



**Department  
of Health**

**Medicaid  
Redesign Team**

# New York State DSRIP Upstate REGIONAL LEARNING SYMPOSIUM

## Session Notes

**MAY 17, 2016**

**9am-4pm**

**RADISSON HOTEL ROCHESTER RIVERSIDE**

*120 E Main Street, Rochester, NY 14604*

### Workshop A. Cultural Competency and Health Literacy Training (CC/HL) Strategies

Subject Matter Expert:  
**Don Kao**, *Project Reach*

This workshop was designed to help identify strategies to address needs related to CCHL training strategies, including:

- Strategies for deploying CCHL training as well as workforce recruitment and managing training issues
- Discussions of how to engage Community Based Organization (CBO) partnerships and funding concerns

#### Key Takeaways:

1. Strategies to encourage CBOs and physicians to take part/buy-in to DSRIP efforts
  - Tracking/submitting/evaluating CC/HL trainings
  - Incentive payments/stipends for providers and CME credits
  - CBOs helped with training strategy, design, and implementation
  - Train-the-trainer opportunities, where communities select their trainers
2. Process for designing training materials
  - Domains including: projects (such as asthma); types of providers (such as EMTs, pediatricians, etc.); communities (such as aging, LGBTQ, Latino, etc.)
  - Identifying beneficiaries who are willing to weigh in on current gaps
3. Health literacy
  - Defining issues around language vs. health literacy
  - Wrapping health literacy into cultural competency training milestone
  - Possible strategies: teach-back, motivational interviews, tools for screenings, build language access into budget, and training for bilingual doctors

#### Action Items:

1. DOH: Project 2.d.i: Spanish version of the PAM tool has errors (other languages as well possibly); need to work with Insignia to ensure a correct version is published and circulated
2. PPS: Can offer supplemental CCHL training and stipend payments for CBO attendance at trainings
3. PPS: Recommendations that PPS evaluate effectiveness of trainings (e.g., pre/post testing); have CCHL “champions” at each organization/site; pull H-CAHPS questions; and incorporate trainings into clinical rounds

### Workshop B. Strategies for deploying the Patient Centered Medical Home (PCMH) model across the PPS

Subject Matter Expert:  
**Michelle Casey**, *Primary Care Development Corporation*

This session was focused on strategies for coordinating PCMH & Advanced Primary Care (APC) model across PPS networks, including focused conversations on:

- Identification of solutions to challenges with PCMH certification, such as standards, meeting requirements for care coordination, and training
- Approaches to effectively engaging PPS partners

#### Key Takeaways:

1. PPS need guidance/ clarification on practice transformation initiatives including:
  - DSRIP PCMH
  - APC/SIM
  - TCPI
  - CPC+
2. Discussion of whether it makes sense to remove practices from a PPS network in the event the practices are not interested in pursuing PCMH certification
3. Health Information Exchange advancements that will support care coordination – making sure to build systems that will support functionality required for PCMH

#### Action Items:

1. DOH: Identify which PCMH certifications are eligible for “other organizations,” (particularly Planned Parenthood); DOH’s Doug Fish to raise with NCQA this month
2. PCG: To send link to December 2015 FAQs on APC to participants/ include with posted materials

### Workshop C. How to roll out effective Health Information Technology (HIT) management to PPS partners

Subject Matter Experts:  
**Brett Johnson, Elizabeth Amato, and Roy Gomes**, *New York eHealth Collaborative*

This session explored effective **Regional Health Information Organization (RHIO)** integration strategies, efforts to standardize HIT across PPS and how to facilitate data sharing across diverse partners. Specific topics for conversation included:

- Managing HIT roll-out across PPS, including strategies for deploying technology to PPS partners who are still operating in a manual environment
- Training and use of RHIOs
- Working with the local RHIO, Health Information Exchange (HIE), Data Warehouse to ensure the functionality needed for DSRIP success

#### Key Takeaways:

1. Assessment of HIT capabilities across PPS partners
  - Various modalities can be used to assess HIT capabilities of their partners; information on PPS partners has been used to stratify providers and develop data dictionaries to define elements needed to support data exchange
2. Leveraging data exchange incentive programs and RHIO functionality to support DSRIP goals
  - Lack of awareness of eligibility requirements for data exchange incentive programs
  - RHIOs can offer some of the functionality needed by PPS but functionality around real-time data analytics is lacking
  - Recommendation that each PPS meet with local RHIO to understand core set of services
3. Managing relationships with EMR vendors
  - PPS experiencing challenges negotiating with EMR vendors on price and data capabilities to support HIE
  - DOH to complete listening tours this summer with PPS to hear more about current HIT/HIE challenges and other ways DOH can help.

4. Coordinating effective sharing/use of care plan data
  - PPS are eager to have current consent rules revised—developing position statement that can be discussed with DOH; some regions pursuing community consent pilots
  - GNYHA working with downstate PPS and ONC to develop minimum data set to support care plan data sharing across care team members; to be piloted with 3-4 sites late to be piloted with 3-4 sites this summer – learnings to be shared as available

*Action Items:*

1. DOH: To coordinate pre-meeting with CIO workgroup to prep for/define agenda for meeting with EMR vendors on behalf of PPS to discuss issues including prioritized HIE data elements
2. DOH: To work with CIO group to identify how/where to catalogue best practices around HIT/HIE
3. PPS: To work with compliance/IT workgroups and HANYS to develop position statement regarding issues with current consent barriers and business case for proposed changes to consent rules; DOH to discuss statement with broader NY state regulators
4. NYeC: To share information regarding data exchange incentive programs
5. GNYHA: To share drafted care plan protocols/data elements and learnings from pilots in summer

**Workshop D. Funds Flow and Financial Modeling**

This session was focused on solutions to complexities of their specific partnership/financial structures. Discussion focused on:

Subject Matter Expert:  
**Meggan Schilkie**, *Health Management Associates*

- Strategies for establishing effective processes for funds flow with partners
- Methodologies for financially incentivizing providers and CBOs and approaches that have been most effective to date
- Creative solutions to complex funds flow restrictions

*Key Takeaways:*

1. Goals and principles underpinning successful PPS funds flow models
  - Reward achievement of DSRIP and meaningful contribution to project outcomes
  - Transitioning partners to VBP, creating pathway to sustainability, & transparency/communication
  - Balancing risk across partners and being sensitive to the fiscal realities of providers and partners
  - Reward collaboration and building partnerships
2. High level funds flow model structure
  - Most PPS use a phased approach: focus on upfront infrastructure and engagement set up with a second phase focused on meeting performance measures and building partnerships
  - Allocating funds flow based on attributable lives, claims experience, and size (for non-billable Medicaid providers); internal to this is a drive to balance funding across projects (some are easier to hit targets while others are much more difficult - so funding can be skewed a bit)
3. Managing partner relationships
  - Communication with partners: Transparency is key - inclusive process during methodology development, posting overall funds flow publicly, listening sessions with partners to get feedback
  - Focusing on sustainability of partners: some PPS compensate for projected revenue loss, others have instead focused on long-term sustainability over short-term financial risks
  - Tracking performance: Still an area for development - data sources continue to be an ongoing issue with tracking and no centralized solution, one PPS has a compliance officer, another has set up a partner reporting portal to collect data and project information

*Action Items:*

1. DOH: Look to expand transparency of funds flow process by publicly posting more information re: methodology, payment, etc.
2. PPS: Strategies for engaging and contracting with CBOs: direct contract with lead entity; subcontract via safety-net partners; in-kind contributions (e.g., around HIT and data); workforce investments (e.g., training to build VBP capacity); and innovation grants
3. PPS: Explore CFO listening tours to engage with CBOs for VBP readiness and begin to understand the roadmap forward; focus on health home engagement strategies
4. PPS: Leverage / adopt the Ellenville model - focus on smaller group providers and identify processes that could be improved to drive performance metrics
5. PPS: Ensure that sustainability principles are baked into funds flow methodology
6. PPS: Identifying what type of contracting entity should represent the pathway forward for contracting for VBP