

A photograph of the Brooklyn Bridge, showing a large stone tower in the foreground on the right, with the bridge's cables extending across the frame. In the background, the Manhattan skyline is visible across the water under a blue sky with scattered white clouds.

Brooklyn Bridges PPS Presentation

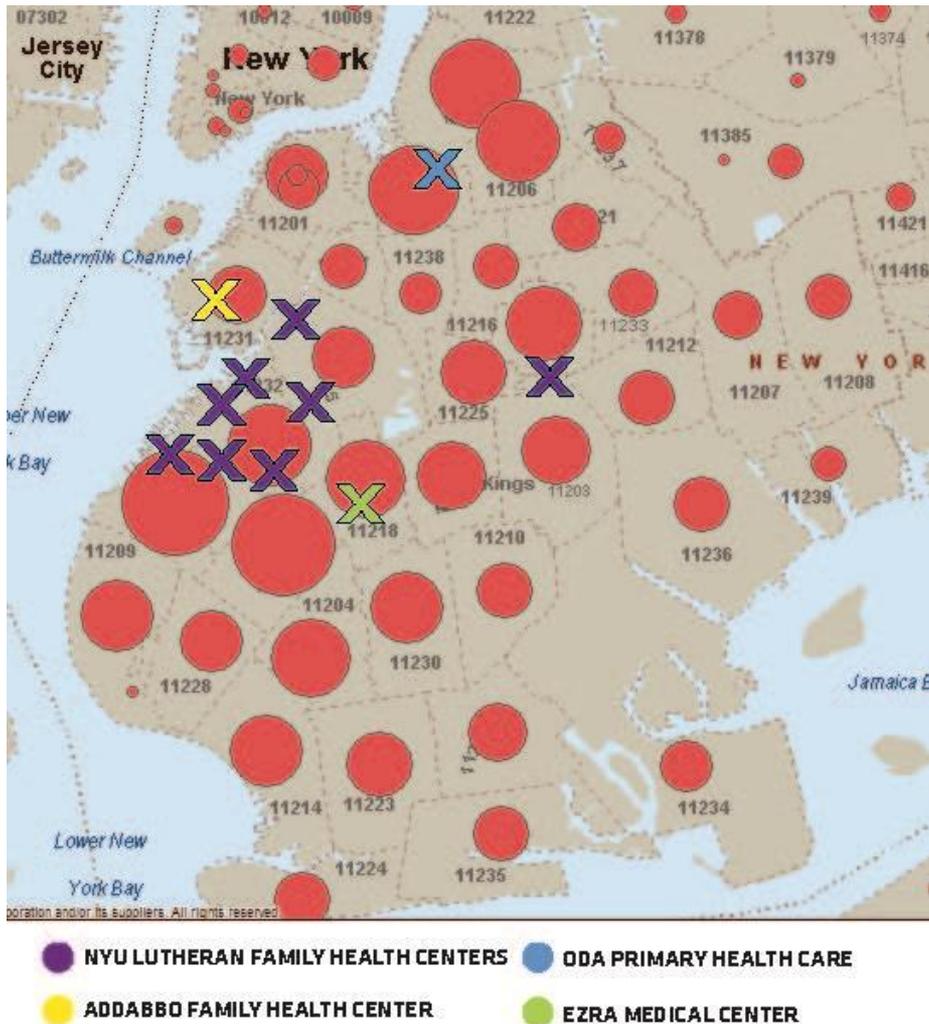
DSRIP Project Approval and Oversight Panel
January 21, 2016

Background on the PPS Lead

- On January 1, 2016, Lutheran Medical Center merged with NYU, creating NYU Hospital Center and NYU Lutheran
- NYU is committed to the DSRIP program and Medicaid population
 - Support for the NYU Lutheran Medical Center and NYU Lutheran Family Health Centers
 - VBP: Risk contracting for the Medicaid population
 - Creating a network of community partners



Who Do We Serve?

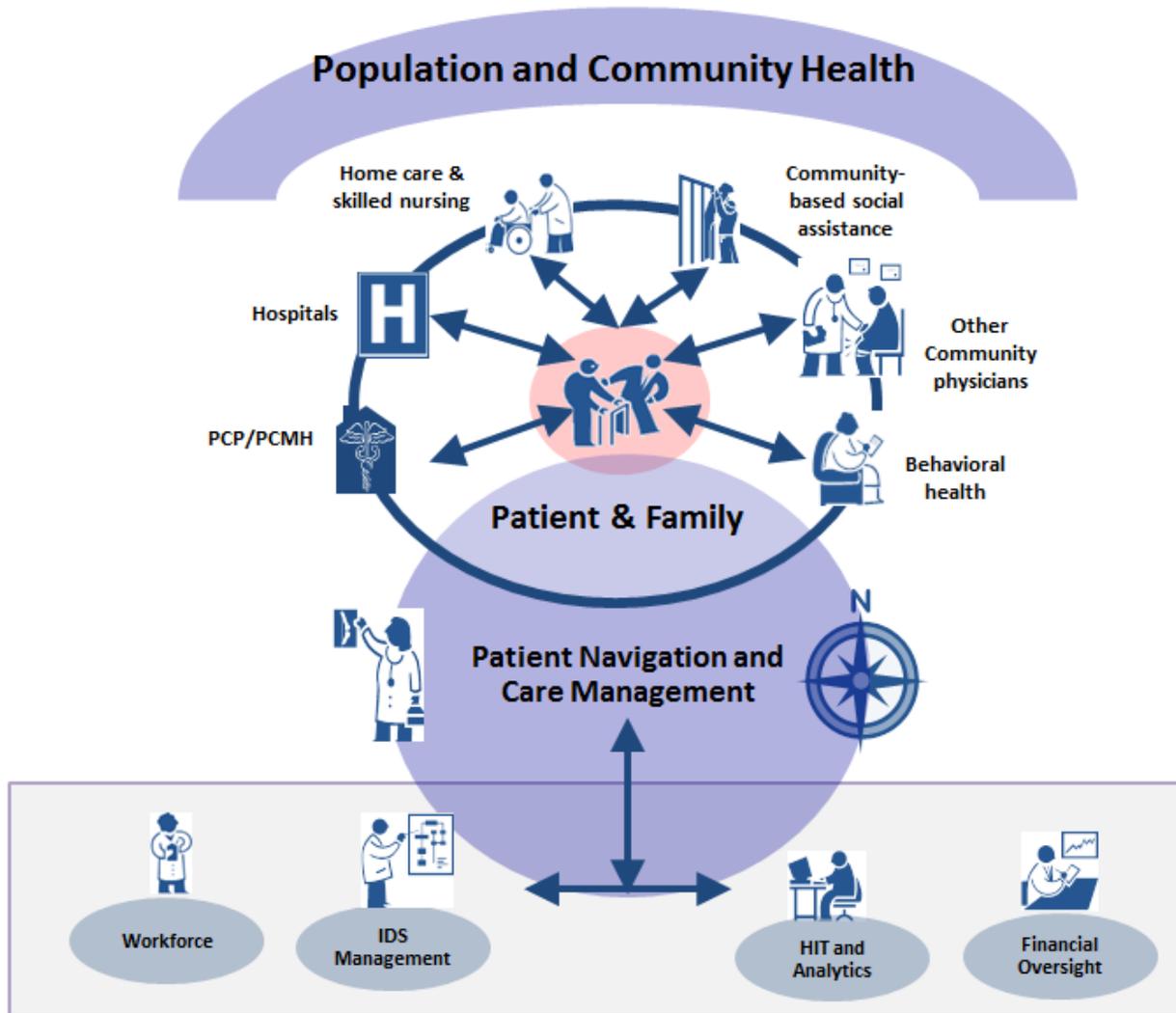


**Distribution of Brooklyn Bridges
(Based on Initial Performance
Attribution of 104,415 Lives)**

Community	% of BB PPS Lives
Borough Park	22%
Sunset Park	19%
Downtown-Heights-Park Slope	10%
Bensonhurst - Bay Ridge	7%
East Flatbush - Flatbush	7%
Greenpoint	7%
Bedford Stuyvesant - Crown Heights	6%
Williamsburg - Bushwick	6%
Coney Island - Sheepshead Bay	5%
Carnegie - Flatlands	2%
East New York	1%

Largest circles = greatest concentration of PPS residents
 Source: Salient/SIM data provided by the State's PPS attribution

Brooklyn Bridges PPS Vision



Value to our Safety Net Population and Providers

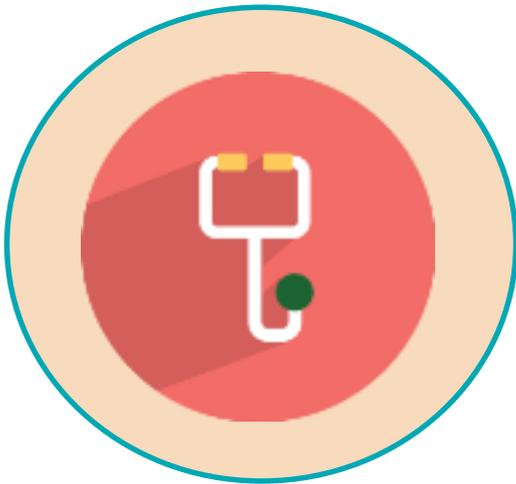
Brooklyn Bridges PPS Overview



Close-knit network of 195 Partner Organizations

- Hospital
- FQHCs
- D&TCs
- MCOs
- Assisted Living Facilities
- CHHAs
- OASAS providers
- OMH providers
- OPWDD providers
- Nursing Homes
- Social Service Agencies
- Union

Brooklyn Bridges PPS Overview



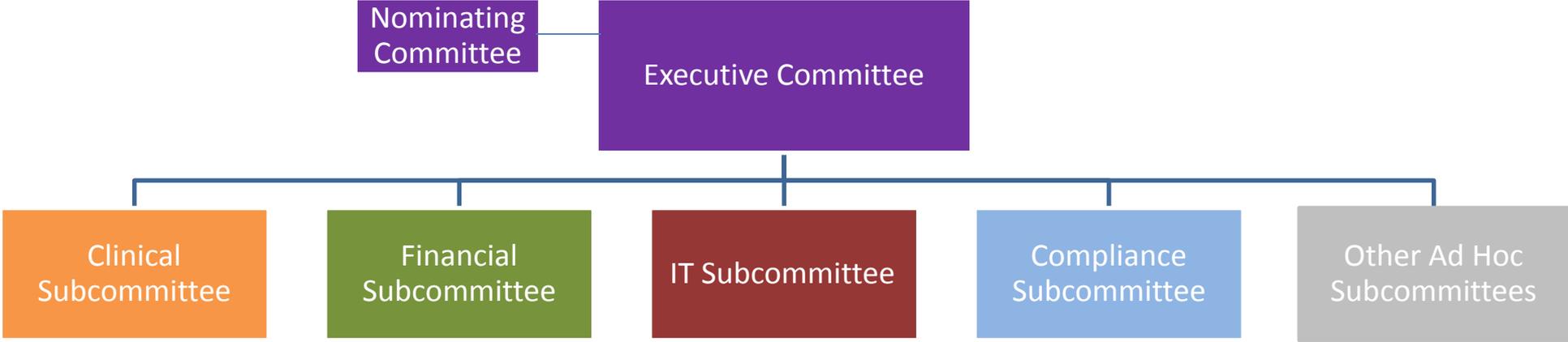
9 selected projects based on partner input and Community Needs Assessment

- Integrated Delivery System
- ED Care Triage
- Observation Unit
- Community Navigation
- Behavioral Health Integration
- Diabetes
- Asthma
- Tobacco Cessation
- HIV Prevention

The Brooklyn Bridges PPS has met every single Achievement Value to date, including all patient engagement commitments for first half of DSRIP Year 1

Brooklyn Bridges PPS Governance Structure

NYU Lutheran (NYU Hospital Center)



Collaborative Contracting Model

In this model each partner remains autonomous. Each PPS partner has an individual contract with NYU Lutheran where the contractual arrangements stipulate roles and responsibilities, including governance structure. NYU Lutheran, as the Lead Entity, retains ultimate decision-making authority and is the contract partner for the State. Partners are represented in the Executive Committee, which coordinates and oversees the various Subcommittees.

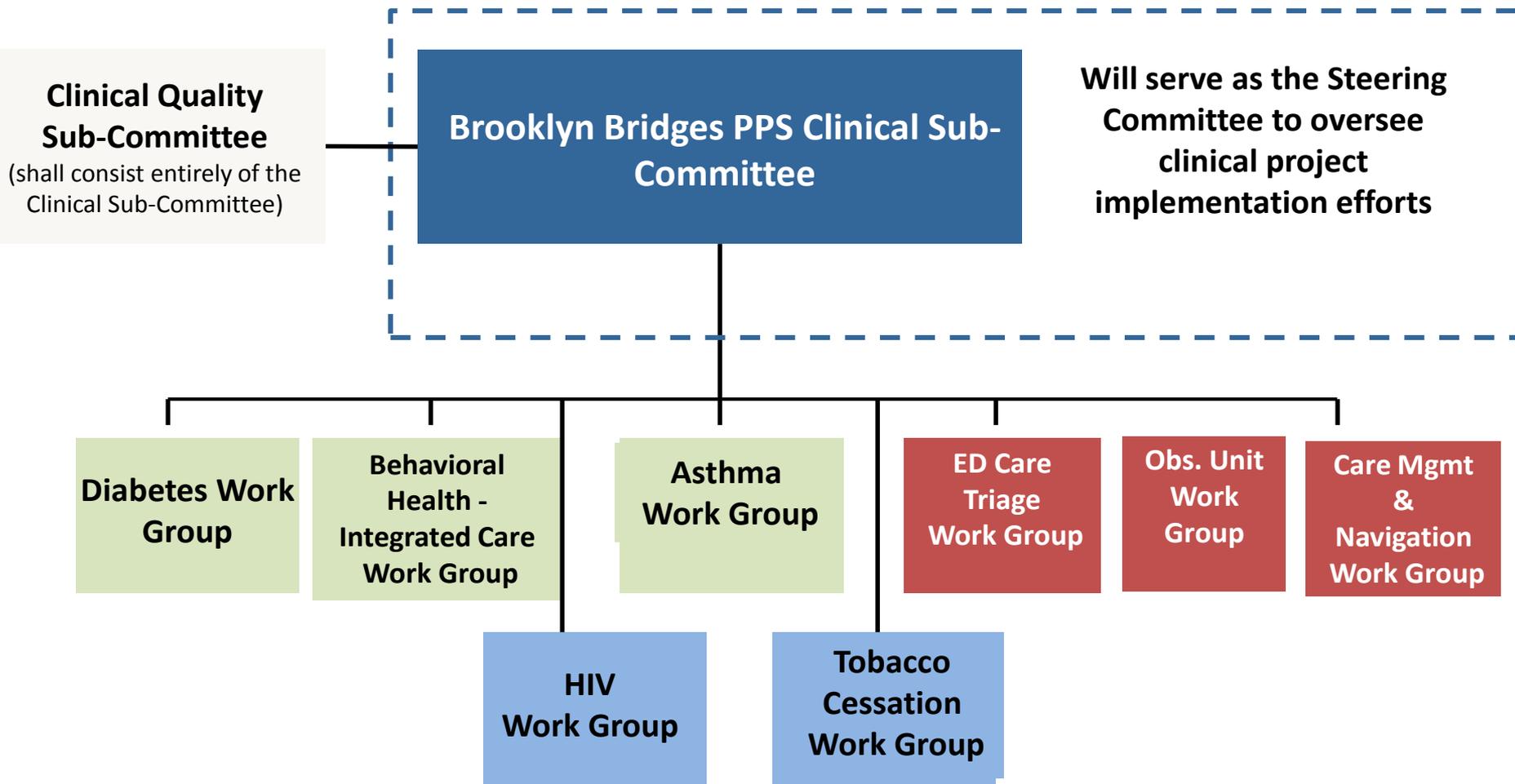
Executive Committee

Representation from Variety of Providers

- NYU Lutheran Medical Center
- NYU Lutheran Family Health Centers (FQHC)
- ODA (FQHC)
- Ezra (FQHC)
- Addabbo (FQHC)
- CHCANYS (FQHC Association)
- Cerebral Palsy of NYS (D&TC)
- NYU Lutheran Augustana (SNF)
- Allure Care (SNF)
- VNSNY (Homecare)
- 1199 (Union)
- HealthFirst (MCO)



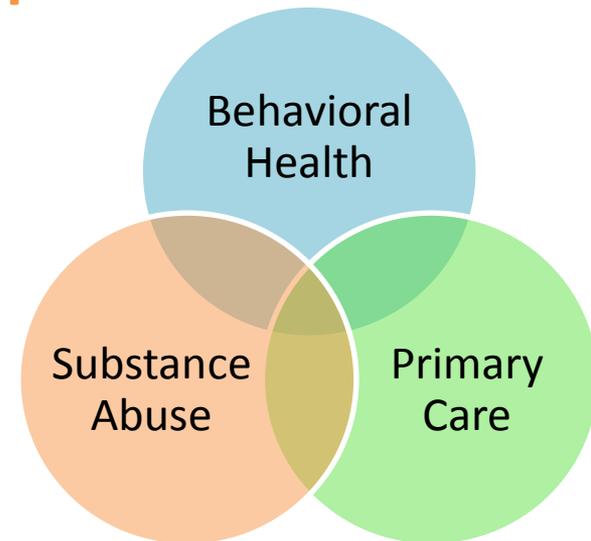
Brooklyn Bridges: Clinical Projects Implementation



-  Domain 2 – System Transformation Projects
-  Domain 3 – Clinical Improvement Projects
-  Domain 4 – Population-wide Projects

Behavioral Health

- A priority project for the PPS given partly the impact on the behavioral health population on hospital use.
- Brooklyn Bridges PPS will seek to co-locate behavioral health services in the primary care setting and to co-locate primary care services in the behavioral health setting, employing “Model 1” (co-location) and “Model 3” (Improving **M**ood – **P**roviding **A**ccess to **C**ollaborative **T**reatment (IMPACT))
 - Many of the FQHCs have preexisting programs to integrate behavioral health and primary care, and select providers (NYU Lutheran, ODA, and Ezra) will be Model 1 early adopters to develop PPS-wide best practices.
 - Working with Health Homes to manage the care of our most vulnerable, including those with significant behavioral health treatment requirements
 - Determining the impact of regional workforce capacity and other resource needs
- Participating in the KPMG-led behavioral health MAX series with other PPSs from the State in February



Primary Care

- Primary Care is the Core of the PPS, with a particular emphasis on community, FQHC providers
- Focusing this year on supporting key FQHCs to reach 2014 PCMH, Level 3 standards
- Met patient engagement commitments for the first two DSRIP quarters, including for diabetes care, and working to establish PCMH support for each of the clinical DSRIP projects
- Leveraging NYU Lutheran Family Health Center's historic commitment to improve the health status of the Brooklyn community, and its expertise and best practices in delivering high-quality medical care to our State's most vulnerable populations, including the pediatric and homeless populations



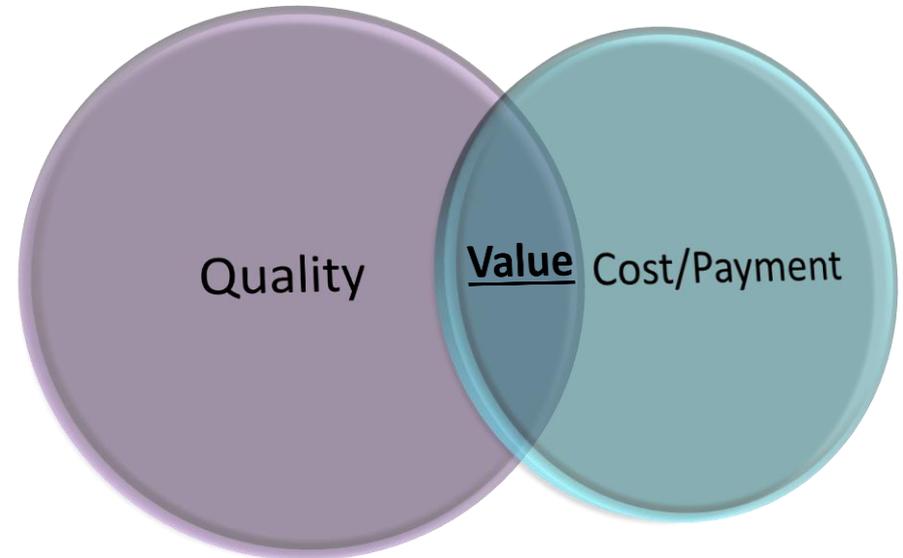
Contracting and Funds Flow



- Contracting Process Underway: 195 partners have attested to participate in the Brooklyn Bridges PPS; all have received Master Service Agreements to execute
- Payments to be made to those community providers who have demonstrated true commitment and partnership to the PPS
 - Tied to project deliverables, patient engagement, and performance measures
 - Purpose is to develop true and lasting partnership
- Given the delay in payment of approximately half of the funds pledged to us by the State, the PPS is finalizing this month the DY1 and DY2 payment methodology to our key safety net, community providers (FQHCs and CBOs).
- Our hands are tied by the 95%/5% rule: can distribute only up-to 5% of funds to non-Safety Nets, which includes many of our CBOs

Road to Value-Based Payments

- PPS is working to advance the DSRIP goal to prepare safety net institutions for VBPs



- Working with MCOs in Safety Net Equity Payment program and beyond DSRIP:
 - NYU/HealthFirst risk-based contract
 - Building partnerships with community providers to enable them to work within the VBP context

Information Technology: Key to Improving the Population's Health

- Taken a leading role in collaboration with GNYHA and other PPSs in developing an interoperable, common care plan
 - To best coordinate care for the patient
 - To include services that impact the social determinants of health
- Working closely with HealthIx to connect our partners to the RHIO to ensure continuity of care through DSRIP and beyond
- Collaborating with other PPSs using the robust Epic electronic health record system to coordinate care across those various PPSs





Workforce



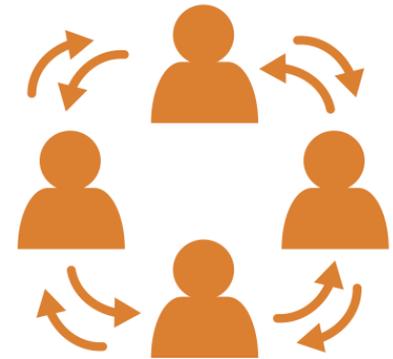
- Full time staff member, an expert from NYU Lutheran with long-standing relationships in the Workforce environment, focusing on DSRIP Workforce matters
- Through the consultant BDO, Brooklyn Bridges PPS is working with the three other PPSs (HHC, Maimonides, and St. Barnabas) to survey our partners, develop a regional workforce strategy, and fulfill the reporting requirements to the State
 - Note: Due to antitrust concerns alone, the PPS is required to retain a consultant to gather compensation and benefits information
- Will ensure that training is performed with cultural and linguistic sensitivity to train or retrain the workforce to existing and emerging roles, including potentially those in the community health advocate, patient navigator, care manager, community health worker, and health educator fields
- Workforce matters, including training, are not addressed in a vacuum – collaboration with other PPSs, and integration of workforce matters with those raised in other DSRIP matters, including principally clinical projects

Focus on Community

- Working with the New York Academy of Medicine, in conjunction with Maimonides and HHC, Community Needs Assessment confirmed the long-standing focus of NYU Lutheran – to meet the needs of the Brooklyn community
- Focus on Federally Qualified Health Centers (FQHCs)
 - A significant majority of our patients originate from the key FQHCs in our PPS: NYU Lutheran, ODA, and Ezra
- NYU Lutheran has long-standing relationships with CBOs, and runs its own housing, day care, homeless, job placement, and other programs, and therefore an early adopter of measures to address social determinants of health
- The PPS plans to work with CBOs with expertise in asthma management, diabetes education, and the prevention agenda (HIV and smoking)
- The PPS recognizes that cultural competency a key component of community engagement
 - FQHCs provide culturally competent care to the communities they serve
 - Will continue to work with our providers as we implement the cultural competency and health literacy strategy



Collaboration



- MCOs
 - Working with five assigned MCOs on the Equity payments and beyond
- Government
 - Working closely with City DOHMH and other City PPSs on initiatives addressing the prevention agenda on HIV prevention and smoking cessation
- Government-sponsored IT organizations
 - Working closely with the RHIO, HealthIx
 - Building risk stratification capabilities
 - Developing Health Information Exchange capabilities for seamless exchange within the PPS and between providers in other PPSs
 - Creating robust population health systems
- Other PPSs
 - Formally collaborating on workforce matters, and more informally frequently sharing best practices and shared responses to challenges

Challenges Include:

- Funding
- Lack of data on our population
 - Possible mitigation: MCOs could provide timely and accurate info on Medicaid patients
- Timely information regarding eligibility and payment for all services (e.g., from PBMs for pharmacy, dental plans for dental benefits, etc.)
- Prohibition of sharing data with our partners
- Need for Statewide support for RHIO/HIE readiness
- Coordinating care planning among PPSs

