Public DSRIP Project Group

Project Approval and Oversight Panel Meetings: Summary

Friday 17-20th 2015, Empire State Plaza, Albany NY
Last week, the Project Approval and Oversight Panel met in Albany to review the Independent Assessor's scores of the 25 PPS DSRIP applications. The panel consists of 19 voting and 8 non-voting members, each with expertise in a specific field of health care delivery or NYS government. Before devoting three days to deliberating individual PPS scores, the panel heard public comment from a wide variety of organizations. A key mesasge relayed during the public comment session related to workforce, which was echoed throughout the panel's scoring deliberations. Many RNs, Community Health Workers, and others expressed concerns regarding how the workforce will be transformed over the course of the DSRIP waiver, how their scope and practice would be impacted, and whether labor representation would have an active voice within PPS governance. Overall, the panel spent much time deliberating points surrounding workforce, and added additional workforce bonus points to numerous PPS applications. Another key theme surrounded the Community Needs Assessments (CNA). Each application was scrutinized regarding the inclusion of a community voice within the CNA, and whether information surrounding cultural competency and related Community Based Organizations were adequately produced and represented in the CNA and reflected througout each application. In conclusion, the panel agreed that further sub-groups would beformed to review key areas of implementation moving forward. For information about the panel, visit: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/project_approva...

Message by Logan Tierney 1
On february 25, 2015 at 14:55 - 185 views, 9 replies, 4 followers

PAOP workforce

During the conversations about workforce, were there concerns expressed about how to integrate the various groups of workers represented with primary care doctors, in order to coordinate all their combined skills together to provide a better experience for the patient?
Was there concern expressed about the ongoing inter-relationships and if they are suffiently respectful (in both directions)?
Finally, was there discussion about possible new management structures for primary care being delivered in the public health model (ie theMANAGING primary care doctor, providing leadership and direction, who is paid like a specialist) that compete effectively with the burgeoning private primary care model becoming so popular today?

By Daniel Kalin, 12 months ago 0

1199SEIU, Maimonides Medical Center and the labor-management 1199SEIU Training and Employment Funds presented a panel discussion today at the all-PPS meeting which touched on this issue. As part of the Maimonides Brooklyn Health Home and CMMI grants, the Funds worked with a committee of clinicians, other frontline workers and frontline managers to develop a "Care Coordination Fundamentals" curriculum. One module was an Interdisciplinary Care Team Training which brought physicians together with other members of the care team to discuss their various roles and how to work together. The challenges that you raise of how to build respect in both directions were part of the impetus for the training. Participants felt it allowed everyone to air their concerns and perspectives and work constructively on addressing conflicts. If you would like more information on the curriculum and process, please contact Selena Pitt of the 1199SEIU Training and Upgrading Fund at selena.pitt@1199funds.org

By Helen Schaub, 12 months ago 0

Thanks for posting Daniel and Helen. Helen's post does an excellent job summarizing some of the work that has been done to enhance and address the inter-relationships of coordinating care teams. DSRIP is certainly a big push, but not the first initiative to consider these care coordination models. Specifically during the Panel conversations, much of the discussion focused around defining roles of those workers serving in these "inter-relationship" capacities, such as care coordinators/care navigators/care managers. It was thoroughly recognized by both Panel members and organization representatives that two essentially "organizational culture changes" will need to occur in order to move the model towards successful transformation and integration of services. First, the role of those "feet on the street" health workers (community health workers, for example) would need to be defined, expanded, and recognized as a critical piece of the patient-centered and culturally sensitive care coordination we are moving towards, with a real inclusion of these individuals in the organizational governing structures. And second, that all members of the workforce from front-line staff, to physicians, to upper management will need to be fully engaged and inspired to embrace a modernized integrated care delivery system, using a care team model. For more details about the Panel meetings and the conversations that occurred - you can find a full webcast of the Panel meetings at the following link: http://www.totalwebcasting.com/view/?id=nysdoh
Daniel, do you have any thoughts on primary care delivery within a public health model and how it may fit in with private models? I'd be interested to hear your ideas on this.

By Deanna Ripstein, 12 months ago 0

Thank you to Logan, Helen and Deanna for helping us here in NY learn more about the discussions up in Albany. Hopefully, we can return the favor. In that regard, there was a discussion at the NY Academy of Medicine and backed by PCDC on January 13, regarding primary care delivery as it relates to DSRIP. During the discussion, there was much comment about the need for more primary care doctors, and the parallel need to change what defines a 'primary care visit'. I believe that Arthur Gianelli from Mt Sinai PPS was outspoken about the PC doc shortage, and Dr. karen Nelson from Community Care of Brooklyn spoke provocatively, if a little coyly, about the need for the need for a new standard to define the primary care visit, especially the famous 'annual visit'.

With all due appreciation for my opinion as to new models of public primary care, I would love to hear Mr. Gianelli and Dr. Nelson go toe to toe on this subject first.

By Daniel Kalin, 12 months ago 1

Logan, thanks for the website reference to the videos of the Feb 17-20 meetings. Before responding to Ms. Schaub regarding the Maimonides presentation, I was hoping I could watch the full presentation and discussion on the archived webcast, however, it seems that only the first 2& 1/2 hours was available (ie only the initial comments before the separate meetings began). Is the full length video available somewhere else, or am I missing an access point to the Maimonides presentation and discussion that resides on the link you provided?

By Daniel Kalin, 11 months ago 0

This reply has been removed by a coordinator.

Originally posted 11 months ago

Hi Daniel- there may be a slight confusion of meeting cross-references here. When Ms. Shaub was referring to the Maimonides presentation, she was responding following a PPS Implementation meeting, which was separate from the Panel Approval and Oversight Panel meetings that you can view via webcast. Ms. Schaub did present at the PAOP Public Comment session of the PAOP meeting on behalf of 1199, and this section of the webcast can be viewed using the following link: http://www.totalwebcasting.com/view/?id=nysdoh
Specifically, you would click on the "Public Comment" link, the second after "Day 1 Morning Session."
Also, thank you for your comments, and I agree with and appreciate your point that the definition of what constitutes a "primary care visit" will need to be reconsidered as we reform primary care delivery. Some of the providers you mention from your PCDC meeting are active on this platform, we'll reach out to engage them on this topic.

By Logan Tierney, 11 months ago 0

Daniel, attached is the presentation from the PPS meeting I and Helen mentioned, about halfway through the slides you'll find the example from Maimonides. Thanks.

Workforce_Presentation_for_2-27_PPS_Albany_Meeting.pdf

By Logan Tierney, 11 months ago 1

Response to Deanna regarding primary care models, in public health environment.
The public health model's advantage for the next five years is DSRIP support, and coordination of many different groups of government leaders, all motivated to work together. No doubt it is the financial pressures mounting up that have provided the impetus for this coordination.
In any case, the first thing to do is to engage the primary care doctors. They need to be front and center in the operations transformation. As near as I can see, they remain on the sidelines and seem to be burning out faster, and, frustrated, leaving the public system in greater numbers. If you inspire the doctors to get back in the game, they will bring you to the finish line in the DSRIP timeframe. If not, good luck because five years will look too short. Doctors, if motivated properly, can move mountains. And, this is their business, after all.
It is the belief in an operational governance model, and selection of the leaders that is key.
We need MORE primary care doctors, and fewer specialists. So, I would suggest that a knowledgeable group of doctors be very selective in choosing more experienced specialists (even ones considering retirement) who always wanted to lead, to mentor, to train, to make a difference, but we're not yet able to. Select these and use the 'train the trainers' approach. Let them work with one of the younger 'best and brightest' right out of school. They will inspire each other. These teams can motivate five or six groups of general PC doctors at individual clinics, as they direct the DSRIP transformation to a new model of PC delivery. They are the experts. Let them figure it out. But these leadership teams need to be team players and need to be impressive enough to be admired by the generalists. Also, the specialists should be expert in at least one area where disease management is a material/ significant medical issue in most or all of the groups this team is managing, because we are going to expect them to creatively implement best practices and a prevention/wellness group of protocols that is effective almost immediately.
Logan, thanks for finding these for me.

By Daniel Kalin, 11 months ago 0

Logan, thanks for providing this set of notes.

By Daniel Kalin, 11 months ago 0

Reply to this contribution...