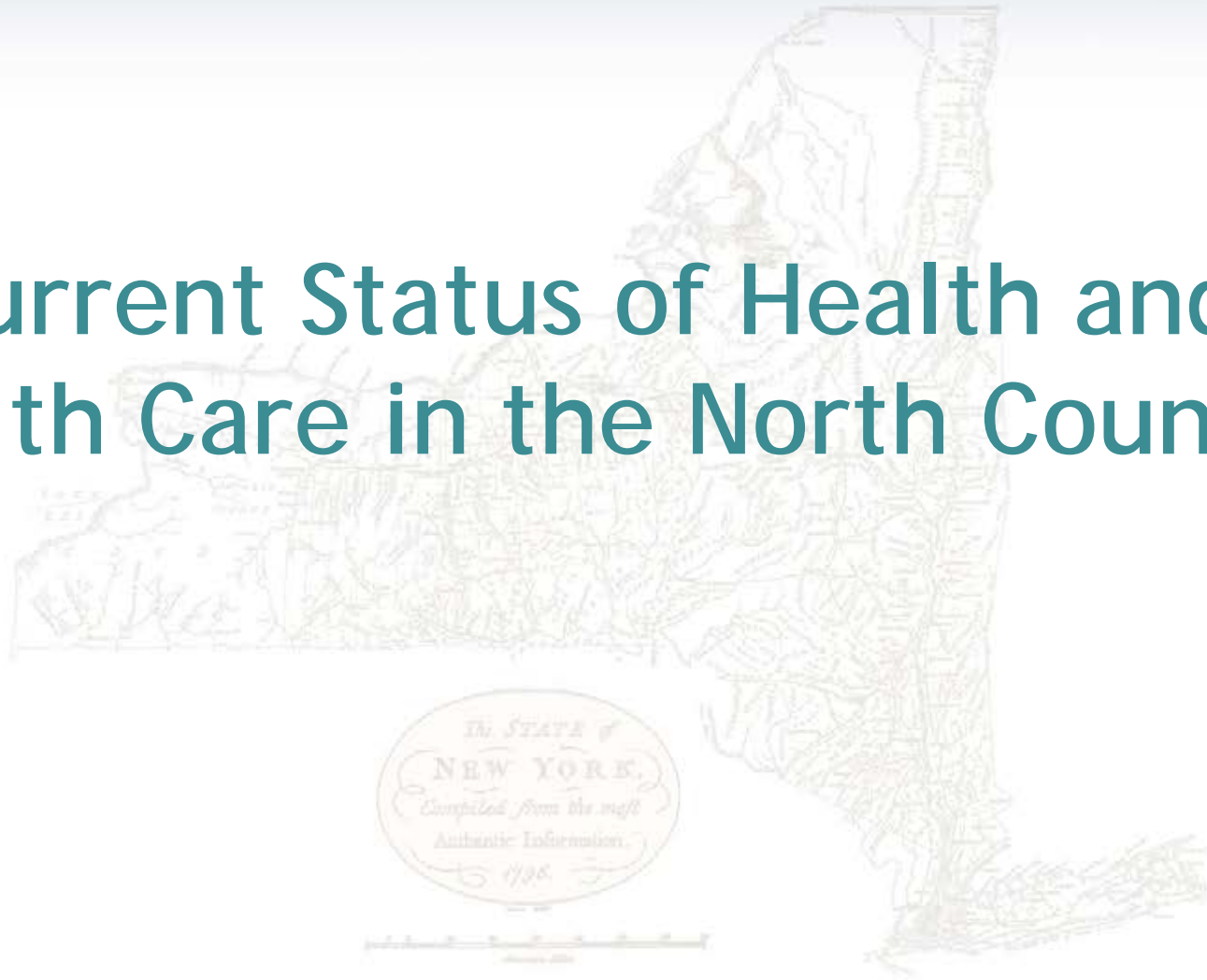
**I-STOP NYSMPMP**

PRESCRIPTION MONITORING PROGRAM/REGISTRY



**Health News**

# Current Status of Health and Health Care in the North Country





# Framework

Karen Westervelt

*Deputy Commissioner*

*Office of Primary Care and Health Systems Management*

*New York State Department of Health*



# Population Health Status in the North Country

Guthrie Birkhead, M.D., M.P.H., *Deputy Commissioner*  
*Office of Public Health*

Colleen McLaughlin, M.P.H., PhD., *Public Health Manager*  
*Office of Primary Care and Health Systems Management*

Trang Nguyen, M.D., D.Ph., *Director*  
*Public Health Information Group*

Sylvia Pirani, M.S., M.P.H., *Director*  
*Office of Public Health Practice*



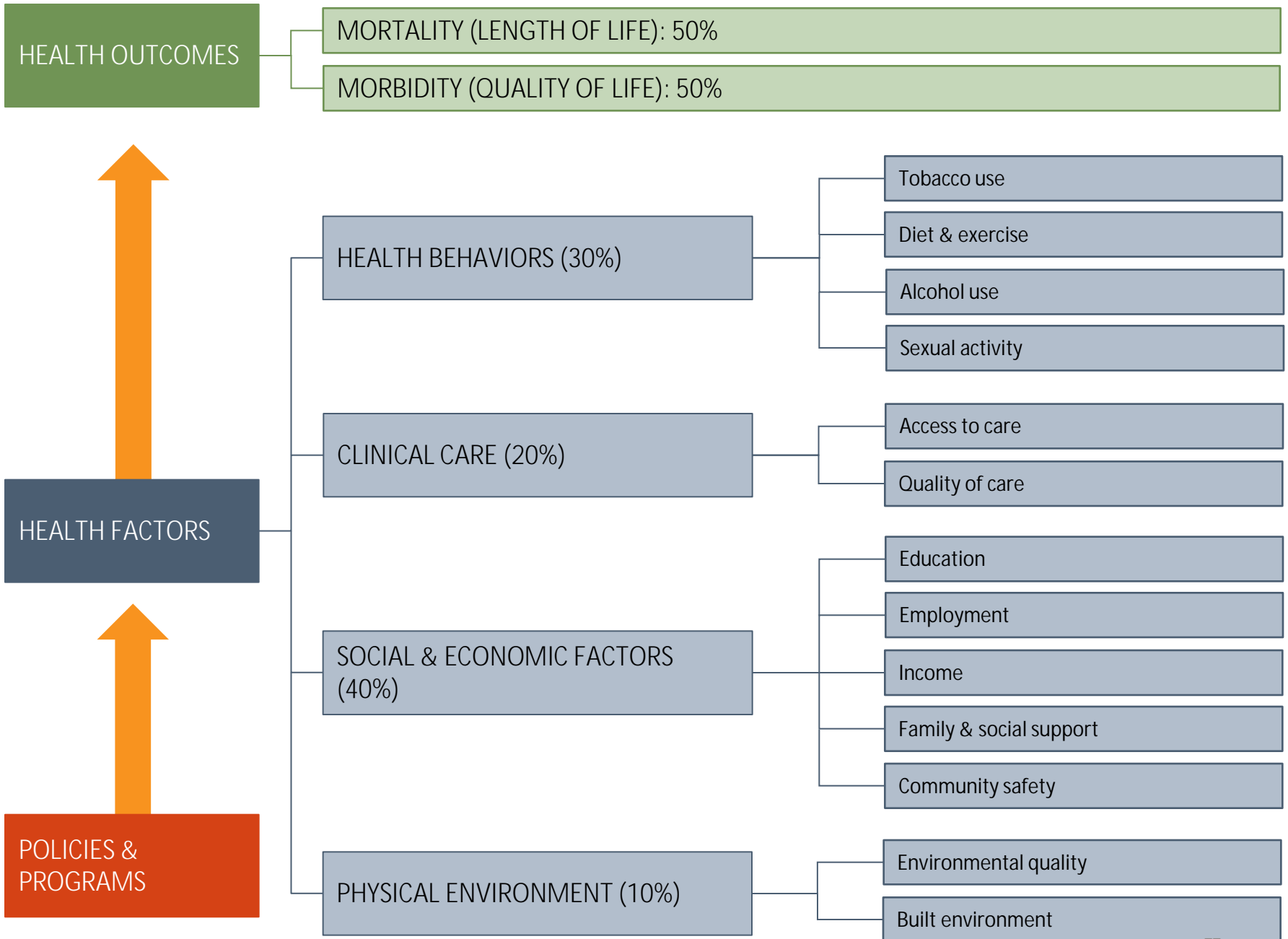
# Presentation will cover:

- County Health Rankings
- Impact of Social Determinants on Overall Health Status in NYS
- Demographics
- Access to services
- Health Status
- Hospitalizations
- Causes of Death



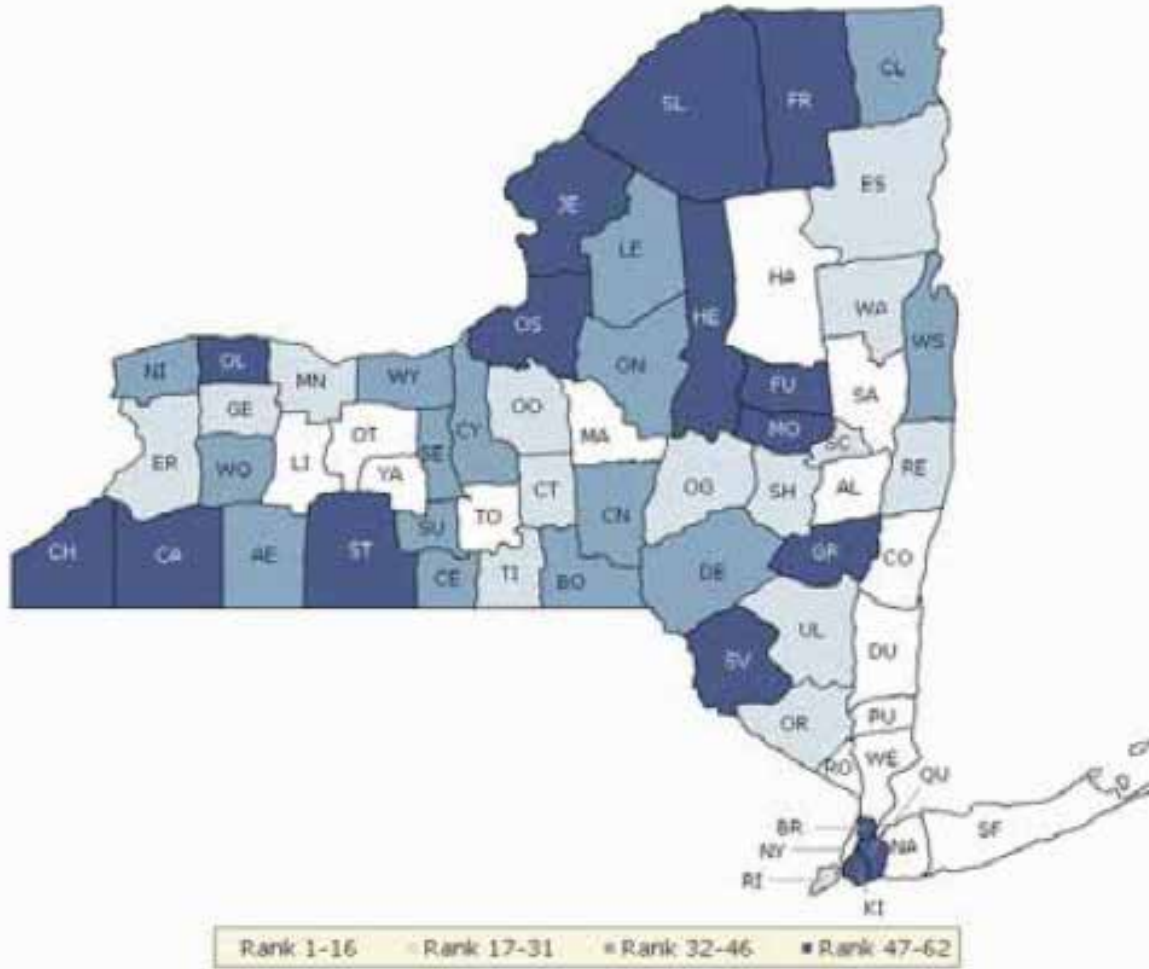
# County Health Rankings







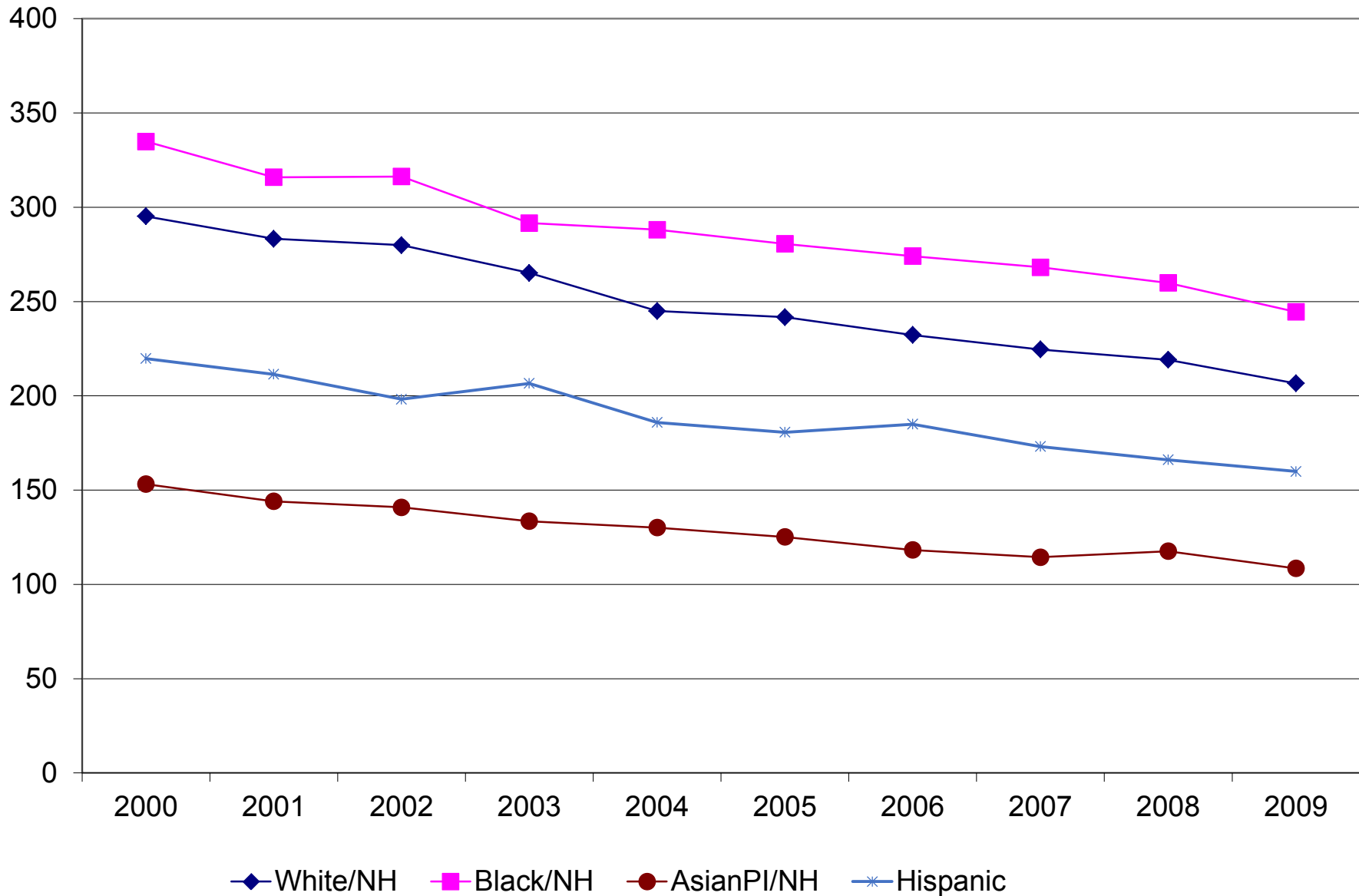
## HEALTH FACTORS



# North Country County Rankings - 2013

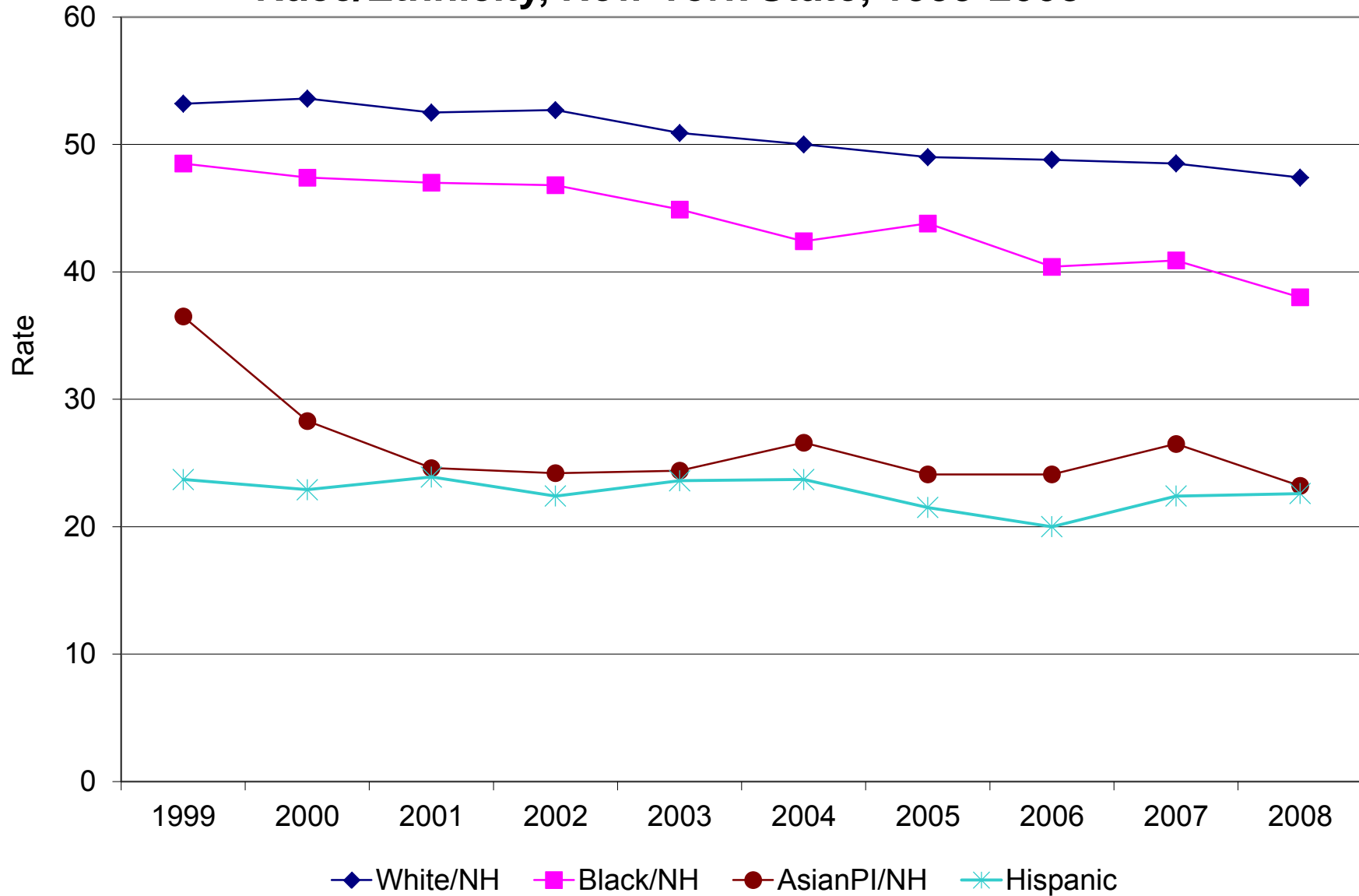
County	Health Outcomes	Health Factors	Mortality	Morbidity	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
Hamilton	58	14	61	33	17	41	11	44
St. Lawrence	57	58	53	57	59	53	58	32
Washington	42	40	33	45	56	26	28	28
Franklin	36	51	42	23	36	51	55	45
Jefferson	30	54	39	18	61	27	50	54
Clinton	26	44	32	27	32	32	47	56
Lewis	17	45	22	8	41	30	40	51
Essex	16	19	14	16	16	37	32	2
Warren	12	17	16	7	44	2	23	3

# Age-Adjusted\* Heart Disease Death Rate per 100,000 by Race/Ethnicity, New York State, 2000-2009



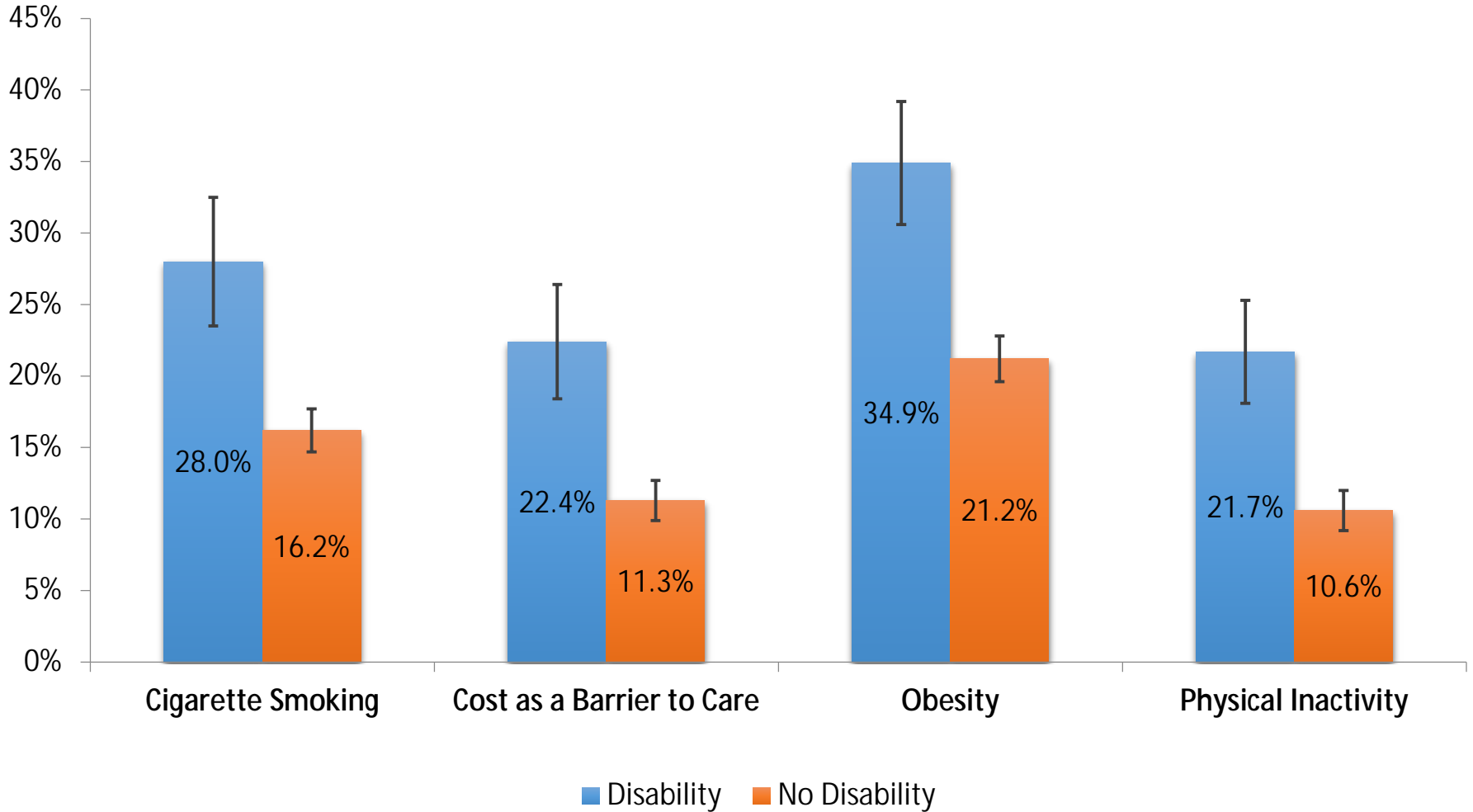
\* Age-adjusted to U.S. Census 2000 population

# Age-adjusted Lung Cancer Mortality per 100,000 by Race/Ethnicity, New York State, 1999-2008



\* Age-adjusted to U.S. Census 2000 population

## Selected Health Indicators among Disability and No Disability Population, New York State, 2009



Data Source: Behavioral Risk Factor Surveillance System





# Age Distribution of Population in North Country 2010

Percent of  
Population

30

25

20

15

10

5

0

■ Nine Counties  
■ NYS excluding NYC

<15

15-29

30-49

50-64

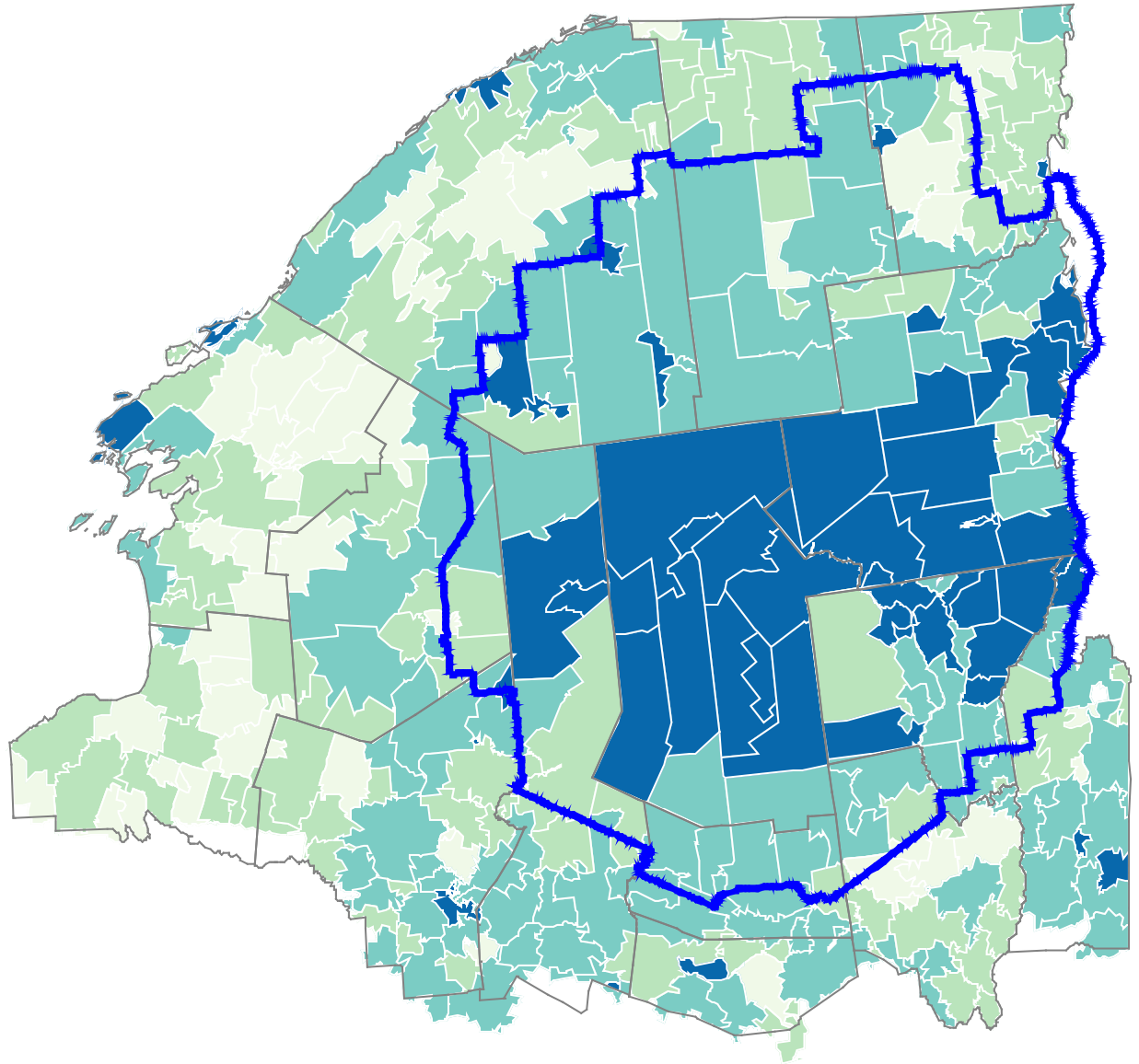
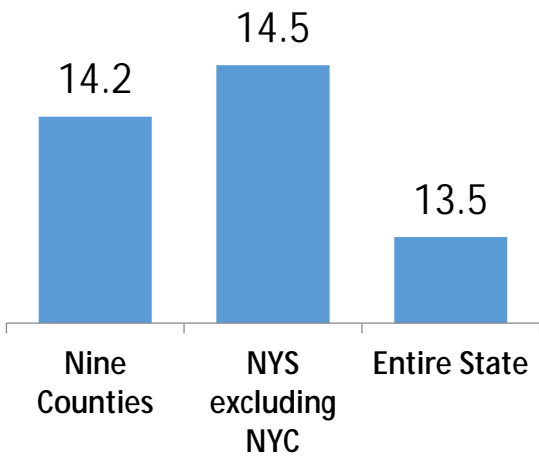
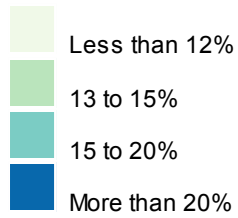
65-80

80+

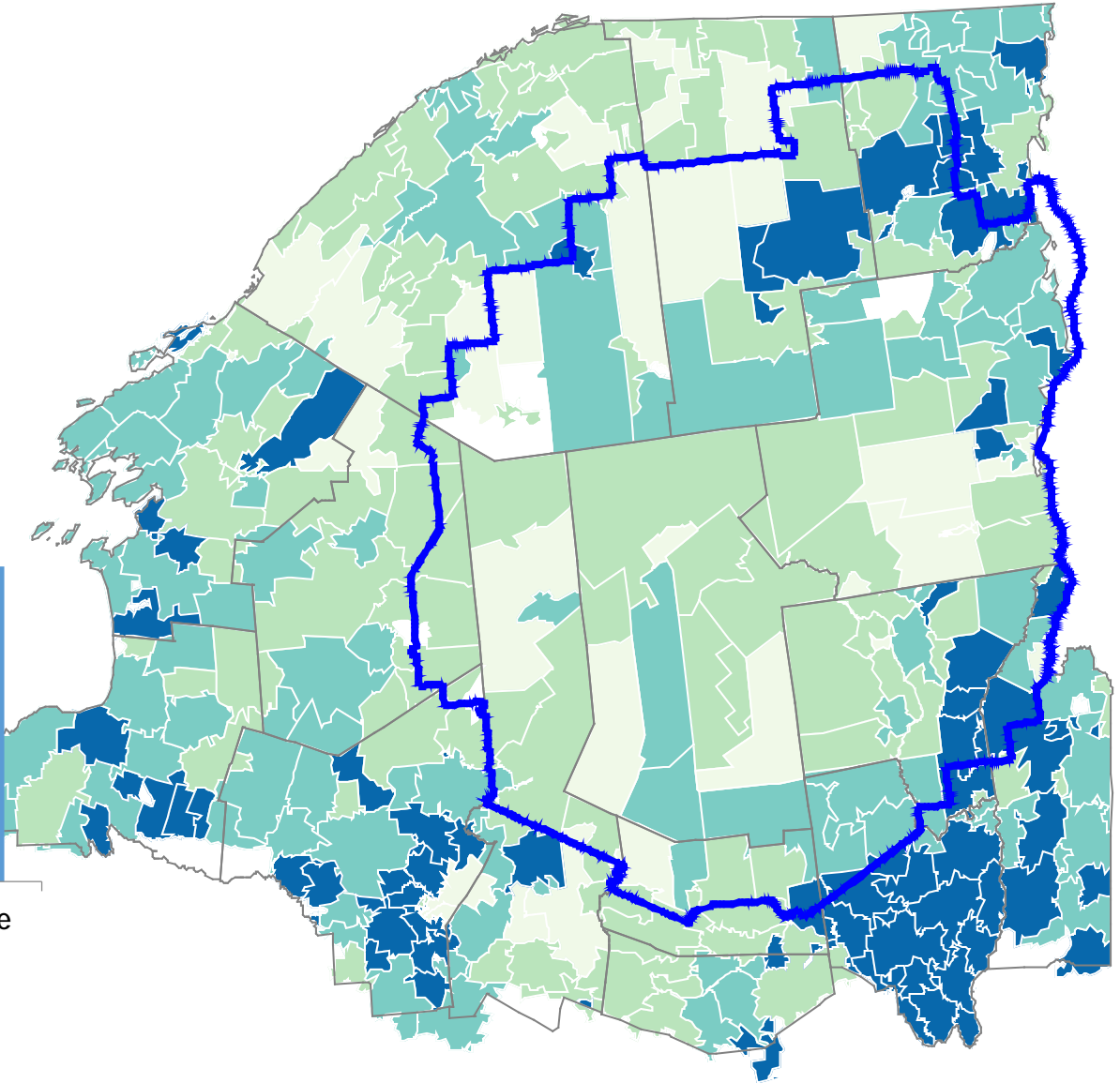
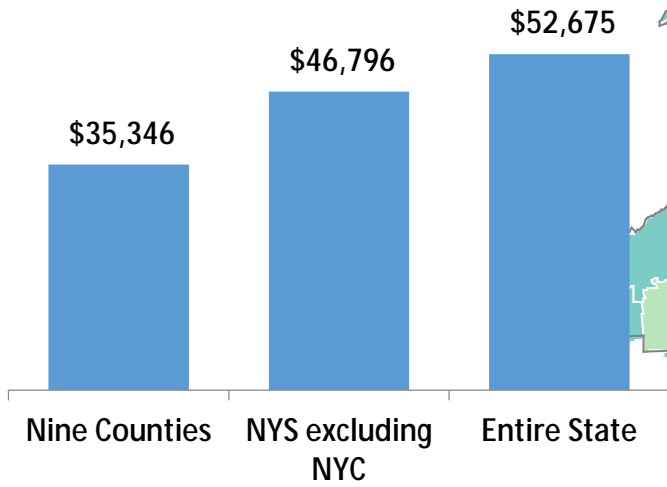
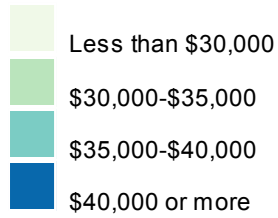
Years



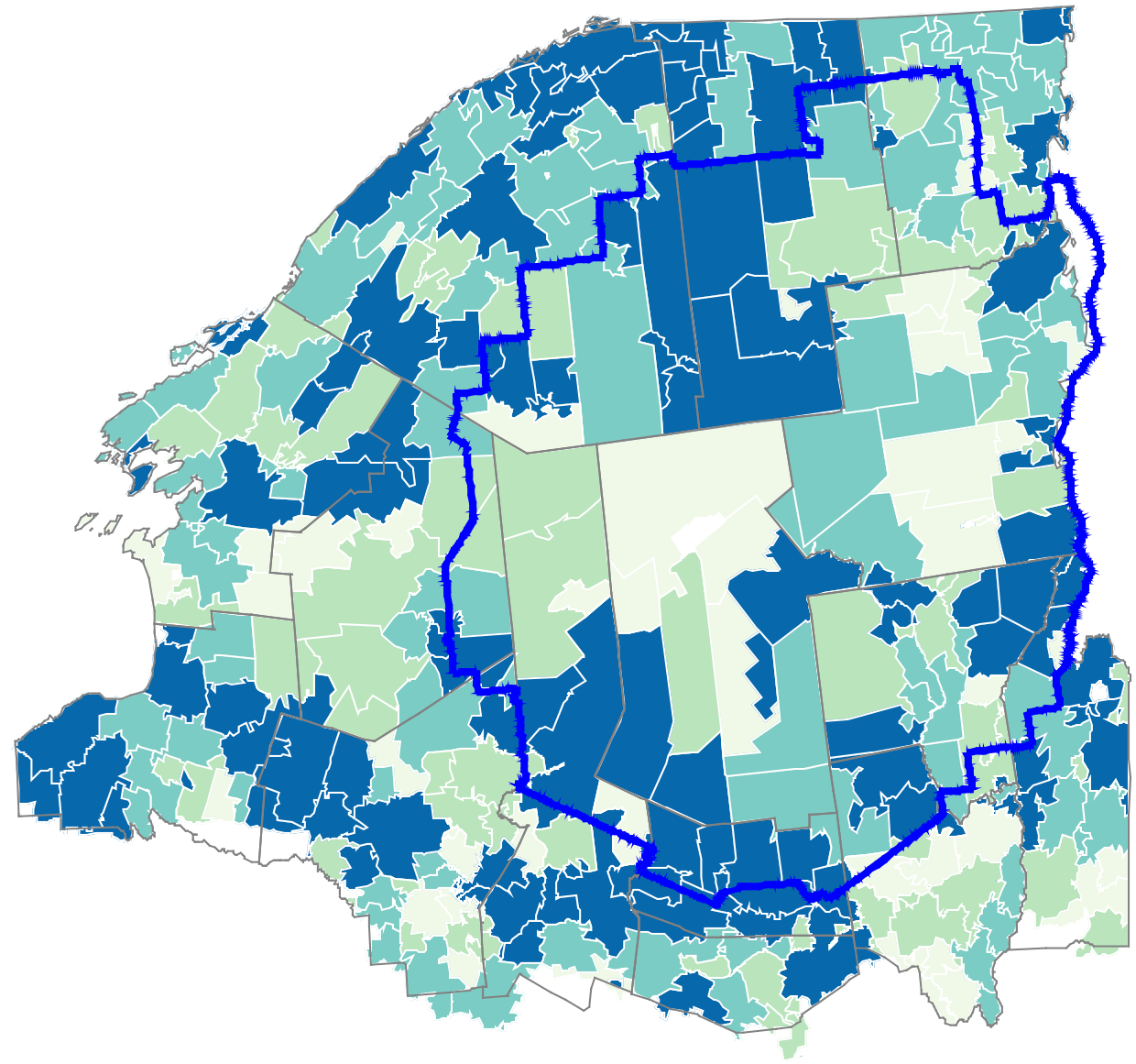
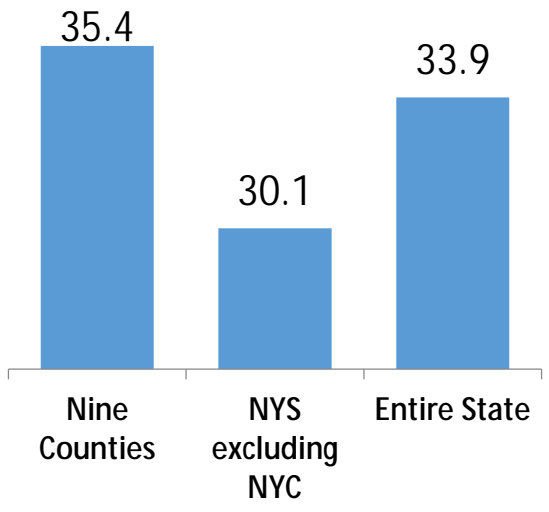
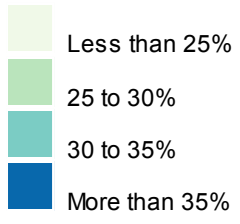
# Percent of Population Age 65 Years or Older, 2010



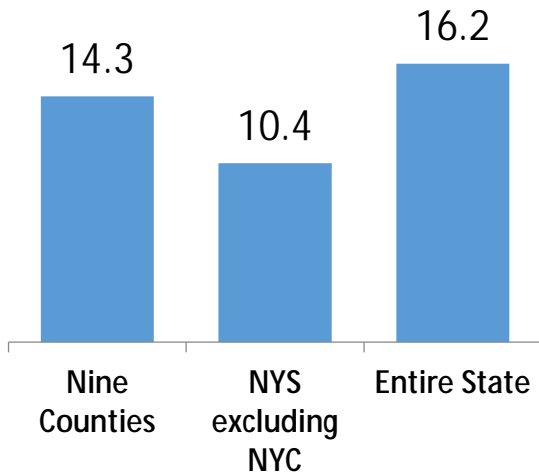
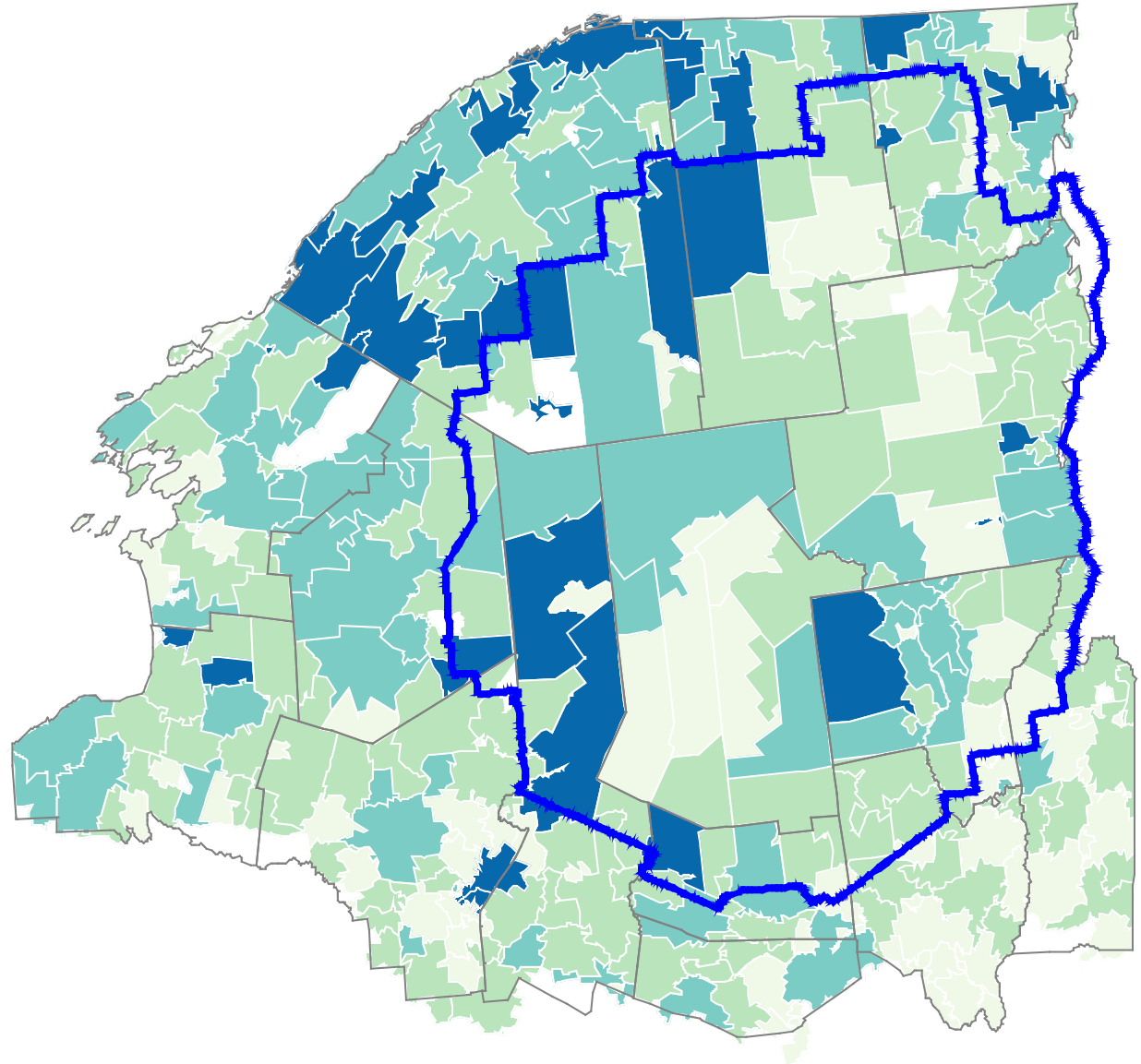
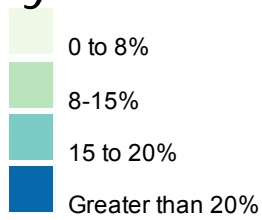
# Median Family Income, 2010



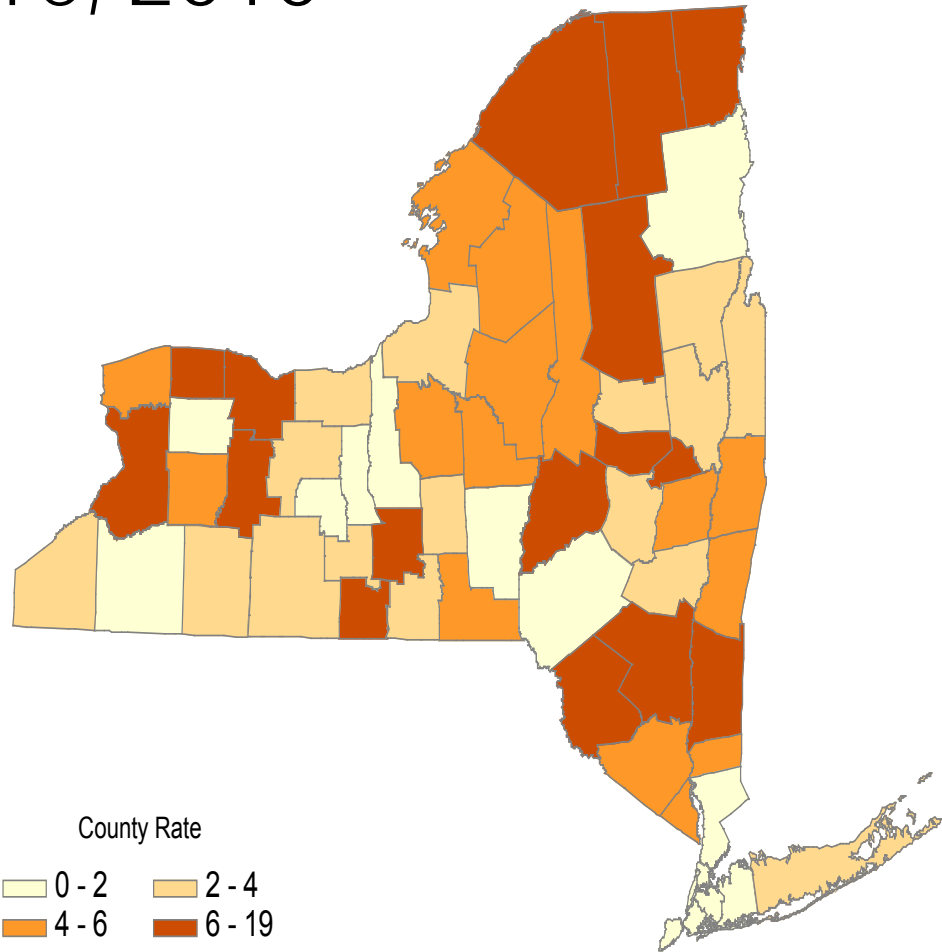
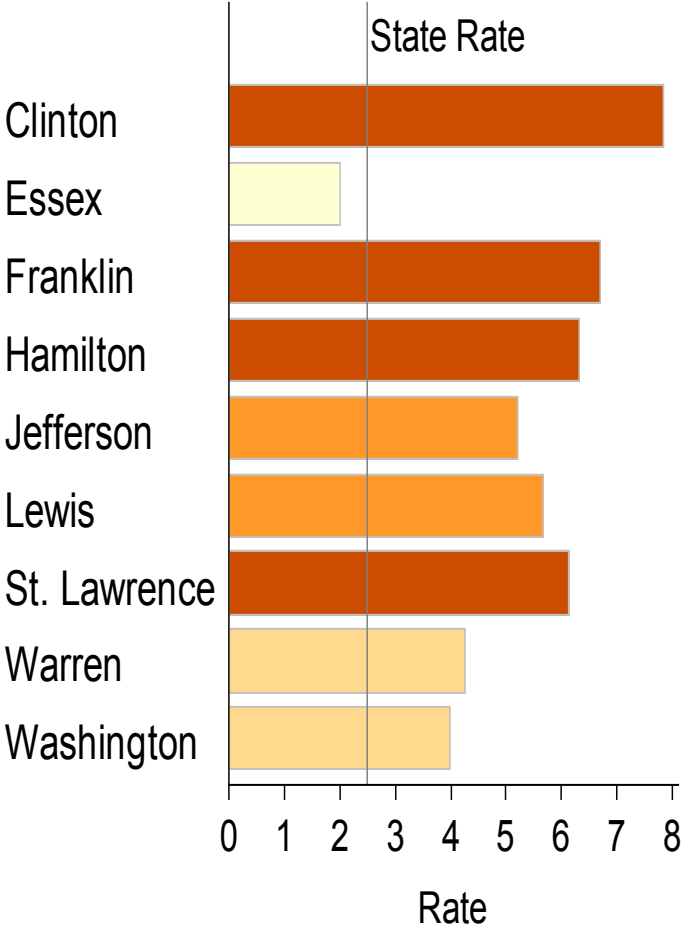
# Percent of Households with Children that are Single Parent Households, 2010



# Percent of Families with Children that are below the Poverty Level. 2010

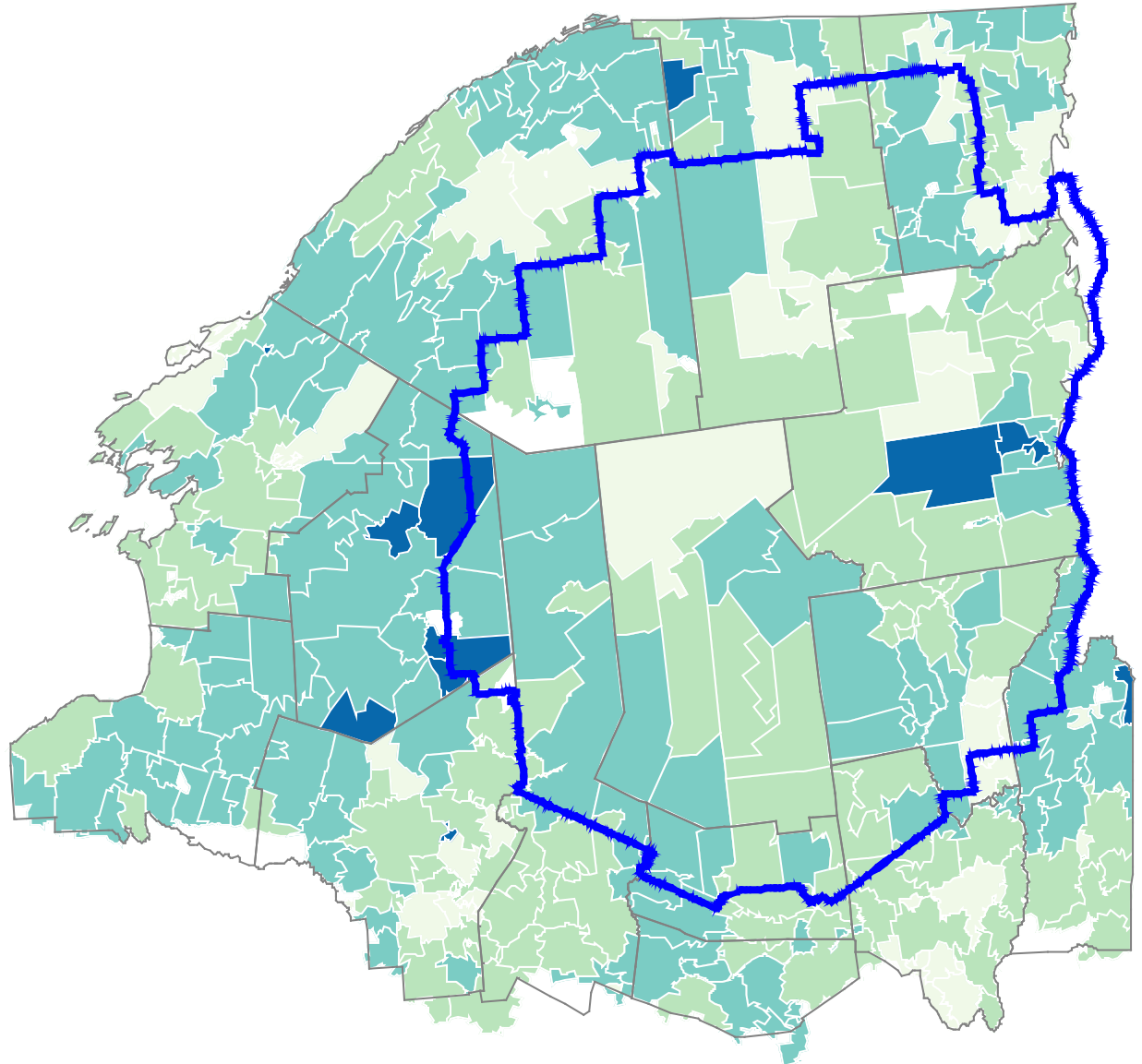
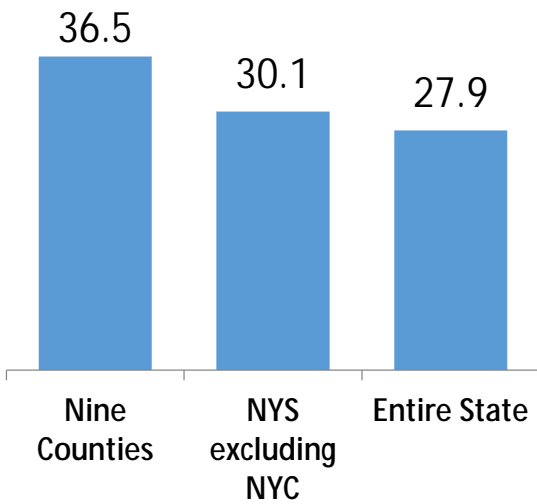
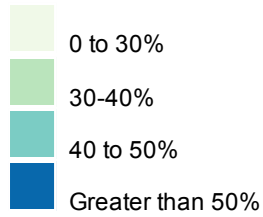


# Percentage of population with low-income and low access to a supermarket or large grocery store, 2010



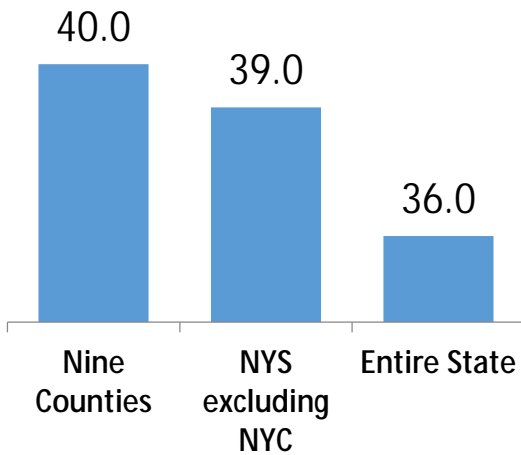
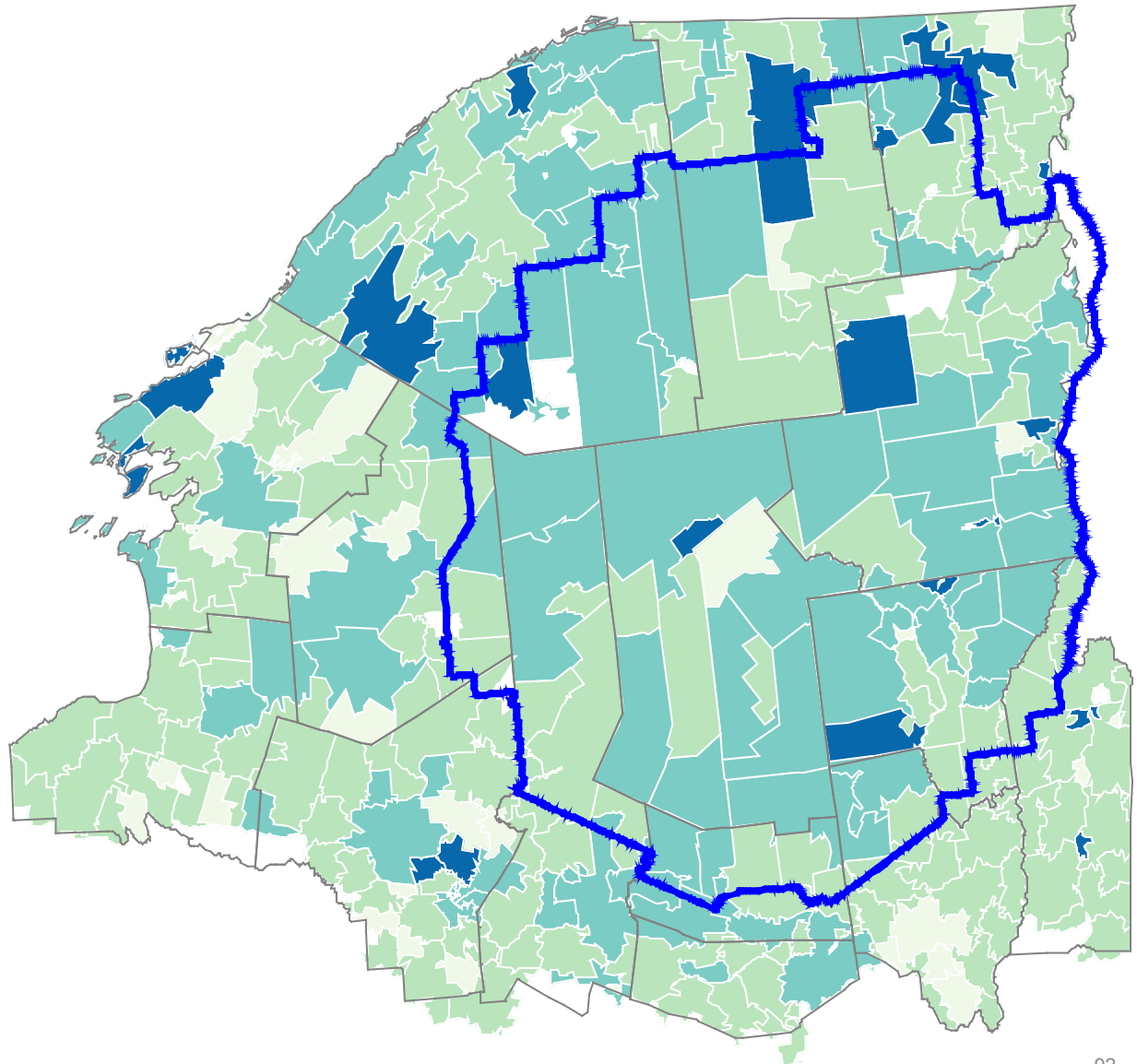
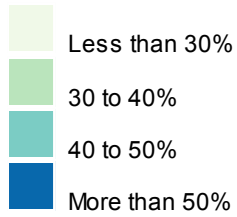
Source: USDA

# Percent of Adult Population that Graduated from High School

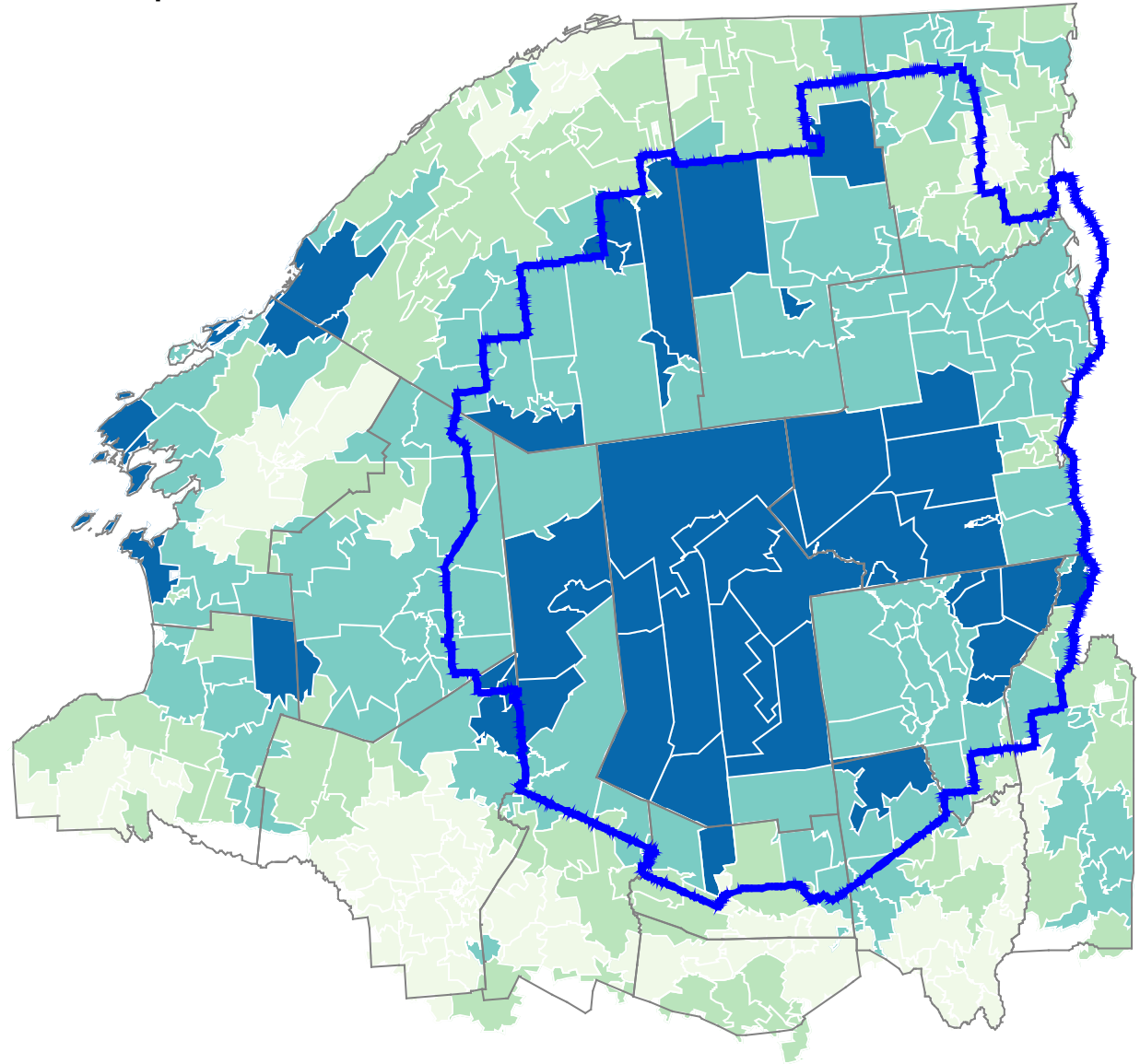
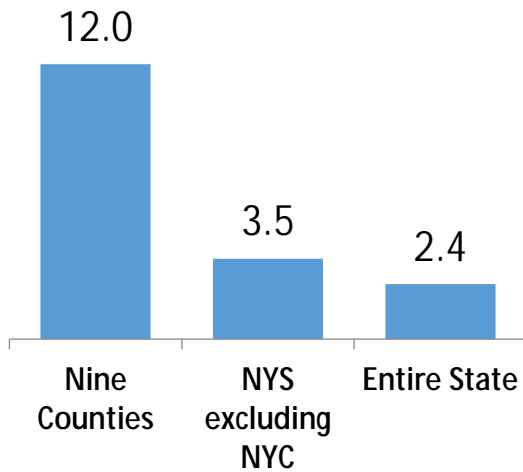
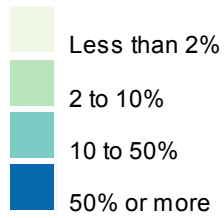




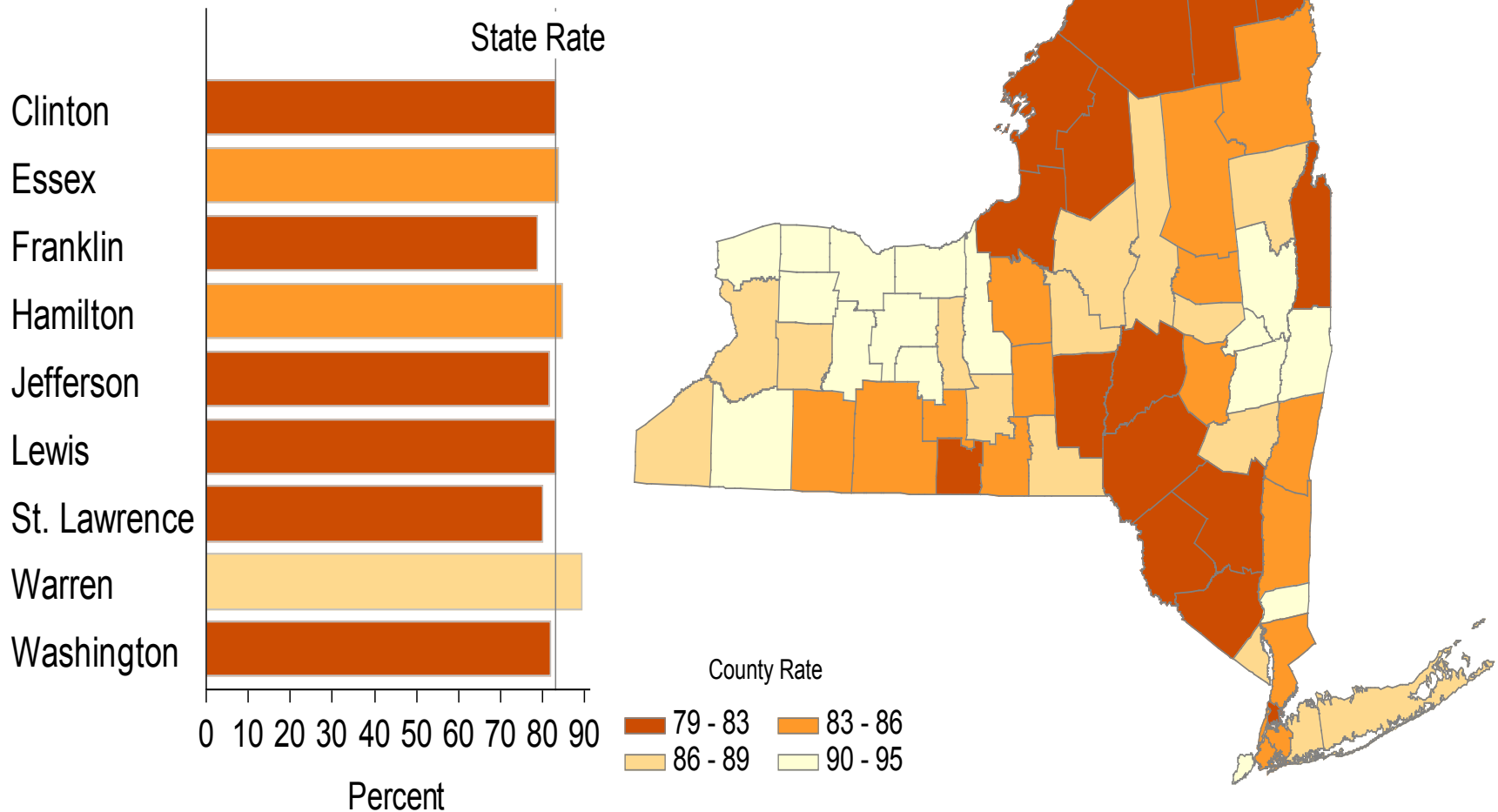
# Percent of Population age 16 years or older who were not in the labor force



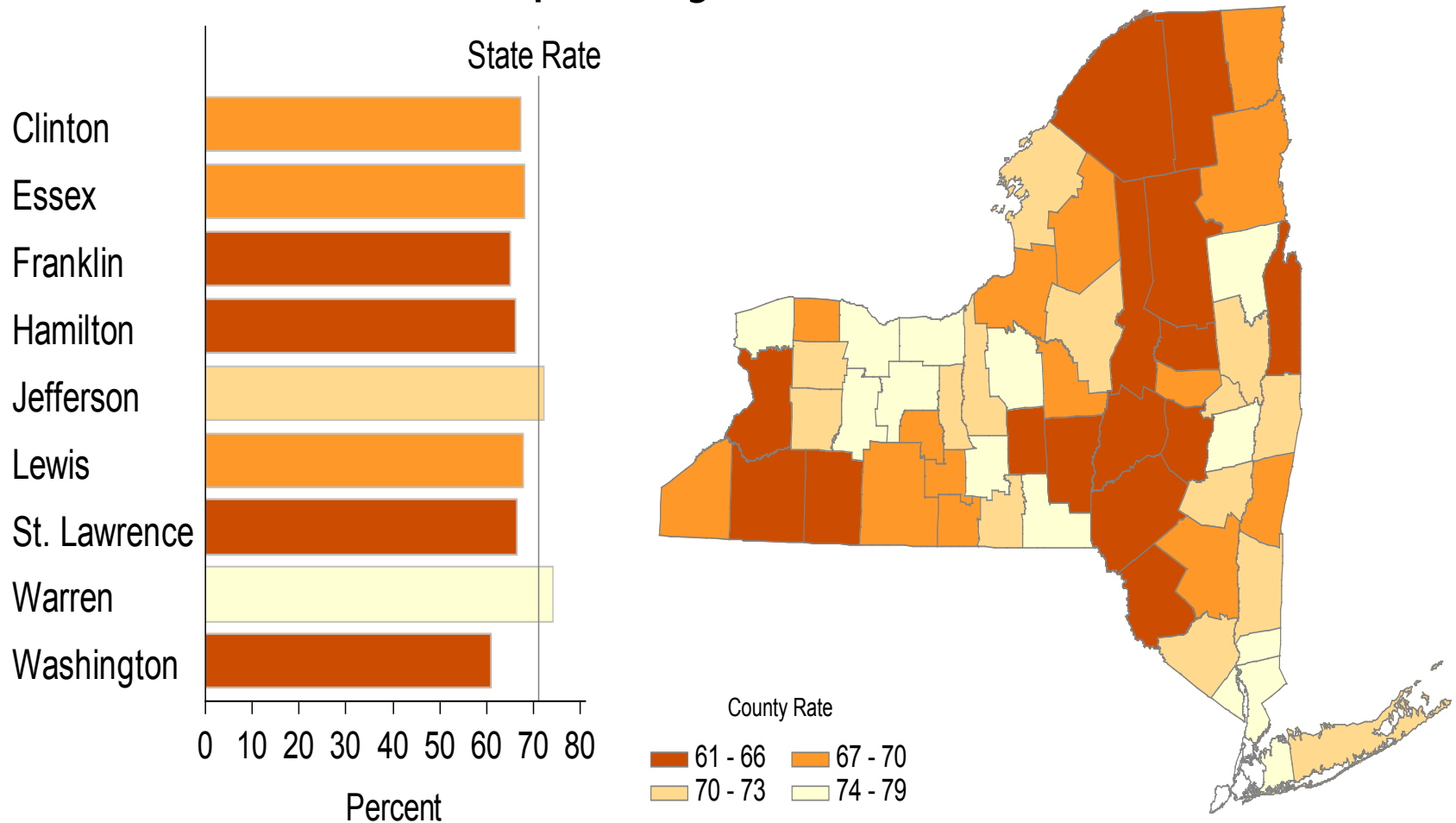
# Percent of Housing Units that were Vacant Recreational Units, April 1, 2010



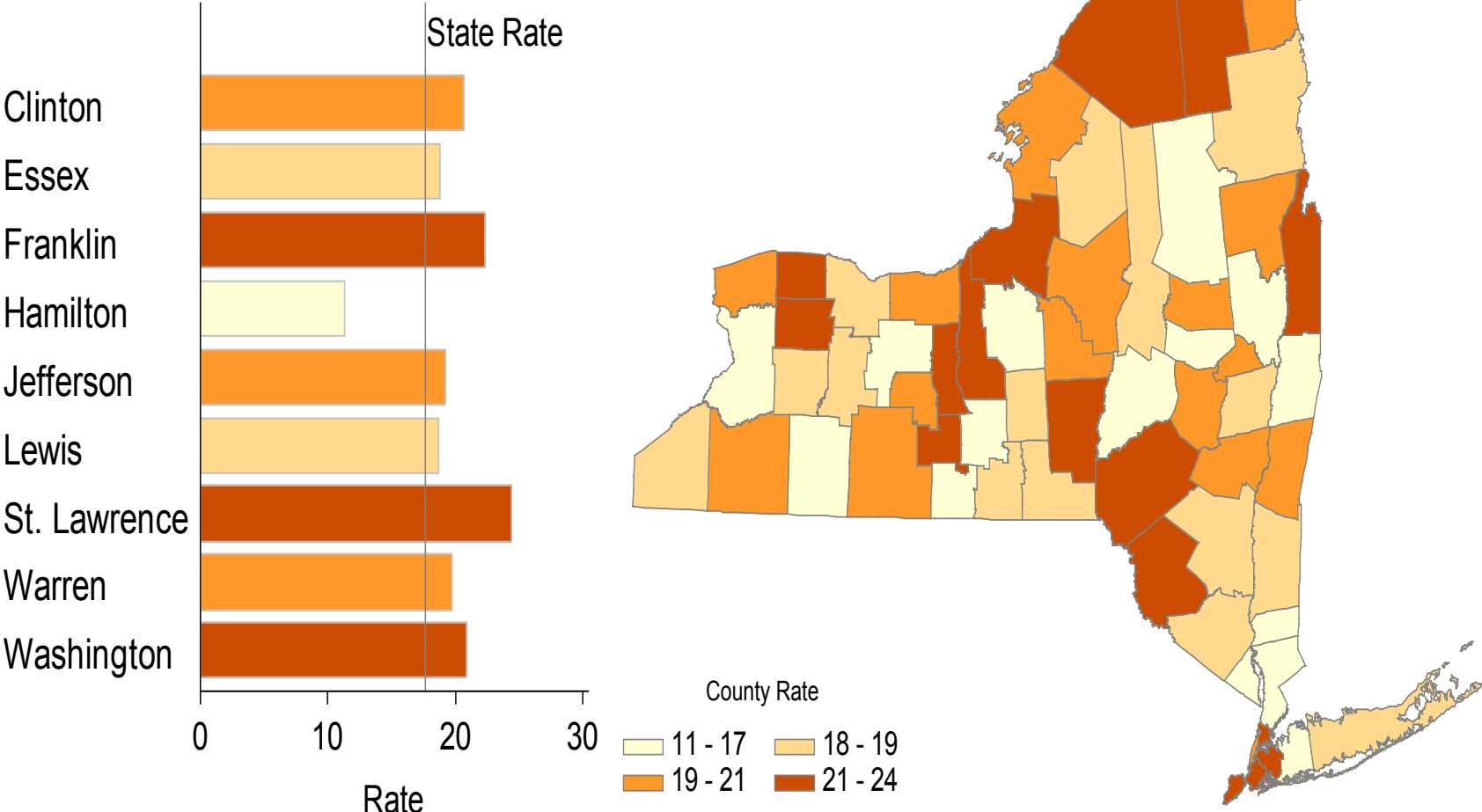
# Age-adjusted percentage of adults with regular health care provider, 2008-09



# Percentage of Adults who had a dentist visit within the past year, 2008-09

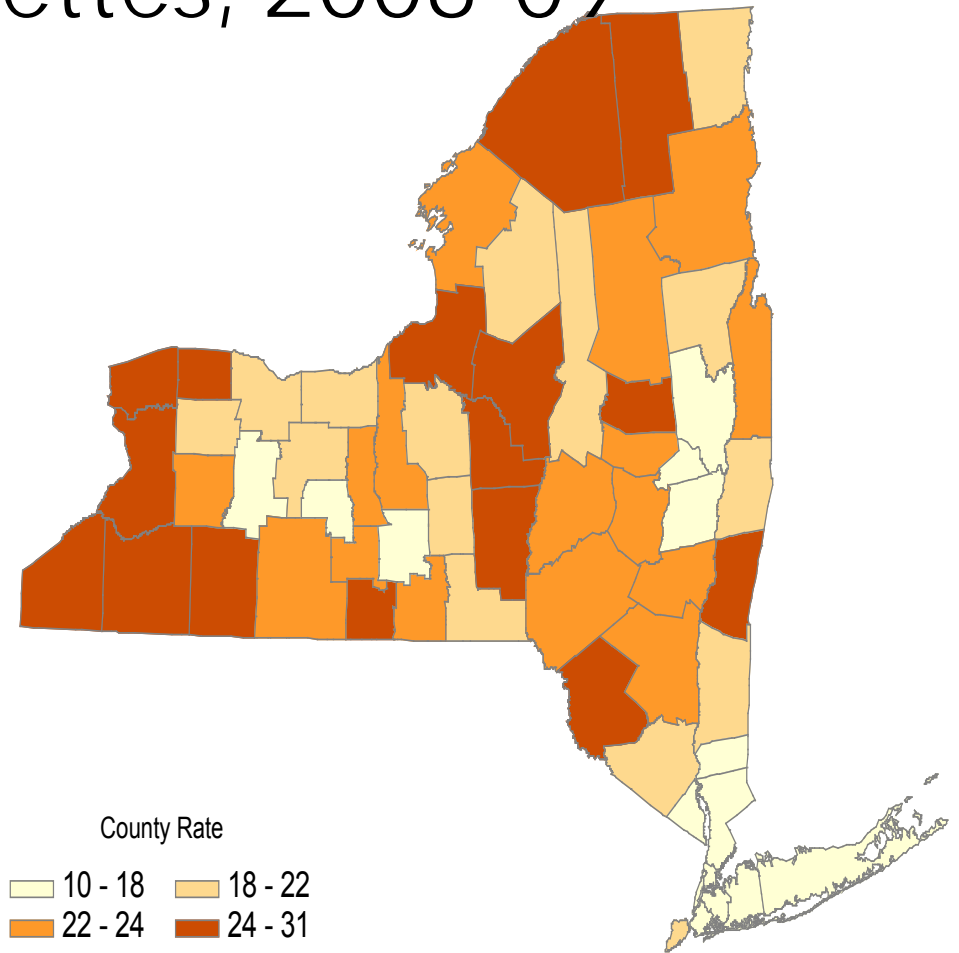
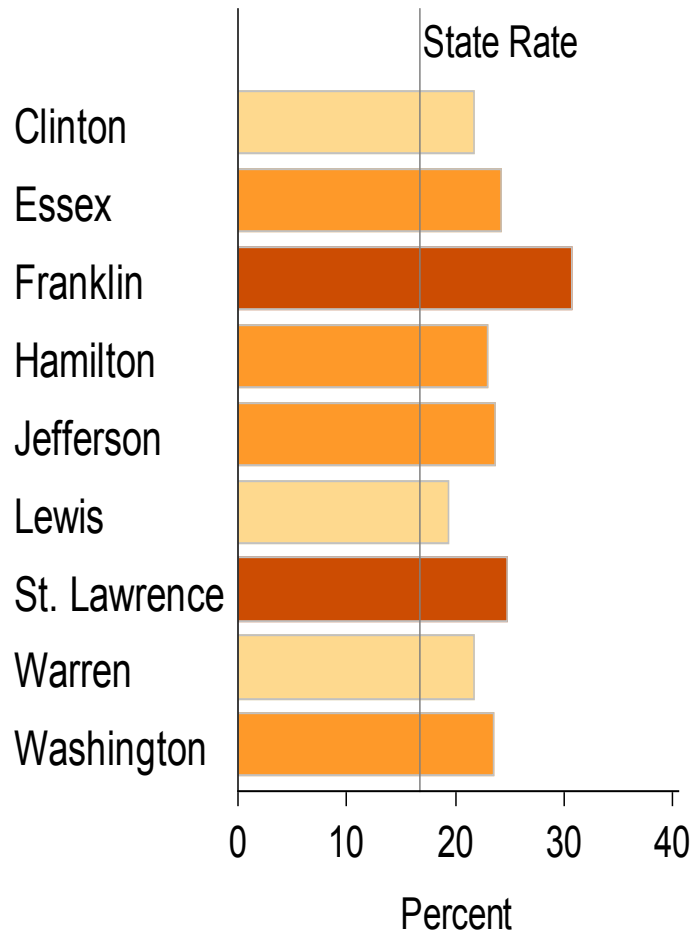


# Percentage of children and adolescents who are obese, 2010-12

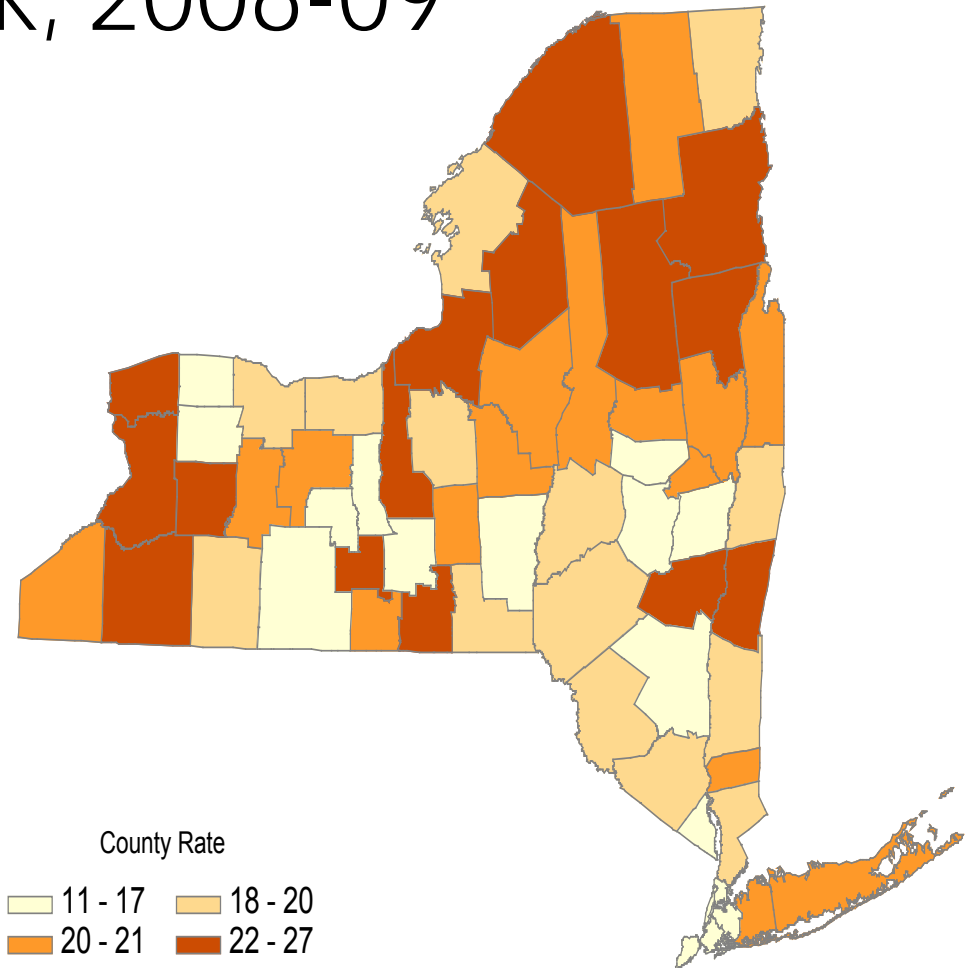
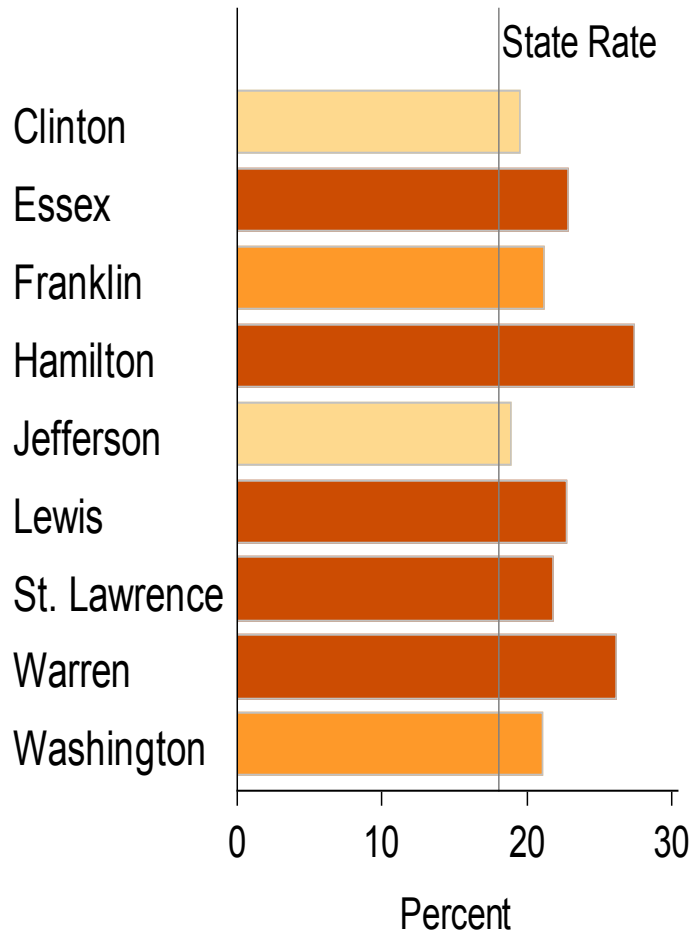


Source: outside NYC data is from 2010-12 Student Weight Status Category Reporting System, NYC Data is from 2009-10 Fitnessgram

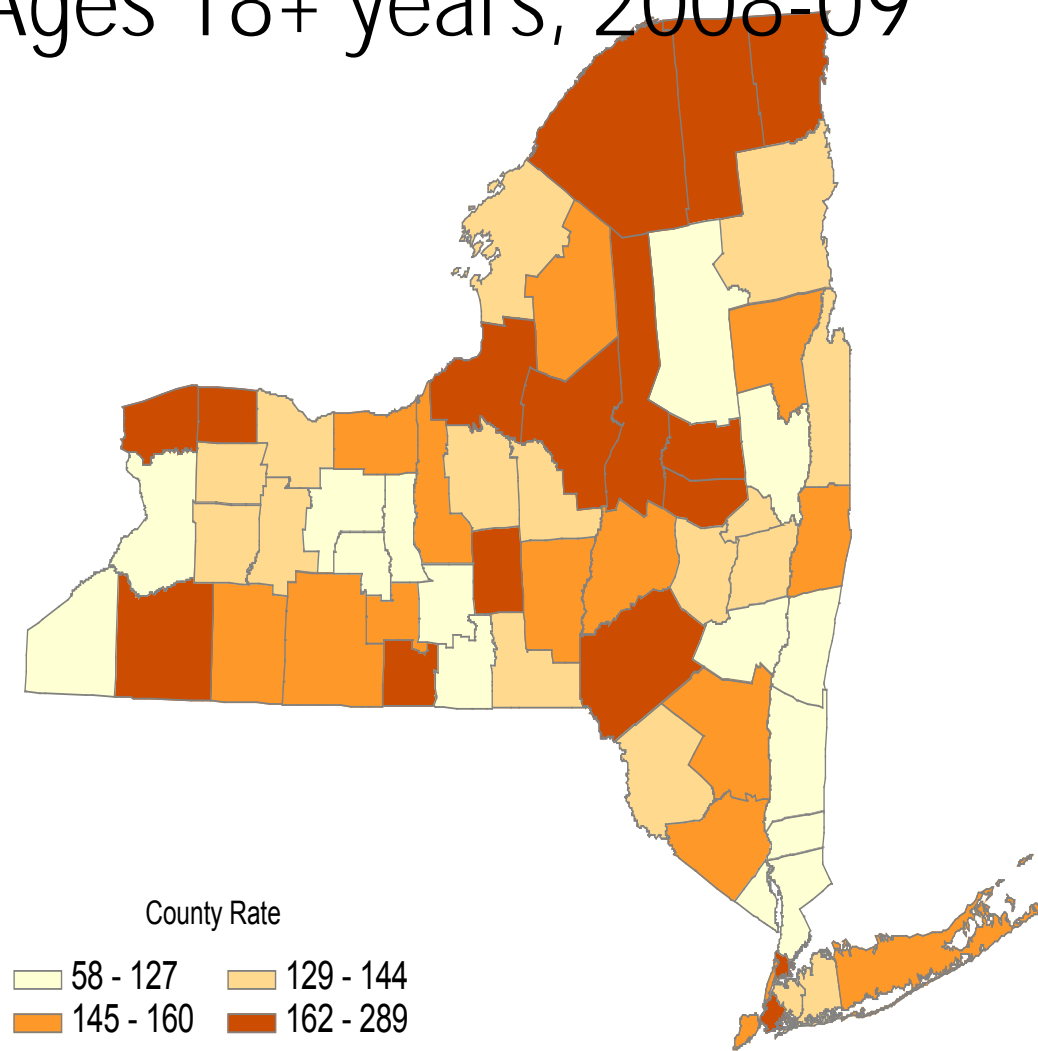
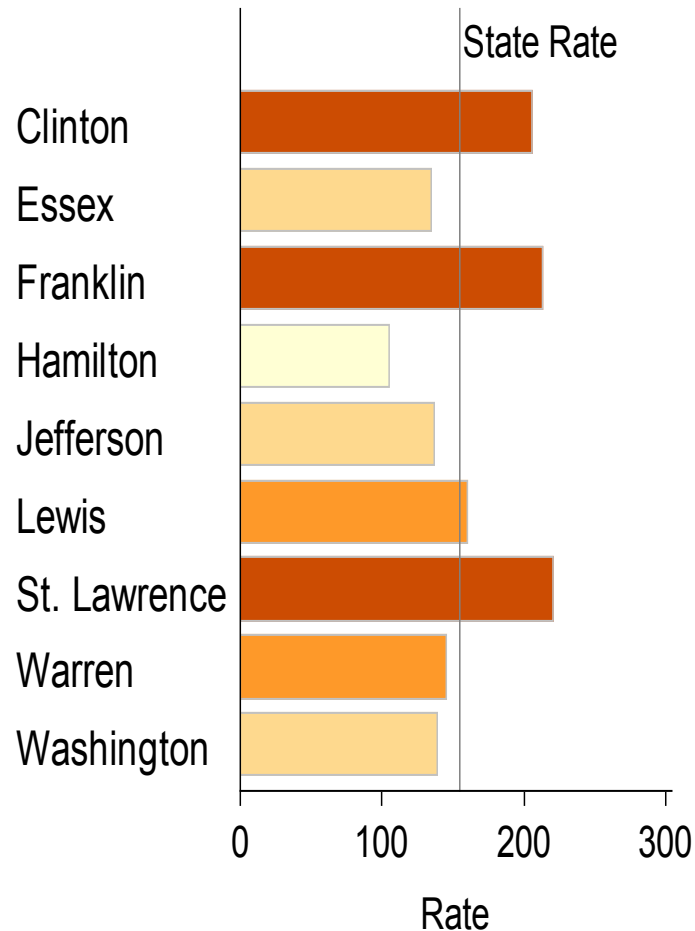
# Age-adjusted percentage of adults who smoke cigarettes, 2008-09



# Age-adjusted percentage of adults who binge drink, 2008-09



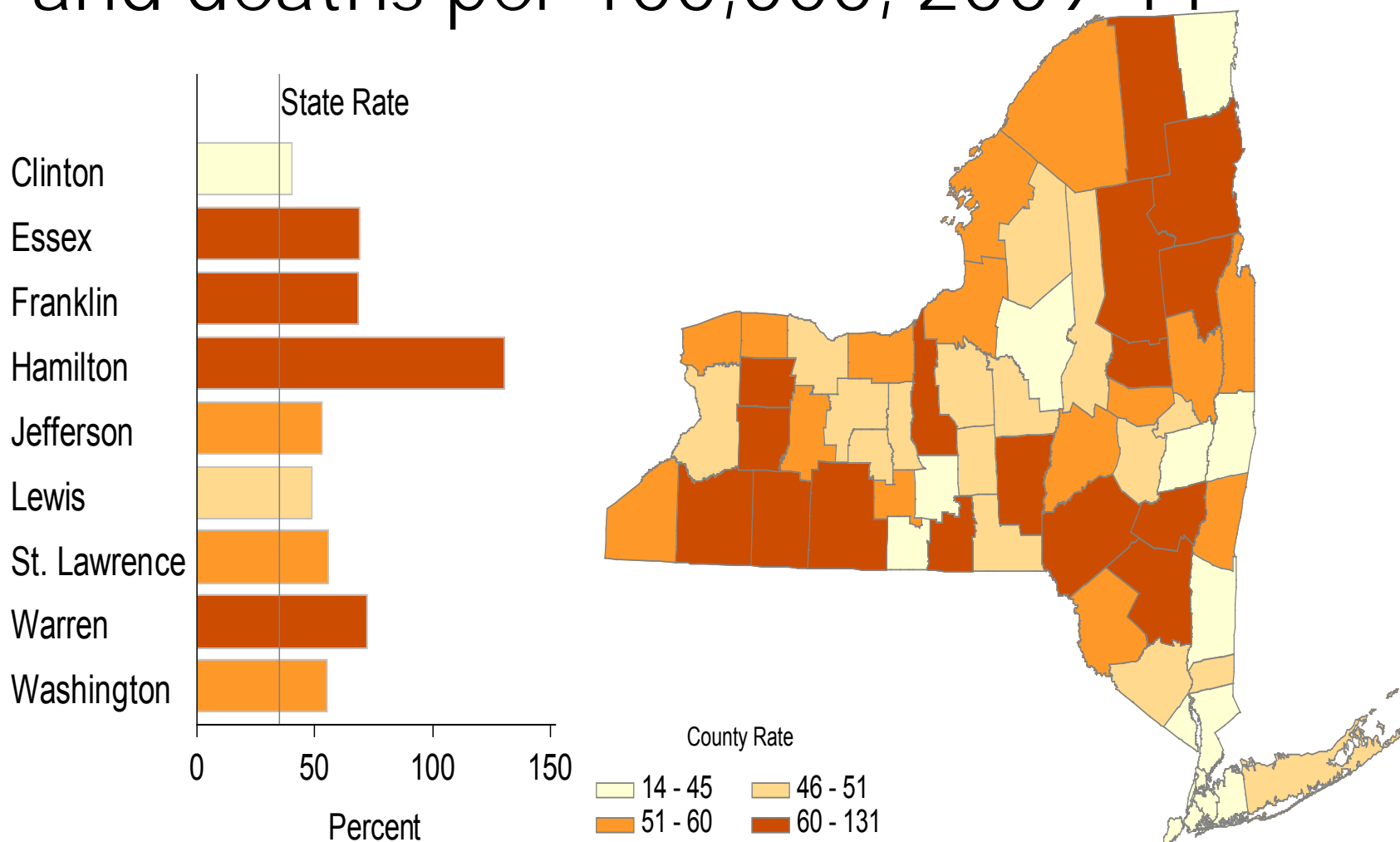
# Age-adjusted preventable hospitalizations rate per 10,000 - Ages 18+ years, 2008-09



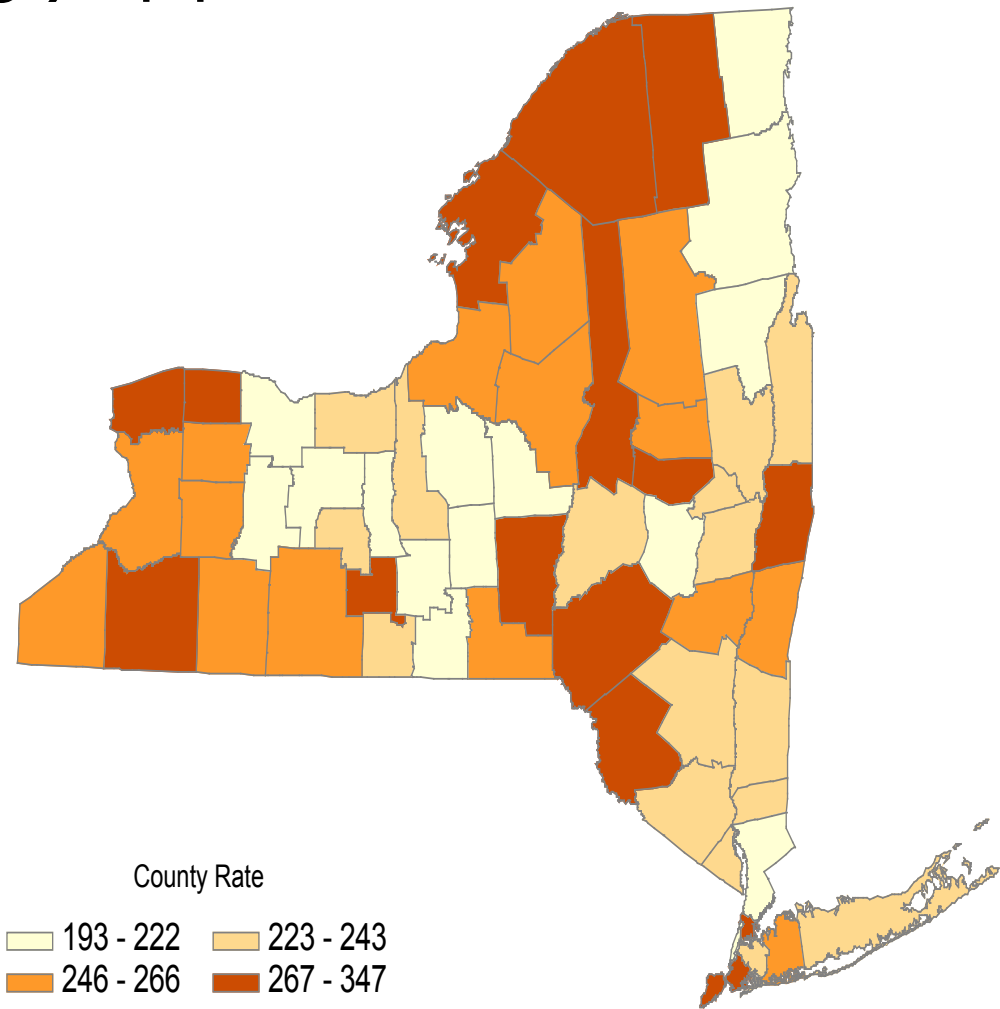
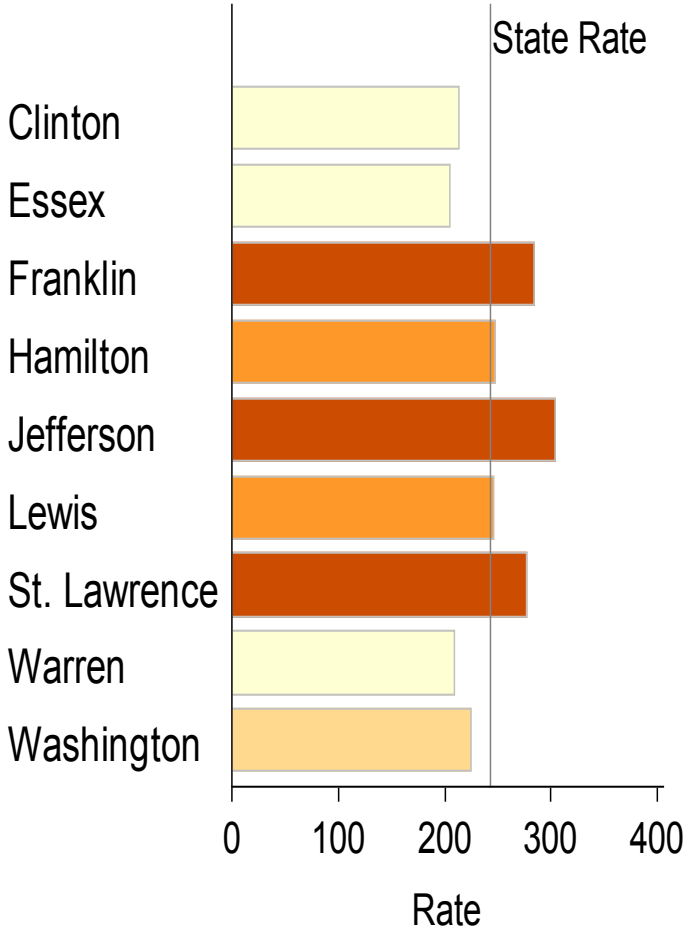
Source: SPARCS



# Alcohol related motor vehicle injuries and deaths per 100,000, 2009-11

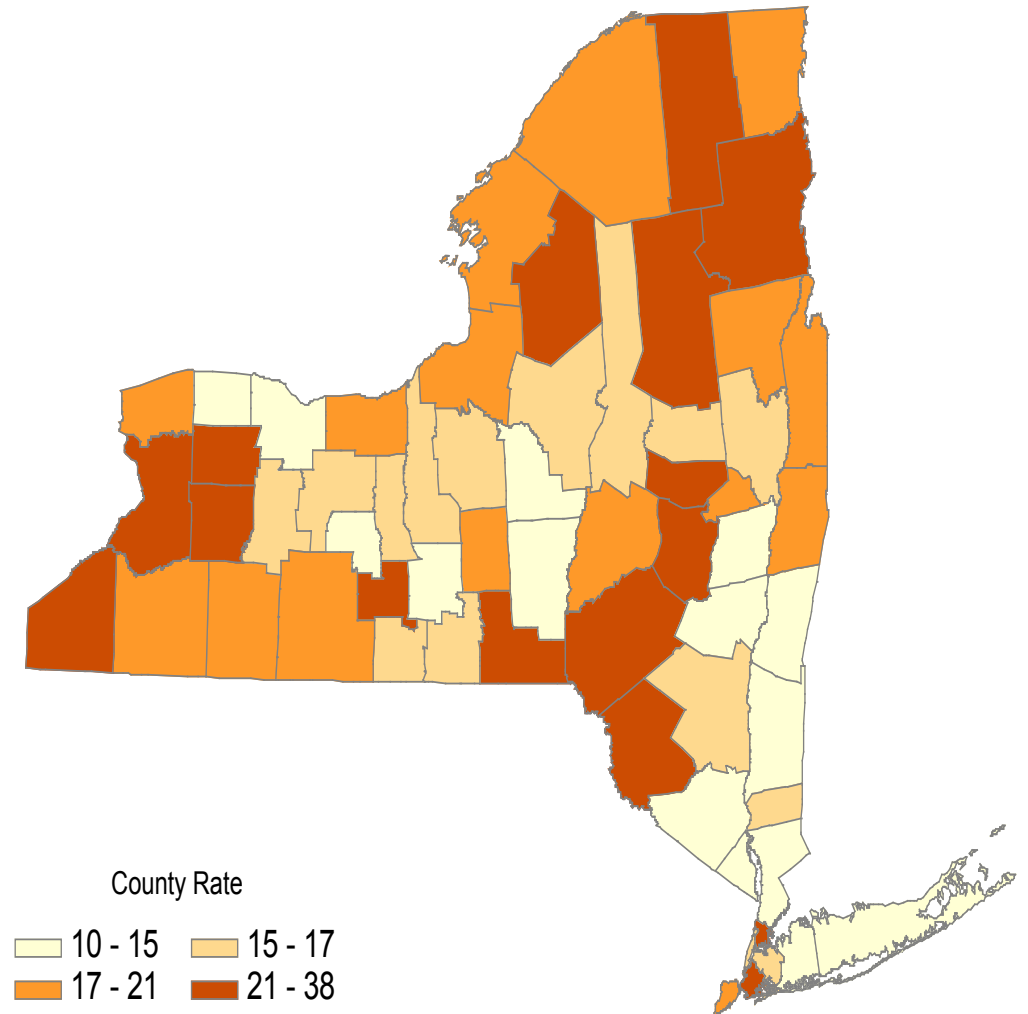
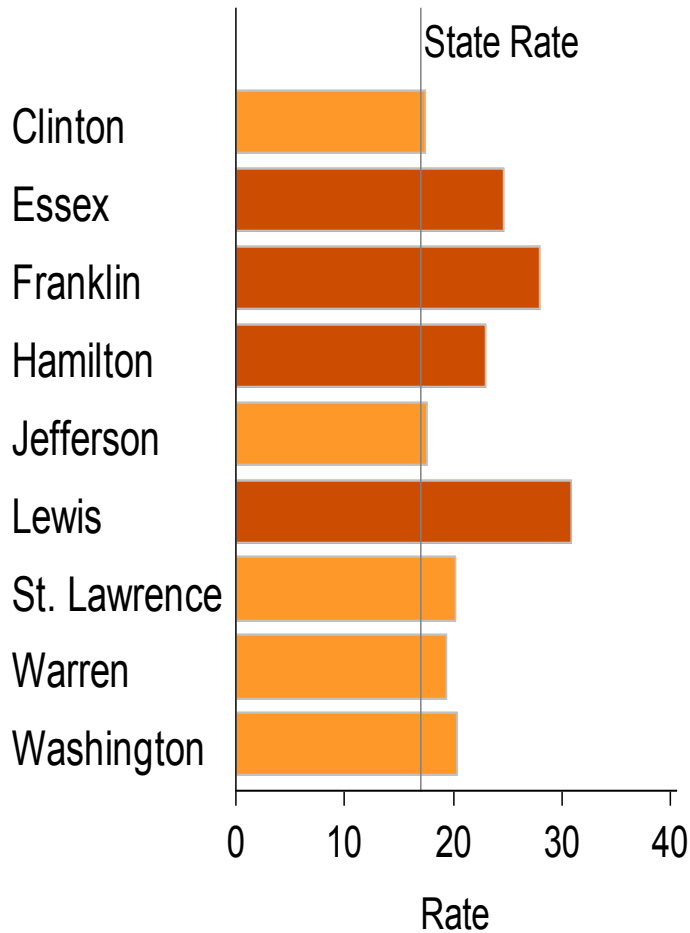


# Cardiovascular disease mortality rate per 100,000, 2009-11



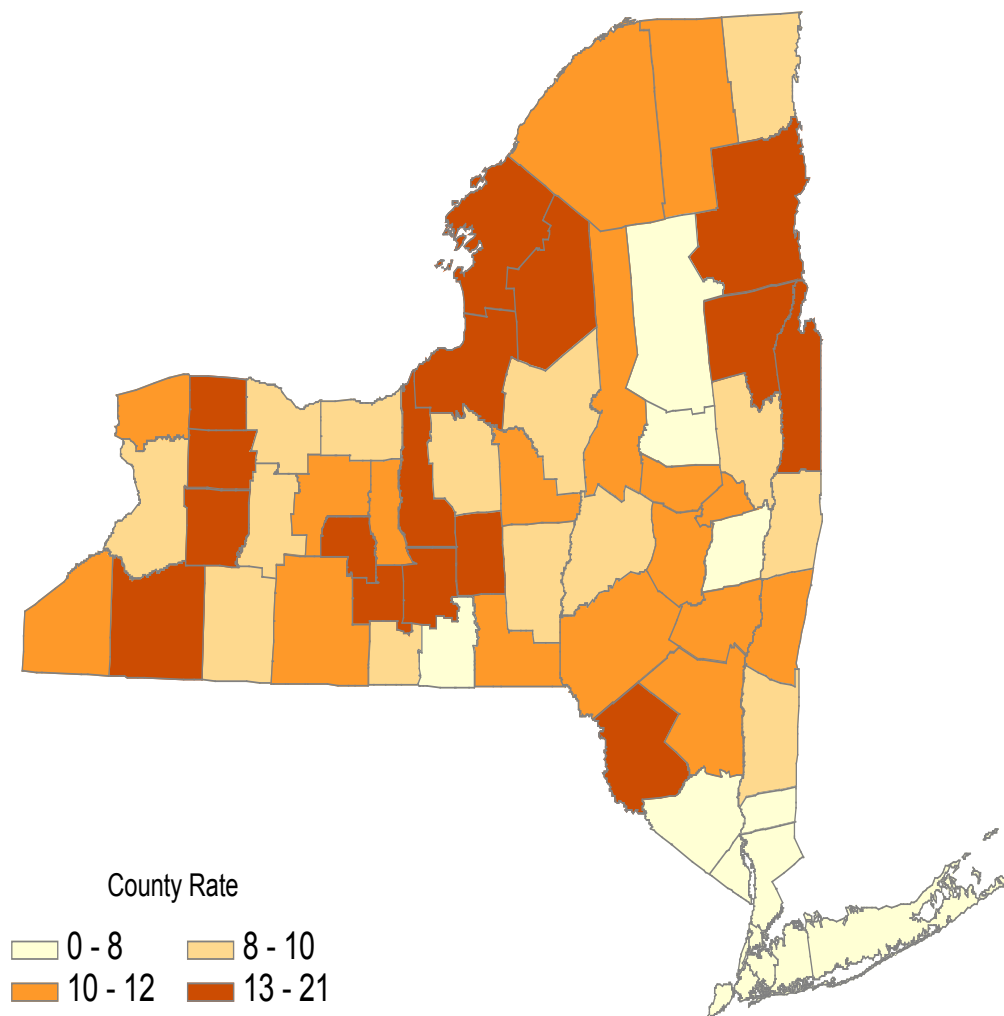
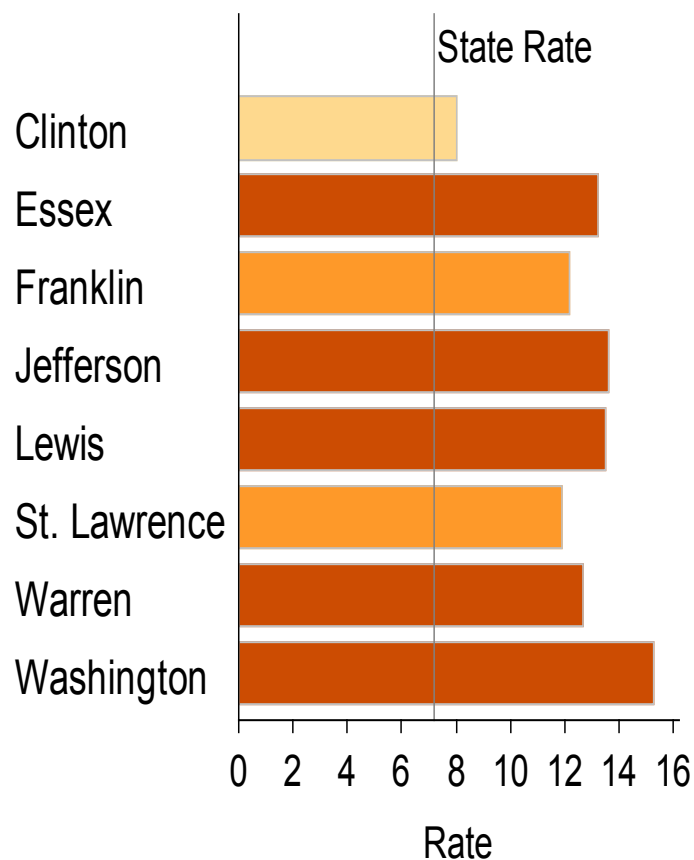
Source: Vital Statistics

# Diabetes mortality rate per 100,000, 2009-11



Source: Vital Statistics

# Suicide mortality rate per 100,000, 2009-11



# North Country Health Care Delivery System

Karen Madden, *Director*  
*New York State Office of Rural Health*

Lee Burns, *Director*  
*Bureau of Emergency Medical Services*

Charles Abel, *Director*  
*Division of Health Facility Planning*



---

# *Introduction to the State's EMS System*

- The New York State Health Department
- Public Health Law and regulations
- Four (4) Advisory councils
- EMS education/training
- Pre-hospital treatment protocols
- Physician participation in the EMS system
- EMS agency medical direction
- NYS Trauma System
- Disaster Preparedness
- EMS For Children

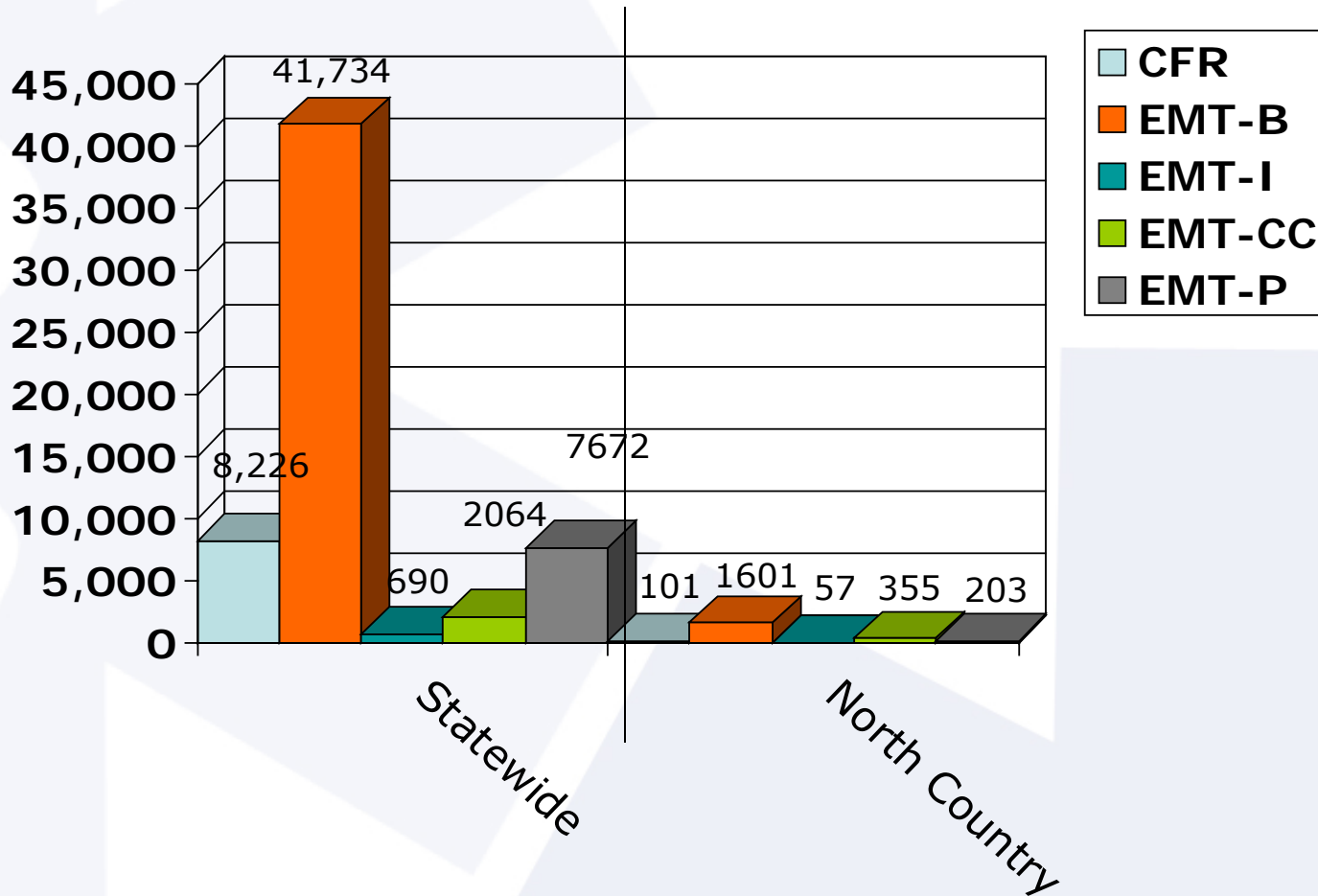








# Certified EMTs by Level (Statewide)



N= 61,609





# *The State's EMS Services*

- As of December 6, 2013
  - ▶ Ambulance Services
    - 1075
  - ▶ Advanced Life Support-First Response
    - 102
  - ▶ Basic Life Support-First Response
    - 615



---

# *North Country Counties*

- Ambulance Services
  - ▶ 129 (total)
  - ▶ 89 (ALS)
- Staffing
  - ▶ 76 Volunteer
  - ▶ 41 Combination
  - ▶ 17 Full time Paid



# *EMS Response Data*

<b>County</b>	<b>Emergency</b>	<b>Non-Emergency</b>
Clinton	9022	3322
Essex	3861	610
Franklin	4274	927
Hamilton	790	22
Jefferson	10609	2770
Lewis	1603	217
St Lawrence	9994	1358
Warren	4687	380
Washington	4766	511
<b>Total</b>	<b>49606</b>	<b>10117</b>

**State Total = 2.9 Million in 2008**



# *Comparison to Statewide*

- Ambulance Services
  - ▶ 12%
- EMS Personnel
  - ▶ .03%
- EMS Call Volume
  - ▶ .01% of total
- Calls by Population
  - ▶ 6% - statewide
  - ▶ 10% - N. Country



# EMS Response and Transport Times

County	Mean Response Time (min)	Mean Time (min) from Scene to Destination
Clinton	9.85	17.77
Essex	15.08	25.55
Franklin	12.44	18.32
Warren	9.52	21.59
Washington	12.25	27.18
Jefferson	9.26	16.95
Lewis	12.98	28.84
St. Lawrence	14.57	21.89
Hamilton	13.96	53.46
<b>North Country</b>	<b>10.9</b>	<b>23.15</b>
<b>Statewide</b>	<b>11.17</b>	<b>13.16</b>

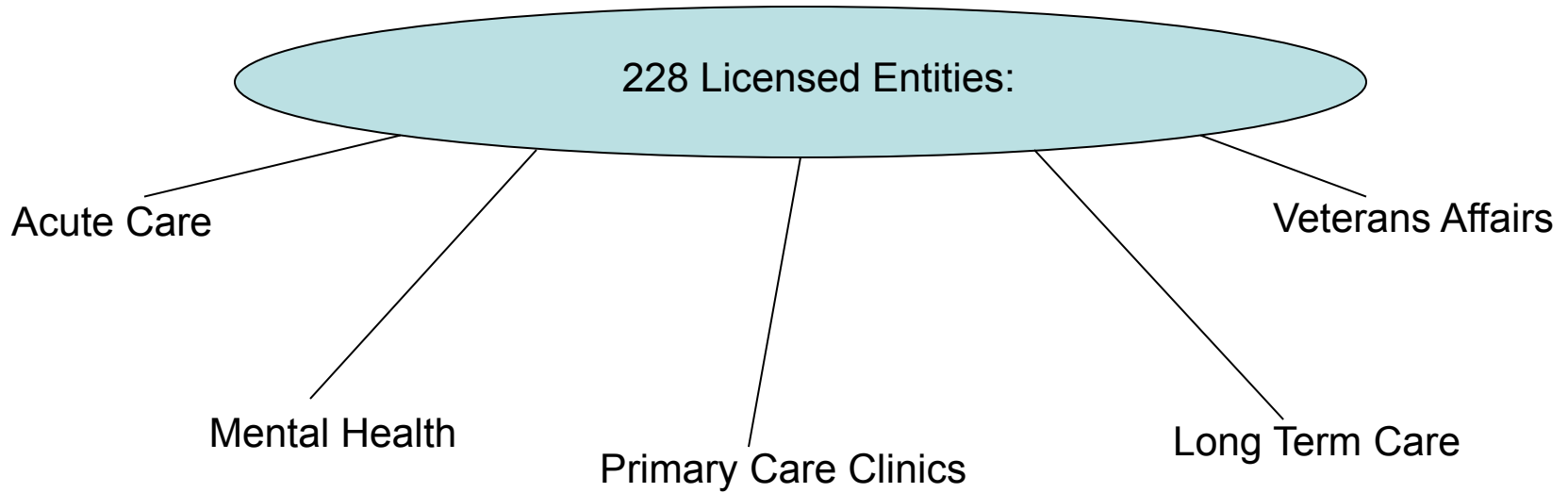


# *EMS System Concerns*

- EMS is healthcare at the most local level
- Based on a “one patient at a time” model
- There are not enough active providers
- Infrastructure weak or non-existent
- Of those responding, many are “aging out”
- Very low/no salary for providers
- Reimbursement rates are very low



# North Country Health Care Facilities



# North Country Health Care Facilities

## Acute Care and Mental Health

16 Hospitals:

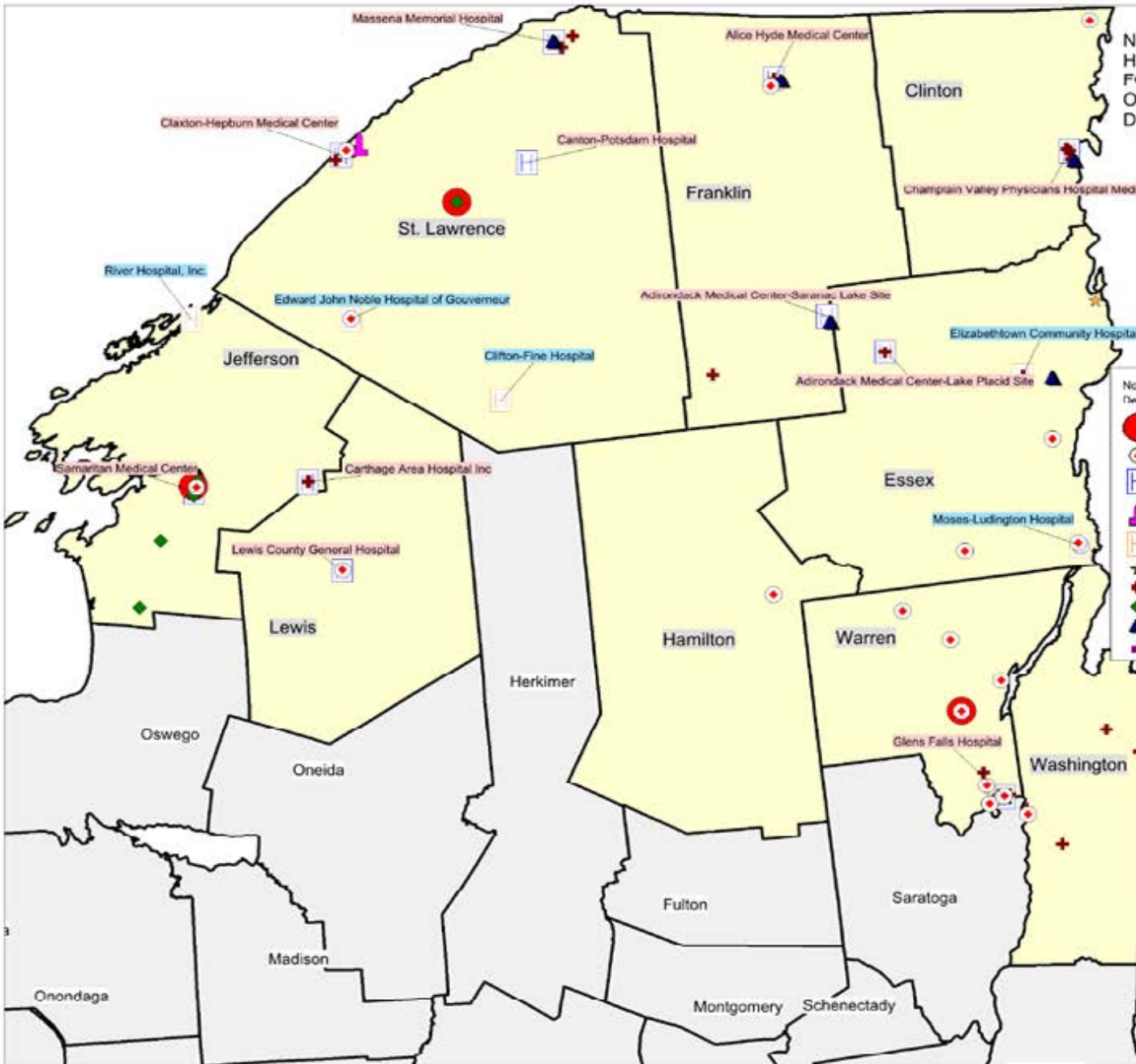
1,671 total licensed beds of these:

11 general acute care hospitals with 1,581 beds;

5 CAHs with 90 beds

1 Office of Mental  
Health Facility



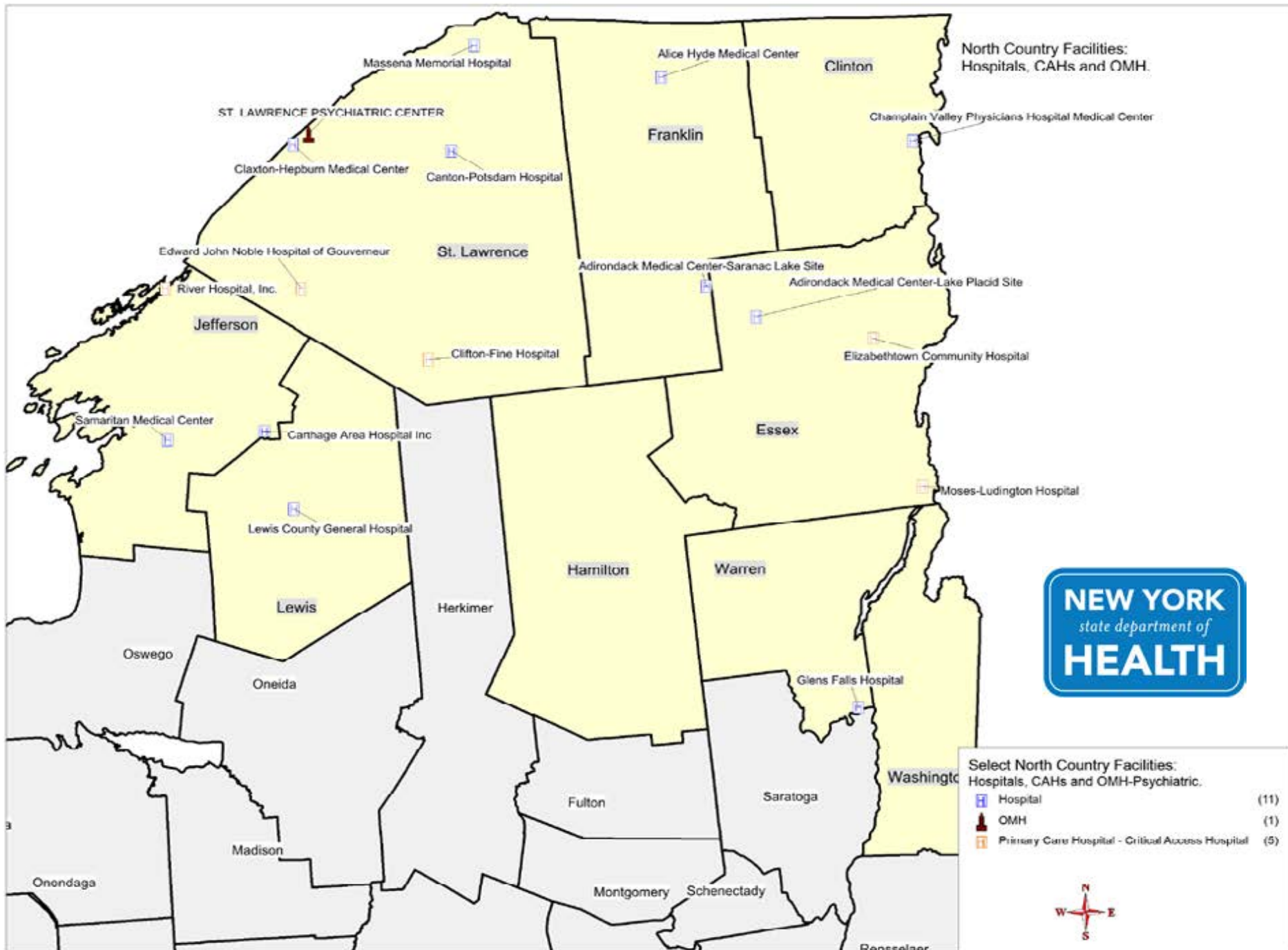


North Country Health Care Facilities:  
Hospitals, Nursing Homes,  
FQHCs Diagnostic & Treatment Centers,  
OMH and Veterans Affairs,  
December 2013.

North Country: Selected Health Care Facilities  
December, 2013

	Diagnostic and Treatment Center - FQHC	(3)
	Diagnostic and Treatment Center Extension Clinic - FQHC	(20)
	Hospital	(11)
	OMH	(1)
	Primary Care Hospital - Critical Access Hospital	(5)
	Primary Care Hospital - Critical Access Hospital Extension Clinic - FQHC	(1)
	Residential Health Care Facility - SNF	(29)
	School Based Diagnostic and Treatment Center Extension Clinic - FQHC	(8)
	VA-Community Based Outpatient Clinic	(7)
	VA-Vet Center	(1)





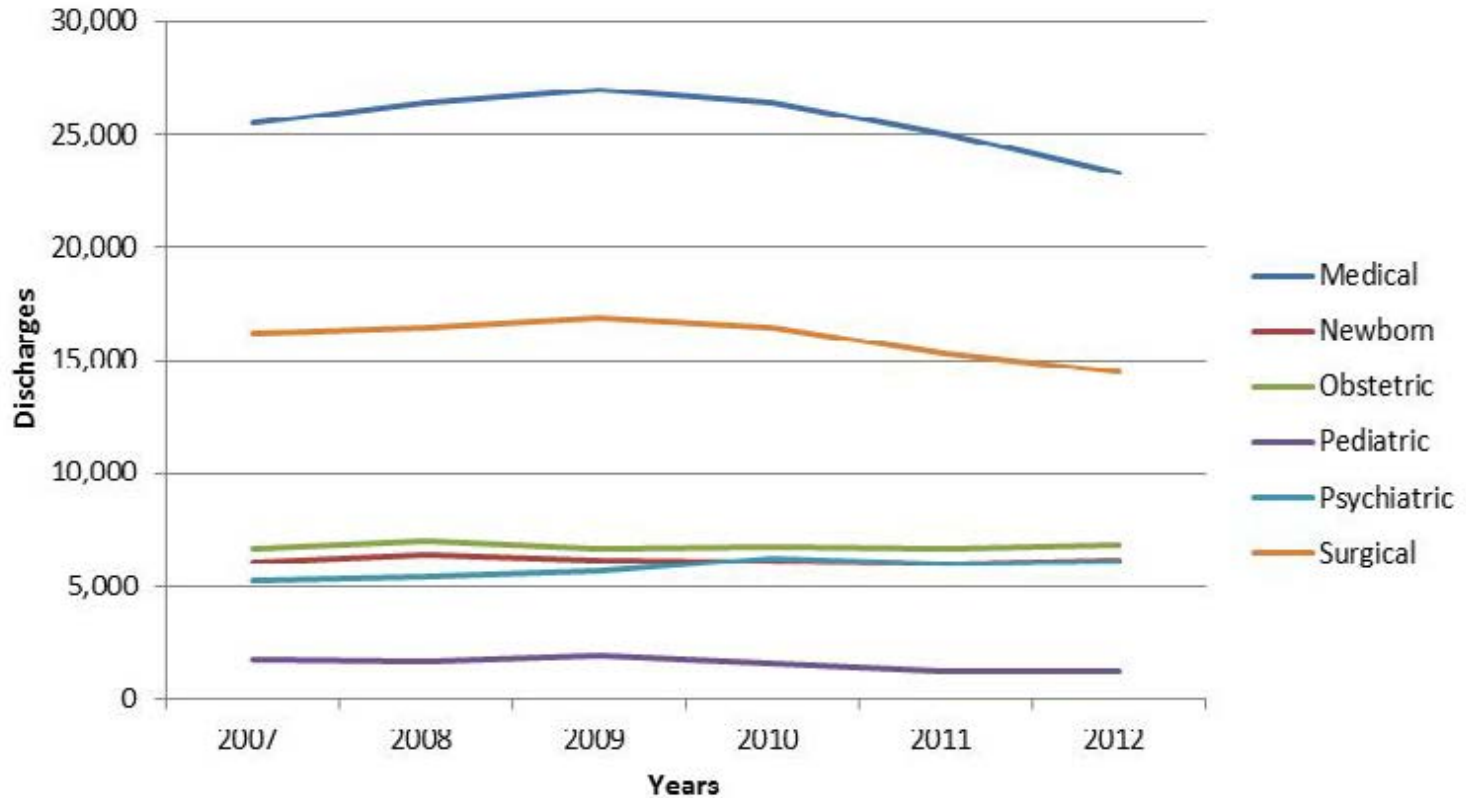
North Country Facilities:  
Hospitals, CAHs and OMH.



- Select North Country Facilities:  
Hospitals, CAHs and OMH-Psychiatric.
-  Hospital (11)
  -  OMH (1)
  -  Primary Care Hospital - Critical Access Hospital (5)



## North Country: Trend in Inpatient Discharges by Service. Source: SPARCS 2007 - 2012.



**North Country Hospitals:**  
**Distribution of Beds by Service Category.**  
**Source: HFIS, December 2013.**

County/Facility Name	Physical Medicine & Rehabilitation							Psychiatric	Pediatric ICU	Chemical Dependence Detoxification	Chemical Dependence Rehabilitation	Special Use	Neonatal Intensive Care	Neonatal Intermediate Care	Transitional Care
	Total Certified Beds	Medical/Surgical	Intensive Care	Coronary Care	Pediatric	Maternity									
<b>Clinton</b>															
Champlain Valley Physicians Hospital Medical Center	328	222	14	7	10	21		34							20
<b>Essex</b>															
Adirondack Medical Center-Lake Placid Site	2	2													
Elizabethtown Community Hospital	15											15			
Moses-Ludington Hospital	15											15			
<b>Total: Essex County</b>	<b>32</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Franklin</b>															
Adirondack Medical Center-Saranac Lake Site	95	65	8		3	7		12							
Alice Hyde Medical Center	76	64	6			6									
<b>Total: Franklin County</b>	<b>171</b>	<b>129</b>	<b>14</b>	<b>0</b>	<b>3</b>	<b>13</b>	<b>0</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Jefferson</b>															
Carthage Area Hospital Inc	48	22		4	4	8	10								
River Hospital, Inc.	15											15			
Samaritan Medical Center	294	166	6	4	27	24	16	32	4				7	8	
<b>Total: Jefferson County</b>	<b>357</b>	<b>188</b>	<b>6</b>	<b>8</b>	<b>31</b>	<b>32</b>	<b>26</b>	<b>32</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>7</b>	<b>8</b>	<b>0</b>
<b>Lewis</b>															
Lewis County General Hospital	54	42	6				6								
<b>Saint Lawrence</b>															
Canton-Potsdam Hospital	94	56	2	4			8			7	17				
Claxton-Hepburn Medical Center	130	67	4	6			10	15	28						
Clifton-Fine Hospital	20											20			
Edward John Noble Hospital of Gouverneur	25	25													
Massena Memorial Hospital	50	43	2	2			3								
<b>Total: Saint Lawrence County</b>	<b>319</b>	<b>191</b>	<b>8</b>	<b>12</b>	<b>0</b>	<b>21</b>	<b>15</b>	<b>28</b>	<b>0</b>	<b>7</b>	<b>17</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Warren</b>															
Glens Falls Hospital	410	300	12	12	16	23	15	32							
<b>Total</b>	<b>1,671</b>	<b>1,074</b>	<b>60</b>	<b>39</b>	<b>60</b>	<b>116</b>	<b>56</b>	<b>138</b>	<b>4</b>	<b>7</b>	<b>17</b>	<b>65</b>	<b>7</b>	<b>8</b>	<b>20</b>

# North Country Health Care Facilities

## Diagnostic and Treatment Centers

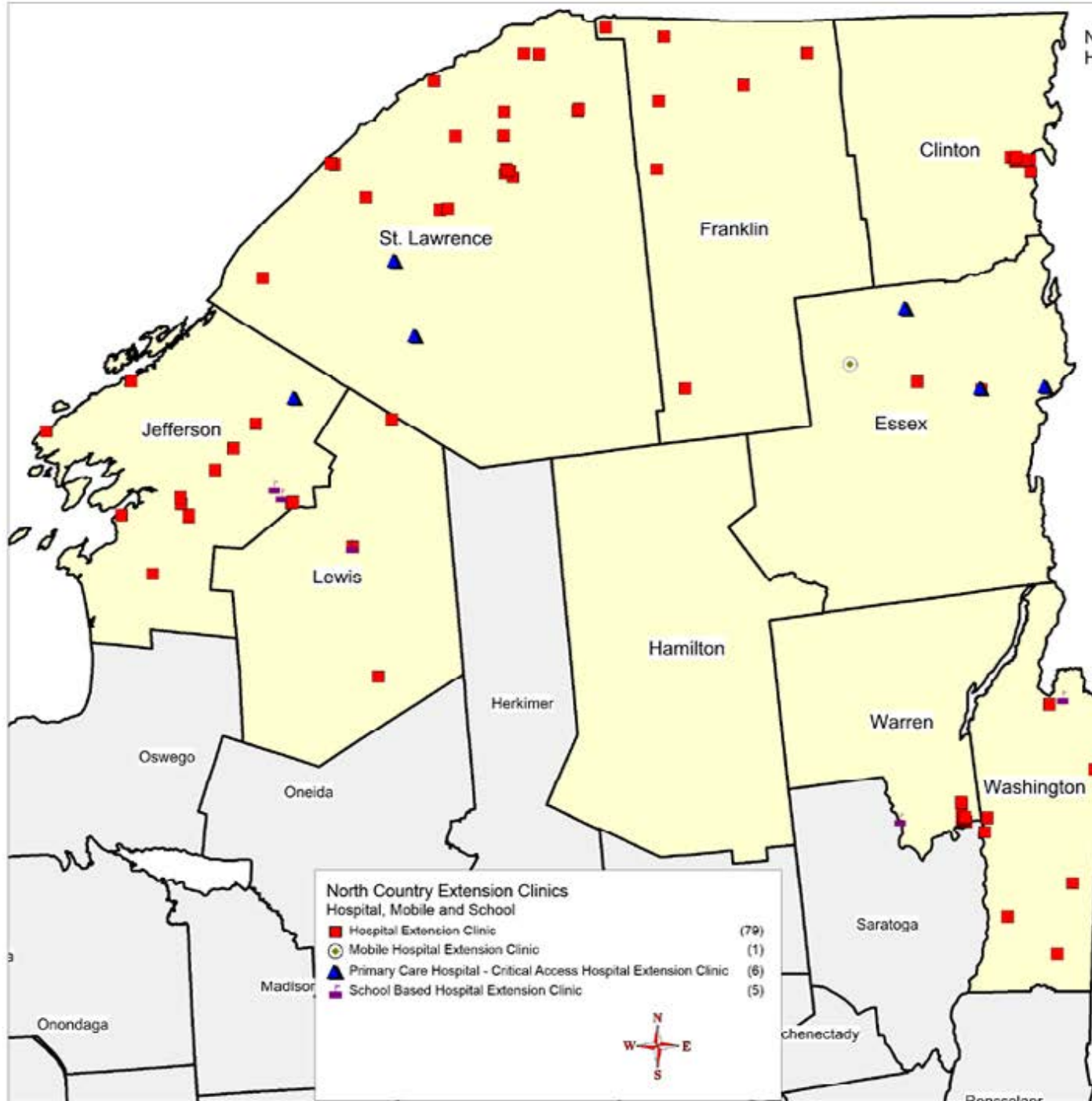
D&TCs **91** Hospital Extension  
Clinics including School Based  
Extension Clinics

D&TCs **23**  
Clinics with  
FQHC Status

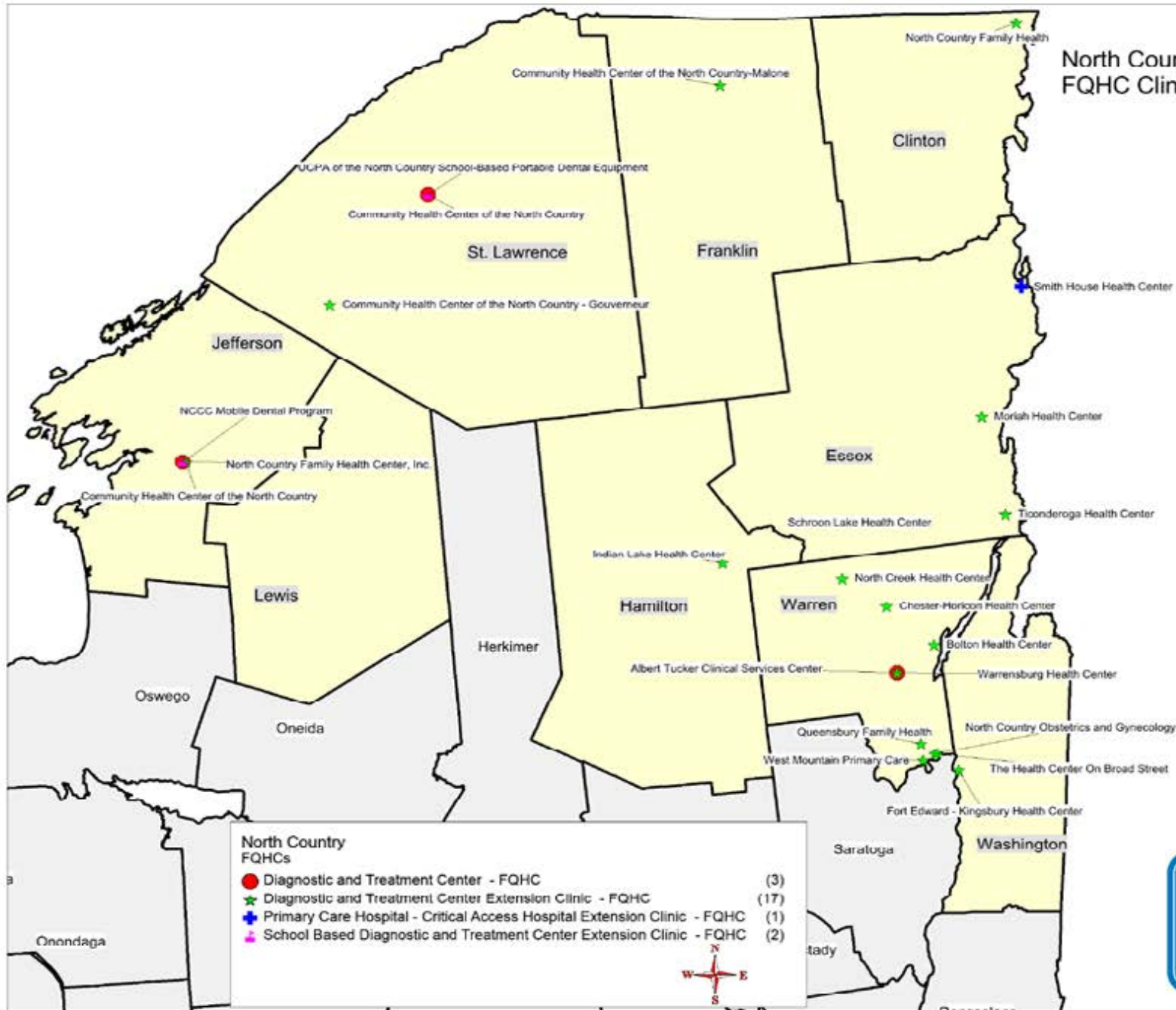
D&TCs **36** Clinics without FQHC  
status (Diagnostic and Treatment  
Clinics including Extension Clinics  
and School Based Extension  
Clinics)



North Country Extension Clinics:  
Hospital, Mobile and School.



**North Country Facilities:  
FQHC Clinics.**

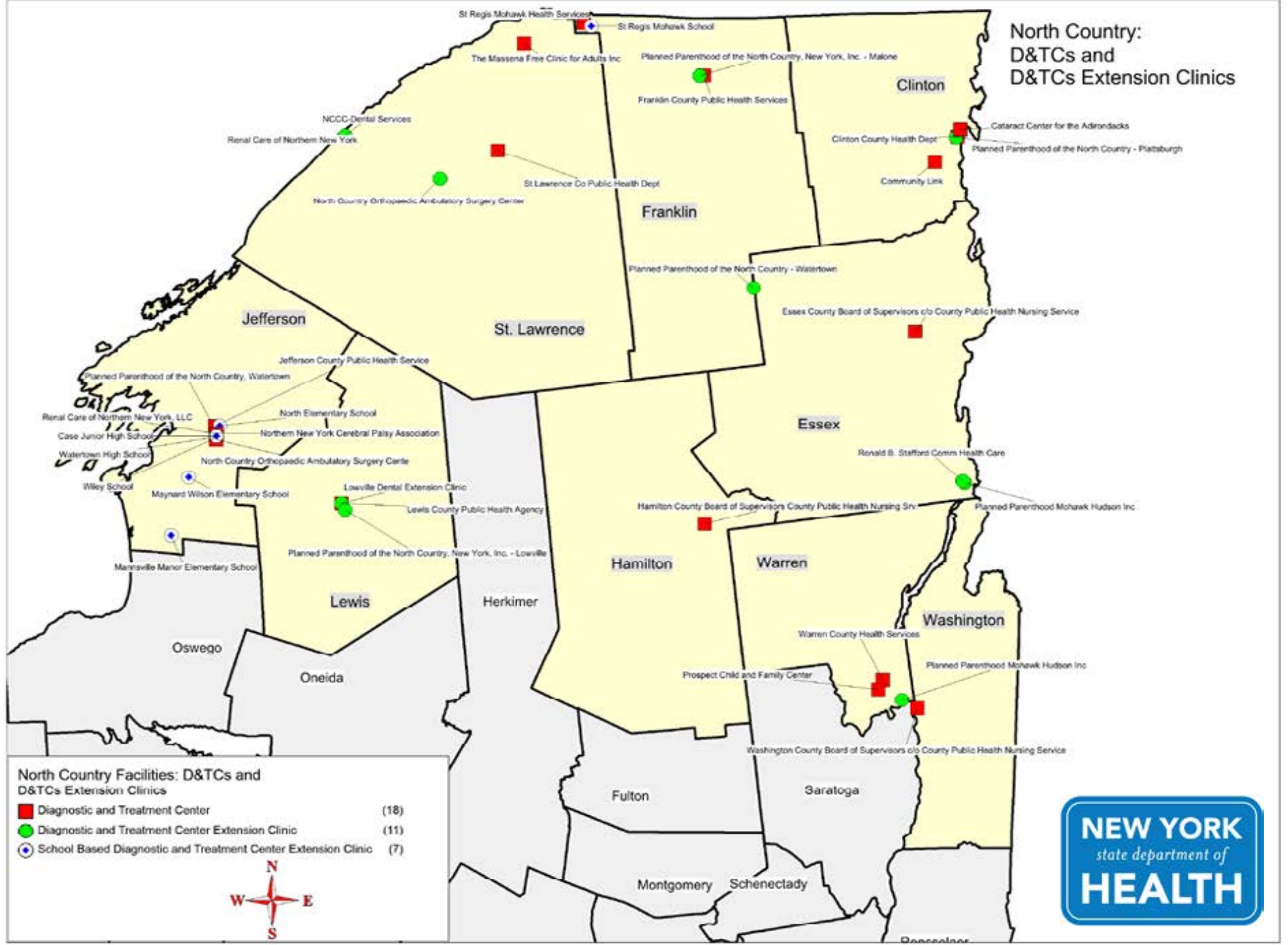


**North Country FQHCs**

- Diagnostic and Treatment Center - FQHC (3)
- ★ Diagnostic and Treatment Center Extension Clinic - FQHC (17)
- ✚ Primary Care Hospital - Critical Access Hospital Extension Clinic - FQHC (1)
- ✚ School Based Diagnostic and Treatment Center Extension Clinic - FQHC (2)



# North Country: D&TCs and D&TCs Extension Clinics



**North Country Facilities: D&TCs and D&TCs Extension Clinics**

- Diagnostic and Treatment Center (18)
- Diagnostic and Treatment Center Extension Clinic (11)
- ⊙ School Based Diagnostic and Treatment Center Extension Clinic (7)





# North Country Health Care Facilities

## Long Term Care

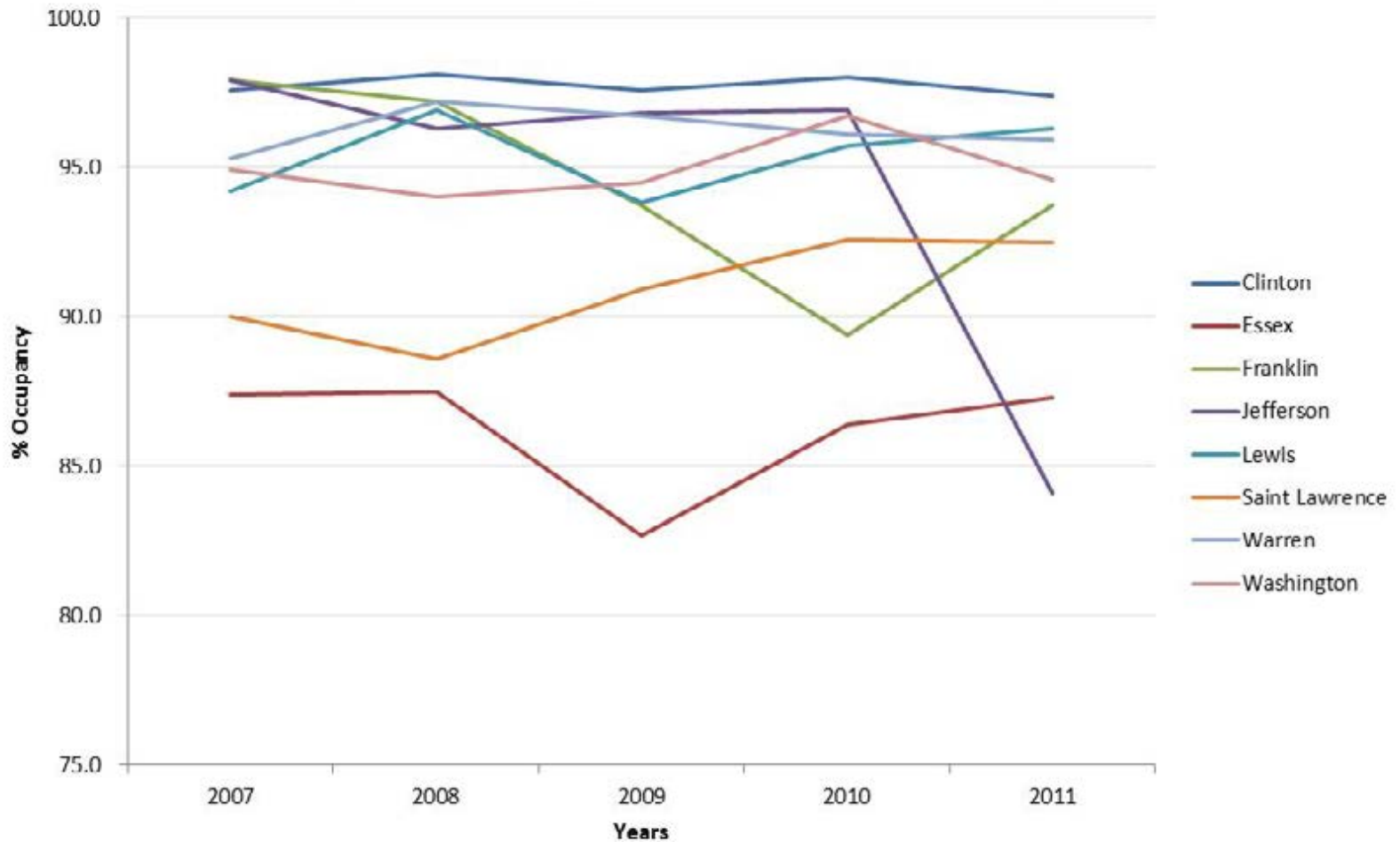
29 Residential Health Care  
Facilities – 3,326 beds

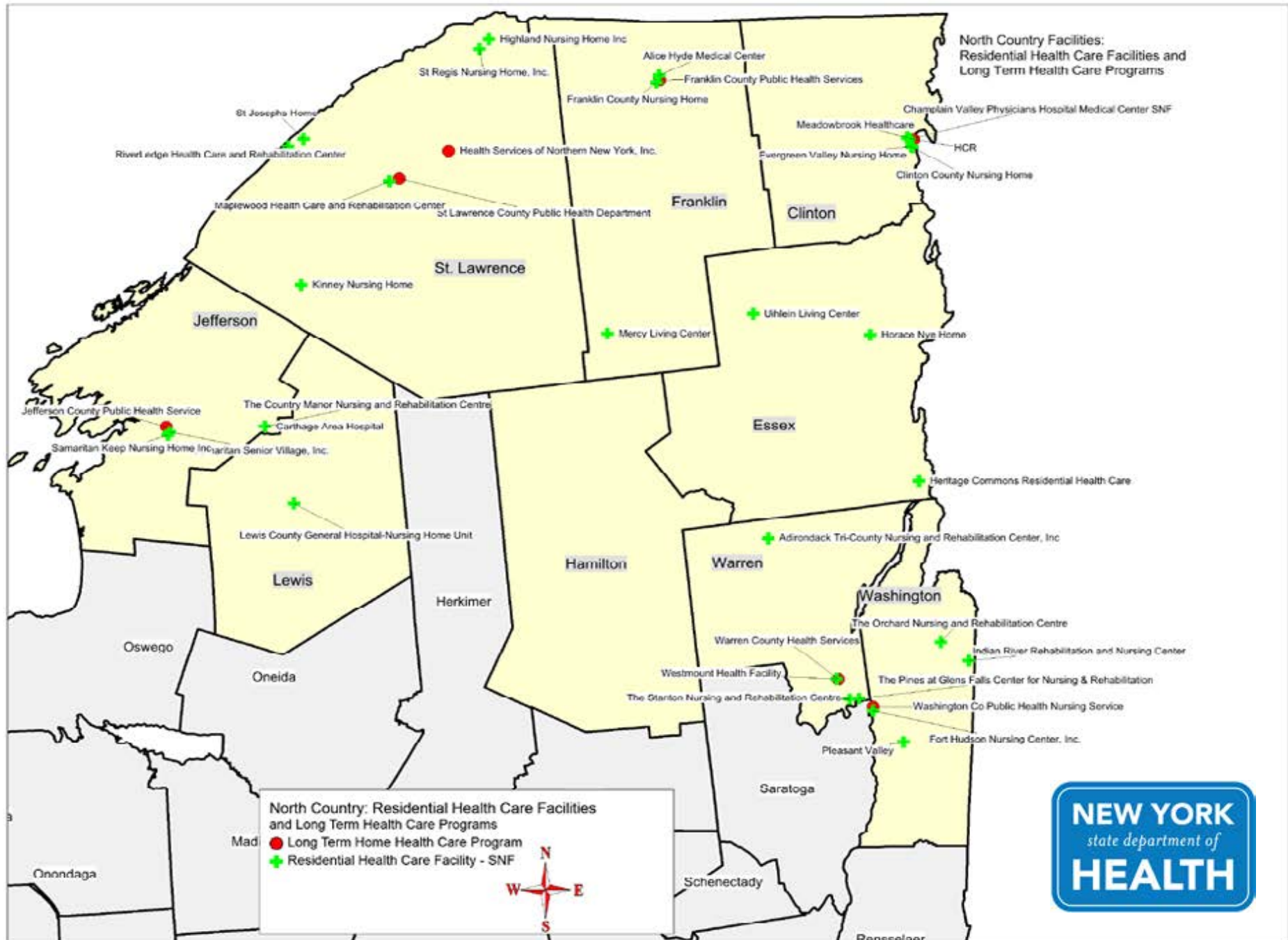
12 Certified Home Health Agencies

7 Long Term Home Health Care Programs

5  
Hospices

**North Country Residential Health Care Facilities:  
Trend in Occupancy by County. Source: RHCF Costs Reports, 2007 - 2011.**





# Center for Quality and Surveillance

## Division of Home and Community Based Services

17 Certified Home Health Agencies (CHHA) serve the nine counties identified by the Commission as follows:

County Name	Number of Providers Licensed to Serve County	Current Patient Census in County (coming soon)
Clinton	2	
Essex	3	
Franklin	5	
Hamilton	5	
Jefferson	2	
Lewis	2	
St. Lawrence	5	
Warren	7	
Washington	5	

Center for Quality and Surveillance  
 Division of Home and Community Based Services (cont.)  
 7 Hospices serve the nine counties identified by the Commission as follows:

County Name	Number of Providers Licensed to Serve County	Current Patient Census in County
Clinton	1	(coming soon)
Essex	1	
Franklin	2	
Hamilton	2	
Jefferson	1	
Lewis	1	
St. Lawrence	3	
Warren	1	
Washington	2	

# Center for Quality and Surveillance

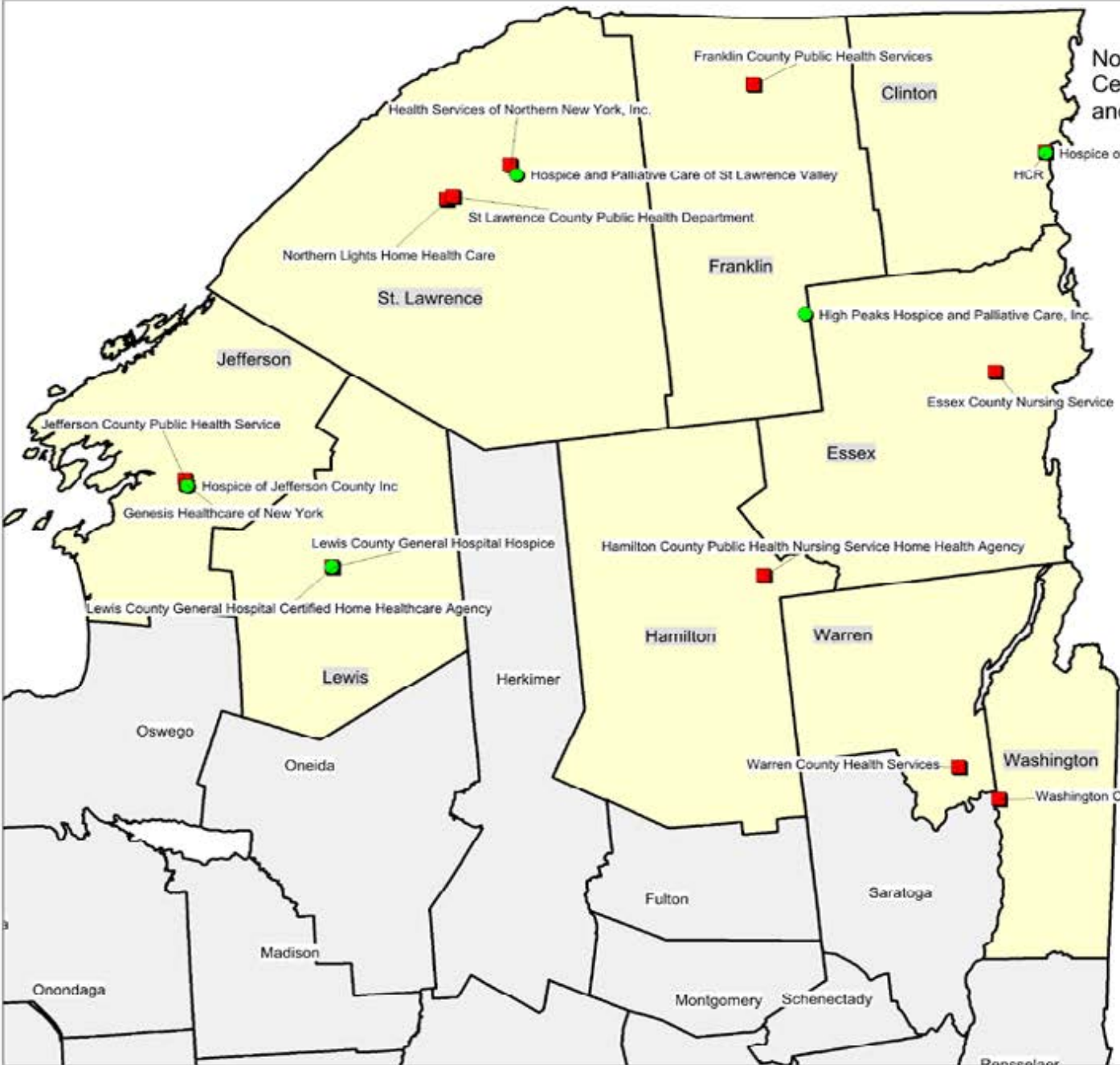
## Division of Home and Community Based Services (cont.)

59 Licensed Home Care Services Agencies (LHCSA) serve the 9 counties as follows:

County Name	Number of LHCSA Locations in County*	Current Patient Census in County
Clinton	14	
Essex	19	
Franklin	17	
Hamilton	17	
Jefferson	27	
Lewis	24	
St. Lawrence	23	
Warren	37	
Washington	29	

\* The number of locations indicates multiple locations for the 59 LHCSAs.

**North Country:  
Certified Home Health Agencies  
and Hospice.**



**North Country  
CHHAs and Hospice.**

- Certified Home Health Agency (12)
- Hospice (5)

# North Country Health Care Facilities

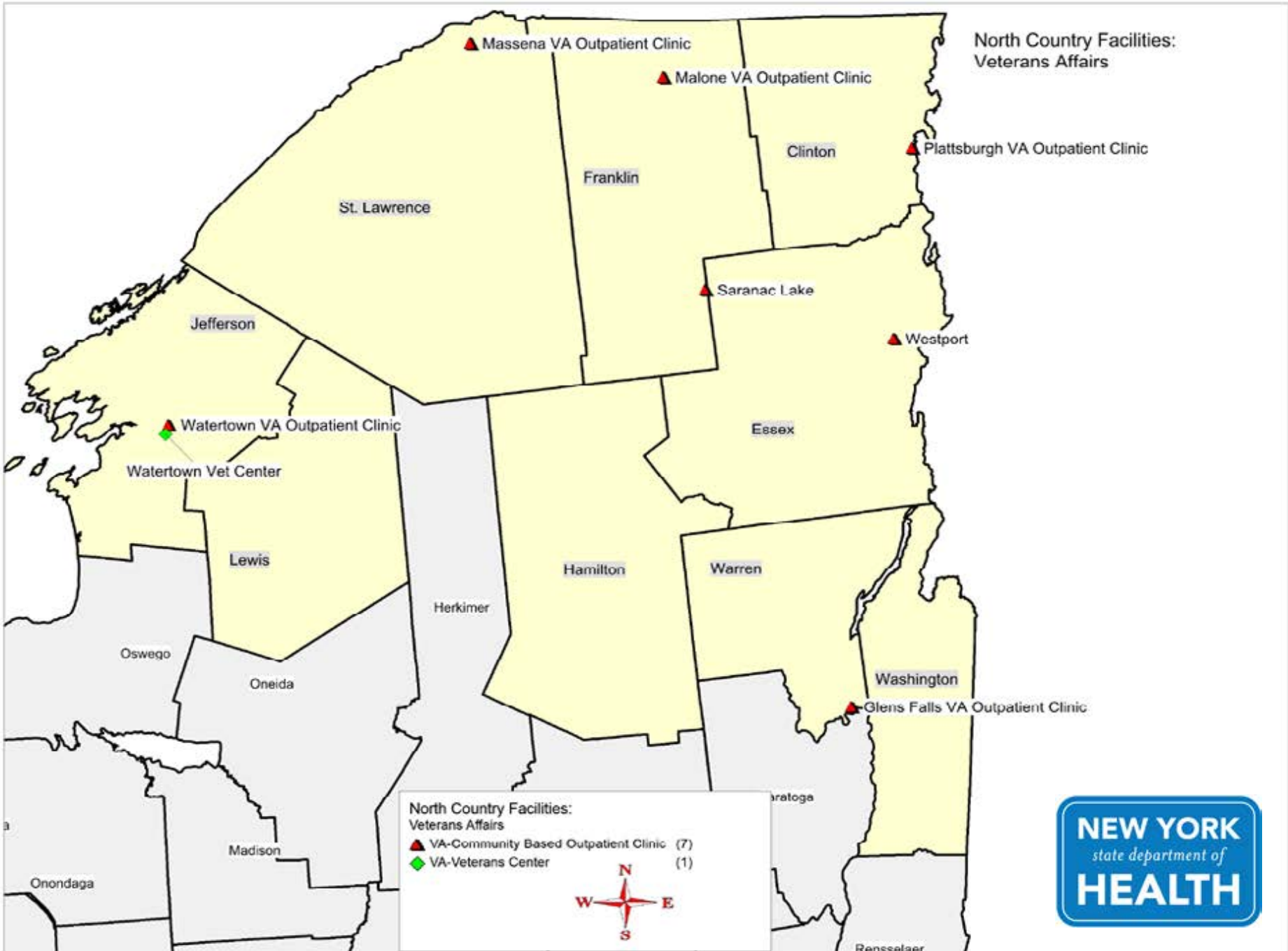
## Veterans Affairs

8 Veterans Affairs Facilities:

7 Community Based Outpatient Clinics;  
and

1 Veterans Center





North Country Facilities:  
Veterans Affairs

▲ Massena VA Outpatient Clinic

▲ Malone VA Outpatient Clinic

▲ Plattsburgh VA Outpatient Clinic

St. Lawrence

Franklin

Clinton

Jefferson

▲ Saranac Lake

▲ Westport

▲ Watertown VA Outpatient Clinic

Watertown Vet Center

Essex

Lewis

Hamilton

Warren

Herkimer

Washington

Oswego

Oneida

▲ Glens Falls VA Outpatient Clinic

Madison

Onondaga

North Country Facilities:  
Veterans Affairs

▲ VA-Community Based Outpatient Clinic (7)

◆ VA-Veterans Center (1)



# Fiscal Challenges

Charles Abel

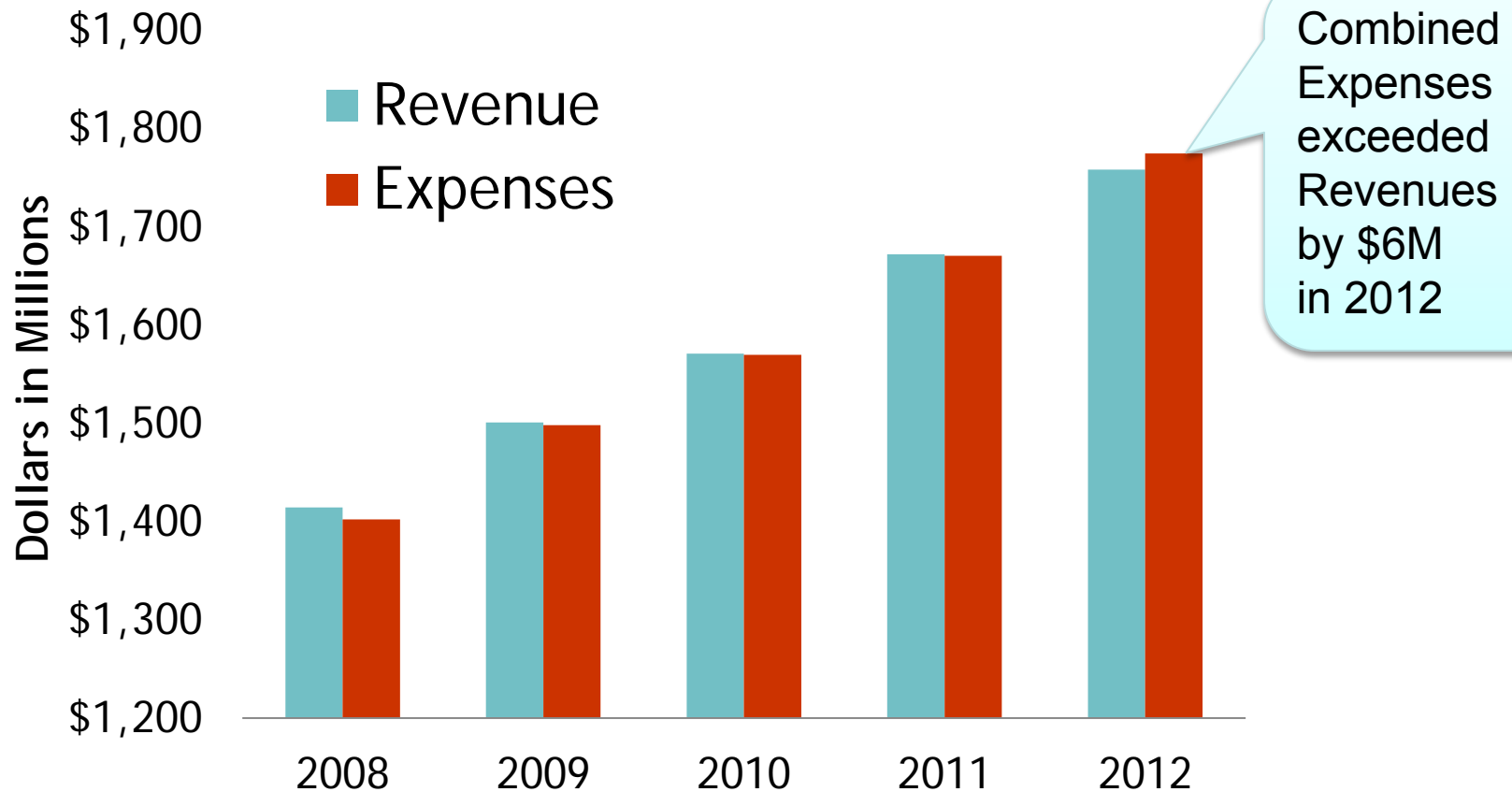
*Director*

*Division of Health Facility Planning*

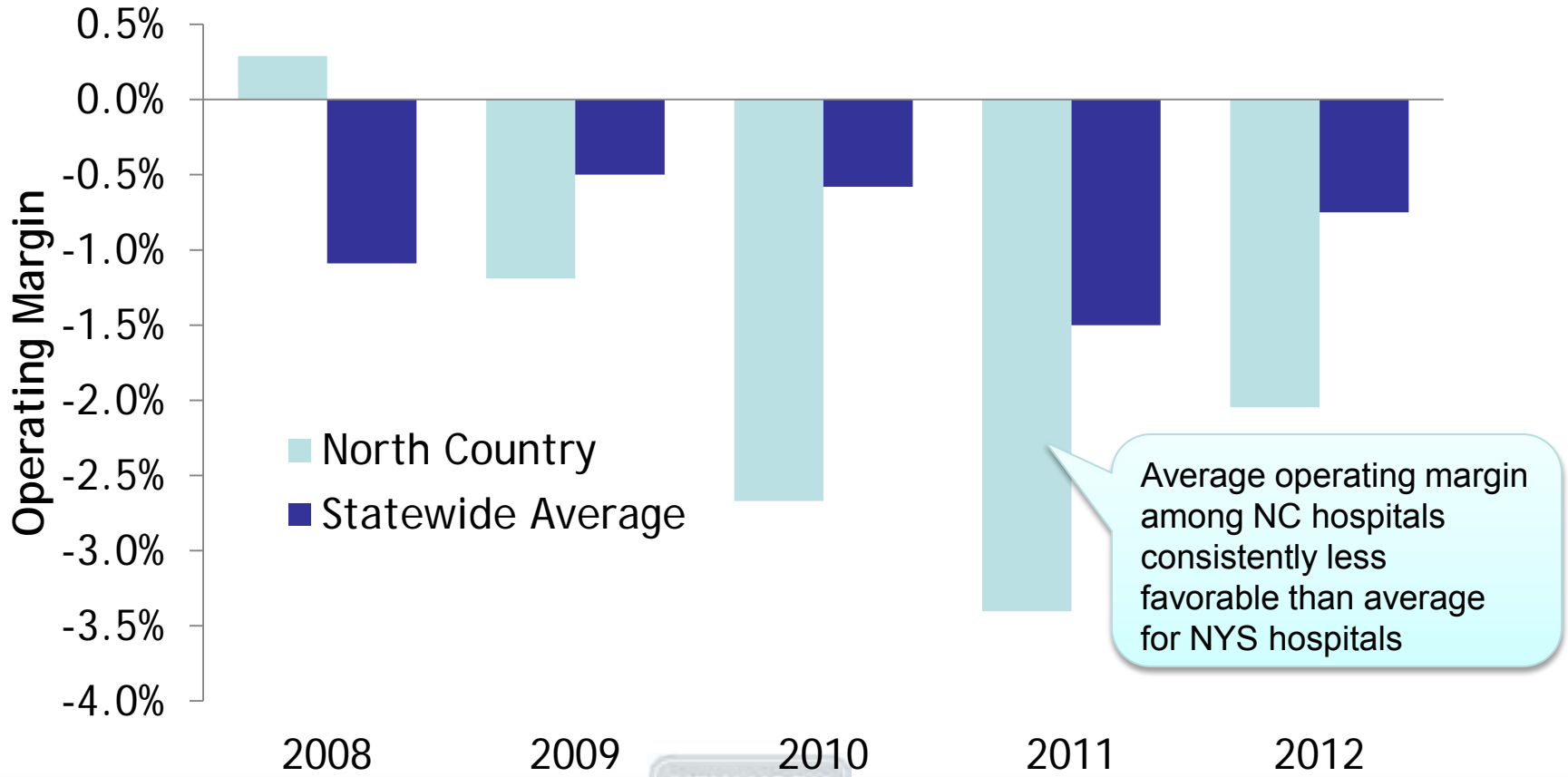
*New York State Department of Health*



# Total Operating Revenue and Expenses among North County Hospitals Combined by Year

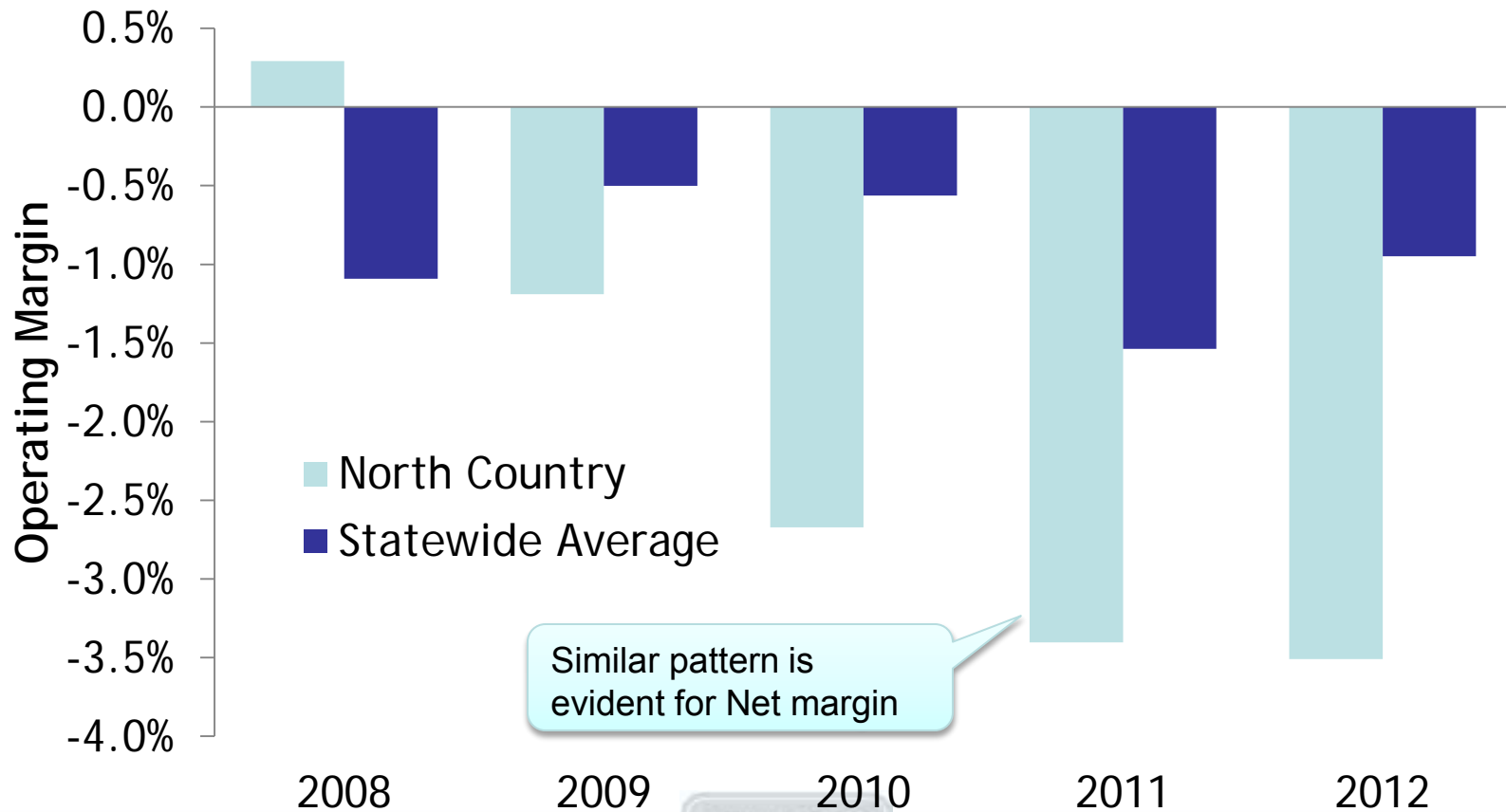


# Average Operating Margin among North County Hospitals Compared to Statewide Average by Year

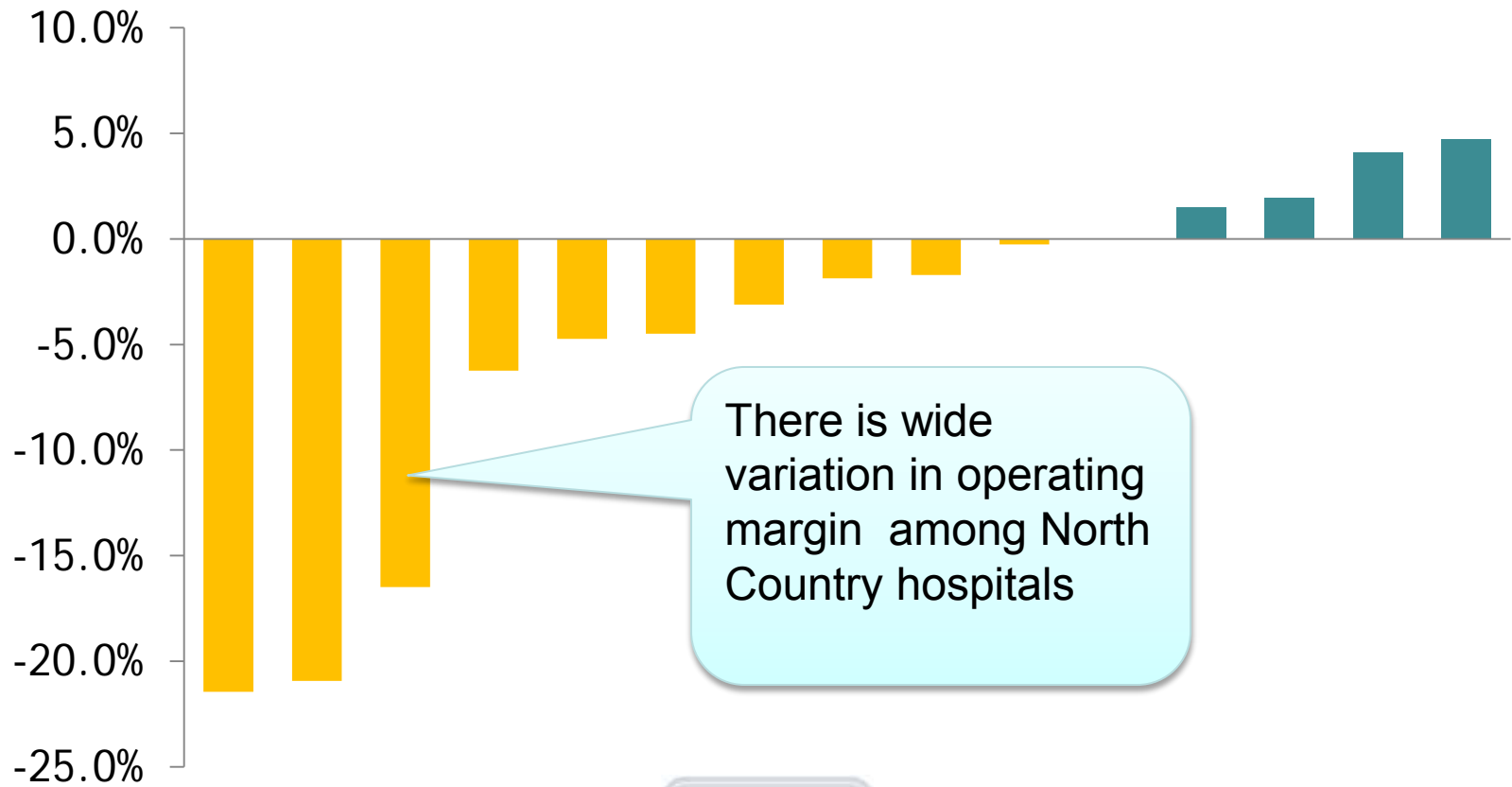


Average operating margin among NC hospitals consistently less favorable than average for NYS hospitals

# Average Net Margin among North County Hospitals Compared to Statewide Average by Year

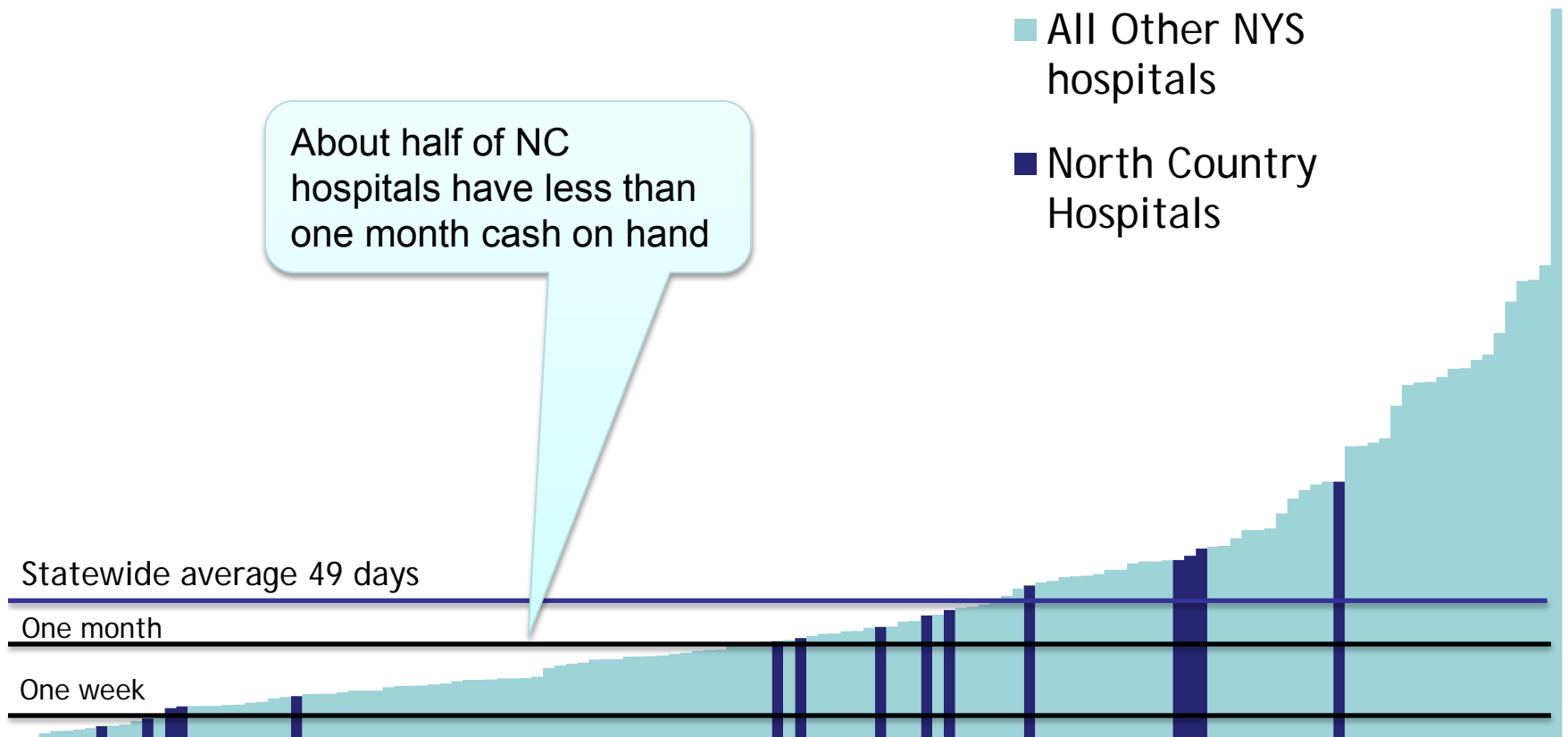


# 2012 Operating Margin among North County Hospitals

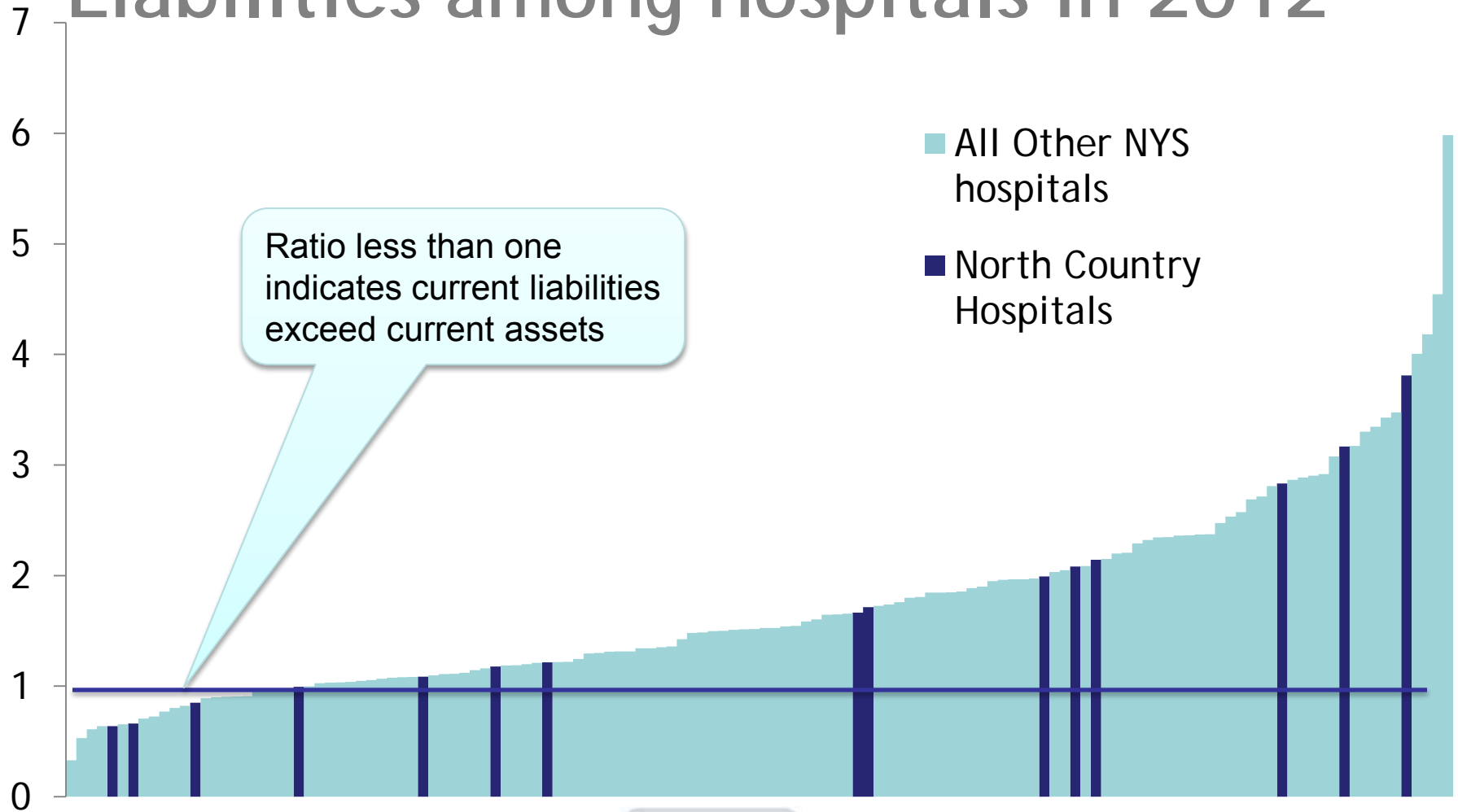


There is wide variation in operating margin among North Country hospitals

# Days Cash on Hand among hospitals in 2012

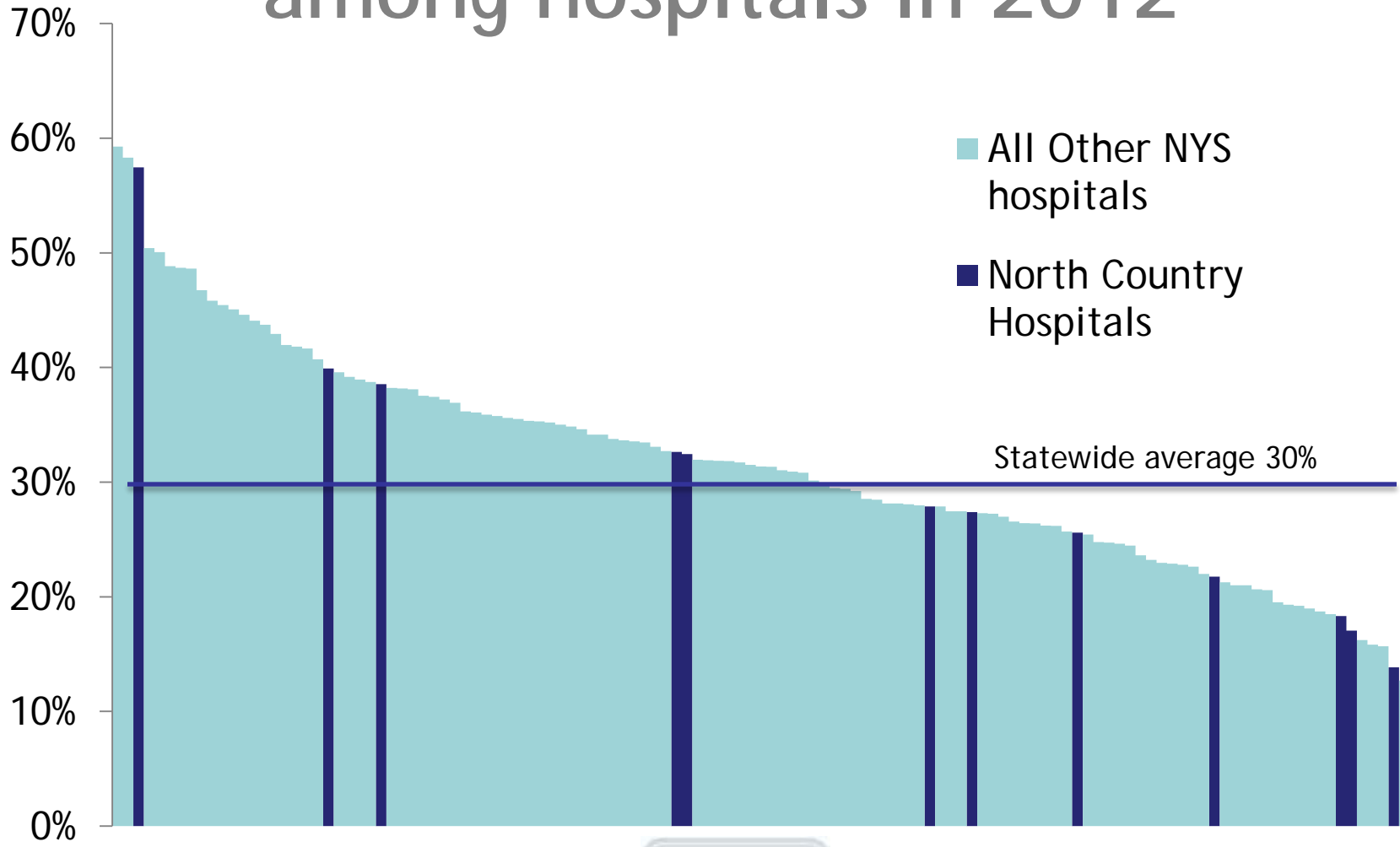


# Ratio of Current Assets to Current Liabilities among hospitals in 2012

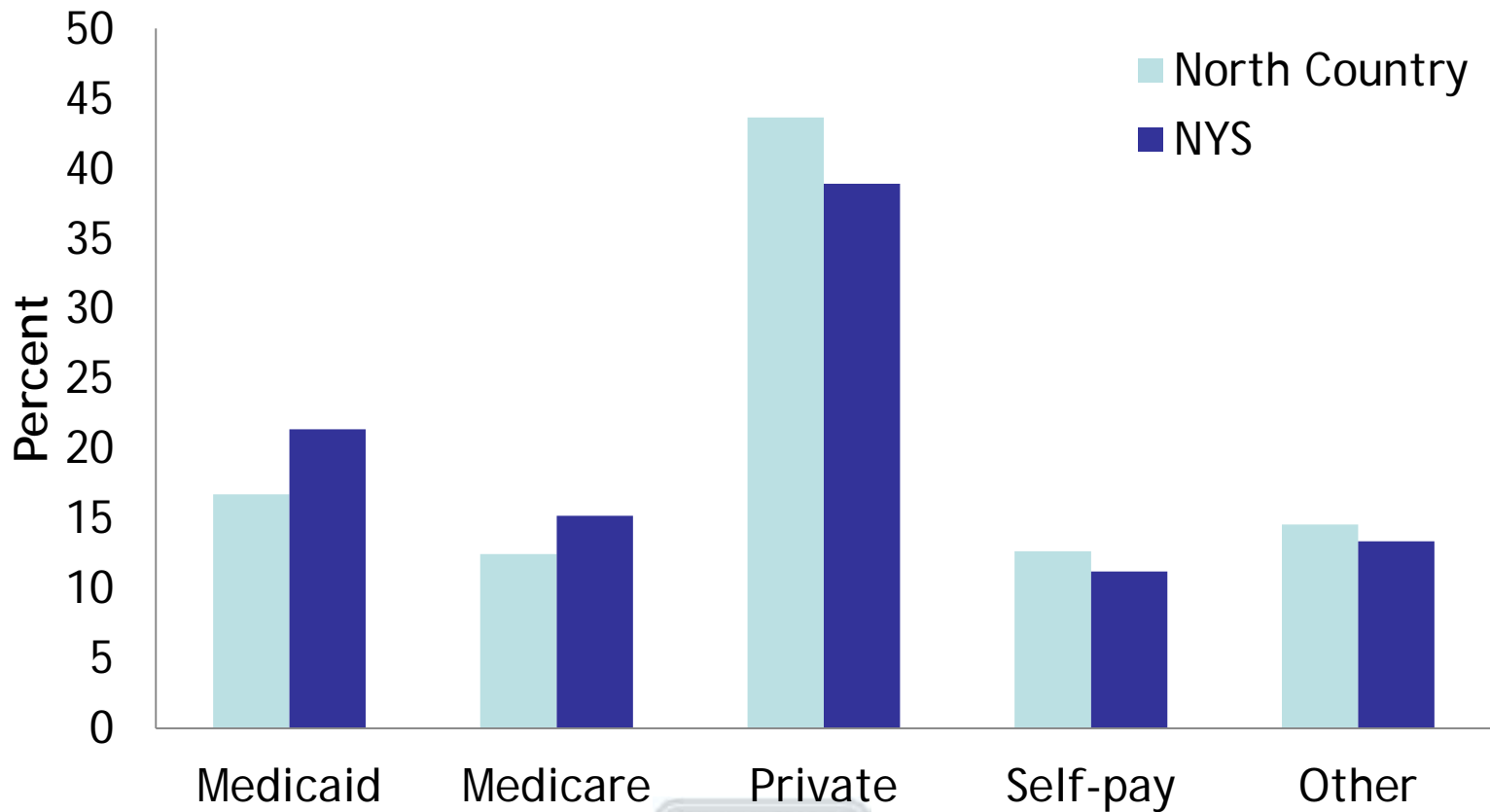




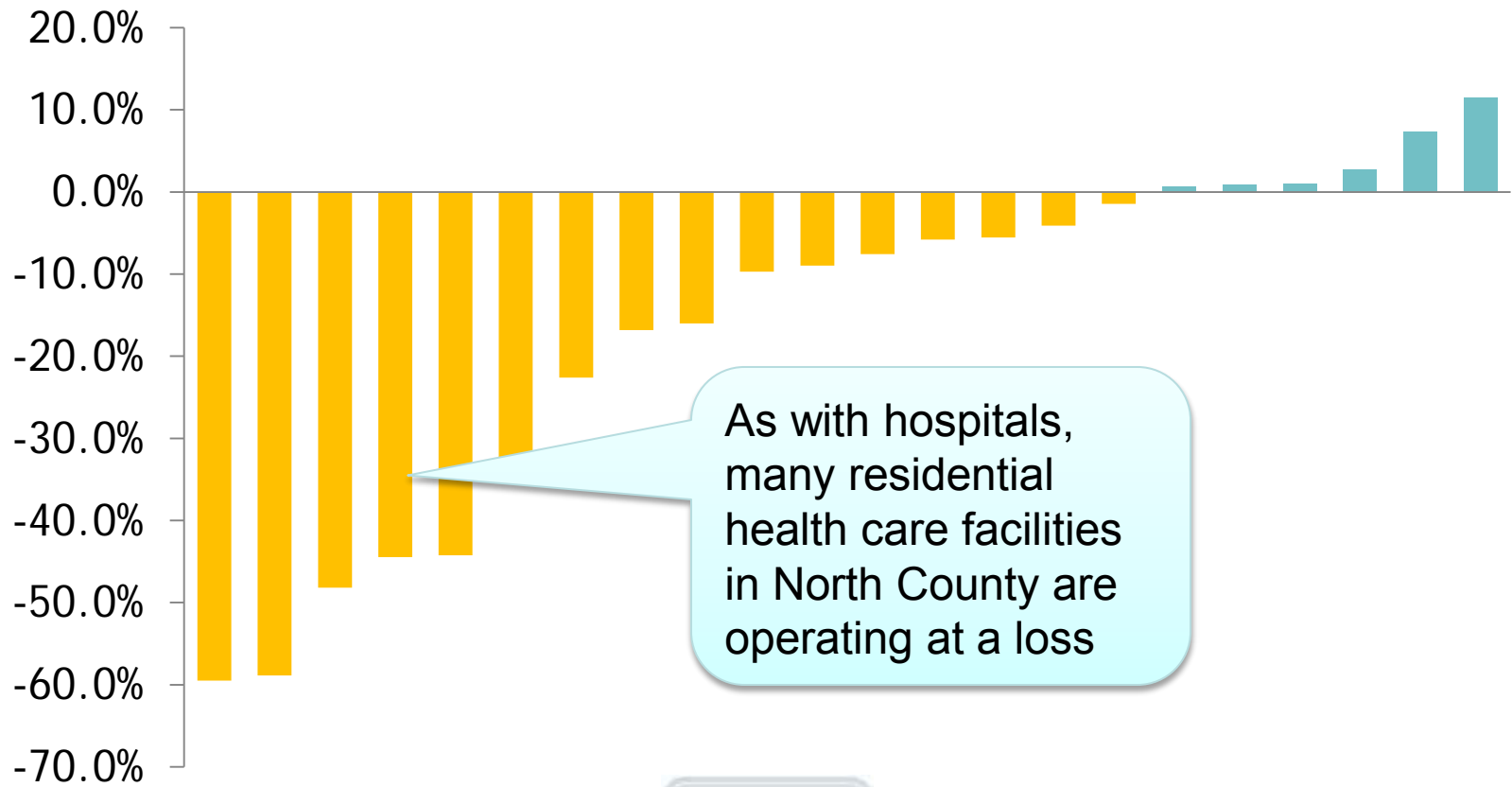
# Ratio of Long Term Debt to Capital among hospitals in 2012



# Expected Primary Payer among Inpatients, 2012



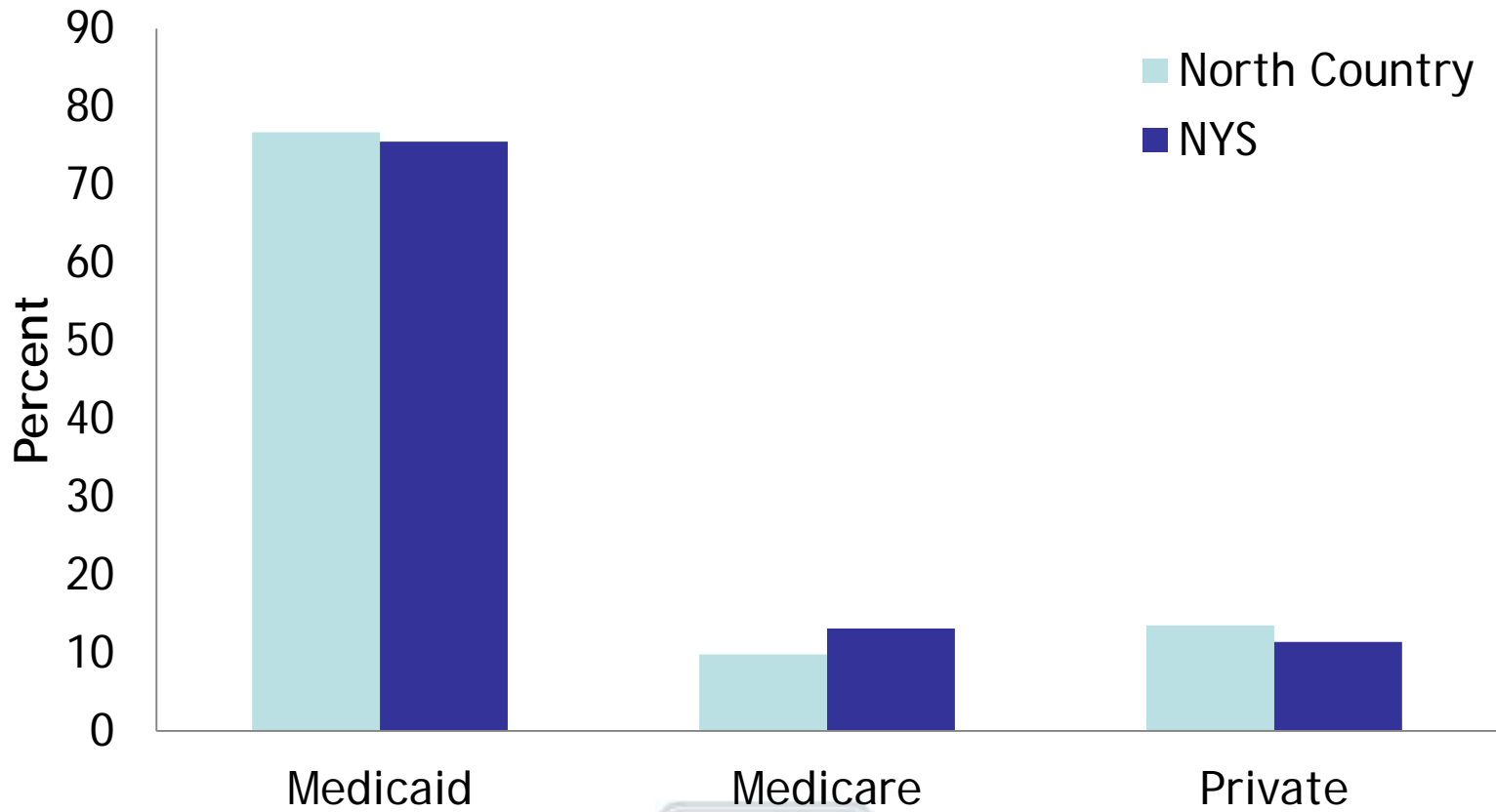
# 2012 Operating Margin among North County Nursing Homes



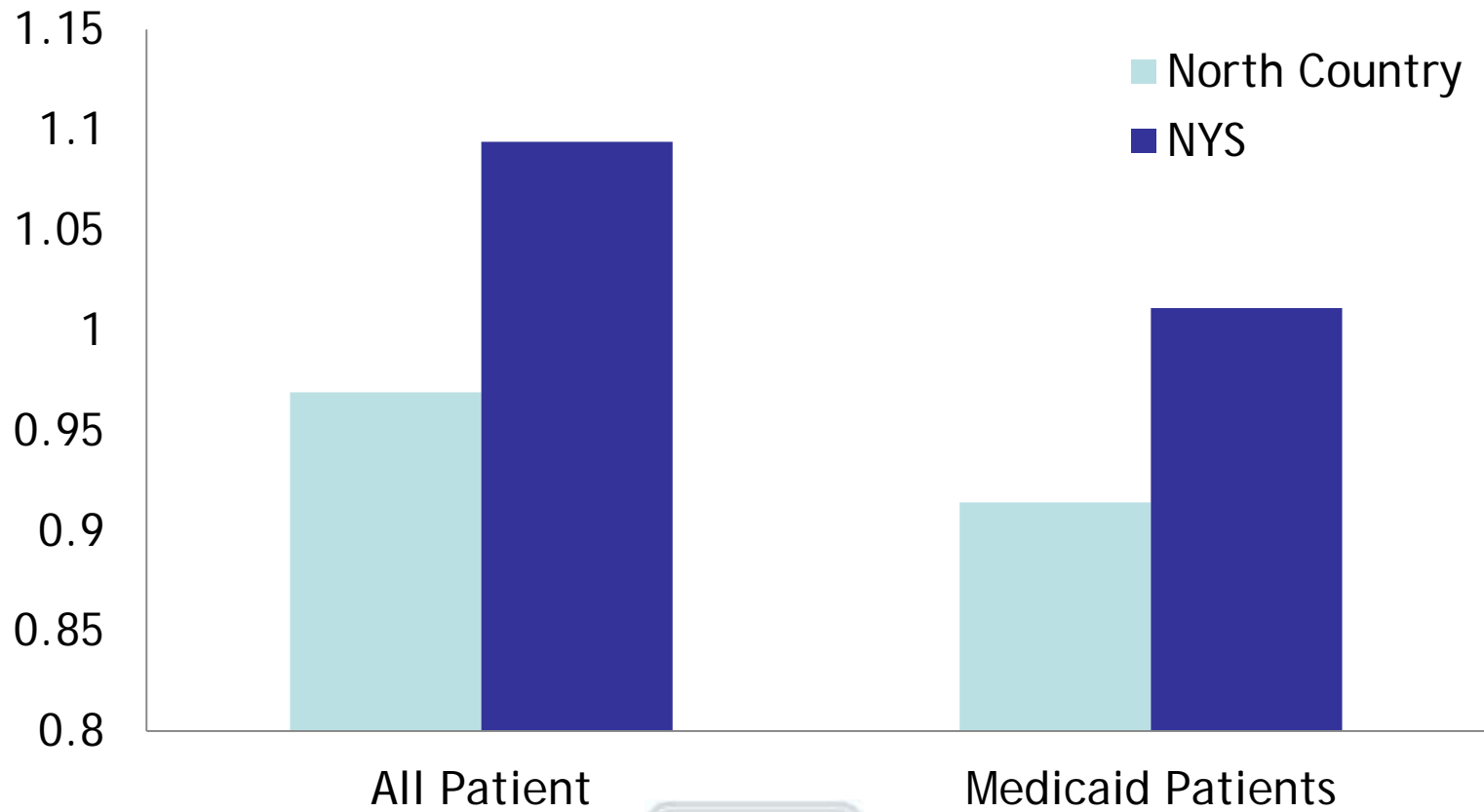
# Comparison of North County Nursing Homes Financial Status to All NYS Nursing Homes

Measure	North County Average	All NYS Average
Days cash on hand	19.6	26.4
Debt to capital ratio	32.5%	24.6%
Operating Margin	-16.3%	-2.5%
Net Margin	-8.1%	0.4%
Ratio of current assets to current liabilities	1.7	1.6

# Payer Mix for Residential Health Care Facilities, 2011



# Average Case Mix Index for Residential Health Care Facilities, 2013



# Workforce Issues and Challenges for the North Country

Barry Gray

*Director*

*Bureau of HEAL, Capital Investment and*

*Workforce Development*

*New York State Department of Health*



# North Country Has Fewer Providers per 100,000 than Other Regions

Health Occupations	Per 100,000 Population			
	North Country	Statewide	Upstate	Downstate
All Physicians	207	348	259	402
Primary Care Physicians	77	120	100	116
Obstetricians/Gynecologists	9	14	11	16
Physician Assistants	51	61	88	45
Nurse Practitioners/Midwives	63	76	94	65
Specialists	120	228	159	269

Data source: The Center for Health Workforce Studies



# North Country Has More RNs and LPNs per 100,000 than other regions

Health Occupations	Per 100,000 Population			
	North Country	Statewide	Upstate	Downstate
Registered Nurses	1,214	1,093	1,372	924
Licensed Practical Nurses	623	332	528	213
Social Workers	98	234	190	261
Pharmacists	82	91	100	86
Dentists	72	78	62	87
Dental Hygienists	57	47	73	32

Data source: The Center for Health Workforce Studies

Downstate: NYC 5 counties (Bronx, Kings, New York, Queens, and Richmond) and Nassau, Sullivan and Westchester



# An Aging Health Workforce

	Mean Age			
	Statewide	Upstate	Adirondack Region	Tug Hill
Family/General Practice	52	51	55	51
General Surgeons	55	56	56	56
General Psychiatrists	57	57	58	58
Dentists	49	50	57	39
Physician Assistants	40	43	45	46
Nurse Practitioners/Midwives	46	49	52	54
Dietitians/Nutritionists	45	46	52	51
Psychologists	51	50	51	40
Registered Nurses	47	47	48	47
Social Workers	44	42	46	45

Data source: The Center for Health Workforce Studies  
 Adirondack region: Clinton, Essex, Franklin, Hamilton, Warren and Washington  
 Tug Hill Seaway Counties: Jefferson, Lewis and St. Lawrence



# Underserved Areas and Populations

- Ø Health Professional Shortage Areas
  - 30 Primary Care in NC 178 statewide
  - 12 Mental Health in NC 144 statewide
  - 17 Dental Health in NC 126 statewide
  
- Ø Medically Underserved Areas
  - 14 in NC 112 statewide Medically
  
- Ø Underserved Populations
  - 3 in NC 31 statewide

# Employment Projections

Ø Between 2010 and 2020 the average annual job openings will be for:

- Personal and home care aides +140
- Registered Nurses +120
- LPNs and licensed Vocational Nurses +50
- Nurse Aides, Orderlies and Attendants +50
- Social Workers +20
- Pharmacists +20
- Pharmacy Techs +20
- Dental Assistants +20

\* new and replacement job counts

# Demand for Health Workers

## Ø Hospitals

- Reported difficulty recruiting speech pathologists, nurse managers, pharmacists, clinical lab technologists and occupational therapists
- Reported difficulty retaining occupational therapists, nurse managers, pharmacists, physical therapists and speech pathologists

# Demand for Health Workers (cont.)

## Ø Nursing Homes

- Reported difficulty recruiting occupational therapists, speech pathologists, nurse managers, directors of nursing and medical billers.
- Reported difficulty retaining CNAs, LPNs, newly licensed RNs, MDS coordinators and directors of nursing

# Demand for Health Workers (cont.)

## Ø Home Health Agencies

- Reported difficulty recruiting licensed master's trained social workers, experienced RNs, occupational therapists, and licensed clinical social workers.
- Reported difficulty retaining speech pathologists, licensed master's trained social workers, occupational therapists and personal care assistants.

# Demand for Health Workers (cont.)

## Ø Federally Qualified Health Centers (FQHCs)

- Reported difficulty recruiting dentists, psychiatric NPs and psychologists.
- Reported difficulty retaining LPNs, RNs and dental assistants.



# Resources

## ∅ Doctors Across New York (DANY)

- Physician Loan Repayment-loan forgiveness to work in HPSAs/MUAs
- Physician Practice Support-to set up practices in HPSAs/MUAs
- Ambulatory Care Training-to organizations to provide training opportunities to residents and medical student in FS ambulatory care site
- Diversity in Medicine-award to Associated Medical Schools to provide high school and college students with educational opportunities leading to medical school

## Resources (cont.)

- Ø State -30 J-q Visa Waivers-waive home return requirement in exchange for commitment to work in HPSAs/MUAs
- Ø NYS Primary Care Service Corps-loan repayment for non-physician clinicians
- Ø Empire Clinical Research Investigator Program-funding to medical schools to train physicians in medical research
- Ø Area Health Education Center Funding-grants to support 9 AHECs which train students in health care careers
- Ø Health Workforce Training Initiative-grants to hospitals, nursing homes, D&TCs, home care agencies, educational institutions and unions to train workers in shortage occupations

# Resources (cont.)

## Ø 1115 Medicaid Waiver – Workforce Request would

- Expand and refocus the Health Workforce Retraining Initiative
- Expand the DANY Physician Loan Repayment, Physician Practice Support and Primary Care Service Corp
- Create a new Health Workforce Data Repository
- Support new research to inform decisions on the need for alignment of jobs and creation of new jobs for emerging models of care
- Create Regional workforce information centers to promote and advocate health care careers

# Workforce Flexibility

## Ø Medicaid Redesign Team (MRT)

- Adopted 13 workforce flexibility recommendations
- 5 of 13 dealing with dental hygienists (school health certificates/collaborative practice), physician supervisory ratios for physician assistants, unlicensed worker exemption extension and creation of Primary Care Service Corps were adopted as part of 2013-14 budget
- DOH continues to work on others
  - advanced home health aid
  - Medication administration by advance home health aid
  - Enable physician home visits by hospitals
  - Stackable credentials for direct care workers
  - Creation of an advisory workgroup to the SED Office of the Professions

# Challenges

- Ø Adirondack Regional Healthcare Workforce Planning Meeting-sponsored by SUNY, 2 AHECs and others
  - SUNY and regional stakeholders-trying to figure out regional workforce gaps
  - Realign SUNY's educational offerings to better fit regional needs

# Challenges (cont.)

## ∅ Traditional Shortage - NO SURPRISE

- More oral health providers
- More primary care and physician specialists
- More CNAs
- More radiology techs
- More respiratory therapists

# Challenges (cont.)

## Ø Non-traditional Needs

- Group discussed emerging models of Care (MHs, HHs and ACOs) and emphasis on primary and preventive care
  - Need for employees with a better understanding of primary and preventive care
  - Chronic disease management
  - Knowledge of how to work more effectively in teams
  - Knowledge of how to attain higher levels of patient satisfaction
  - Knowledge of how to attain better clinical outcomes

# Challenges (cont.)

## Ø Non-traditional Needs

- Group discussed health reform, need for keeping people healthy, and penalties for inappropriate hospital readmissions
  - Need for employees with better finance, business and IT skill, and
  - Knowledge of Medicare and Medicaid finance/reimbursement reforms



# Challenges (cont.)

## Ø Non-traditional Needs - GME

- Minimum source of newly trained physicians/no teaching hospitals in the region
  - SHIP recommends creating residency and other training programs in rural hospitals and health centers
  - Exposure to non-urban settings creates practitioners more likely to practice in non-urban settings (an initial pilot proposed)

# Sources of Data

- Ø Center for Health Workforce Studies
- Ø Trends in the Supply and Demand for Health Workers, March, 2013
- Ø Hospital, Nursing Home and Home Health Agency data is for 7 county region
- Ø Data for FQHCs is for all counties outside of NYC

# The Affordable Care Act (ACA), Medicaid Redesign Team (MRT) and, 1115 Waiver

Jason Helgeson

*Deputy Commissioner*

*Office of Health Insurance Programs*

*New York State Department of Health*

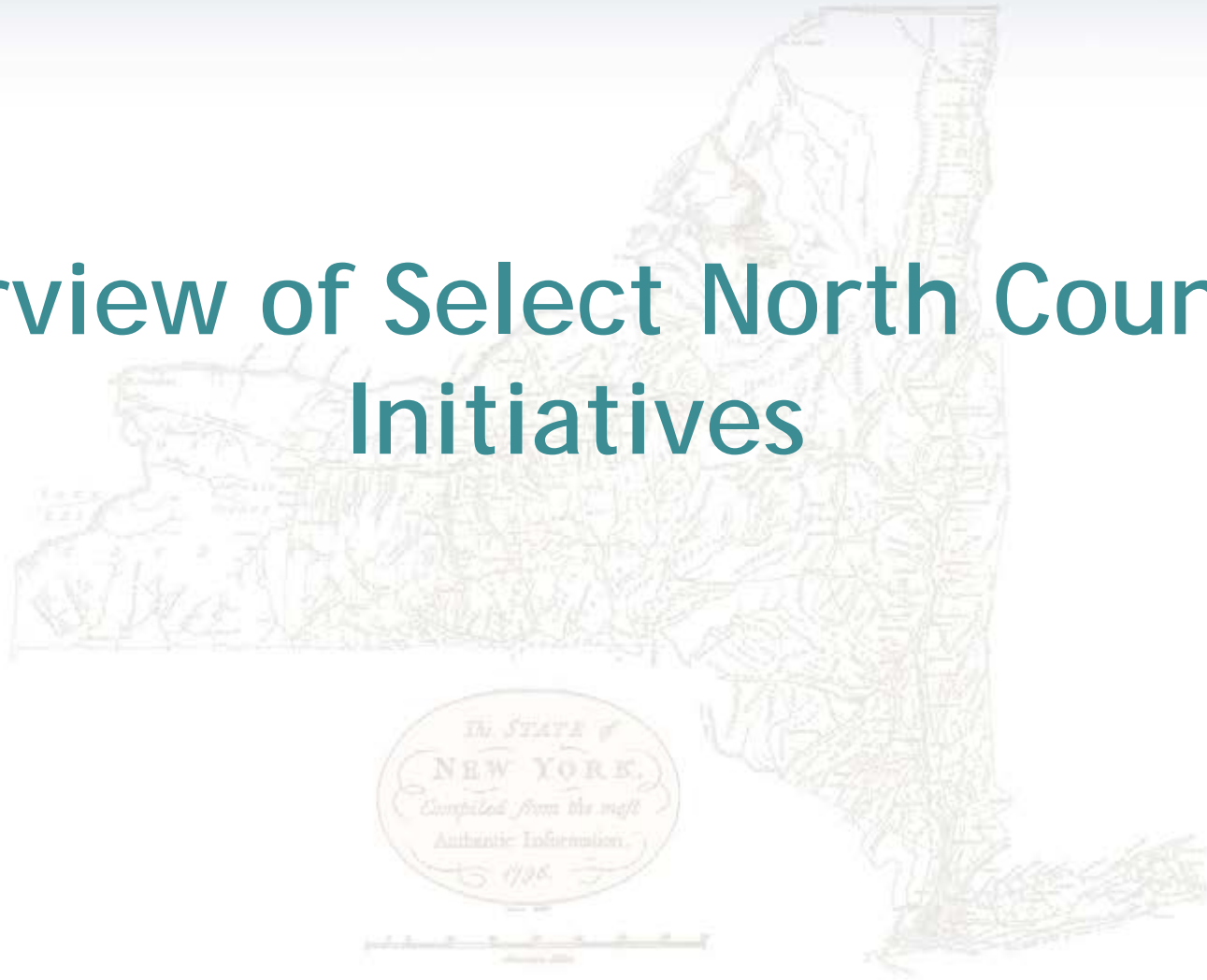


# Break

The Commission will resume in 30 minutes



# Overview of Select North Country Initiatives



# North Country Initiative (NCI)

Ben Moore, III  
*Chief Executive Officer*  
*River Hospital*





# North Country Healthcare Redesign Commission



Ben Moore, III, CEO  
Cynthia Nelson, Administrative Specialist



December 17, 2013



# *River Hospital Agenda*



- I. About Us
- II. Service Area
- III. Advantages
- IV. Challenges
- V. Collaborations
- VI. Population Health
- VII. Community Service Plan
- VIII. Strategic Plan

Questions/Discussion





## *I. About Us: Our Mission*

*“To provide compassionate, cost effective and accessible, primary health care to the year round and seasonal residents, and visitors of the River Communities. The hospital prides itself on high quality outpatient, inpatient and specialty services to meet individual and community needs through partnerships with our patients and communities we serve.”*



# *I. About Us: History & Background*

- A. Once one of three EJ Noble Hospitals in the North Country, River Hospital began its current iteration as a hospital in 2003.
- B. Designated as a Critical Access Hospital April 15, 2003, River Hospital operated 24 acute/special purpose beds, a primary care clinic, an Emergency Department and 27 bed Skilled Nursing Facility.
- C. The Skilled Nursing Facility was closed in 2010, as the Hospital could no longer subsidize these beds and assure the preservation of the emergency, acute and primary care services.
- D. An Ambulatory Surgical Unit was reactivated in 2008.
- E. Governance: Article 28, 14 member Board with representation from Medical Staff and Fort Drum
- F. Employment:
  - ✓ Over 200 employees
  - ✓ One of largest employers in 1000 Islands



# *I. About Us: Quality Outcomes*



## River Community Wellness Program: Active Duty Military Impact:

- Ø 90 Soldiers from Fort Drum have been through the Program or are currently enrolled
- Ø 95% of participants have discharged with and improved GAF score
- Ø Over 80% have discharged with improved PHQ-9 score
- Ø Over 80% have discharged with improved PCL-M score
- Ø Despite scheduled time off for military members, the program enjoys a program utilization measure of over 90%.



# *I. About Us: Quality Outcomes*



## **New York State Partnership for Patients CMS Engagement and Improvement Report (A-5 Scores)**

River Hospital's summary data are listed below. An explanation of the scoring criteria, more detailed data on each clinical focus area, and other information are also described further in the report included in the meeting materials.

### **Engagement and Improvement Score Dashboard for Period Ending June 2013 (Data as of July 29, 2013)**

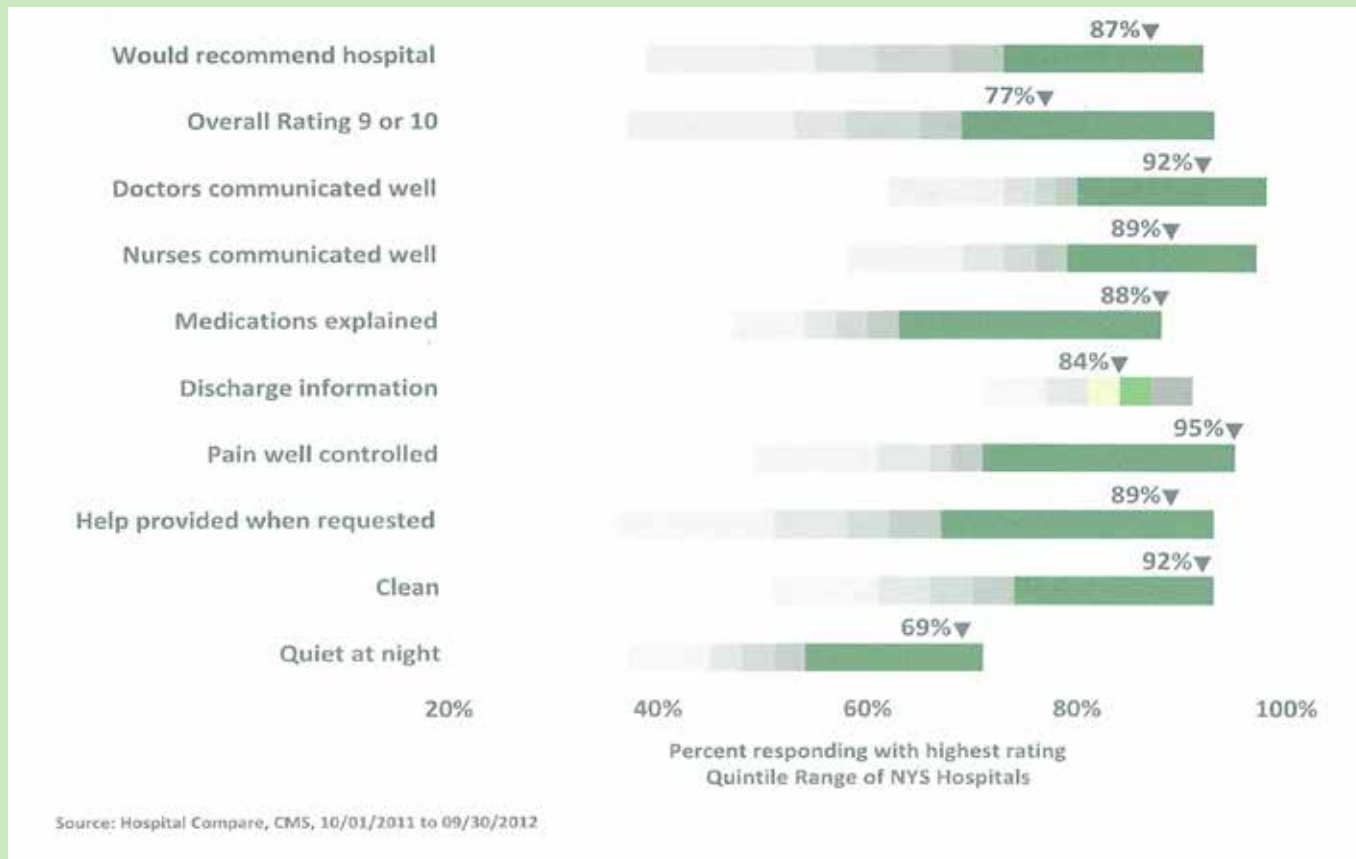
- 4 - Catheter-associated Urinary Tract Infection (CAUTI) Reduction**
- 2 - Central Line-associated Bloodstream Infection (CLABSI) Reduction**
- Z - Surgical Site Infection (SSI) Reduction**
- Z - Ventilator-associated Pneumonia (VAP) Reduction**
- Z - Obstetrics: Early Elective Delivery (EED) Reduction**
- 4 - Adverse Drug Event (ADE) in High-alert Medication Reduction**
- 4 - Falls Reduction**
- 4 - Pressure Ulcer Reduction**
- 4 - Venous Thromboembolism (VTE) Reduction**
- 3 - Preventable Readmission Reduction**



# I. About Us: Quality Outcomes



## Customer Feedback for River Hospital, Inc.







# *River Hospital*

## *II. Service Area*

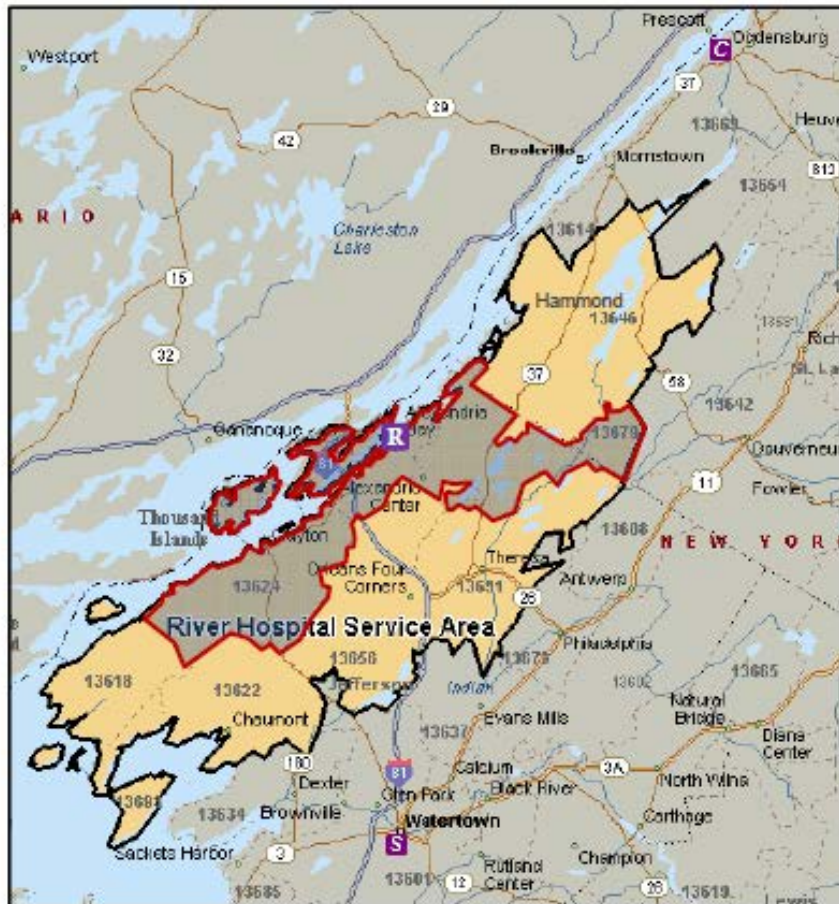


- A. Northern Tier of Jefferson County, with service area of 25-mile radius:
  - Lake Ontario to St. Lawrence River (Alexandria, Orleans, Theresa, Hammond, Clayton, Cape Vincent, portion of Fort Drum)
  - Year-round and seasonal residents of Jefferson and St. Lawrence counties
  
- B. Designated professional shortage area
  
- C. Poverty and unemployment rates exceed national averages
  
- D. Syracuse is largest nearby population center (100 miles south)



# River Hospital

## II. Service Area




### Service Area Definition by ZIP & Town

ZIP	Town
13693	Three Mile Bay
13618	Cape Vincent
13622	Chaumont
13624	Clayton
13656	La Fargeville
13640	Wellesley Island
13607	Alexandria Bay
13675	Plessis
13646	Hammond
13691	Theresa
13679	Redwood

### Facility Key

- R** River Hospital
- S** Samaritan Medical Center
- C** Claxton-Hepburn Medical Center

 = River Hospital Narrow Service Area (HSA)



# *River Hospital*

## *III. Advantages*



A. River Hospital has the following Advantages:

1. Extremely strong community support
2. An exceptionally committed staff
3. An engaged, committed and very supportive Board of Directors with skill sets to enable future success
4. A highly collegial medical staff committed to quality outcomes





# *River Hospital*

## *IV. Challenges*



- A. River Hospital is facing the following challenges:
1. Decreasing demand for acute admissions
  2. Increasing demand for primary care services
  3. Unmet demand for mental health services
  4. Increasing cost per day and per visit
  5. Provider availability is a challenge for all rural healthcare institutions. Clinical integration through collaboration shows the greatest promise for effective solutions.
  6. Emerging healthcare capability requirements such as population management, regional quality measures, cost reductions, etc., can best be achieved through multi-institutional collaborations.



# *River Hospital*

## *IV. Challenges*



### B. Board of Directors Strategic Plan to address challenges:

1. At its first Strategic Planning Retreat in June of 2010 the Board of Directors concluded the following:
  - a. River Hospital must find a partner(s) to enable it to successfully address the challenges unfolding in the health care environment. A “go it alone” strategy would most certainly fail in the long run and cause significant harm and disruption to the health care needs of the communities we serve.
  - b. River Hospital should explore new services that would benefit the community, provide additional financial resources and make the institution a more attractive partner for collaboration



## *V. Collaborations:*

# *Fort Drum Regional Health Planning Org.*

- A. Tri-county collaborative effort involving 7 hospitals, Fort Drum Medical Command and community healthcare stakeholders
- B. Mission: To analyze the healthcare system surrounding and including Fort Drum, identify gaps and leverage resources to meet the current and future needs of the military and civilian population
- C. Priorities
  - Health Information Technology (EMR, HIE, Disease Registry, Telemed)
    - Have leveraged over \$18 million in grant and match funds for HIT infrastructure to prepare for Health reform and clinical integration
    - Almost all Primary Care in region are PCMH level II or level III (118 providers)
  - Health Care Workforce Development
    - Building local capacity to educate healthcare workers including NPs and LMSW
  - Mental Health
  - Emergency Medical Services
- E. Provides coordination for North Country Initiative (HEAL 21) & the North Country Health Compass



## *V. Collaborations: North Country Health Compass*

- A. Tri-county collaborative effort involving spectrum of stakeholders
- B. Mission: to develop, implement and evaluate a regional health improvement initiative through research, data analysis, community engagement and collaboration among public health departments, hospitals, community-based organizations, general public and healthcare providers.
- C. Priorities
  - Chronic disease prevention
  - Address mental health & substance abuse issues
  - Promote healthy women, infants and children
- D. 3 year plan developed
- E. Precursor to Compass: North Country Initiative (HEAL 21)



# *V. Collaborations: North Country Initiative*

## A. Six Hospital & Multi-Physician Initiative



B. Mission: to develop a high-quality, value-driven regional healthcare system that will enhance the healthcare of the entire population and serve the unique needs of the local communities as identified by North Country Health Compass.



# *V. Collaborations: North Country Initiative*



## C. Formation of:

### - Clinical Integrated Network

- **Healthcare Partners of the North Country**
- Physician Lead to Improve Quality of Care while reducing Cost of Care
- Utilize disease registry to monitor and provide feedback on quality
- Predictive modeling for care coordination - improved patient outcome & cost

### – Management Services Organization

- 501(e) Corporation focused on reducing back-of-the-house costs

D. Based on consultant recommendation and research expected 5 year start-up expenses \$5 -\$14 Million dependent on configuration



## *VI. Population Health*



A. Total Pop: 120K (Jefferson), 27K (Lewis), 112K (St. Lawrence)

- Under 18: 24.9% (Jefferson)
- 65+: 11.5% (Jefferson)

B. Demographics

- Median household income (3 County): \$44K
- Children below poverty: ~25% (Jefferson and St. Lawrence)
- Unemployment (3 County): 10%
- Disabled (3 County): ~13%
- Adults with health insurance: ~85%
- Adults with regular health care provider: ~81%

Source: 2013 Tri-County Community Health Assessment Performed by North Country Health Compass (Jefferson, Lewis, St. Lawrence)



## *VI. Population Health*



C. Leading causes of death: Heart disease, cancer, stroke, COPD

D. Leading causes of premature death: Cancer, heart disease, COPD, unintentional injury, suicide, diabetes

E. Chronic health conditions:

- High blood pressure
- Obesity
- Arthritis
- Lack of exercise
- Diabetes
- Mental illness
- Poor nutrition
- Oral health
- Heart and lung disease

F. Leading regional community health issue: Substance abuse





## *VI. Population Health*



### G. Main Community Health Challenges

- Unhealthy behaviors
- Environmental risk factors
- Socio-economic factors



# VI. Population Health



## H. Health Professionals (Jefferson)

<b>PCP</b>	<b>39.0</b>
General/Family practice	17.8
Internal Medicine	11.9
Pediatricians	33.5
<b>Ob/Gyn</b>	<b>15.6</b>
Psychiatrists	6.8
General Surgeons	4.2
Dentists	60.2
<i>Per 100,000</i>	

**HOSPITALS: River, Carthage, Samaritan**



## *VII. Community Service Plan*



- A. Developed as part of North Country Health Compass Activities
- B. Three-year action plan
- C. Improve access to services
  - § Convenient Care Clinic added July 2012
  - § Additional specialty care services
  - § Mental health services: Military and civilian
  - § Connecting with schools
- D. Enhance public health activities
  - § Cancer screenings
  - § Health and wellness fairs Coordinating with community-based services



## *VII. Community Service Plan*



### E. Education

- NC Health Compass Website ([www.ncnyhealthcompass.org](http://www.ncnyhealthcompass.org))
- Certified diabetes educator
- Tobacco cessation

### F. Relieve government burden to improve health

- Utilize facilitated enrollers to increase insurance coverage
- Subsidize mammograms
- Philanthropy
- Collaboration to leverage assets



# *VIII. Strategic Plan*

## *River Hospital's Perspective*



### A. Data Driven Analysis

1. 2007 – River Communities Health Assessment (Conducted by Center for Community Studies at Jefferson Community College)
2. 2010 – River Hospital Attitude & Usage Study (Conducted by Eric Mower and Associates)
3. 2011 – River Hospital Strategic and Facility Planning (Conducted by Navigant Consulting)
4. 2013 – North Country Community Health Survey (Conducted by North Country Health Compass Partnership)

### B. Strategic Planning for River Hospital 2008 – 2013

### C. Execution

1. “NCI” (North Country Initiative)
2. North Country Health Compass
3. Restructuring Service Profile



## *VIII. Strategic Plan*

River Hospital spearheaded the effort which resulted in a \$3.8M HEAL grant to help seven North Country hospitals. River has embraced the need for regional collaboration by assuming the leadership role in the “North Country initiative” (NCI) collaboration effort for the six remaining participating hospitals.

As it has pursued the NCI effort, River Hospital has concurrently restructured its service profile to adjust to the future realities of health care in the rural North Country. These efforts include\*:

- A. De-emphasis on acute care in favor of an Emergency/  
Observation bed model in October 2012

*\*Noted services (A-D) were not included in Commissioner Shah’s Institutional Cost Report Analysis for River Hospital, distributed Saturday, September 21, 2013, Lake George, NY*



## *VIII. Strategic Plan*

- B. Increasing primary care services including a new “Convenient Care” clinic in July 2012
- C. The addition of mental health services for the active duty military (Partial Hospitalization Program for post-traumatic stress disorder treatment) in February 2013
- D. The addition of mental health services for the civilian community in February 2013

*\*Noted services (A-D) were not included in Commissioner Shah’s Institutional Cost Report Analysis for River Hospital, distributed Saturday, September 21, 2013, Lake George, NY*



# *River Hospital: An Asset For New York*



The River Hospital's Board has demonstrated a high degree of effectiveness in addressing the clinical needs of a very rural and at times severely isolated Northern New York environment. At the same time the Board has shown both realistic business sophistication and an accurate perception of the future of health care which have motivated it to lead the collaboration efforts of the North Country Initiative. We believe that this strategy is the best way to sustain and improve health care services for our communities.

We also strongly believe that this collaboration model which reduces costs through shared services; enhances quality outcomes and enhances services through clinical integration; and preserves community voices and support through local governance, is the ideal model for health care delivery in Northern New York and perhaps other rural areas as well.





# *River Hospital*



Questions/Discussion

# Adirondack Health Institute (AHI)

Cathy Homkey

*Chief Executive Officer*

*Adirondack Health Institute, Inc.*





ADIRONDACK  
HEALTH INSTITUTE

# Presentation to the North Country Health Systems Redesign Commission

Cathy Homkey

Chief Executive Officer, AHI  
[chomkeyahi@medserv.net](mailto:chomkeyahi@medserv.net)

December 17, 2013



ADIRONDACK  
HEALTH INSTITUTE

# Adirondack Health Institute



- } 501(c)(3) not-for-profit organization
- } Licensed Article 28 Central Service Facility
- } Governed by regional Board of Directors
- } Advisement from AHI Leadership Council: 14 key leaders from public and private sectors.



ADIRONDACK  
HEALTH INSTITUTE

# MISSION & VISION

- } Mission: To promote, sponsor, and coordinate initiatives and programs that improve health care quality, access, and service delivery in the Adirondack region.
- } Vision: We strive to be an innovative champion for accessible, high-quality, and cost-effective health care in the North Country.



# AHI – Central Force in Health Systems Transformation in Eastern ADKs

- Clinton
- Essex
- Franklin
- Hamilton
- Jefferson
- Lewis
- St. Lawrence
- Warren
- Washington





# Collaboration

“Health care providers in our region have enjoyed positive results from collaborating, rather than competing, to achieve a common goal. Following years of joint planning and joining forces, health care in our region is being improved and patient needs better met through the medical home model of primary care. The end result will be improved quality and reduced costs.”

- ~ Stephens Mundy, CEO, CVPH Medical Center*
- ~ Chandler Ralph, President/CEO, Adirondack Health*
- ~ John Ruge, MD, CEO, Hudson Headwaters Health Network*

INTEGRATION

ACCESS

VALUE

TRANSPARENCY

**AHI**

LINKAGES

MEASUREMENT

WORKFORCE

HIT





ADIRONDACK  
HEALTH INSTITUTE

# AHI Focus Areas

- } Health Care Delivery System Transformation
- } Regional Health Planning
- } Health Care Access



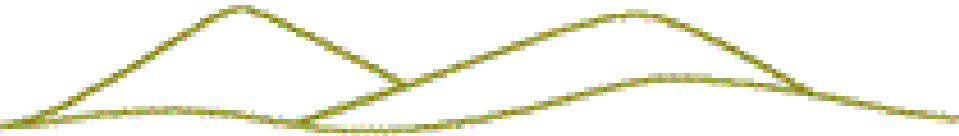
# Health Care Delivery System Transformation

- } Adirondack Region Medical Home Pilot
  - Embedded care management, care transitions
  - Payment reform to ensure financial viability
  
- } Health Information Technology
  
- } Care Management
  - Medicaid Health Home
  - Community-Based Care Transitions Program



# Regional Health Planning

Adirondack  
Rural Health  
NETWORK



- } Adirondack Rural Health Network
  - (eight counties/eight hospitals)
  - Community Health Assessment
  - Community Service Plans
  - Technical Assistance IRS Form 990
  - Secures Underserved Area Designations
  
- } Supports Prevention Agenda Priorities



ADIRONDACK  
HEALTH INSTITUTE

# Access to Care

## } Coverage

- Enrollment Assistance Services and Education
- Funding: NYS DOH, two federal agencies

## } Workforce

- Physician Recruitment/Retention
- Hudson-Mohawk Area Health Education Center
- RP2: Right Professional in the Right Place



# Triple Aim *Plus*

Improving the health of the regional populations

Improving the patient experience of care (including quality and satisfaction)

Reducing the per capita cost of health care

Improving physician satisfaction and retention



ADIRONDACK  
HEALTH INSTITUTE

# Accomplishments

- } Improved patient and physician satisfaction
- } Stabilized primary care system
- } Achieved specific gains in quality indicators
- } Lowered cost by reductions in ER visits and inpatient stays



# Today's Challenges



- } Continued threat of physician and primary care provider shortages
- } Fragmented, widely dispersed services
- } Need to transition medical, behavioral, and long term care services to outpatient settings
- } ADK Medical Home Pilot ends 2014

# NYS Health Innovation Plan



- } Build upon the experience of regional health care innovation models including those of AHI (Adirondack Medical Home Pilot, Health Home) that have made significant contributions toward achieving the “Triple Aim” for all New Yorkers.
- } Empower regional entities that are best equipped to set local priorities, convene local stakeholders and support mechanisms of regional implementation to lead Plan implementation



# Relationships, Resources and Expertise



ADIRONDACK  
HEALTH INSTITUTE

- } Collaborative relationships for the improvement of health in the Adirondack Region and New York State
- } Resources for our community partners as they expand coverage to this underserved region while also addressing rapid changes in the healthcare system.
- } Programs designed to help communities make their neighborhoods healthy places to live and work

[www.adirondackhealthinstitute.org](http://www.adirondackhealthinstitute.org)

# Blue Line Group

Chandler Ralph, FACHE

*President and CEO*

*Adirondack Medical Center*

William "Chip" Holmes

*President and CEO*

*Inter-Lakes Health*





## “Blue Line Group.”

- ∨ Adirondack Tri-County (North Creek / Gore Mtn.)
- ∨ Adirondack Health
  - Ø Mercy Living Center (Tupper Lake)
  - Ø Uihlein Living Center (Lake Placid)
- ∨ Inter-Lakes Health (Ticonderoga)
  - Ø Heritage Commons Residential Health Care



## **Blue Line Group.**

### **North Country Health Systems Redesign Commission \***

### **Lake Placid**

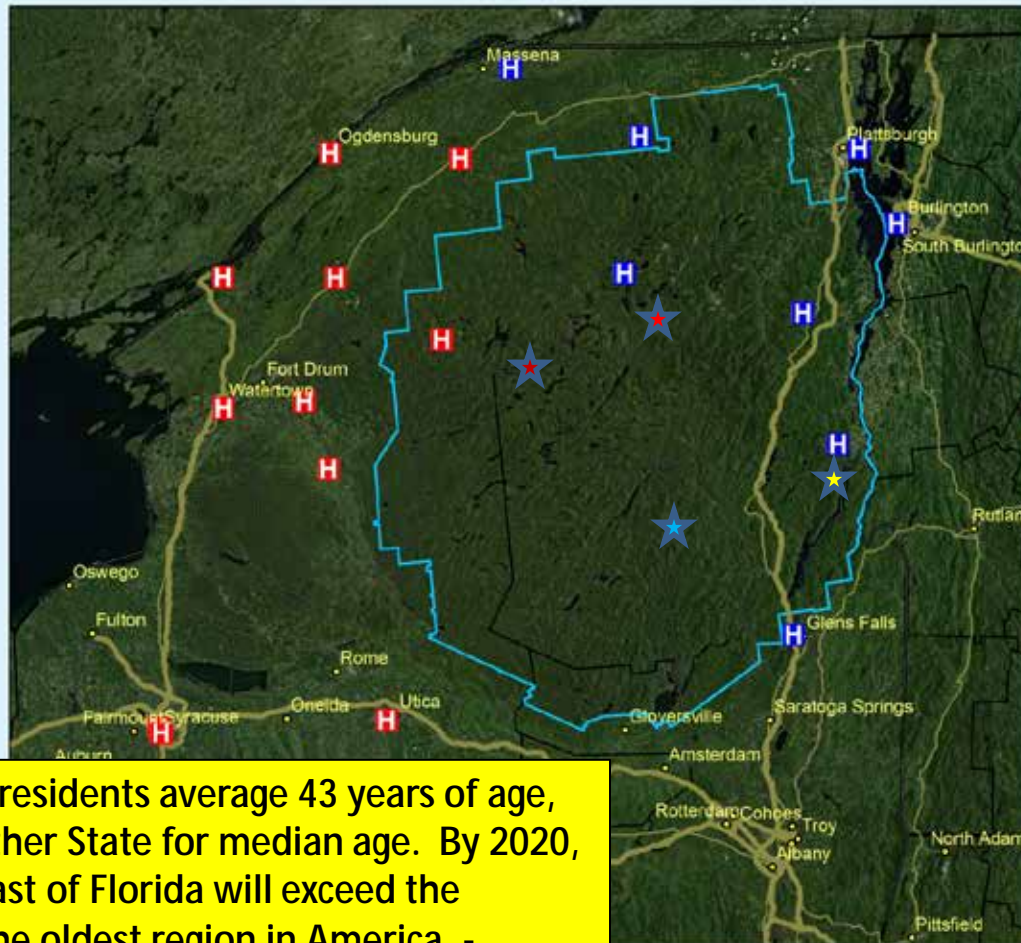
### **December 17, 2013**

- ✓ Problem Statement
- ✓ The Blue Line Group Reality
  - Ø Service Area
  - Ø Current Status
- ✓ Proposal for Sustainability & Replication
  - Ø Governance
  - Ø Quality
  - Ø Efficiency
- ✓ Request for Immediate Support
- ✓ Status of Blue Line Group as of December 17<sup>th</sup>

# Blue Line Group.

**We Serve a Remote, Rural,  
Older & Aging Population**

The 4 Nursing Homes of the Blue Line Group are the only non public, not-for-profit LTCs located within the 6.1 million acres of the NYS Adirondack Park



Adirondack Park residents average 43 years of age, older than any other State for median age. By 2020, only the west coast of Florida will exceed the Adirondacks as the oldest region in America. - *Adirondack Park Regional Assessment Project (May 2009)*

# Blue Line Group.

## Current Status

	Blue Line Group.	Adirondack Tri-County	Mercy Living Center	Uihlein Living Center	Heritage Commons Residential Health Care
Occupancy Census: Beds	92%* 282:382	93% 77:82	87% 52:60	49%* 76:156	92% 77:84
Percentage Medicaid	80%	78%	83%	80%	78%
Cost per Resident Day	\$268	\$242	\$318	\$245	\$267
Medicaid Rate per Resident Day	\$167	\$156	\$217	\$155	\$159
Loss per Medicaid Resident Day	(\$101)	(\$86)	(\$101)	(\$90)	(\$107)
Operating Margin Year to Date (8 mo - Aug 2013)	(\$3,300,000)	(\$46,000) (1.08%)	(\$385,000) (11%)	(\$1,548,000) (36%)	(\$1,350,000) (34%)
Annualized Loss from Operations	(\$4,994,000)	(\$70,000)	(\$577,000)	(\$2,322,000)	(\$2,025,000)
Annualized Loss Attributed to Medicaid Residents	(\$9,458,000)	(\$1,906,000)	(\$1,956,000)	(\$3,183,000)	(\$2,413,000)
Days Cash on Hand	23 (101)	2	73 AMC ** (308) Uihlein		18 ILH ** (100) HCRHC

## *24 Month Plan to Establish Sustainable Regional Delivery System*

- ✓ Single Governance Structure
  - ∅ Local representation
    - § For example: Joint Operating Company, Public Service Organization, Other
- ✓ Focus on Quality
  - ∅ Regional Continuum – Reduce/remove service duplication
  - ∅ Consolidate (as appropriate):
    - § Medical Directorships
    - § Administrators
    - § Directors of Quality
  - ∅ One:
    - § EHR: i.e. Point/Click/Care vs. NTT Data(Kean) vs. Sigma Care
    - § Pharmacy: i.e. OmniCare vs. Kinney Drug
  - ∅ Coordinated transportation
  - ∅ Shared Best Practices – Clinical
  - ∅ Regional Care Coordination:
    - § Focus on managing the chronic diseases within the shared service area
    - § Explore potential with Community Based Care Transition Program
- ✓ Focus on Efficiencies
  - ∅ MSO (Iroquois)
    - § Supply Chain, Other
  - ∅ IPA (i.e. Cardinal Health Partnerships, IPA, LLC)
    - § Preparing for Managed Medicaid
    - § Centralized contracting
    - § Payor engagement / partnering
  - ∅ Evaluate & match regional bed capacity to need
    - § Downsizing, ALP Conversion(s)
  - ∅ Create Home and Community Services in the communities served by the BLG by either developing or building contractual relationships with existing providers. (i.e. congregate housing)
  - ∅ Shared Best Practices – Operations
  - ∅ “Pooled Resources & Talents”

### ü Need Guidance and Support to Facilitate or Lead Transition/Conversion

§ Sophisticated & difficult task

§ Need operating (financial), regulatory & strategic support

§ NYSDOH, NY Health Foundation & LeadingAge NY

§ Potentials: VAP Support



## *Immediate Financial Support for Operations*

∨ “Bridge Dollars”:	\$ 7,106,865
§ Support facility operations while the BLG works to achieve 24 month plan	
∨ Eliminate Threshold for Billing Bed-Hold Days:	\$ 91,643
§ Efforts will be made to avoid preventable hospital use	
∨ Relief from State-wide Pricing Methodology:	\$ 1,676,083
§ For facilities < 100 beds (3 <sup>rd</sup> peer group: +300/-300/-100)	
∨ Eliminate Medicaid-specific Case Mix Adjustment	\$ 582,409
§ For facilities < 100 beds	
∨ Halt all “Recoupment Actions” for 24 months	
	Total: \$ <u>9,458,000</u>



## *Lots of Hard Work*

- ✓ Initial meeting occurred March 22<sup>nd</sup>, 2013 @ Inter-Lakes Health
- ✓ Board Leadership met June 5<sup>th</sup>, 2013 @ Schroon Lake
- ✓ Connected With & Received Support From:
  - Ø HHHN – Provider / Medical Home perspective
  - Ø LeadingAge NY - Cost Structure Analysis (“FastTracker”)
  - Ø McCarthy & Conlon (CPAs) - Shared Cost Report review/analysis
  - Ø Cardinal Health Partnerships IPA, LLC - IPA evaluation
  - Ø VNS Schenectady & Saratoga Counties - Homecare service & coordination
  - Ø Laura Leeds from Leeds Associates – Strategic guidance
  - Ø Iroquois - Supply chain opportunities
- ✓ Participating as Stakeholders in LeadingAge NY grant from NYS Health Foundation – Eastern Adirondacks Long Term Care Coalition (EALTCC)

## *Lots of Hard Work*

- ✓ VAP & Safety Net Provider Award - Notice received December 5<sup>th</sup>
- ✓ Blue Line Group Meeting December 13<sup>th</sup> focused on:
  - Ø Supply Chain opportunities (Iroquois)
  - Ø One EHR (Leidos consulting)
  - Ø One Pharmacy (Wesley Health Care)
  - Ø Public Relations & “Saying Thank You”
  - Ø VAP Temporary Medicaid Rate Adjustment Agreement (TMRAA)
    - Timelines, Action Plans & Metrics
  - Ø Request for Strategic Planner to align with EALTCC
- ✓ The Blue Line Group was formed on the fundamental premise our nursing homes face a shared set of challenges that can be overcome by working together. Our ultimate goal is to ensure those who choose to live a long & full life in the Adirondacks have access to a mix of traditional & new community based alternatives delivered by a financially stable system & well-trained workforce.

# Blue Line Group.

- ✓ Adirondack Tri-County Nursing & Rehabilitation Center
  - Ø Hal Payne, Administrator
- ✓ Adirondack Health
  - Ø Chandler Ralph, President & CEO
  - Ø Marc Walker, Chief Senior Services Officer - Uihlein Living Center
  - Ø Elena Vega-Castro, AVP Long Term Care - Mercy Living Center
- ✓ Inter-Lakes Health
  - Ø Chip Holmes, President & CEO
  - Ø Laura Tirado, Administrator – Heritage Commons Residential Health Care
- ✓ Hudson Headwaters Health Network
  - Ø Trip Shannon, Chief Development Officer
- ✓ Special Recognition ...
  - Ø Mike McCarthy, CPA, Principle, McCarthy & Conlon, LLP
  - Ø Darius Kirstein, Senior Policy Analyst, LeadingAge NY
  - Ø Megan Murphy, Grants & Strategic Projects Manager, Adirondack Health

*“Pooled & Talented Resources”*



## APPENDIX



**Blue Line Group Combined Per-Day Expenses Compared to Capital Living Group and Pines Group**

Per Day Expenses

NAME	2011 Days	% Mcaid FFS+MC	% Mcare FFS+MC	% Other	2011 Beds	ALL PAYER CMI	Direct Normalized* to 1.00	NORMALIZED* DIRECT + INDIRECT	Non-Comp	DIRECT + INDIRECT + NON-COMP	Normalized* Direct + Indirect + Non-Comp	Jan 2011 Medicaid-only CMI
Heritage Commons Residential Health Care Facility	29,559	82%	6%	12%	82	0.88	136.35	212.81	4.65	201.09	217.46	0.89
Adirondack Tri-County Nursing & Rehabilitation Center, Inc.	28,542	77%	8%	15%	82	0.98	109.72	186.09	3.63	187.53	189.72	0.84
Adirondack Medical Center- Uihlein	43,410	74%	13%	13%	157	0.92	135.12	228.68	9.33	227.20	238.01	0.76
<b>BLUE LINE GROUP</b>	<b>101,511</b>	<b>77%</b>	<b>9%</b>	<b>13%</b>	<b>321</b>	<b>0.93</b>	<b>127.69</b>	<b>211.45</b>	<b>6.36</b>	<b>208.44</b>	<b>217.81</b>	
The Country Manor Nursing and Rehabilitation Centre	31,653	76%	7%	17%	90	0.88	108.54	173.82	4.83	165.62	178.65	0.82
The Orchard Nursing and Rehabilitation Centre	29,820	77%	11%	12%	88	0.96	122.25	194.08	4.17	193.36	198.25	0.76
The Stanton Nursing and Rehabilitation Centre	42,121	69%	14%	17%	120	0.89	128.44	188.89	4.30	179.06	193.18	0.79
<b>CAPITAL LIVING GROUP</b>	<b>103,594</b>	<b>73%</b>	<b>11%</b>	<b>15%</b>	<b>298</b>	<b>0.91</b>	<b>120.27</b>	<b>185.47</b>	<b>4.42</b>	<b>179.07</b>	<b>189.89</b>	
Catskill Crossings LLC	48,375	65%	22%	13%	136	1.28	111.32	188.73	3.10	223.00	191.83	1.05
Glens Falls Crossings LLC	41,769	63%	24%	13%	120	1.28	121.65	200.99	2.79	237.84	203.78	0.98
UTICA CROSSINGS LLC	36,169	71%	19%	10%	117	1.21	117.26	201.29	2.19	228.11	203.49	1.01
<b>PINES/CROSSINGS GROUP</b>	<b>126,313</b>	<b>66%</b>	<b>22%</b>	<b>12%</b>	<b>373</b>	<b>1.26</b>	<b>116.73</b>	<b>196.67</b>	<b>2.74</b>	<b>229.37</b>	<b>199.41</b>	

<b>Optimal Scenario (lowest group cost for each cost center)</b>	<b>0.91</b>	<b>117.12</b>	<b>178.79</b>
--	-------------	---------------	---------------

LeadingAge NY Analysis

(normalized to lowest CMI)

**✓ Note: If BLG were to have total expense per day costs at absolute optimum or best practice across all 23 expense categories from comparative group... BLG Medicaid reimbursement would still be lower than costs.**

Current Reimbursement/Day		
	Medicaid	Medicare
ATC	\$156	\$375
AH/U	\$155	\$450
ILH/HCRHC	\$158	\$396

September 2013



**Blue Line Group Combined Per-Day Expenses Compared to Capital Living Group and Pines Group**

Per Day Expenses

NAME	2011 Days	% Mcaid FFS+MC	% Mcare FFS+MC	% Other	2011 Beds	ALL PAYER CMI	Direct Normalized* to 1.00	NORMALIZED* DIRECT + INDIRECT	Non-Comp	DIRECT + INDIRECT + NON-COMP	Normalized* Direct + Indirect + Non-Comp	Jan 2011 Medicaid-only CMI
Heritage Commons Residential Health Care Facility	29,559	82%	6%	12%	82	0.88	136.35	212.81	4.65	201.09	217.46	0.89
Adirondack Tri-County Nursing & Rehabilitation Center, Inc.	28,542	77%	8%	15%	82	0.98	109.72	186.09	3.63	187.53	189.72	0.84
Adirondack Medical Center- Uilhleln	43,410	74%	13%	13%	157	0.92	135.12	228.68	9.33	227.20	238.01	0.76
<b>BLUE LINE GROUP</b>	<b>101,511</b>	<b>77%</b>	<b>9%</b>	<b>13%</b>	<b>321</b>	<b>0.93</b>	<b>127.69</b>	<b>211.45</b>	<b>6.36</b>	<b>208.44</b>	<b>217.81</b>	
The Country Manor Nursing and Rehabilitation Centre	31,653	76%	7%	17%	90	0.88	108.54	173.82	4.83	165.62	178.65	0.82
The Orchard Nursing and Rehabilitation Centre	29,820	77%	11%	12%	88	0.96	122.25	194.08	4.17	193.36	198.25	0.76
The Stanton Nursing and Rehabilitation Centre	42,121	69%	14%	17%	120	0.89	128.44	188.89	4.30	179.06	193.18	0.79
<b>CAPITAL LIVING GROUP</b>	<b>103,594</b>	<b>73%</b>	<b>11%</b>	<b>15%</b>	<b>298</b>	<b>0.91</b>	<b>120.27</b>	<b>185.47</b>	<b>4.42</b>	<b>179.07</b>	<b>189.89</b>	
Catskill Crossings LLC	48,375	65%	22%	13%	136	1.28	111.32	188.73	3.10	223.00	191.83	1.05
Glens Falls Crossings LLC	41,769	63%	24%	13%	120	1.28	121.65	200.99	2.79	237.84	203.78	0.98
UTICA CROSSINGS LLC	36,169	71%	19%	10%	117	1.21	117.26	201.29	2.19	228.11	203.49	1.01
<b>PINES/CROSSINGS GROUP</b>	<b>126,313</b>	<b>66%</b>	<b>22%</b>	<b>12%</b>	<b>373</b>	<b>1.26</b>	<b>116.73</b>	<b>196.67</b>	<b>2.74</b>	<b>229.37</b>	<b>199.41</b>	

<b>Optimal Scenario (lowest group cost for each cost center)</b>	<b>0.91</b>	<b>117.12</b>	<b>178.79</b>
--	-------------	---------------	---------------

(normalized to lowest CMI)

LeadingAge NY Analysis

# Expanding the Possibilities

Annual Awards 2013

LeadingAge  
New York



# Accountable Care Organization (ACO) Initiative

Stephens Mundy

*President and CEO*

*Champlain Valley Physicians Hospital*





√ Adirondack Medical Home  
√ Adirondacks ACO  
√ Champlain Valley Family Medicine Residency

---

North Country Health Systems Redesign Commission  
December 17, 2013

Objective: Increase access to high quality primary care.

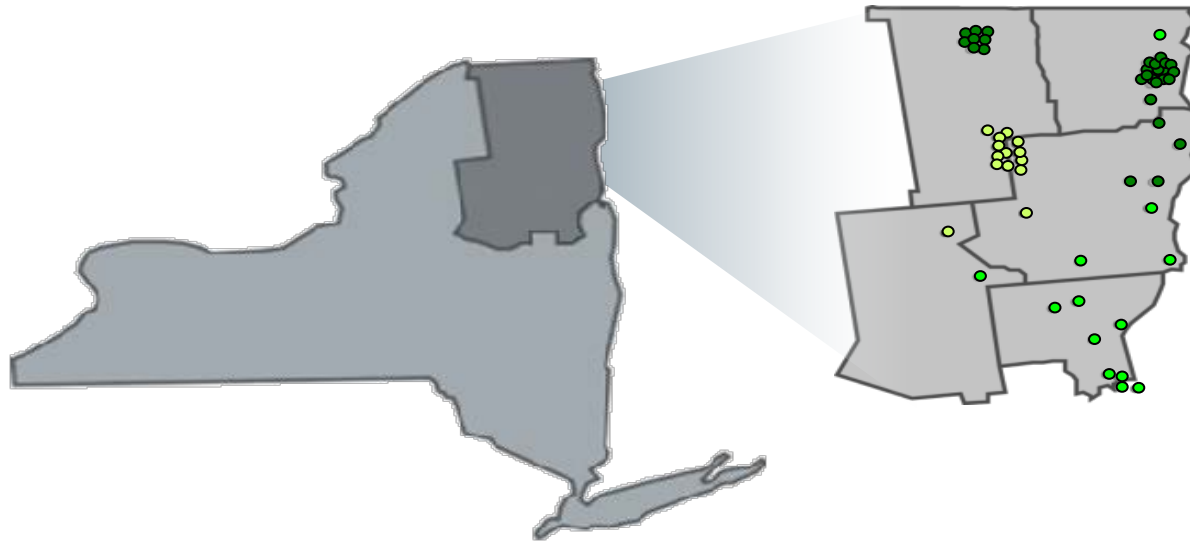
---

# ADIRONDACK MEDICAL HOME

229



# Adirondack Medical Home Demonstration Pilot



- Supervised by both New York Department of Health and Department of Insurance
- Partnering with Excellus, Empire BCBS, UHC The Empire Plan, BSNENY, MVP, CDPHP, Fidelis, NYS Medicaid and one of eight states chosen nationally to participate in the CMS Multi-Advanced Primary Care Pilot
- 105,000 covered lives
- 30 primary care sites across 50 NCQA recognized sites
- 201 primary care providers – 111 physicians and 90 mid-levels
- 5 hospitals
- The demonstration includes seven rural counties in the Adirondacks of upstate New York spanning across 8,500 square miles with an approximate population of 430,000.

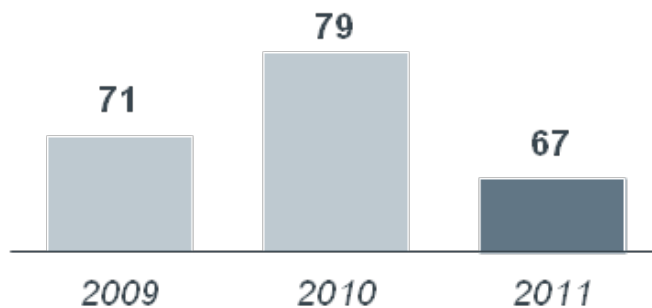
230

# Regional Hospitals Bearing Brunt of “Savings”

## Medical Home Pilot Successfully Reducing Hospital Utilization Rates

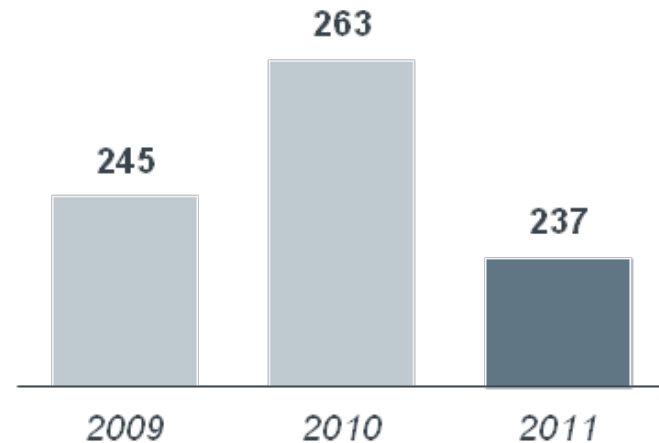
### Inpatient Admission

Per 1,000 Lives<sup>1</sup>



### Emergency Department Visits

Per 1,000 Lives<sup>1</sup>



# 42%

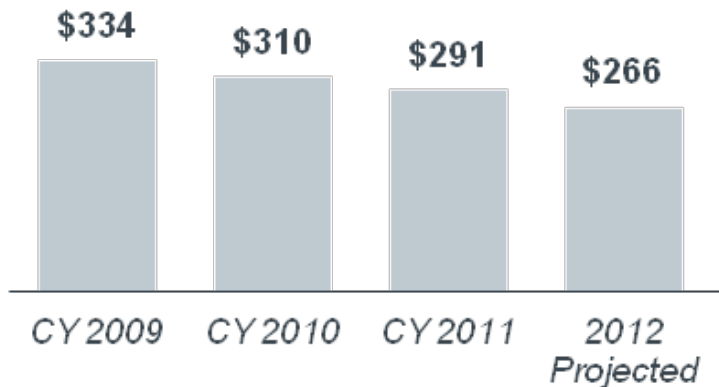
Reduction in all-cause readmissions at one participating hospital

<sup>1</sup>)Among commercial population.

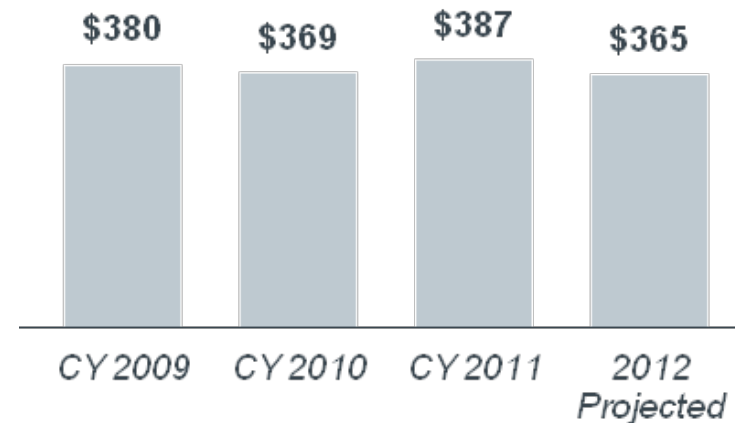
## Driving Down Total Cost of Care

Risk Adjusted and Trended Spending PMPM<sup>1</sup>

*Medicaid*



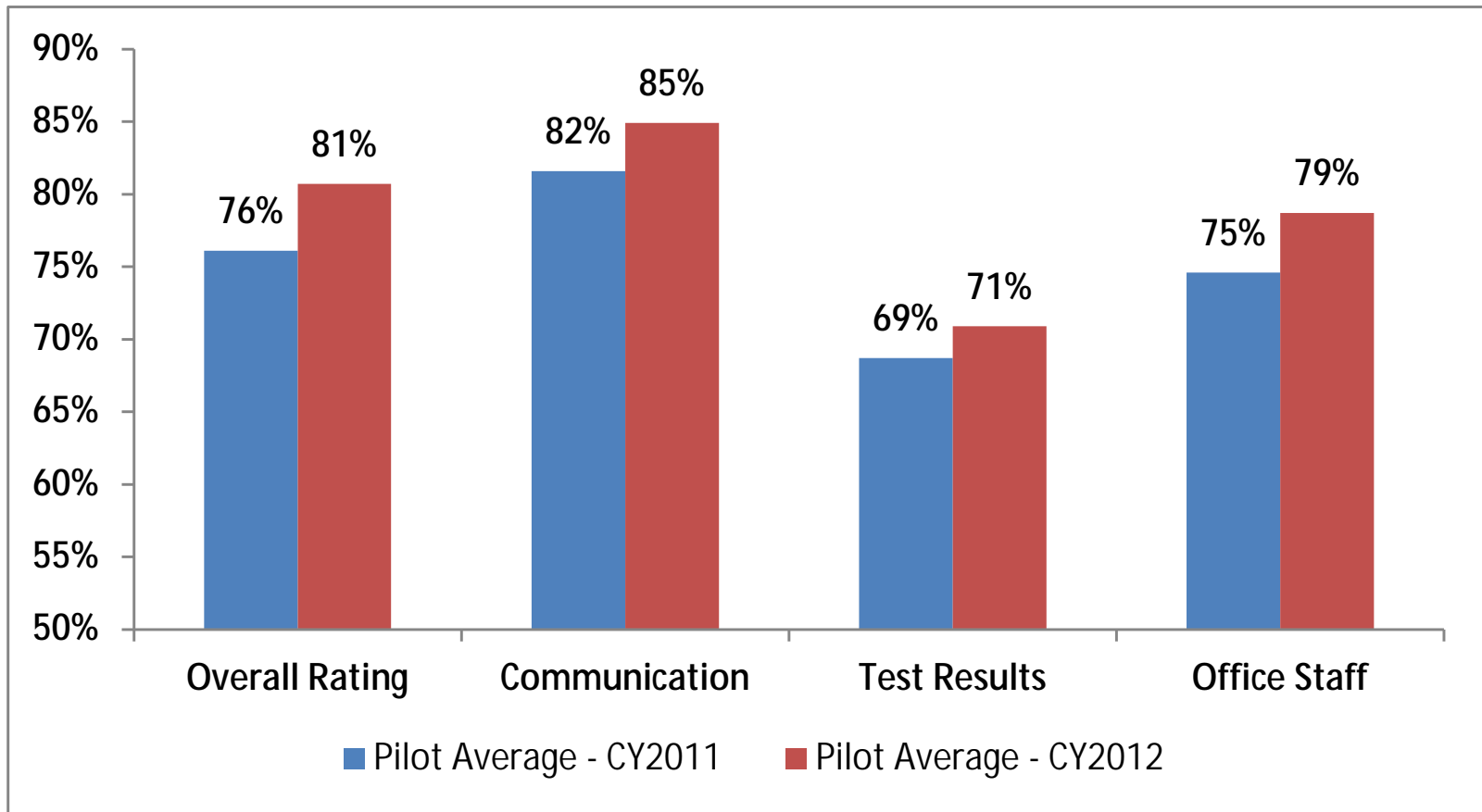
*Commercial*



1) Per member per month.

# Improved Patient Satisfaction from Year to Year

Top box patient satisfaction scores have improved each year which is impressive given the limited resources available at many practices. Over 61% of patients said they had the best possible provider (10 of 10).



---

# ADIRONDACKS ACO

234

# Why an Accountable Care Organization?

- § ADK Medical Home Pilot set to “sunset” 12/31/14 -
  - § ACO model will shape the future while sustaining the platform established through the pilot
  
- § Person-Centered Medical Home infrastructure supports ACO development –
  - § Advanced primary care that will utilize population health management resources for optimal
    - § Chronic Disease Management
    - § Care Transition to Home
    - § ED diversion solutions

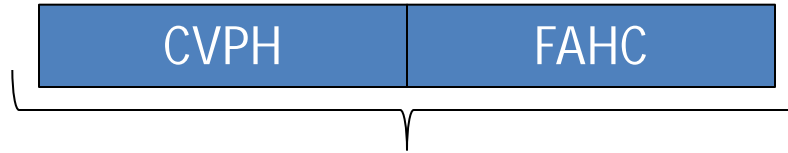


# Accountable Care Organization

- § Provider-led organization with a strong base of primary care and hospital systems who are collectively accountable for quality and total per capita costs across the full continuum of care for a population of patients;
- § Payments linked to quality improvements that also reduce overall costs; and,
- § Reliable and progressively more sophisticated performance measurement, to support improvement and provide confidence that savings are achieved through improvements in care.

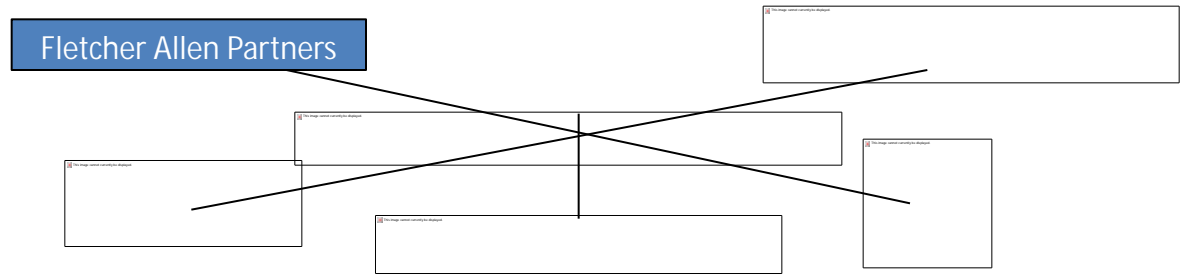
# Adirondacks Accountable Care Organization LLC

**Corporate Membership  
(Ownership)  
Governance**



Irongate Family Practice	Hudson Headwaters Health Networks	Physician Group Entity (PGE)	Fletcher Allen Partners	Adirondack Health/ AMC	Glens Falls Hospital	Required Members
1 Seat	2 Seats (Both Class P and S)	2 Seats (Class P)	6 Seats (Class M)	2 Seats	2 Seats (Class S)	4 Seats

**Operations and  
Technology**



**Provider Participants**



# Adirondacks ACO Board of Managers

- § Stephens Mundy (Chair) – CEO Community Providers, Inc. Alison Guile, M.D.
- § Howard Schapiro, M.D.
- § Debra Leonard, M.D.
- § Todd Moore – SVP Accountable Care Fletcher Allen Partners/CEO OneCare Vermont
- § John Ruge, M.D.
- § Tucker Slingerland, M.D.
- § Rob DeMuro, M.D.
- § David Beguin, M.D.
- § Kris Ambler, M.D.
- § Dianne Shugrue – CEO Glens Falls Hospital
- § Paul Scimeca – VP Physician Practices/Community Health Glens Falls Hospital
- § Chandler Ralph – CEO Adirondack Health
- § Elizabeth Buck, MD
- § Paul Fillion, MD
- § Rod Giltz – Medicare Beneficiary
- § Three (3) seats - future requirement
  - § New York Multi-Payer ACO Requirements
  - § Provided for in Operating Agreement
  - § One Medicaid, One Commercial, One Uncovered

---

# CHAMPLAIN VALLEY FAMILY MEDICINE RESIDENCY

239

# Program Overview

The Champlain Valley Family Medicine Residency will be a community hospital administered, university affiliated program.

- § **Mission:** To train family medicine physicians that excel in the leadership of high quality and value, patient and family centered care teams for people of all ages in their communities.
- § **Goal:** To provide high quality primary care to the region by addressing the short term needs of patients who do not have access to physicians in Clinton County and addressing long term projected primary care physician shortages in Clinton, Essex, Franklin, and St. Lawrence Counties.
- § **Size:** 4-4-4 program with option to expand to 6-6-6 program or implement rural training track(s) in surround area hospitals and/or practices

# Program Strengths

- § Fits with mission, vision, & needs of the hospital & system
- § Significant need in community for PCPs – need ~100 more by 2018
- § Linkage with FAHC & UVM – faculty develop, scholarly endeavors, student clerkships, potential faculty – their support is essential
- § Linkage with SUNY Plattsburgh’s nursing programs, including proposed DNP, will allow for curriculum integration
- § CVPH Health Center’s new location will be continuity clinic site for residents
- § Strong leadership and physician support at CVPH and in the community
- § Although CVPH is excluded from IME, there are significant funding opportunities to offset ongoing cost

# Timeline

- ü Fall 2013: Approval received from FAP, CPI, and CVPH governing bodies
- ü Spring 2014: Obtain support to cover funding shortfall
- ü Spring 2014: Hire Program Director\*
- ü Spring 2015: Receive accreditation  
Apply for Start Up NY Grant
- ü Summer 2015: Market program in collaboration with UVM/SUNY
- ü March 2016: Match day
- ü July 2016: First residents start

*\*Contingent on securing funding*

242

# Public Comments







# Next Steps

Daniel Sisto  
*Chair*

*North Country Health Systems Redesign Commission*



For more information regarding the **North Country Health Systems Redesign Commission** please visit:

**Web:** [www.health.ny.gov/northcountry](http://www.health.ny.gov/northcountry)

**Email:** [nchsrc@health.state.ny.us](mailto:nchsrc@health.state.ny.us)

**Tel.** (518) 402-0102

**By mail:**

Empire State Plaza

Corning Tower Building

Room 1839

Albany, NY 12237

