Albany Medical Center Hospital and Columbia Memorial Hospital

PAC MEETING

Delivery System Reform Incentive Payment Program

January 26, 2015

ALBANY MEDICAL CENTER
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Agenda

1. Updates – Status and Due Dates
2. Organizational Application
3. Capital Funding
4. Implementation Planning
5. Questions and Next Steps

Updates

- The window to join the PPS will be reopened briefly in a few weeks for a short period.
- However, this will have no effect on attribution for either performance or valuation.
- All components of the organization and 11 project applications have been submitted and accepted for scoring. They are available on line for public comment.
- There are 25 lead PPSs, including AMCH. They are all expected to get funded.

Updates - continued

- The detailed implementation plans are now due in draft to KPMG on 3/1/15 and in final on 4/1/15. It is likely that project implementation will not occur on 4/1/15.
- Final template will be released 2/1/15; prototype to be released 1st week of March.
- Limited additional planning grant funds are being made available to assist with staffing, etc. for implementation.

Updates - continued

- Payments will be based on 3 types of metrics: 1 time (submission of deliverables); Ongoing organizational (e.g. workforce, governance); and Ongoing project specific (milestones & domain 2 & 3 metrics)
- AMCH is moving ahead with staffing the project management office, among numerous other activities.
- DOH will send an updated file with PPS attribution of performance monthly.

Switching Gears

Phase 1: Needs assessment, planning, creation of governance structure and preparation and submission of application – completed

Phase 2: Capital Funding, detailed implementation planning and identification of participating – both funded and unfunded – partners – 1/1/15 – 4/1/15

Capital Restructuring

AMCH will submit an application on behalf of the PPS, once it has been reviewed and approved by the PAC's executive committee and the full PAC. The following organizations have been approved to prepare the full request:

Addictions Care Center
Albany Medical Center
Columbia-Memorial Hospital
Northern Rivers
Saratoga Hospital
Albany County Nursing Home
Center for Disability Services
Equinox
Northeast Center for Rehab

Capital funding - continued

Funding requires a 1:1 match, compliance with all DOH requirements, including linkage to specific project needs and will be very competitive.

The DOH has indicated that there may be additional capital appropriations, but current pool is limited to approx. $1.3 billion.

Capital funding review committee, comprised of 7 members, will meet to prioritize applications based on a scoring grid.

Phase 2 Objectives (1/1 – 4/1/15)

- Develop and submit capital budget request
- Decide how project requirements will be met (centrally vs. participating provider)
- Finalize workforce strategy, select vendor(s) and implement
- Finalize process to align accountability of funds flow
- Finalize & disseminate project selection guide to membership

Phase 2 Objectives (1/1 – 4/1/15)

- Identify system and practice gaps and changes needed
- Finalize project selection by participating providers
- Finalize detailed operating budget based on funds awarded (mid-March ?)
- Establish governance structure and develop / execute contracts with partners
- Complete detailed DOH implementation plan
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Implementation Planning

Three questions to consider:

- What are your top DSRIP priorities?
- What are you doing to prepare for implementation?
- What challenges / barriers have you encountered? How can we address them?

Implementation Planning

We are beginning to set up meetings with large stakeholders to solicit their input in terms of appropriate projects they could participate in.

We are working with Montefiore and McKinsey to finalize a support document that will provide all partners with project selection guide criteria. This will be disseminated as soon as available.

This activity requires rapid turn-around.

Implementation Planning

In collaboration with Montefiore, we will be conducting a partner capability survey to inform project selection. Expect distribution by mid-February. It will ask a series of questions grouped by IT, care management, training, infrastructure, ability to implement new programs, etc. Once compiled, it will provide a more comprehensive view of scale and speed targets, discrepancies, challenges and partner commitments.

Summary of Implementation Plan Structure – Part 1 Organizational

- Governance
- Workforce
- Cultural Competency
- Population Health Management
- Performance Reporting
- Physician Engagement
- Financial sustainability
- IT systems and processes
- Clinical Integration

Summary of Implementation Plan Structure – Part 2 Project – Section 1

General Project Implementation:

- Overall approach to implementation
- Major dependencies between workstreams and coordination
- Overview of key stakeholders
- Roles and responsibilities
- IT requirements
- Performance monitoring
- Community engagement

Summary of Implementation Plan Structure – Part 2 Project – Section 2

Specific Project Implementation:

- Major risks to implementation and mitigation strategies
- Project Implementation speed
- Patient engagement speed

Summary of Implementation Plan Structure – Part 3 Budget / Funds flow

- PPS Budget
- Flow of Funds

Implementation Planning

Central vs. De-centralized support principles:

- Build on existing capabilities, especially Montefiore's expertise as an ACO
- Realize economies of scale where possible
- Require consistency across all partners
- Involve inputs from all partners

Projects: Domain 2

2.a.i – Integrated Delivery System -

- All PPS members participate

2.a.iii – Health home at risk intervention

- PCPs, CBOs, BH outpatient focused

2.a.v – Medical Village - SNFs

- Limited to SNFs, PCPs to create village

2.b.iii – ED Care Triage -

- ED stakeholders engaged; BH, PCP, CBO

Projects: Domain 2 - continued

2.di. – Patient Activation to engage the Uninsured

- Participating providers open, but focus is on CBO and other organizations where individuals can be engaged, not health care providers, with possible exception of EDs

Projects: Domain 3

3.a.i – Integrating PCP and Behavioral Health -

- PCP, BH outpatient focused

3.a.ii – Crisis Stabilization

- PCP, BH, CBO, OPWDD

3.b.i – Cardiovascular – million hearts campaign

- PCP, specialty care, home care, et.al.

3.d.iii – Asthma – evidence based medicine

- PCPs, specialty care, ED, hospital, CBO

Projects: Domain 4

4.b.i – Tobacco use cessation

4.b.ii – Increased access to chronic disease preventive care and management (cancer screening)

These two population wide projects allow all providers to participate but the approach and metrics are different than domains 2 and 3 projects.

Next Steps - Organizational Structure

Following Montefiore's lead, we have to rethink our current subcommittee structure. We need:

- Finance and sustainability committee
- IT infrastructure and adoption
- Care management and coordination
- System / Practice transformation

We will retain the Consumer Affairs committee and incorporate others in Phase 2 activities

Questions

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