



**Department  
of Health**

# **Integrated Care Workgroup Meeting #17**

**October 7<sup>th</sup>, 2016**



**Department  
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**Innovation  
Center**

## Integrated Care Workgroup Agenda

Timing	Topic	Lead
10:00 – 10:10	Introductions/Review Agenda	Foster Gesten
10:10—10:20	APC Score Card	Foster Gesten
10:20 – 11:15	New York State of Transformation: Panel Discussion on CMMI RFI	Tom Mahoney, Susan Stuard, Alda Osinaga, & Marcus Friedrich
11:15 – 11:45	<i>Governance</i>	Marcus Friedrich & Lori Kicinski
11:45 – 12:15	<i>Going Forward: Purchasers, Payers, Patients, and Providers</i>	Laurel Pickering, John Powell, Katie Truby, & Lori Kicinski
12:15 – 12:40	Working Lunch	
12:40 – 12:55	Practice Transformation Tracking System (PTTS)	Jean Moore
12:55 – 1:45	Facilitated Discussion on ICWG's Key Findings	Susan Stuard
1:45 – 2:00	Wrap Up	Foster Gesten, John Powell, & Susan Stuard

# APC Score Card

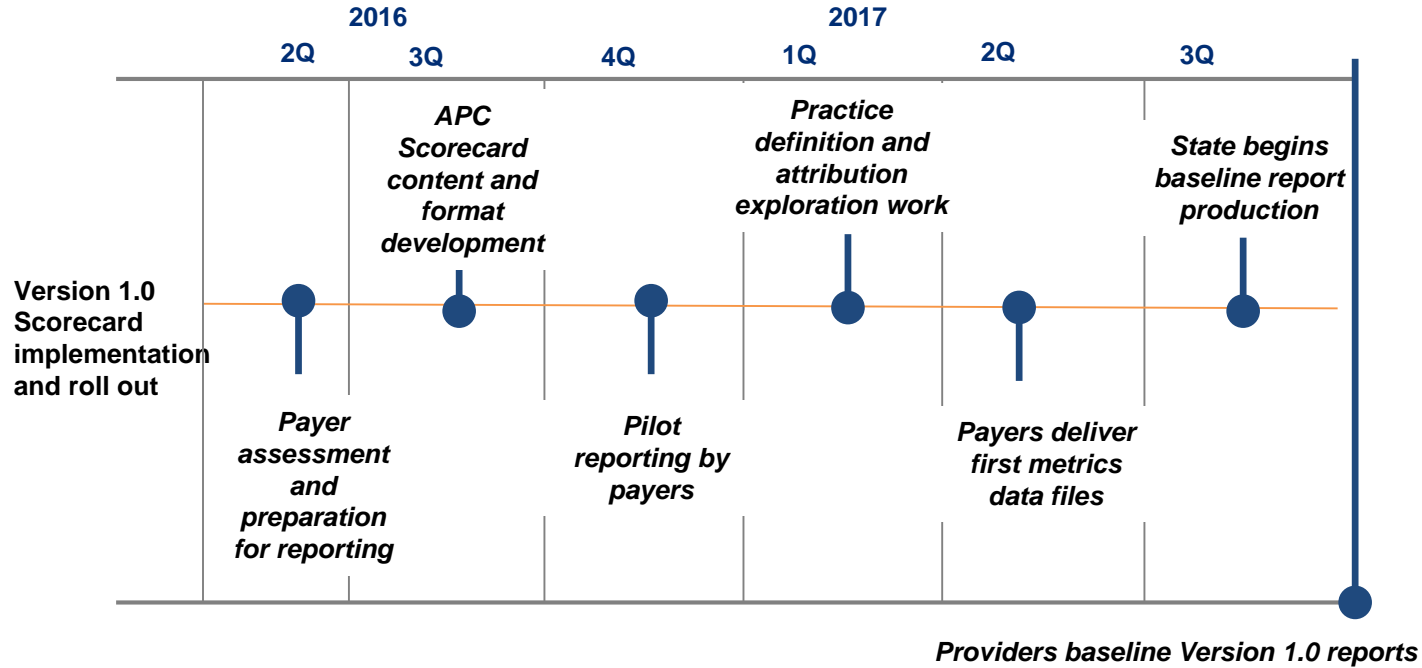
## Payer Data Source - Capabilities and Limitations

Survey Responses and follow up interviews have identified some key issues impacting the data which would be used in Version 1

Key Decision	Description	Examples
Measure Period Construct	Time period used for generating quality results	<ul style="list-style-type: none"><li>• 12 month rolling period</li><li>• Year to date</li></ul>
Frequency of Data Submission	Interval of results	<ul style="list-style-type: none"><li>• Quarterly</li><li>• Semi-annually</li></ul>
Audience and Purpose of Report	Intended users and uses of the reports	<ul style="list-style-type: none"><li>• Statewide</li><li>• Focused release (i.e. practices in transformation)</li></ul>
Payer Engagement	Payer Participation in Data Submission	<ul style="list-style-type: none"><li>• Statewide</li><li>• Alignment with regional implementation</li></ul>



# APC Scorecard Timeline - Updated



## Pilot – Data Collection

### APC Scorecard Version 1 - Pilot, Phase 1 Measures

Domains	NQF #/Developer	Measures
Prevention	32/HEDIS	Cervical Cancer Screening
	2372/HEDIS	Breast Cancer Screening
	33/HEDIS	Chlamydia Screening
	38/HEDIS	Childhood Immunization Status: Combination 3
	57/HEDIS	Comprehensive Diabetes Care: HbA1C Testing
	55/HEDIS	Comprehensive Diabetes Care: Eye Exam
	62/HEDIS	Comprehensive Diabetes Care: Medical Attention for Nephropathy
	71/HEDIS	Persistent Beta Blocker Treatment after Heart Attack
	1799/HEDIS	Medication Management for People With Asthma
Behavioral Health/ Substance Use	4/HEDIS	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
	105/HEDIS	Antidepressant Medication Management
Appropriate Use	52/HEDIS	Use of Imaging Studies for Low Back Pain
	58/HEDIS	Avoidance of Antibiotic Treatment in adults with acute bronchitis

- Planned for 4Q 2016
- Leveraging HEDIS 2016 (submitted in June 2016) with practice information attached to member level file
- Goal to determine data issues with practice aggregation across payers



# New York State of Transformation: Panel Discussion on CMMI RFI

# Transforming Clinical Practice Initiative (TCPI)



# Transforming Clinical Practice Initiative (TCPI)



## NYSPTN = New York State Practice Transformation Network

- CMS' Transforming Clinical Practices Initiative (TCPI).
- 4 year, \$48M program (reduced to \$20M to support ~ 4,000 clinicians).
- Partnering with Finger Lakes Health Systems Agency, NYS DOH, UHF and several TA subcontractors.
- Support practices to transition to Value Based Payment.

### Update:

- CMS approved Year 2 funding with reduced number of providers to support.
- NYeC to target 3,888 graduated clinicians with 5,188 enrollments. Application indicated 11,200 enrollments.
- CMS indicated that increase in target clinicians and budget can occur if targets are met by end of year, and we have commitments for additional clinicians.

## TCPI (continued)

### TA Organizations

- Finger Lakes Health System Agency (FLHSA), NYCDOH –Primary Care Informati. Project (PCIP), Healthcare Association of New York State (HANYs), Mount Sinai Health System (MSHS), New York State Council for Community Behavioral Healthcare (NYSCCBH), EHR Advisory Group, Strategic Interests



### Current Enrollments

- Currently (2,365) enrolled, target (3,888) by 12/31/16.
- 950 additional enrollments in progress.

### Current Practice Assessments

- Current NYSPTN Assessments complete for Specialists = 383 (21 practices).
- Current NYSPTN Assessments complete for Primary Care = 440 (66 practices).

### Unique Elements of TCPI/PTN

- Program enrolls providers beyond primary care; Specialists and Pediatricians
- Includes the Support and Alignment Network (SAN) that is composed of National Specialty Societies that provide curriculum with CME and MOC credit to providers enrolled in the program

# DSRIP

## DSRIP/OHIP Update

Target: Primary Care practices achieve 2014 PCMH Level 3 certification or meet state-determined criteria for APC (Gate 2) by end of DY3 (March 31, 2018)

- Planning webinar for PPSs to update them on APC model
- Ongoing discussions on Medicaid reimbursement for APC
- PPSs submitted their Primary Care Plans to DOH
  - The Plans have been reviewed by OHIP and OQPS staff, and feedback provided
  - Final Plans will be posted for public comment by November 10<sup>th</sup>
- Mid-Point Assessment currently underway. On-site reviews of all 25 PPSs are being conducted by the Independent Assessor (IA).
  - Initial recommendations by the IA will be available for public comment on *November 17<sup>th</sup>*
  - Public comments due by *December 10<sup>th</sup>*



# CPC+

## CPC+

- Awarded for 14 counties in Capital-North Hudson Region
- January 1, 2017 to December 31, 2021
- Primary care practice application deadline was September 15
  - CMMI is aiming for practice selections within 30-60 days of deadline
- Payers: Medicare FFS, CDPHP, Empire and MVP
- Up to 5000 practice sites nationally across 14 regions
  - Assuming an average of 4 PCPs per practice as with CPC classic, then 20,000 PCPs nationally
  - Approximately 1,400 PCPs for each of 14 regions
- In NY CPC classic, Medicare FFS paid additional \$9.5million/year across 300 PCPs
  - If 1,000 PCPs in NY CPC+, Medicare will spend in vicinity of \$30million per year in supplemental primary care reimbursement in NY
  - Does not include CMMI spending for program administration, evaluation, transformation support services



# APC

## APC deliverables: Where are we now?

- RFP for transformation agents (TA): applications received, scored, currently pending CMMI approval
- RFI for payers: released and analyzed, 1:1 meetings conducted
- Critical mass of payers in 3 regions
- Set of criteria for structural milestones: finalized
- Core measure-set: finalized (1.0)
- State-wide practice transformation database: finalized
- Practice enrollment starts Q4 2016





# CMMI Request for Information

## CMMI Request for Information on SIM

### Seeking input on the following concepts:

1. Partnering with states to implement delivery and payment models across multiple payers in a state that could qualify as Advanced Alternative Payment Models (APMs) or Advanced Other Payer APMs under the proposed Quality Payment Program, to create additional opportunities for eligible clinicians in a state to become qualifying APM participants and earn the APM incentive;
2. Implementing financial accountability for health outcomes for an entire state's population;
3. Assessing the impact of specific care interventions across multiple states, and;
4. Facilitating alignment of state and federal payment and service delivery reform efforts, and streamline interaction between the Federal government and states.

### ***Responses due October 28***

Link to RFI: <https://innovation.cms.gov/Files/x/sim-rfi.pdf>



# CMS Principles for Medicare Participation in State-Sponsored Models

- Patient-centered
- Accountable for total cost of care
- Transformative
- Broad-based
- Feasible to implement
- Feasible to evaluate

\*Based on April 2015 and November 2015 CMS Guidance



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## Panel Discussion – RFI Questions

- What challenges do states face in achieving all payer alignment, including:
  - Medicaid alignment
  - Medicare participation
  - Consistency with RFI principles (previous slide)
  
- What does each program see as a priority for alignment going forward?

# Governance Discussion

## Governance Structure

**Movement from:**

**Development**



**To:**

**Implementation**

**Gathering Input**



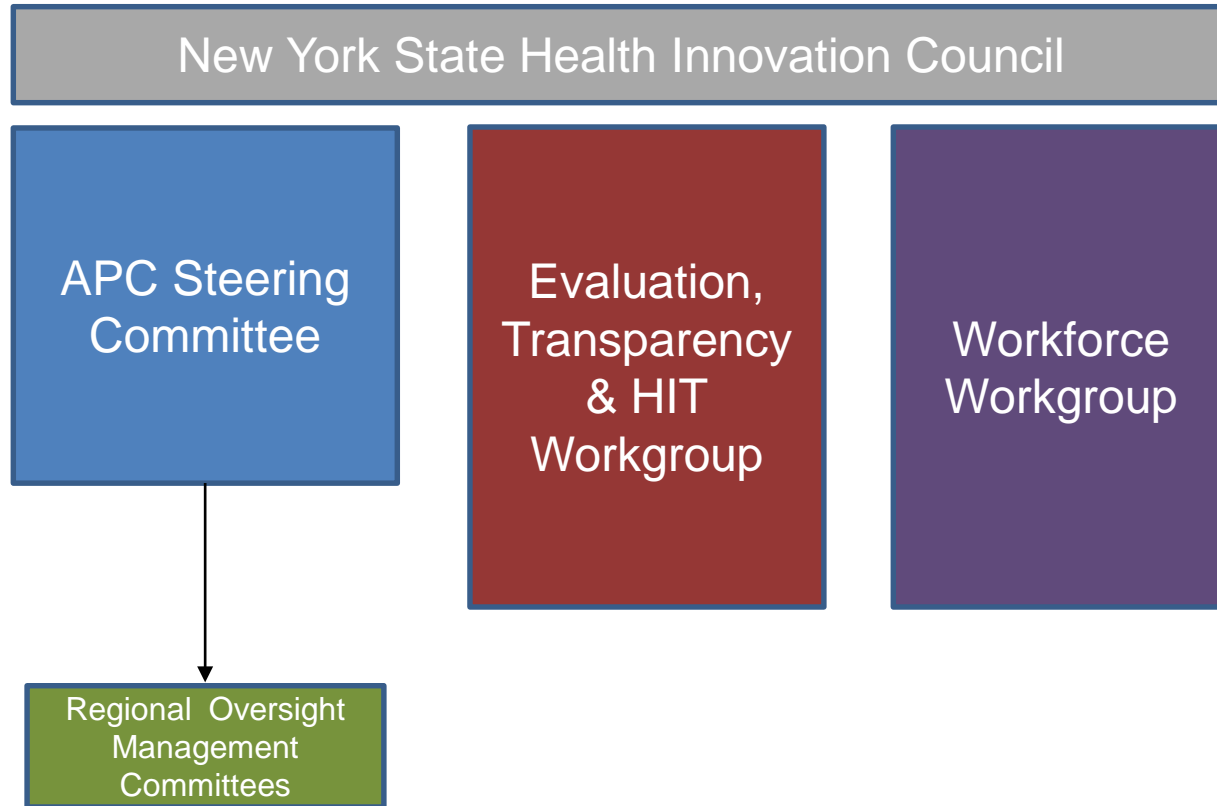
**Solving Problems**

**Statewide Only**



**State Steering and  
Regional Committees**





# Statewide APC Steering Committee



- Provides strategic direction and guidance to NYS to ensure overarching goals of APC are met.
- Promote participation by payers and providers for APC
- Ensure fidelity and evolve the APC model as needed to ensure fidelity of the APC model
- Provide guidance and recommendations regarding alignment across regions as well as alignment of federal and state initiatives.
- Report to the Health Innovation Council to offer legislative and regulatory recommendations as needed and appropriate.
- Guide/provide recommendations regarding “activation” of regions in terms of practice transformation support.



# Regional Governance



Regional Oversight and Management Committees (ROMC) will convene to:

- Resolve questions or concerns that arise in the region,
- Communicate with the Statewide Steering Committee on region-specific issues, and
- Ensure smooth implementation of the APC model within regional contexts.

Topics could include:

- Issues between TA entities and practices;
- Issues between payers and providers;
- Patient/consumer feedback;
- Best practices, lessons learned, and challenges;
- Regional linkages between clinical and community resources.

# Purchasers and Payers

## NEBGH Activity



### Employer Engagement

- Regional meetings conducted across New York State
- Purchaser Advisory Council
- Benefit consultants
- SIM educational programs
- Joint Health Plan/Purchaser meeting
- Webinars and individualized discussions

### Health Plan Engagement

- Monthly multi-payer meetings
- Targeted outreach to strategic health plan partners
- Joint Health Plan/Purchaser meeting
- Targeted outreach to health plan account executives



# Employer Engagement

## What Worked

- ✔ Engaging business coalitions/associations
- ✔ Targeted outreach to key employers
- ✔ Meeting with consultants to get the employer perspective
- ✔ Building relationships with health plan account executives
- ✔ NEBGH events/programming as a platform to discuss SIM
- ✔ Creating the Purchaser Advisory Council (PAC)
- ✔ Developing communication and marketing materials

## What DIDN'T Work

- ✘ Cold calling
- ✘ Asking health plans and consultants to invite their clients to regional meetings
- ✘ Dense explanation of SIM initiative
- ✘ Prematurely bringing employers and health plans together



# Health Plan Engagement

## What Worked

- ✔ Consistent meeting schedule
- ✔ Health plan only meetings
- ✔ Tailoring the language and structure of the larger health plan meeting to allow for in-depth discussions
- ✔ Interaction with a small subset of health plans

## What DIDN'T Work

- ✘ Ad-hoc meetings
- ✘ Prematurely engaging health plans and their clients together
- ✘ Underestimating the complexity of “the ask”
- ✘ Getting into specifics with competitors present



# Going Forward

## Education, Advocacy, Leverage, Collaboration

Purchaser Advisory Council (PAC)

Health Plan User Groups

Regional Meetings with Employers and Key Stakeholders

Communication and Marketing Materials (e.g. Purchaser Guide)

NEBGH Events and Programming



## DFS and DOH Payer Engagement

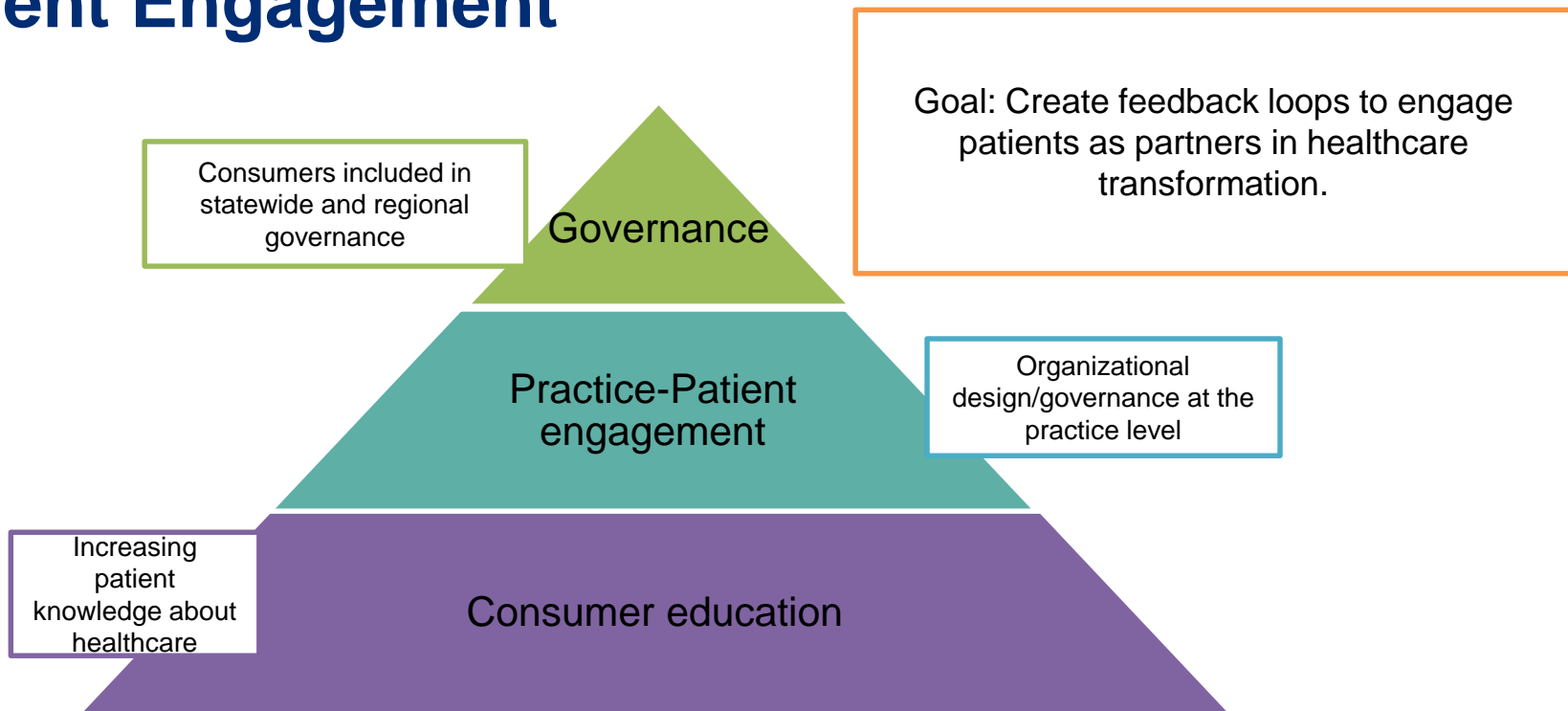
- State-led payer engagement supplemented multi-payer meetings hosted by NEBGH
- Insights from key engagement approaches helped inform our approach:
  - Request for Information
  - One on One health plan meetings
- Looking ahead



# Patient Engagement



# Patient Engagement



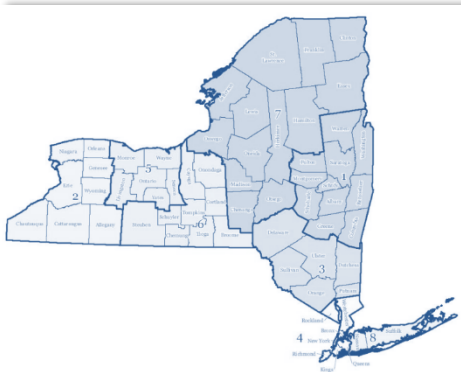
## Governance

- Consumers included on the Statewide Steering Committee, as well as each ROMC.
- Engage in overall model governance.
- Provide systematic feedback on rollout of APC within regional context from patient perspective.
- Work with ROMC facilitators to ensure diversity of representation.



# Provider Engagement

# Statewide Provider Engagement Strategies for APC



**Goal: To extend the reach of opportunity and awareness deep and wide for primary care physicians to participate in APC**

- Creation of a non-branded media-kit for use by ambassadors, transformation agents, other funded programs, and primary care practices
- Accelerating marketing and promotion contracts with several state provider associations to deliver messaging, education and updates on the APC model

## Strategies:

- Statewide event hosting for primary care providers
- Interactive webinars on APC participation
- eNews and APC press releases
- Social media and other multi-media strategies



# Practice Transformation Tracking Database

# Practice Transformation Tracking System (PTTS)

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## *Integrated Care Workgroup*

October 7, 2016

Jean Moore, DrPH, MSN  
Center for Health Workforce Studies  
School of Public Health | University at Albany, SUNY  
[jean.moore@health.ny.gov](mailto:jean.moore@health.ny.gov)



**CHWS**  
Center for Health Workforce Studies

## Purpose of the PTTS

- Develop a tool to:
  - Support and coordinate practice transformation efforts in the state
  - Reduce likelihood of duplication funding for technical assistance across transformation programs
  - Assist in the targeting of technical assistance

## PTTS Data Sources and Preparation

- Compiled and aggregated a number of sources of physician data: PNDS, NPI, Licensure files, proprietary files (SK&A), NCQA, previous practice transformation efforts
- Identification of practice sites: unique combination of geo-location and phone number
- Stakeholder meetings with technical assistance providers: NYeC, NYU Medical Center, Adirondack Health Institute, Finger Lakes HSA, Practice Transformation Council

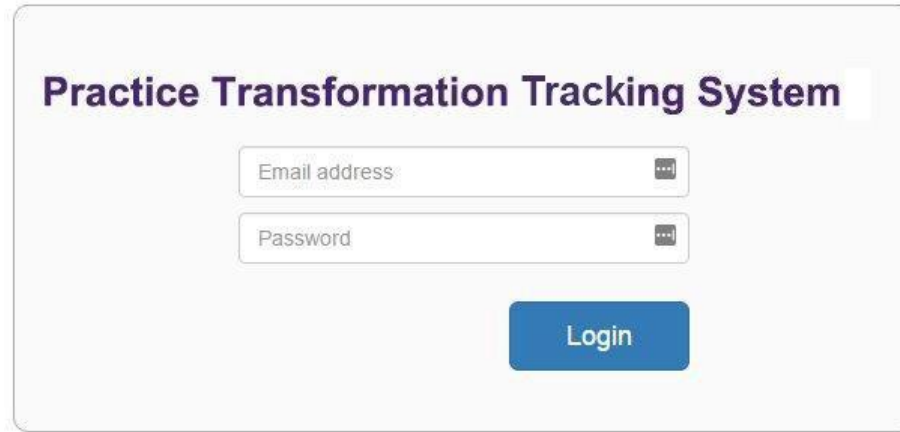


# PTTS Prototype Development

- Web-based interface
- Keyword searches on practice name, address, zip code (practices), name, license number, NPI, specialty (providers)
- SQL database
- Database schema:



## PTTS Features: Access Control



The screenshot shows a login interface for the Practice Transformation Tracking System. At the top, the title "Practice Transformation Tracking System" is displayed in a dark purple font. Below the title are two input fields: "Email address" and "Password", both with placeholder text and a small icon on the right side. A blue "Login" button is positioned below the password field.

- Several user types: TA agents, Program administrators, System administrators (CEWIT, CHWS)

# PTTS Features: Practice Map

**NEW YORK STATE** Department of Health

## Practice Transformation Tracking System


Practice List Provider List Report Practice Map Test

DSRIP  TCF  APC

Map Satellite

**RESOURCE MEDICAL SERVICES, PC**  
301 HACKETT BLVD  
ALBANY, NY 12208  
[Practice Detail](#)

# PTTS Features: Practice Level Information



**Department of Health**

**Practice Transformation Tracking System**

Practice List
Provider List
Report
Practice Map
test

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**Practice List**

Search:  TCPI:  DSRIP:  APC:  CPC+:

Search

Show 10 entries

	Site Name	Site Phone	Street	City	County	Zip	TCPI	DSRIP	APC	CPC+	Detail																																								
-		631-668-3705	679 MONTAUK HWY	MONTAUK	Suffolk	11954	No	Yes	No	No	detail																																								
<div style="display: flex; justify-content: space-between; align-items: center;"> <span>Providers</span> <span>Programs</span> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>First Name</th> <th>Last Name</th> <th>Primary Specialty</th> <th>NPI</th> <th>Provider ID</th> <th>PCMH</th> <th>ACO</th> <th>CPCI</th> <th>FLHSA</th> <th>MAPCP</th> </tr> </thead> <tbody> <tr> <td>LARA</td> <td>DESANTI-SISKA</td> <td>FAMILY PRACTICE</td> <td>1255349692</td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ANTHONY</td> <td>KNOTT</td> <td>FAMILY PRACTICE</td> <td>1164419529</td> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ELIZABETH</td> <td>WHITE-FRICKER</td> <td>OSTEOPATHIC MANIPULATIVE MEDICINE</td> <td>1396982252</td> <td>6</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												First Name	Last Name	Primary Specialty	NPI	Provider ID	PCMH	ACO	CPCI	FLHSA	MAPCP	LARA	DESANTI-SISKA	FAMILY PRACTICE	1255349692	5						ANTHONY	KNOTT	FAMILY PRACTICE	1164419529	3						ELIZABETH	WHITE-FRICKER	OSTEOPATHIC MANIPULATIVE MEDICINE	1396982252	6					
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+		631-267-5373	518 MONTAUK HWY	AMAGANSETT	Suffolk	11930	No	Yes	No	No	detail																																								
+		631-329-6925	PO BOX 7025	AMAGANSETT	Suffolk	11930	No	No	No	No	detail																																								

# PTTS Features: Practice Level Information


 **Department of Health** **Practice Transformation Tracking System**

[Practice List](#) [Provider List](#) [Report](#) [Practice Map](#) test


### Practice Info

**Basic Info**

Site Name	<input type="text"/>
Site NPI	<input type="text" value="Site NPI"/>
TIN	<input type="text" value="TIN"/>
Site Phone	<input type="text" value="631-537-1892"/>
Street	<input type="text" value="83 WAINSCOTT RD"/>
City	<input type="text" value="WAINSCOTT"/>
County	<input type="text" value="Suffolk"/>
Zip	<input type="text" value="11975"/>



# PTTS Features: Provider Level Information



**Department of Health**

**Practice Transformation Tracking System**

Practice List
Provider List
Report
Practice Map
test

**Provider List**

Search:  Primary Specialty


Show  entries

	NPI	LicenseNum	First Name	Last Name	Type	MMIS ID	Primary Specialty	Secondary Specialty	Detail
+	1002886946	191669	ELIZABETH	MALTIN	physician		RADIOLOGY	OTHER	<a href="#">detail</a>
-	1003001371	245581	DAVID	KANTER	physician		PHYSICAL MEDICINE & REHABILITATION	OTHER	<a href="#">detail</a>

Site Phone	Site Name	Street	City	Detail
315-464-4240	UHCC - HARRISON	550 HARRISON ST	SYRACUSE	<a href="#">detail</a>
315-464-5540	UNIVERSITY HOSPITAL SUNY HEALTH SCIENCE CENTER	750 E ADAMS ST	SYRACUSE	<a href="#">detail</a>
315-488-2951	PHYSICAL MEDICINE AND REHABILITATION	813 FAY RD	SYRACUSE	<a href="#">detail</a>
315-492-5953	UPSTATE UNIVERSITY HOSPITAL AT COMMUNITY GENERAL	4900 BRD RD	SYRACUSE	<a href="#">detail</a>

+	1003003070	246379	ANITA	GILL	physician		NEUROLOGY	OTHER	<a href="#">detail</a>
+	1003005372	266227	JESUEL	PADRO-GUZMAN	physician		PHYSICAL MEDICINE & REHABILITATION	OTHER	<a href="#">detail</a>
+	1003005745	274645	JAHANNAZ	DASTGIR	physician		CHILD NEUROLOGY	OTHER	<a href="#">detail</a>

# PTTS Features: Provider Level Information



**Department of Health**

**Practice Transformation Tracking System**

Practice List | Provider List | Report | Practice Map
test

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### Provider Info

**Basic Info**

Last Name:

First Name:

NPI:

License Number:

Primary Specialty:

Secondary Specialty:

---

### Affiliated Practice Info

First | Previous | Next | Last

	SiteID	Site Name	Site Phone	Street	City	Zip	TCPI	DSRIP	APC	Detail
	34781	UHCC - HARRISON	315-464-4240	550 HARRISON ST	SYRACUSE	13202	No	Yes	No	<input type="button" value="detail"/>
	34762	UNIVERSITY HOSPITAL SUNY HEALTH SCIENCE CENTER	315-464-5540	750 E ADAMS ST	SYRACUSE	13210	No	Yes	No	<input type="button" value="detail"/>
	35000	PHYSICAL MEDICINE AND REHABILITATION	315-488-2951	813 FAY RD	SYRACUSE	13219	No	Yes	No	<input type="button" value="detail"/>
	34903	UPSTATE UNIVERSITY HOSPITAL AT COMMUNITY GENERAL	315-492-5953	4900 BRD RD	SYRACUSE	13215	No	Yes	No	<input type="button" value="detail"/>

Showing 1 to 4 of 4 entries

# PTTS Features: Provider Level Information

## Affiliated Practice Info

	SiteID	Site Name	Site Phone	Street	City	Zip	TCPI	DSRIP	APC	Detail
<a href="#">+</a>	34781	LHCC - HARRISON	315-464-4240	550 HARRISON ST	SYRACUSE	13202	No	Yes	No	<a href="#">detail</a>
<a href="#">-</a>	34762	UNIVERSITY HOSPITAL SUNY HEALTH SCIENCE CENTER	315-464-5540	750 E ADAMS ST	SYRACUSE	13210	No	Yes	No	<a href="#">detail</a>

Show 10 entries Search:

TCPI	DSRIP	APC
TCPI Agent	PPS	APC
Status	Status	Status
	Care Compass Network	
	Central New York Care Collaborative, Inc.	
	Samaritan Medical Center	


Showing 1 to 3 of 3 entries Previous **1** Next

<a href="#">+</a>	35000	PHYSICAL MEDICINE AND REHABILITATION	315-488-2951	813 FAY RD	SYRACUSE	13219	No	Yes	No	<a href="#">detail</a>
<a href="#">+</a>	34903	UPSTATE UNIVERSITY HOSPITAL AT COMMUNITY GENERAL	315-492-5953	4900 BRD RD	SYRACUSE	13215	No	Yes	No	<a href="#">detail</a>

Showing 1 to 4 of 4 entries



# PTTS Features: Conflict Report



**Department of Health**

**Practice Transformation Tracking System**

Practice List   Provider List   **Report**   Practice Map
test

Potential Conflicts

Show  entries

Info	Site Name	Site Phone	Street	City	Zip	TCPI	DSRIP	APC	Detail
		631-698-4932	1344 MIDDLE COUNTRY RD	CENTREACH	11720	No	Yes	Yes	<a href="#">detail</a>
	ALLIED PHYSICIANS GROUP	631-722-8880	4210 MIDDLE RD ROUTE 48	SOUTHOLD	11971	Yes	Yes	Yes	<a href="#">detail</a>

**Date Flagged:** 8/8/2016

**Time Flagged:** 3:51:08 PM

**Agent Name:** John Smith

**Agent Email:** ta\_agent@test.com

**Description:** TCPI added while practice is participating in DSRIP

	ALLIED PHYSICIANS GROUP	631-722-8880	4210 MIDDLE RD ROUTE 48	SOUTHOLD	11971	Yes	Yes	Yes	<a href="#">detail</a>
	ALLIED PHYSICIANS GROUP	631-722-8880	4210 MIDDLE RD ROUTE 48	SOUTHOLD	11971	Yes	Yes	Yes	<a href="#">detail</a>
	PECONIC BAY PRIMARY MEDICAL CARE PC	631-727-2523	185 OLD COUNTRY RD	RIVERHEAD	11901	Yes	Yes	No	<a href="#">detail</a>

## PTTS Current Status

- Ready to go live with NYeC (TCPI program):
  - Align technical assistance activity status definitions across programs (DSRIP, TCPI, APC)
- Future steps:
  - Back-end sync with TA provider databases
  - Email notification of new potential conflicts
  - Regular feed of NCQA PCMH status data
  - Onboarding additional TA providers (e.g., APC, National Council on Behavioral Health, NYU)

# ICWG Key Findings

## Workgroup's lessons learned and insights

- *Value of an open, multi-stakeholder process*
- *Focus on Primary Care*
- *Defining and evolving APC over time*
- *The Diversity of primary care providers and populations*
- *The need for alignment and innovation*
- *The role of payers and purchasers*
- *The role of patients and families*



## Discussion: Workgroup Report

- Difficult to capture the detail of 70+ hours of workgroup discussions
- Questions to consider for feedback:
  - Does the report capture the important features and deliberations of our work together?
  - Are there items missing or not accurate?
  - Are there items that are not clear?



# Wrap Up