

CLINICAL AND QUALITY AFFAIRS COMMITTEE MEETING MINUTES

MEETING INFORMATION

MEETING TITLE:	Clinical and Quality Affairs Committee
DATE:	July 22 nd , 2015; 4:00-5:00pm
LOCATION:	WebEx / Albany Medical Center DSRIP PMO

ATTENDEES

	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Dr. Victoria Balkoski – Chairman/Director, Residency Training, AMCH <input checked="" type="checkbox"/> Simone Brooks – Sr. Project Coordinator, AMCH <input checked="" type="checkbox"/> Evan Brooksby – Deputy Director, AMCH <input checked="" type="checkbox"/> Dr. George Clifford, Ph.D. – Executive Director, AMCH <input checked="" type="checkbox"/> Peter Collier – Telecommunications, AMCH <input checked="" type="checkbox"/> Mary Daggett, RN – Community Health Service Director, Columbia Memorial Hospital <input checked="" type="checkbox"/> Dr. George Davis – Family Care Physician, Columbia Memorial Hospital <input checked="" type="checkbox"/> Dr. Richard Falivena – VP and Chief Medical and Physician Integration Officer, Saratoga Hospital <input checked="" type="checkbox"/> Margaret Graham, APRN BC – Director of Community Services, Greene County Mental Health <input checked="" type="checkbox"/> Mingie Kang – Project Coordinator, AMCH <input checked="" type="checkbox"/> Mary Jo LaPosta, Ph.D., RN – Sr. Vice President, Saratoga Hospital <input checked="" type="checkbox"/> Dr. Kallanna Manjunath – Medical Director, AMCH <input checked="" type="checkbox"/> Dr. Dennis McKenna – Sr. Vice President, AMCH <input checked="" type="checkbox"/> Denis Pauze – Physician/Instructor, AMCH <input checked="" type="checkbox"/> Dr. Larry Perl – Chief Medical Director, Columbia Memorial Hospital <input checked="" type="checkbox"/> Dr. Sean Roche – Assoc. Residency Director, AMCH <input checked="" type="checkbox"/> Dr. Carrin Schottler-Thal – MD, Pediatrics, AMCH <input checked="" type="checkbox"/> Dr. Fred Venditti – Vice Dean/Clinical Affairs, AMCH
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AGENDA OVERVIEW

<u>Topic</u>
<ul style="list-style-type: none"> ✓ Clinical & Quality Affairs Committee <ul style="list-style-type: none"> 1) Purpose 2) Mission Statement – Draft for Approval 3) Roles & Responsibilities <ul style="list-style-type: none"> ▪ Clinical Integration
<ul style="list-style-type: none"> ✓ AMCH PPS: Key Project Activities

MAIN POINTS / DECISIONS

<p><u>Main Discussion Points from Attendees:</u></p> <ul style="list-style-type: none"> ✓ Meeting commenced at: 4:00pm <p><u>Welcome/Intro</u></p> <ul style="list-style-type: none"> ✓ Dr. Manjunath opened the phone line for roll call/introductions ✓ The documents that were emailed prior to the meeting (attached) were mentioned as reference: Mission Statement (Draft), Organizational Implementation Plan (Draft) – 3 work streams most relevant to the CQAC, Project Requirements and Categories of the 11 projects committed to by the AMCH DSRIP PMO <p><u>Executive Sponsor Remarks</u></p> <ul style="list-style-type: none"> ✓ Dr. Venditti introduced himself with background on DSRIP involvement

- ✓ His role as Executive Sponsor is to support leadership, engage in dialogue, help with direction, remove roadblocks and deal with political aspects, as well as facilitate success and help support initiatives.
- ✓ He acknowledged the CQAC as one of the most critical roles to DSRIP

AMCH PPS

- ✓ Dr. Clifford provided a brief history on DSRIP's activities over the past 12 months
- ✓ Structure:
- ✓ AMCH PPS is 1 of 25 selected PPSs statewide; the PPS serves 5 counties (Albany, Columbia, Greene, Saratoga, Warren) across 176 organizations and over 4,000 individual providers
- ✓ The first year (DY1) involves formation of the plan – the next deadline of July 31 is to submit the implementation plan to DOH
- ✓ Governance:
- ✓ An internal and external governance structure was created consistent with the governance requirements from DOH. A Project Advisory Committee (PAC) was formed, which entitles each of the 176 organizations to 2 representatives on PAC. The PAC the Executive Committee is for policy setting and limited to no more than 21 members. Each of the Chairs of the standing committees within the PAC have an ex-officio on the PAC as well as members voted into the committee by PAC.
- ✓ Dr. Clifford reiterated Dr. Venditti's statement that CQAC is the most critical committee to DSRIP particularly for clinical integration.
- ✓ Dr. Clifford opened the floor for interest/nominations for the Chair of the CQAC and mentioned the PAC put forth a nomination for Dr. Manjunath. There were no additional nominations made. *Motion:* Moved by Dr. Clifford for Dr. Manjunath to become CQAC Committee Chair. The motion was seconded by Dr. Roche. Motion carried. Through consent of the committee, Dr. Manjunath was selected as the Chair to serve a 2-yr term.

Clinical & Quality Affairs Committee (presentation deck attached)

- ✓ Purpose:
- ✓ Goal is to move from a fragmented system to an integrated system of care.
- ✓ Draft Mission Statement (attached):
- ✓ DOH requires that a charter be developed and approved. The approved version is expected to be ready for the September meeting.
- ✓ Roles and Responsibilities:
- ✓ Committee members will have a lead/active role in 3 specific areas of the AMCH PPS organizational plan (attached): 1) Clinical Integration, 2) Practitioner Engagement, and 3) Population Health.
- ✓ Dr. Manjunath referenced Dr. Stephen M. Shortell to speak to the well-accepted definition of Clinical Integration. He also referenced Dr. William Agel's 2012 Structural Aspects matrix of Clinical Integration to illustrate the DSRIP focus, which is identified by stars (see attached presentation deck).
- ✓ AMCH Key Project Activities
- ✓ Dr. Manjunath gave an overview of the 11 projects as categorized into 3 areas: 1) System Integration (Domain 2), 2) Clinical Improvement (Domain 3), and 3) Population Health Management (Domain 4). He also provided details on other key project activities in which the CQAC would have integral involvement.

AMCH PPS

- ✓ Dr. Clifford stated that DSRIP is paying the PPS for activities that would otherwise occur without grant assistance through financial incentives for integrating care and transforming and improving the system of care.
- ✓ Funds Flow:
- ✓ The base award of \$133 million is "guaranteed" based upon meeting the milestones each quarter. There is potential to earn an additional \$8 million from the high-performance fund.
- ✓ DY1 is essentially the formative period, which segues into the project implementation period in DY2.
- ✓ Funding is not equally distributed into 20% each year over the 5-year DSRIP period. Fund distribution can be viewed across project functions or attributed lives by County to ensure adequate resource allocation.
- ✓ July 31 is the deadline to submit the detailed project implementation plan and flow of funds to DOH.
- ✓ The guiding principles approved by PAC consistent with DOH are as follows:
 - 1) Transparency – demonstrate how funds flow out and display consistency.
 - 2) Focused on patients – equitable to number of patients served.
 - 3) Formulaic – generate a document that shows participation/activity, deliverables, attributed lives and payment.
 - 4) Deliverables – driven by the projects and achieving the milestones and metrics of the projects.
 - 5) Fair and Equitable – ensure all patients are cared for the same such that the value of a lives are equal.
 - 6) Meets the Needs of the Provider – periods generate lag between activity and payment. Ensure funds flow model is sensitive to the needs of the performing providers.

- ✓ There is an expectation to begin entering into formal contracts in October with the first funds flowing to organization partners in November.
- ✓ July 31st Deliverables:
- ✓ Project participation and funds flow are driven by achieving measurable deliverables that are reported at least quarterly.
- ✓ July 31 action steps are expected to provide clarity to participating providers.

Q&A

- ✓ No questions.

Meeting Frequency

- ✓ Dr. Manjunath proposed meeting the 4th Wednesday each month at 4 – 5pm via webinar. No comments.
- ✓ Meeting adjourned: 4:59pm

Discussion Point(s) for Next Meeting:

- ✓ Form project-specific subcommittee – CQAC members requested to help to identify subcommittee members. More details will be provided at the next meeting.

ACTION ITEMS

<u>Owner</u>	<u>Action Item</u>	<u>Due Date</u>
CQAC	Forward Dr. Manjunath contact information for your Administrative Support to ensure proper & efficient communications	July 31
CQAC	Review the draft document of Mission Statement/Charter and provide feedback.	By next meeting