CLINICAL AND QUALITY AFFAIRS COMMITTEE MEETING MINUTES

MEETING INFORMATION

MEETING TITLE:	Clinical and Quality Affairs Committee
DATE:	February 24, 2016; 4:00-5:00pm
LOCATION:	WebEx / Albany Medical Center DSRIP PMO

ATTENDEES

☑ David Balderson – Accenture
☑ Marjorie Bogaert – Accenture
☑ Dr. George Clifford, PhD – Executive Director, AMCH PPS
☑ Mary Daggett, RN – Community Health Service Director, Columbia Memorial Hospital
☑ Dr. Richard Falivena – CMO, Saratoga Hospital
☑ Todd Faubel – Sr. Project Coordinator, AMCH PPS
☑ Tara Foster, M.S., RN – Nurse Manager, AMCH PPS
☑ Margaret Graham, APRN BC – Director of Community Services, Greene County Mental Health
☑ Dr. Patricia Hale – Assoc. Medical Director for Informatics, AMCH
☑ Dr. Maria Kansas – Medical Director, Center for Disability Services
☑ Susan Kopp – Systems Consultant, AMCH
☑ Dr. Kallanna Manjunath – Medical Director, AMCH PPS
☑ Christine McIntyre, Assoc. Director, AMCH PPS
☑ Shannon McWilliam – Project Coordinator, AMCH PPS
☑ Dr. Lawrence Perl, MD – Chief Medical Director, Columbia Memorial Hospital
☑ Sreekrishna Pokuri – Intern, AMCH PPS
☑ Bonnie Ratfliff – Columbia Memorial Hospital
☑ Dr. Lawrence Robinson, MD – AMCH
☑ Dr. Sean Roche – Assoc. Residency Director, AMCH
☑ Dr. Carrin Schottler-Thal, MD – Director, Pediatrics, AMCH
☑ Dr. Brendon Smith – Psychologist, AMCH PPS
☑ Dr. Paul Sorum – AMCH

Excused:

AGENDA OVERVIEW

Topic

- ✓ Welcome & Introductions
- ✓ Review & Approval of January 2016 minutes
- ✓ AMCH PPS:
  - Executive Director Update
  - Status of Contracting Process & Funds Flow – update
- ✓ Clinical Integration Strategy:
  - AMCH PPS Board Perspective

- Clinical Integration Workstream Requirements
- Accenture Engagement

✓ NYS DSRIP Mid-Point Assessment:
- Scope
- Potential Implications

✓ Project Implementation Updates:
- ED Care Triage
- Patient Engagement Project (PAM)
- Asthma & Telemedicine
- Health Home at Risk
- Cardiovascular Disease

✓ Population Health Management System – "Interim Solution"

✓ Q & A

MAIN POINTS / DECISIONS

Main Discussion Points from Attendees:

✓ Meeting commenced at: 4:02pm

Welcome/Intro

✓ Dr. Manjunath welcomed attendees and asked that everyone send email confirmation of their attendance on the webinar.

Review & Approval of January 2016 Minutes

✓ *Motion: Made by Dr. Hale that the January meeting minutes be approved. Dr. Roche made a 2nd to the motion. Motion approved through consent of the Committee.*

AMCH PPS

✓ Executive Director Update

✓ Dr. Clifford updated the committee on the All PPS meeting last week, conducted by NYSDOH. Some notable items were discussed including: value-based purchasing (VBP) and Patient-Centered Medical Home (PCMH.) AMCH had been considering pursuit of external contractors to run learning collaboratives in these topic areas or hire an individual to provide more detailed hands-on technical assistance. PPS may still do the latter, but DOH announced that they will be creating learning collaboratives on a regional basis for PCMH, starting in late spring. A similar approach, including full-day learning sessions for all participating organizations regarding VBP, will be starting in the fall. The PPS is now considering how to use the limited funds available that will not be duplicative to DOH's concept. This approach by DOH will be much more efficient and logical. Details at this time are somewhat limited.

✓ PPS has heard from DOH, and assembling documents for first audit. Information is due to DOH 3/10. Documents will go to Independent Assessor (IA) for review, with potential follow-up for subsequent action.

✓ PPS meeting provided a demonstration of new dashboard reporting. This will allow organizations to see at a provider level, their performance on various metrics, attributed patient count and patient names they are serving, as well as ability to drill down for utilization patterns of their attributed patients.

✓ PPS Meeting also provided overview of Mid-Point Assessment, which will be discussed later in the agenda.

✓ Status of the Contracting Process – update

✓ AMCH PPS has experienced significant delays. Complex issues have arisen in terms of questions that have been asked, and audits being conducted. PPS is paying close attention to issues such as Fair Market Value, Stark Law Provisions, Time & Effort reporting, potential duplication of federal payment, and payer of last resort issues, among other things. PPS has been working closely with external counsel to address how issues will be resolved in contracting process.

✓ 2 addenda have been approved, and in process of being signed:
- 2.a.i- a number of addenda have been signed and PMO has processed about $165,000 worth of payment to participating organizations for 2.a.i.
- 2.d.i- in process of being signed by various organizations who are participating in conducting PAMs. Payments are anticipated to be made soon after contracts are signed to those organziations who have already been using the tool and begin submitting invoices.
- A third addendum, for 2.b.iii, is in process. Awaiting legal review and approval likely within the next 5 days.
- As of yesterday 44 organizations have signed agreements.

Clinical Integration Strategy

- ✓ AMCH PPS Board Persperctive
- ✓ *Not available*
- ✓ Clinical Integration Workstream Requirements
- ✓ Two required milestones:
    - Perform a needs assessment – completed in December in partnership with Accenture. Documents were forwarded to committee for approval at the end of December.
        - Based on needs assessment, we are now in the process of working with Accenture to develop a strategy both for clinical integration as well as a model for care coordination moving forward.
        - Committee's role will be in helping to develop strategy, but more importantly Committee will have to approve the document. The biggest role will be in the need for committee members to lead in implementing processes across their orgnizations.
    - Strategy – to be signed off by Committee, requires 5 key elements. This will include outlining plan for exchanging clinical information and other data across systems (interoperable systems.) Possibly most important will be how we implement care transition strategies across hospitals and other community practices as well as behavioral health partners, enabling patient to receive seamless care across system. Training will also be a key component once strategy is developed, and Committee will be looked to for assistance.
- ✓ Accenture Engagement
- ✓ D. Balderson opened the Clinical Integration presentation to provide the basis of what will be Accenture's focus for the next 4 months.
- ✓ M. Bogaert presented P4R and P4P engagement metrics that could be influenced by effective care coordination. This carries with it the potential for nearly $90 million.
- ✓ Higlighted the goal and objective of Accenture Engagement: Define the clinical integration strategy. The document will come in front of the Committee for approval, per DOH requirements, focusing on the Medicaid population, also per DOH requirements. Secondary goal: per PPS leadership, define strategy that would look at all patient populations as it relates to CMS value-based purchasing, readmissions, and ultimately value-based care, moving towards population health.
    - DSRIP objectives: Transitions of care with a strategy focusing on the hospital, ED admissions, discharge coordination. Critical component of understanding and defining what data-sharing would be across PPS affiliates and what tools would be utilized, as well as defining training criteria.
    - Additional AMCH-defined obectives: Define what the care coordination model and governance and structure would look like from both a centralized and local level perspective.
    - Looking at Scope, this is where Accenture will be helping to validate and analyze and define for certain areas, with the focus on ED, Inpatient, and Outpatient, as well as the behavioral health areas.
    - Another piece will be looking at infrastructure and staffing ratios, focusing on the Medicaid population, and needed resources to manage patients.
    - Finally, there will also be recommendations and an implementation approach, as well as a training plan.
- ✓ D. Balderson elaborated on governance structure which will include 4 committees/ teams for the duration of the project: AMCH PPS Oversight Committee, CQAC, AMCH CI Steering Committee, CI Project Leadership Team. Courtney Burke and Dr. Paul Sorum will be leading the AMCH CI Steering Committee, CI Project Leadership team will be led by Courtney Burke, Dr. George Clifford, and Dr. Manjunath.
- ✓ D. Balderson shared roles, resources and responsibilities needed from the AMCH PPS. This included an estimate of time and a brief description of activities. Also reviewed organizatons that have been identified as Tier 1, which will be engaged for analysis.
- ✓ Next steps include to mobilize and launch the program, with both AMCH and Accenture teams; reaching out to Tier 1 organization stakeholders/ leaders; Governance Structure has been in progress and has been launched, shoring up with culminating meetings this week; Launching data requests to Tier 1 affiliates; Create charter and launch the project.

NYS DSRIP Mid-Point Assessment

- ✓ Scope
- ✓ Dr. Manjunath and Dr. Clifford provided updates on the Mid-Point Assessment. This is a unique opportunity to expedite work and increase focus on project rollout. It is also a requirement/component outlined in the Special Terms & Conditions of the 1115 waiver. Intended to provide a review of progress, and for IA to determine if modifications are needed. Requires an assessment of compliance with plan that was approved last year, whether plan aligns well with core components, non-duplication of federal funds, analysis and summary of relevant data and performance on metrics and indicators. This will also look at projects' relevance to the needs of the Medicaid population, transparency of Governance, and provide an opportunity to improve projects. PPS lead will also have to under go financial viability

testing. This process has an extensive timeline which will begin in earnest in July. IA is responsible for conducting assessment.

- ✓ State moved this up 6 months. This was originally supposed to be enacted September 2017, and is now March 2017, due to DSRIP calendar year being consistent with State Fiscal Year.
- ✓ Will largely be based on documentation that has been submitted, or that will be submitted. 2 quarterly reports with extensive narratives and metric reporting for action steps and milestones have been submitted, 3rd report for period ending March 31 will be due April 30. DSRIP Year 2 begins April 1, period ending June 30 will have its report due July 31. All quarterly reports, implementation plan and project plans previously submitted, as well as all deliverables (Clinical Integration plan, IT Roadmap, Communication Strategy, etc.) will be subject to documentation review by IA, and then ultimately allow for public input.
- ✓ Opportunity for us to be able to be able to demonstrate our commitment to transforming the regional system of care and our progress so far.
- ✓ Potential Implications
- ✓ Overlapping PPSs (3 serve Saratoga, 2 serve Albany) might prompt challenges that DOH and IA identify that require us to consider modification.
- ✓ Prepare to implement modifications by April 1, 2017.

Project Implementation Updates

- ED Care Triage
  - 2 subcommittee meetings so far. Have reviewed roles and responsibilities, as well as focusing on proposed job descriptions for care coordinators in the ED.
  - Working with partners: meeting scheduled for Monday in Hudson to look at ED care triage as it relates to bahvioral health crisis stabilization program.
- Patient Engagement Project (PAM)
  - Current focus is to complete as many PAM screenings as possible. This will soon change to include other milestones of this very extensive project. About 840 PAM surveys have been completed at this time and the team continues to train others.
- Asthma & Telemedicine
  - Dr. Ron Dick from AMCH will be leading the subcommittee. First meeting to be held before the end of March. Will look at evidence-based guidelines and the work Albany Medical Center has done in creating workflows, pathways, and action plans, and consider how this may be spread across PPS.
- Health Home at Risk
  - Held WebEx 2/18, will be reaching out to primary care practices, CBOs, and health home downstream providers to form subcommittee and implement project.
- Cardiovascular Disease
  - WebEx in early February. Next task is to reach out to our partners to form subcommittee. This project has the greatest number of milestones, but is also a very important project from the primary care perspective.
- Behavioral Health Projects
  - 3.a.i – Project summary completed and distributed. First webinar was completed 2 weeks ago, focused on Models 1 & 3. Looking to schedule Part 2 for week of March 7 and will look at Model 2 which is integrating primary care into behavioral health sites. Continuing to populate subcommittee with great success bringing key stakeholders and content experts on board.
  - 3.a.ii – Continuing to populate subcommittee with great response. Finalized and distributed project summary with invitation to the webinar which is scheduled for this Monday, February 29 at 11am. There has not yet been a subcommittee meeting, but planning to hold one in the near future.

Population Health Management System – "Interim Solution"

- ✓ Referred to slide 3 of an Accenture slide deck for vendor selection process and RFI. There are 2 finalists: Cerner and Optum. Reference checks have been completed and now evaluating how those systems work in a fully implemented environment. No word on capital funding, which creates the need for the interim solution.
- ✓ Interim solution focuses on the next 18 months, and encompasses 74 milestones. 35 milestones require technology, about 60 affiliates that encompass 80-90% of our patients.
- ✓ First step being undertaken is connecting safety net providers to Hixny. Will need to get some vendors to connect who have not connected in the past. Will be working on getting alerts and event notifications set up for some sites.

Q&A

- ✓ A committee member asked if an organization already has Touchworks and Soarian, are we looking at adding a third system that will somehow interface?
  - S. Kopp replied that a larger population health platform will sit over EHRs to connect and provide analytics which is part of the long-term solution. Currently the focus is on connectivity to Hixny and to use the information form the RHIO, which is also a DSRIP requirement.
- ✓ Meeting adjourned: 4:58pm

ACTION ITEMS

Owner	Action Item	Due Date
Committee	Please share experience with care coordination best practices	ASAP
Committee	Please reach out if you have not received project summaries	ASAP
Dr. Manjunath	PDF copies of presentation will be sent out after the meeting	

Respectfully submitted by,
Shannon McWilliam, MPH
DSRIP Project Coordinator
Center for Health Systems Transformation at AMC
Meeting recorded on digital recorder