



**Department  
of Health**

Medicaid  
Redesign Team

# **New York State Delivery System Reform Incentive Payment (DSRIP)**

PPS Primary Care Plan Overview

**PAOP Webinar**

January 2017

# Agenda

- Background Overview of Primary Care Plan
- Review of Public Comments
- DOH Review – Overall Strengths and Challenges
- DOH Review – PPS Specific

# PPS Primary Care Plan: Background

During the February 2015 DSRIP Project Approval and Oversight Panel (PAOP) meeting, the Panel voted to require each PPS to submit a Primary Care Plan (PC Plan).

## **The PC Plan would address:**

- Current status of their primary care capacity
- Plans for reaching primary care-specific project milestones
- Progress toward primary care goals addressing areas of access, capacity, and quality

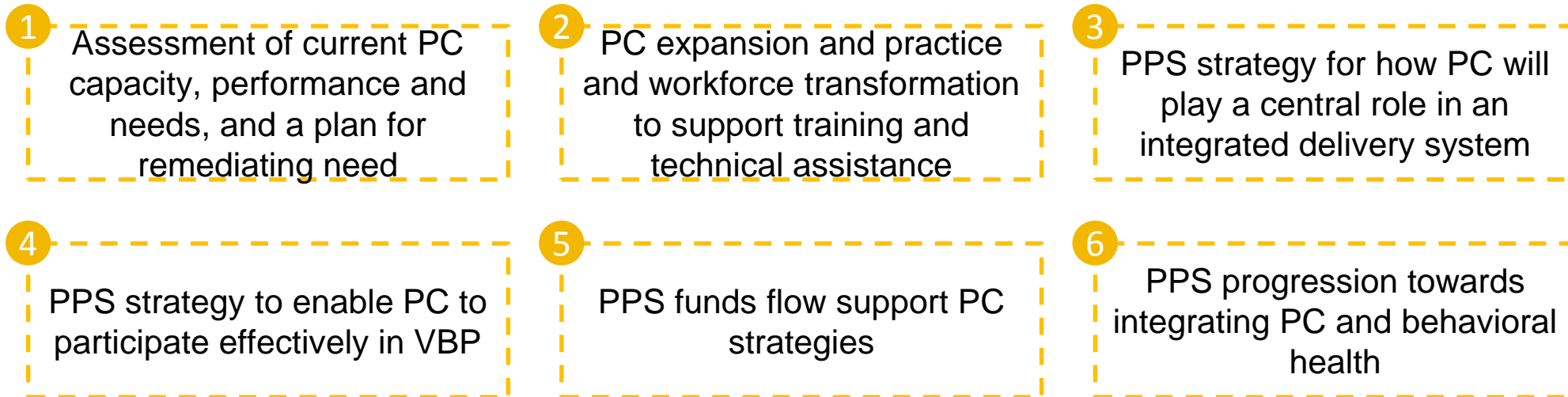
**Stakeholders were able to review and provide feedback on the initial structure of these plans in Fall 2015, the results of which were presented to PPSs during the December 11, 2015 All-PPS meeting in Albany.**

## Stakeholder groups included:

- 2 PPSs
- Healthcare Association of New York State (HANYS)
- Community Health Care Association of New York State (CHCANYS)
- Greater New York Health Association (GNYHA )
- United Hospital Fund
- Primary Care Development Corporation (PCDC)
- Office of Mental Health
- Office of Quality and Patient Safety, DOH
- PAOP Primary Care Workgroup

# Evolution of PPS Primary Care Plans

- The PC Profile was conceived as a PPS resource document, consolidating previous application materials and quarterly reporting information that described how each PPS was working with PCPs in their provider networks.
- The intent of the Primary Care Profile was a PPS-specific resource to address the *six fundamentals*:

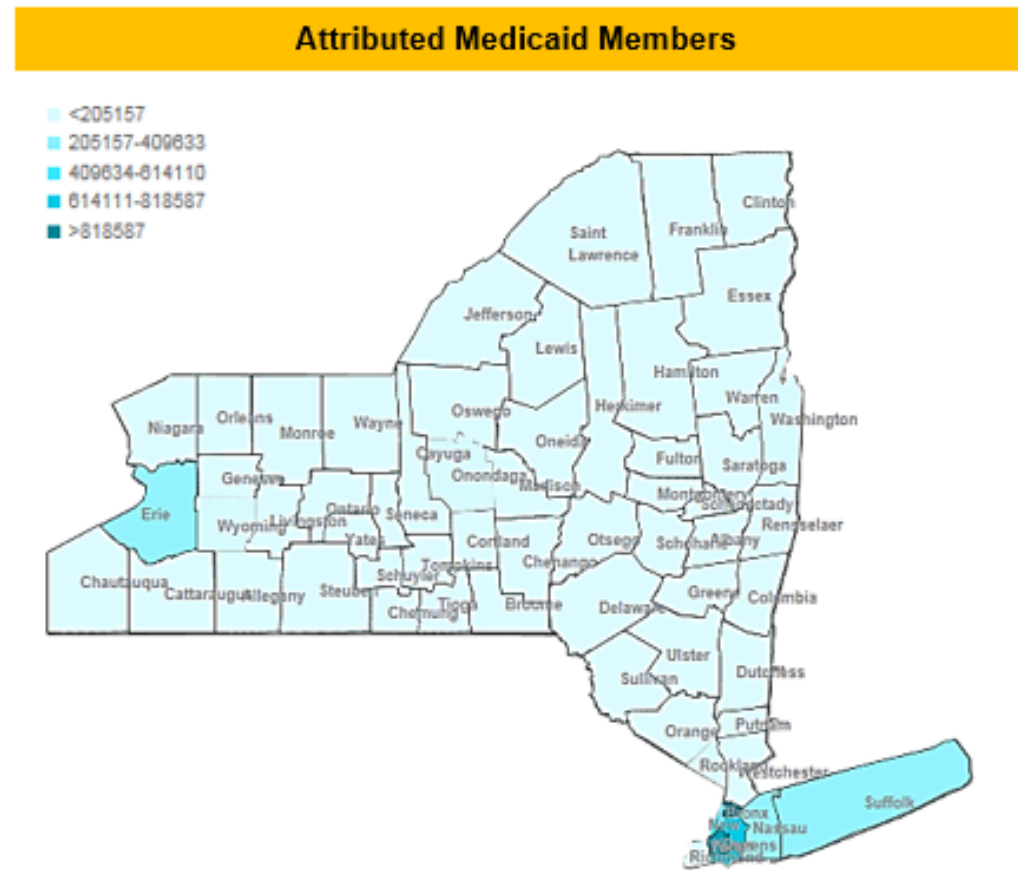


- Draft PC Profiles were created and shared with three PPS. The outcome of those discussions and subsequent internal review revealed that the value of the Profiles was limited and did not directly address the six fundamentals above.
- PC Profiles were replaced with Primary Care Plans that the PPS were asked to respond, in up to 2 pages per fundamental, to the *6 fundamentals*.

# Primary Care Provider Network Analysis – Sample

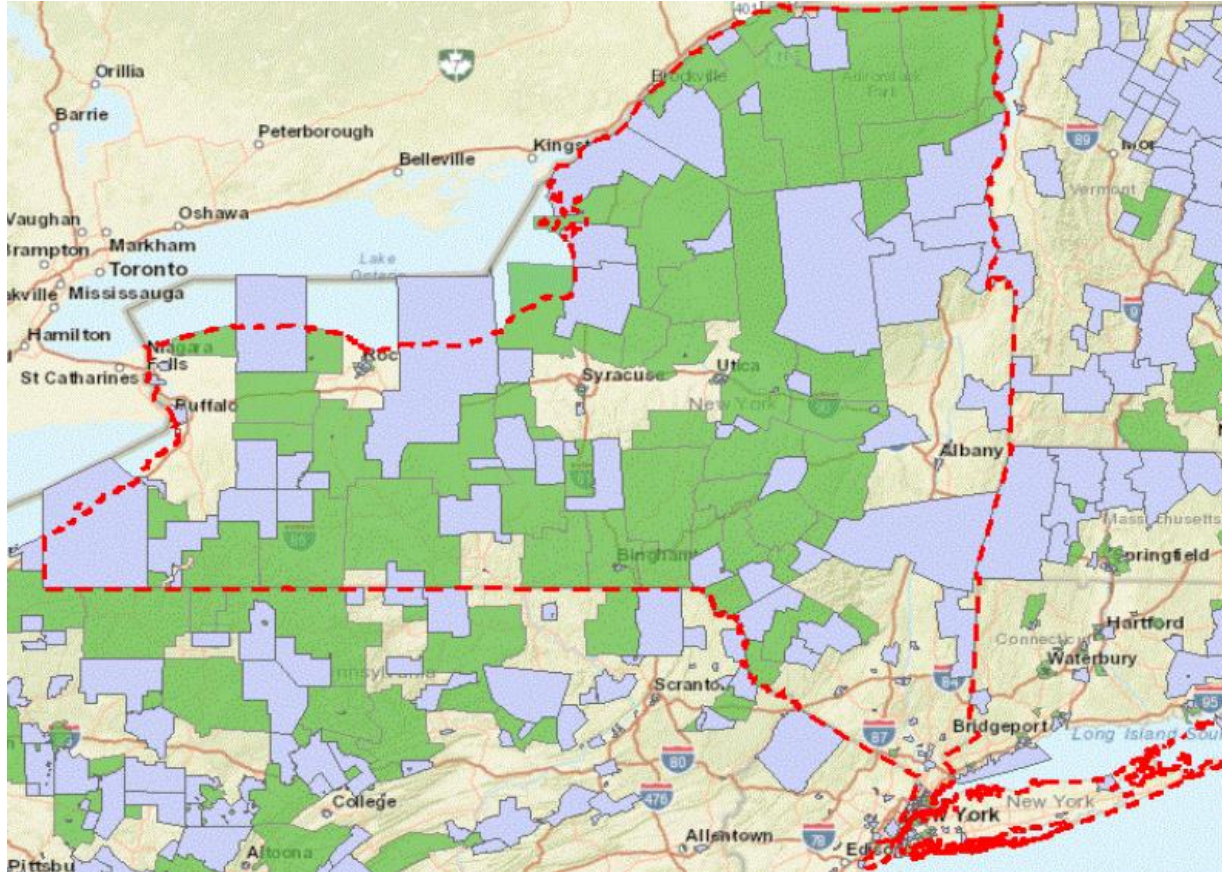
A set of metrics was derived for each PPS to gain a better understanding of their PCP networks.

Metric	Value	Source(s)
Total # of Primary Care Providers (PCPs) in PPS	500	Provider Network
Total # of PPS's network PCPs in the PNDS	495 (99%)	PNDS
Total # of PCPs participating in multiple PPS	100 (25%)	Provider Network
# of PPSs that a PCP Participates in:		Provider Network
1	25 (5%)	
2	25 (5%)	
3	15 (3%)	
4	20 (4%)	
5 or more	15 (3%)	
% of PCPs/Extenders Offering After-Hours Care*	25%	PNDS, Provider Network
Average Total Care Hours (per PCP per week)	36 hrs.	PNDS, Provider Network
% of PCPs Accepting New Medicaid Members	96%	PNDS, Provider Network
Total PCPs at Sites w/ PCMH 2011 Level 2 (Achieved)**	5 (1%)	SIM Tool
Total PCPs at Sites w/ PCMH 2011 Level 3 (Achieved)**	25 (5%)	SIM Tool
Total PCPs at Sites w/ PCMH 2014 Level 2 (Achieved)**	15 (3%)	Dashboards
Total PCPs at Sites w/ PCMH 2014 Level 3 (Achieved)**	10 (2%)	Dashboards
PPS Maps (Attributed Medicaid Members and Network PCPs)	(see right)	Dashboards




\*Data is not representative of a specific PPS. Numbers provided for illustrative purposes only.

# NYS HPSA/MUA Areas



- Identifying shortage area needs in PPS regions
- **HRSA Data Warehouse** allows PPS to identify Health Professional Shortage Areas and Medically Underserved Areas/Populations
- HPSA/MUA Data used with PCP Network Analysis Data can build an integrated perspective between both sources of information

 Health Professional Shortage Area –Primary care

 Medically Underserved Areas/Populations

# PCMH Accreditation

PCMH 2014 or Advanced Primary Care recognition is due March 31, 2018.

- Of the almost 6,000 PCPs in the PPS networks, 31% had any PCMH recognition in the baseline year (7/2013 – 6/2014).
- As of 12/2016:
  - Current recognition level is up to 40%, with 15 months to go.
  - 975 providers currently have 2011 PCMH Accreditation which facilitates their attainment of 2014 standards and recognition.
  - 1,380 currently have 2014 PCMH Level 3 Accreditation (23% of PCPs)

# Primary Care Plan Fundamentals - Process

- The PPS Primary Care Plans addressed each of the “six fundamentals” on the following two slides, and were submitted by the PPS as a narrative component of the Demonstration Year 2, Quarter 1 (DY2 Q1) reporting by each PPS with the delivery of project narratives as part of the Midpoint Assessment due by August 31, 2016.
- Key stakeholders involved in the development of Primary Care Plans created talking points and questions under each fundamental.
  - PPS were asked to consider these questions when responding to each fundamental in their Primary Care Plan project narrative.
- Once submitted, a team of two DOH staff reviewed each Primary Care Plan against the fundamentals and provided feedback to the PPS via written communications.
- The PPS were given the opportunity to revise their Primary Care Plans in response to the DOH feedback, prior to the Plans being posted for public comment.



# Primary Care Plans Six Fundamentals

## 1. **Assessment of current primary care capacity, performance and needs, and a plan for addressing those needs**

- PPS' over-arching approach for expanding Primary Care capacity and ensuring the provision of required services (including, as appropriate, addressing gaps in Primary Care capacity)
- How is the PPS working with community-based PCPs, as well as institutional-based PCPs?

## 2. **How will primary care expansion and practice and workforce transformation be supported with training and technical assistance?**

- What are your PPS' plans for working with Primary Care at the practice level, and how are you supporting practices to successfully achieve PCMH/APC? (Resources could include collaboration, accreditation, incentives, training/staffing support, practice transformation support, central resources, vendors to support key activities, additional staffing resources, etc.)
- How is your PPS working to ensure that existing statewide resources for technical assistance are being leveraged appropriately?

# Primary Care Plan's Six Fundamentals (cont.)

## 3. What is the PPS' strategy for how primary care will play a central role in an integrated delivery system?

- How will the PPS strengthen the continuum of Primary Care and ensure meaningful linkages to necessary secondary and tertiary services?
- How is Primary Care represented in your PPS' governance committees and structure and clinical quality committees?

## 4. What is the PPS' strategy to enable primary care to participate effectively in value-based payments?

- How will key issues for shifting to VBP be managed? (e.g., technical assistance on contracting and data analysis, ensuring primary care providers receive necessary data from hospitals/emergency departments (EDs), creating transition plans, addressing workforce needs and behavioral health integration)

## 5. How does your PPS' funds flow support your Primary Care strategies?

- What resources are being expended by your PPS to support PCPs in DSRIP?

## 6. How is the PPS progressing toward integrating Primary Care and Behavioral Health (building beyond what is reported for Project 3.a.i)?

- This would include both collaborative care and the development of relationships with needed community-based providers.

# Primary Care Plan Public Comment Overview

- Six letters: PCDC, CHCANYS, SNAPCAP, OASAS, HRHCare and NYCDOHMH
- Common threads:
  - Lack of transparency in funds flow; no way to discern hospital-based vs. community-based PCP funding
  - Lack of alignment of VBP with PC and CBOs; PCPs readiness for VBP
  - Limited discussion of BH/SUD integration; require SBIRT
- NYCDOHMH recommends PPS adopt standards re: tobacco cessation, food security and hypertension.
- CHCANYS recommends DOH make partners aware that participating in an IPA is not a condition of DSRIP and further explain shared savings arrangements.
- PCDC recommends future plan reporting require more quantitative measures.

# DOH Final Review – Strengths

- Plans are focused on Primary Care needs in the PPS region, providing capacity/needs information and plans to improve/expand access; recruitment and retention strategies that have been put into place were addressed.
- Ample information provided on PCMH technical assistance and other workforce training initiatives in place
- Robust descriptions of strategies for primary care's role in an integrated delivery system: RHIO/EHR connectivity, PCMH recognition, Care Management and linkages to specialty providers, among others
- Evidence of strong Primary Care presence on governance boards and committees

# DOH Final Review – Challenges/Opportunities

- Primary Care Plan is still a plan for several – few action items included
- Lack of specific funds flow information – only nine PPS stated actual dollars flowed to PCPs
- Addressing capacity issues in HPSAs not included for some
- Assessing PCPs for VBP readiness seems behind; many do not have a complete plan for providing Technical Assistance to practices for VBP readiness

# Examples of Excellent Primary Care Plans

- Advocate Community Partners
- Adirondack Health Institute
- Bronx Health Access – Bronx Lebanon
- Community Care of Brooklyn – Maimonides
- Montefiore Hudson Valley Collaborative (MHVC)
- North Country Initiative – Samaritan

# PCMH Transformation and Support

## Plans Adequate in Area

ACP  
AHI  
Bronx Lebanon  
CPWNY  
FLPPS  
Maimonides  
Montefiore/MHVC  
Mount Sinai  
NY Presbyterian  
NY Presbyterian Queens  
NYU Lutheran  
OneCity Health  
Refuah  
Saint Barnabas/BPHC  
Samaritan/NCI  
Suffolk Care Collaborative  
Westchester Medical Center

## Plans Needing Improvement

Albany Medical Center Hospital  
Alliance  
Bassett  
Care Compass  
CNYCC  
Millennium  
Nassau Queens  
SIPPS

# Funds Flow to PCPs Provided

## Plans Adequate in Area

ACP  
AHI  
Bronx Lebanon  
CPWNY  
Maimonides  
Montefiore/MHVC  
Mount Sinai  
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## Plans Needing Improvement

Albany Medical Center Hospital  
Alliance  
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FLPPS  
Millennium  
Nassau Queens  
NY Presbyterian  
NY Presbyterian-Queens  
OneCity Health  
Refuah  
Saint Barnabas/BPHC  
SIPPS  
Suffolk Care Collaborative  
Westchester Medical Center



# Behavioral Health Integration

## Plans Adequate in Area

ACP  
AHI  
Alliance  
Bassett  
Bronx Lebanon  
CNYCC  
FLPPS  
Maimonides  
Millennium  
Montefiore/MHVC  
NY Presbyterian  
NY Presbyterian-Queens  
NYU Lutheran  
OneCity Health  
Refuah  
Saint Barnabas/BPHC  
Samaritan/NCI  
SIPPS  
Suffolk Care Collaborative  
Westchester Medical Center

## Plans Needing Improvement

AMCH  
Care Compass  
CPWNY (SUD info)  
Mt. Sinai  
Nassau Queens

# Primary Care Plan Assessments

*Plans Requiring IA Corrective Action Plan*

## Albany Medical Center Hospital (AMCH)

- Overall Assessment: Plan is not clear on what has been implemented and what might be implemented, but it appears many activities are still in the planning phase. Detailed description of PCP participation in different committees and subcommittees. Funds flow for Phase 1 described, though unclear if funds distributed (Plan states “allocated” not “distributed”). Funds flow for the next phases are not described.

## Bassett PPS aka Leatherstocking Collaborative Health Partners (LCHP)

- Overall Assessment: Plan is written more as a “challenge and mitigation” document instead of an overall approach or strategic plan for primary care. PPS descriptions are of incremental efforts which are positive, however, they also reflect an environment where primary care is challenged and not well supported. PCMH is cited as initially a huge lift with hopes that it will ultimately provide satisfaction and other resources through team-based model of care. Plan is often general and difficult to discern whether implementation is limited or widespread and among what providers. Areas cited as challenges for PPS such as compensation model and incentives for providers raise questions regarding how PPS Governance is addressing overall primary care strategy as it relates to VBP.

## Care Compass Network (CCN)

- Overall Assessment: Plan needs specificity and focus. There are general delivery system issues described but discussion does not focus sufficiently or clearly on primary care. Strategies are left to RPUs and health system partners. The plan does not indicate specific progress on projects to indicate implementation is underway except for the MAX series action sites.

## Central New York Care Collaborative (CNYCC)

- Overall Assessment: Overall approach to primary care is provided, however, activities cited in the primary care plan appear to be mostly in planning stages. Actual implementation is not addressed in much of the plan. Emphasis on extensive workforce training provided through monthly webinars and a learning platform. Specific information regarding funds flowed to primary care was not provided in the plan. Recent hire of a Chief Medical Officer is expected to accelerate activities.

## Millennium Care Collaborative

- Overall Assessment: The plan includes many ideas that appear would be successful, yet without baseline data on capacity analysis and HPSA clarity or workforce needed to support gaps in care, there may be significant primary care plan areas that will be challenging.

## Mount Sinai, LLC

- Overall Assessment: The Plan seems overall vague and future oriented, suggesting the PPS is behind in its Primary Care activities, with language such as “we have begun exploring” and “the PPS is monitoring FQHCs.” That said, 39% of PCP practices are 2011 or 2014 PCMH certified. There is no discussion on use of workforce budget to recruit PCPs.

## NYU Lutheran (Brooklyn Bridges PPS)

- Overall Assessment: Plan focuses on primary care, but capacity information is not well documented. There are many primary care HPSAs in Kings County and the primary care plan does not address this aspect. The Plan could have more information provided on numbers of primary care practitioners in the PPS including pediatricians, nurse practitioners, etc.

# Primary Care Plan Assessments

## *Adequate Plans*

## Adirondack Health Institute, Inc. (AHI)

- Overall Assessment: Detailed and thorough PC plan, with many activities already in motion. PCPs are involved in leadership committees. Detailed funds flow summary.

## Advocate Community Providers (ACP)

- Overall Assessment: Well written and focused on the primary care needs of the PPS. Provided clear information on plans to improve access to care and create and secure VBP arrangements.

## Alliance For Better Health Care, LLC

- Overall Assessment: Plan addresses all fundamentals and is focused on primary care needs. Comprehensive workforce strategy. Dollars flowed to support PC activities are not stated, and incentive/bonus pool methodology to reward and incentivize PCPs still needs to be developed (funds to be allocated to this pool not stated). Substantial work detailed on integrating PC and BH.



## Bronx Lebanon PPS – Bronx Health Access

- Overall Assessment: The Bronx Health Access primary care plan is strong, partners are committed to and moving forward with VBP efforts and integration is already occurring in many areas.

## Community Care Of Brooklyn (Maimonides)

- Overall Assessment: Very strong plan with many activities well in progress.

## Finger Lakes PPS (FLPPS)

- Overall Assessment: Very comprehensive plan. Well focused on the primary care needs of the PPS and includes both current activities as well as initiatives planned for the future. FLPPS has flowed 12.7% of partner share dollars to PCPs and clinics and 84.7% to health systems which employ 67% of the PCPs, though no dollar amounts were included.

## Montefiore Hudson Valley Collaborative (MHVC)

- Overall Assessment: Plan is extensive and thorough. MHVC has a strong commitment to the PCMH model and a robust plan for an IDS and BH integration. PCPs are involved in Governance and other Committees and are recognized as the backbone of MHVC's healthcare transformation model.

## Nassau Queens PPS

- Overall Assessment: Well written and focused on the primary care needs of the PPS, but hub focused; not very clear on the role of the PPS in the Plan. Could include more detail on how each hub is supporting PCMH transformation efforts. Little information provided on funds flow (i.e, how much flowed to PCPs to date).

## New York Presbyterian-Queens (NYP/Q)

- Overall Assessment: PPS has a focused strategy to expand primary care access and to support PCMH transformation for 36 PC practices. To date, limited funds have flowed directly to Primary Care. PPS is not doing the Integrated Delivery System project 2.a.i, but rather project 2.a.ii.

## New York-Presbyterian Hospital (NYP)

- Overall Assessment: The Plan is focused, cohesive and addresses its entire network. The largest portion of PC network is within its institutional framework. No detail on whether PCP recruitment will occur and if so, whether the workforce budget will be used in this effort. Leadership committees have good representation from Primary Care. Both direct and indirect support is given to Primary Care, though overall investment to date seems low.

## OneCity Health PPS

- Overall Assessment: Plan is extensive and thorough, with tables that make it easy to understand the PPS' PC strategy. Plan states that PCPs have begun to receive funds, including payment for engagement, but dollar amount is not stated.

## Refuah PPS

- Overall Assessment: Strong elements for BH integration. Other areas require more specificity and timing. Integrating into larger continuum of care with external partners such as hospitals and connectivity with RHIO/SHIN-NY are less specific, but are key PPS strategies. There is a lack of specifics on funds flow.

## **Saint Barnabas PPS/Bronx Partners For Healthy Communities (BPHC)**

- Overall Assessment: An excellent primary care plan that demonstrates overall strategy for addressing primary care practice transformation and active implementation of strategy. No details provided on dollars to be flowed to primary care, either flowed to date or planned.

## **Samaritan PPS/North Country Initiative (NCI)**

- Overall Assessment: Well-organized, detailed and thorough PC Plan. Many initiatives already established and in progress. Detailed funds flow information.

## **Sisters of Charity Hospital of Buffalo, NY aka Community Partners of WNY (CPWNY)**

- Overall Assessment: Strong primary care plan with active project implementation. Expanding Catholic Medical Partners' resources and partnership to Chautauqua County Health Network, strengthening regional primary care networks and providing practice transformation resources to community-based providers.

## Staten Island PPS (SIPPS)

- Overall Assessment: Well written document, focused on primary care issues. A couple of the fundamentals still appear to be in the planning stages.

## SUNY Stony Brook University Hospital/Suffolk Care Collaborative (SCC)

- Overall assessment: Well written plan focused on the primary care needs of the PPS. Includes description of robust training platform that is up and running to support training initiatives, as well as PCMH certification. Could include more detail on specific assistance that will be given to PCPs on VBP contracting. Provided funds flow strategy for primary care, but details on dollars flowed to date not included. Have implemented strategies to include primary care in an integrated delivery system.

## Westchester Medical Center Health (WMCHealth)

- Overall Assessment: PC Plan incorporates a strong commitment to PCMH model/practice transformation, medical villages, medical neighborhoods and BH integration. Plan does not state how PPS will support practices in VBP contracting. Dollars flowed to support Primary Care activities are not stated.

# Questions?