



Albany Medical Center Hospital and Columbia Memorial Hospital

Delivery System Reform Incentive Payment Program

Domain 2, 3 and 4 Projects

Project Selection

Project selection is complex, iterative and multi-factorial. Project selection has to be based on identified community needs, be affordable, measureable, realizable in the allotted timeframes and have partners willing to participate. To make the process more complicated, projects over the 3 domains need to fit together in ways that build on each other to form an integrated program. Capital funding is a related but separate concern.



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Current Project List

Domain 1 – Overarching Requirements, Milestones and Metrics

Domain 2 – System Transformation Projects

- 2.a.ii Increase Certification of primary care practitioners with PCMH certification and/or Advance Primary Care Models (SHIP)

Rationale – the only project in domain 2a that we can complete; PCMH certification required by several other projects



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Current Project List – Domain 2

- 2.b.iv – Care transitions intervention model to reduce 30 day readmissions for chronic health conditions

Rationale – builds on existing successful model; important to achieving Medicaid cost savings; substantial interest from potential partners, but hospital participants unclear



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Current Project List

- 2.b.ii – ED care triage for at risk populations

Rationale –important to achieving Medicaid cost savings from ED utilization; links to other projects well; can be supported by capital funding; substantial interest from potential partners, but hospital participants unclear



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Current Project List

- 2.c.i - Development of community-based health navigation services

Rationale – integrates well with PCMH, ED care triage and care transitions; wide support from PAC; engages community-based providers in network; affordable; has impact on workforce development



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Project List – Domain 3: Clinical Improvement projects

- 3.a.i – Integration of primary care and behavioral health services

Rationale – best choice of limited behavioral health options; could build on psychiatry’s strengths; builds on hospitals’ strengths; substantial interest among OMH and OASAS licensed partners



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Project List – Domain 3: Clinical Improvement projects

- 3.b.i Cardiovascular health – (Million Hearts Campaign) Evidence-based strategies for disease management in high risk/affected adults

Rationale – high community needs score; builds on practice-wide hypertension initiatives; connects primary care, specialty care, pharmacy and community based organizations



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Project List – Domain 3: Clinical Improvement projects

- 3.d.i – Asthma: Development of evidence-based medication adherence programs (MAP) in community settings

Rationale – high community needs score; active community coalition in place; patients easier to identify and target; substantial interest in participating and would be co-managed by the Asthma Coalition of the Capital Region



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Project List – Domain 3: Clinical Improvement projects

- 3.f.i - Increase support programs for maternal & child health, including high risk pregnancies

Rationale – high community needs score; driver of high inpatient costs in NICU; interested and willing community partners; however, population is small, difficult to reach and retain in care



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Project List – Domain 4: Population Wide Prevention projects

- 4.a.i Prevent Substance Abuse and other Mental Emotional Behavioral Disorders

Rationale – while there are several options in population health, interest from OASAS licensed partners; could target heroin epidemic using various community based intervention strategies; ties to PCMH / BH 3.a.i



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Project List – Domain 4: Population Wide Prevention projects

- 4.d.i - Reduce premature births

Rationale – companion to high risk pregnancies (3.f.i); builds on current programs and successes; community needs assessment moderate; substantial community interest; links in PCPs



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Project List – the bonus if you do 10

Optional project 11 -

- 2.d.i - Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care

Rationale –provides a bump to the funding for each project by adding in the uninsured and low and non-utilizing beneficiaries



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Projects Group To 3 Categories

1. Hospital based or linked

Care transitions; ED care triage

2. Primary care / behavioral health linked

PCMH certification; Integrate PC & BH;

Community based health navigation;

Prevent substance abuse

3. Specialty care based or linked

Reduce premature births & High Risk

Pregnancies; Cardiovascular Health; Asthma



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Final thoughts

- Each project has different requirements, partners, implementation timelines, costs and potential revenue impact
- Each project requires a project plan as part of the application due 12/16/14
- Each project will get its own score and budget, although there are overlapping administrative requirements
- Development of detailed project plans occurs Jan – March as negotiation with DOH



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