Mount Sinai PPS

DSRIP Project Approval and Oversight Panel (PAOP) Meeting

February 1, 2017
Mount Sinai PPS Overview

Approach to Implementation

- **Geographic Care Hub Model**
- Upper West Side Hub Pilot – launched November 2016 with 20 partner sites, including CBO’s.
- Health Home Care Management - pilot enhanced outreach, enrollment and intensive care management.

Approach to IT Connectivity

- **Healthix** as the primary HIE platform
- **Partner Portal** developed by MSPPS to support partners. Will include applications to improve quality, increase care coordination, improve data sharing among providers.

Approach to Funds Flow

- **Funds Flowed to Date:**
  - $20,507,838 funds flowed to partners.
- **DY 3 and Beyond:**
  - Continued funds flow to partners
  - CBO and Community Provider service contracts
Mount Sinai PPS
Hub Approach
What are Mount Sinai PPS Care Hubs?

**YES**

Hubs are:
- Clinical and community based partners participating in DSRIP
- Partners providing care in same geographical region
- A collaborative effort to achieve key clinical requirements
- Mark transition from planning to implementation
- Way to convene partners already working together, to integrate projects

**NO**

Hubs are not:
- An attempt to direct referrals in any specific or preferential way.
- An independent legal entity
- An additional governance structure
- An employer / recruiter of staff
Mount Sinai PPS Hub Model

- **Attribution** (lives by county): hubs are located within our PSS counties with DSRIP attributed lives (Manhattan, Brooklyn, Queens).

- **Provider Geography**: partners must deliver services to patients in the zip codes identified for that hub.

- **Anchored to acute hospital or facility**: 1 acute facility must be present in the hub.
Hub Approach

▶ Ultimate Goal
  - Improve communication, coordination & relationship between hospital & community providers

▶ Current Focus of UWS Hub
  - Health Home Enrollment Education
  - Improving on High Value Performance Measures
    - Diabetes monitoring for people with Diabetes & Schizophrenia
  - Pilot Programs with Tier 1 CBO
  - ER avoidance innovation projects
Approach to Implementation: Pilot Programs with CBOs

<table>
<thead>
<tr>
<th>Target Patient Population</th>
<th>Services</th>
<th>PPS Pilot Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Uncontrolled Diabetes</td>
<td>- Goal setting</td>
<td>- Mount Sinai</td>
</tr>
<tr>
<td>- Uncontrolled Hypertension</td>
<td>- Medication Adherence</td>
<td>St. Luke’s Hospital</td>
</tr>
<tr>
<td></td>
<td>- Healthy eating/physical activity/coping strategies</td>
<td>Currently in Planning Phase</td>
</tr>
<tr>
<td></td>
<td>- Patient engagement with clinical care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Transition of care activities</td>
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<tr>
<td></td>
<td>- Support &amp; assistance for family caregivers</td>
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</tbody>
</table>
Approach to Implementation: Innovative Projects Targeting ED Utilization

## Community Paramedicine

**EMS & Provider Shared Decision Making**

<table>
<thead>
<tr>
<th>Target Patient Population</th>
<th>Service</th>
<th>PPS Pilot Partners</th>
</tr>
</thead>
</table>
| - Congestive Heart Failure | - Accessed by patient’s clinical provider  
- Paramedic dispatched to patient (30-60 min response time)  
- Real-time video conferencing between EMS, ED MD, clinical provider  
- Additional assessment options (EKGs, IV fluids) | - Institute for Family Health  
- VNSNY  
- Mount Sinai Heart  
- MS BH Crisis Team |

**Target Go-Live 3/1**
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Approach to IT Connectivity
How do we Communicate and Collaborate? Community Gateway
Database includes data from:
- HITE
- MAPSCorps
- MS SW list of resources
- MSPPS Partners
Mount Sinai PPS
Funds Flow and Expenses
# Mount Sinai PPS PMO Funds Flow

## Expenses 04/01/15 – 12/31/16

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Includes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPS PMO Expenses</td>
<td>$38,704,491</td>
<td>Funds flow categories of Administration and Implementation</td>
</tr>
<tr>
<td>Payments to Partners</td>
<td>$20,507,838</td>
<td>Funds flow categories of Performance-Based Payments, Safety Net and CBO Funds</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$59,212,329</strong></td>
<td></td>
</tr>
</tbody>
</table>

![Pie chart showing 65% PMO and 35% Payments to Partners]

- Blue slice represents **PMO** (65%)
- Pink slice represents **Payments to Partners** (35%)
## Mount Sinai PPS PMO Administrative Expenses

### Expenses by Category 04/01/15 – 09/30/16

(Thru DY2, Q2)

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Total</th>
<th>Includes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMO</td>
<td>30%</td>
<td>Salary &amp; OTPS</td>
</tr>
<tr>
<td>IT</td>
<td>46%</td>
<td>Salary &amp; OTPS, Infrastructure e.g. CRM, Partner Portal</td>
</tr>
<tr>
<td>Clinical</td>
<td>3%</td>
<td>Salary &amp; OTPS, Project implementation activities</td>
</tr>
<tr>
<td>Finance, Audit &amp; Compliance</td>
<td>1%</td>
<td>Salary &amp; OTPS, vendor services e.g. compliance hotline, educational materials</td>
</tr>
<tr>
<td>Workforce</td>
<td>4%</td>
<td>Salary &amp; OTPS, Vendor services, training development</td>
</tr>
<tr>
<td>Start-up Costs</td>
<td>16%</td>
<td>DSRIP application development costs, staffing support.</td>
</tr>
</tbody>
</table>

**Total** 100%
### Mount Sinai PPS PMO Administrative Expenses

#### Expenses by Category 04/01/15 – 12/31/16 (Thru DY2,Q3)

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Total</th>
<th>Includes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMO</td>
<td>28%</td>
<td>Salary &amp; OTPS</td>
</tr>
<tr>
<td>IT</td>
<td>50%</td>
<td>Salary &amp; OTPS, Infrastructure e.g. CRM, Partner Portal</td>
</tr>
<tr>
<td>Clinical</td>
<td>4%</td>
<td>Salary &amp; OTPS, Project implementation activities</td>
</tr>
<tr>
<td>Finance, Audit &amp; Compliance</td>
<td>1%</td>
<td>Salary &amp; OTPS, vendor services e.g. compliance hotline, educational materials</td>
</tr>
<tr>
<td>Workforce</td>
<td>4%</td>
<td>Salary &amp; OTPS, Vendor services, training development</td>
</tr>
<tr>
<td>Start-up Costs</td>
<td>13%</td>
<td>DSRIP application development costs, staffing support.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td></td>
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</tbody>
</table>
### Mount Sinai PPS Funds Flow to CBOs - DY1,Q1 thru DY2,Q3
(Non-Medicaid billing CBO’s)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Total Allocation (thru 3/31/17)</th>
<th>Total Earned (thru 12/31/16)</th>
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<tbody>
<tr>
<td>CBO 1</td>
<td>$97,866.33</td>
<td>$68,089.00</td>
</tr>
<tr>
<td>CBO 2</td>
<td>$72,841.43</td>
<td>$56,954.00</td>
</tr>
<tr>
<td>CBO 3</td>
<td>$46,729.63</td>
<td>$24,569.00</td>
</tr>
<tr>
<td>CBO 4</td>
<td>$14,707.51</td>
<td>$0.00</td>
</tr>
<tr>
<td>CBO 5</td>
<td>$14,707.51</td>
<td>$704.00</td>
</tr>
<tr>
<td>CBO 6</td>
<td>$3,000.00</td>
<td>$1,059.00</td>
</tr>
<tr>
<td>CBO 7</td>
<td>$3,000.00</td>
<td>$1,112.00</td>
</tr>
<tr>
<td>CBO 8</td>
<td>$3,000.00</td>
<td>$1,980.00</td>
</tr>
<tr>
<td>CBO 9</td>
<td>$2,000.00</td>
<td>$1,194.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$257,852.41</strong></td>
<td><strong>$155,661.00</strong></td>
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</table>

CBOs include: Canaan Baptist Church of Christ (new addition), City Health Works, EAC, Inc, God's Love We Deliver, LiveOn NY, New York Legal Assistance Group (NYLAG), SAGE (Services and Advocacy for GLBT Elders), United Moravian Church (new addition), Venture House.
Appendix:

Midpoint Assessment: IA Recommendations and Responses
IA Recommendation #1: Partner Engagement

*Increase Partner Engagement:*

The IA recommends that the PPS develop a strategy to increase partner engagement across all projects being implemented and across all partner categories with a specific focus on increasing the engagement of Primary Care Practitioners.

**MSPPS Response and Action Plan:**

- The method for reporting on partner engagement is via the Provider Import Tool (PIT), the PPS reports on engagement and funds flow at an organizational level rather than at an individual provider level, resulting in significant lower engagement numbers.
- PPS will identify the individual providers, from the partner organization, that are attributed to the PPS and will select those as engaged in the Provider Import Tool based on the organization’s project selections.
- As training initiatives ramp up, the PPS will also have the ability to track provider engagement at the individual provider level.
- PPS will develop an action plan for the various strategies outlined in the Primary Care Plan
IA Recommendation #2: Review of Plans for Project 3aiii

Project 3aiii:
The IA recommends the PPS review its current plan for implementing this project and develop a plan to initiate efforts on all required project milestones.

MSPPS Response and Action Plan:
- Despite the milestone “Coordinate with Medicaid Managed Care Plans” incorrectly being recorded as “not started” in MAPP, this milestone was actually already underway and should have been marked as “in progress.”
- The PPS Medical Director has met with Healthfirst’s Clinical Leadership Team to discuss collaborations around enrollment in Health Home and other care management programs that have medical adherence programs; linkage to primary care.
- PPS Board of Managers and Project 2ai workgroup include members from MCOs.
- Discussions between MCOs and PPS demonstrate progress towards the deliverables pertaining to the MCO collaboration
3ai Model B: Barriers to Implementation

**Concerns Voiced by Partners:**

- The MCOs are subcontracted with Behavioral Health specialty plans. In order to add PC services to MH sites, partners need to contract separately with the Medical Arm of MCO – this have proven difficult

- Unable to talk to correct person at MCO; oftentimes the MCOs do not know why they are being contacted

- Many MCOs are not accepting new PC providers in their networks

- Some MCOs require that PCP have admitting privileges at nearby hospitals

- If PCP services are paid for, they are often at a low rate that is an impediment to sustainability