

LCHP Performance Hub Kickoff Meeting

Agenda Topic

WELCOME, INTRODUCTIONS AND EXPECTED OUTCOMES

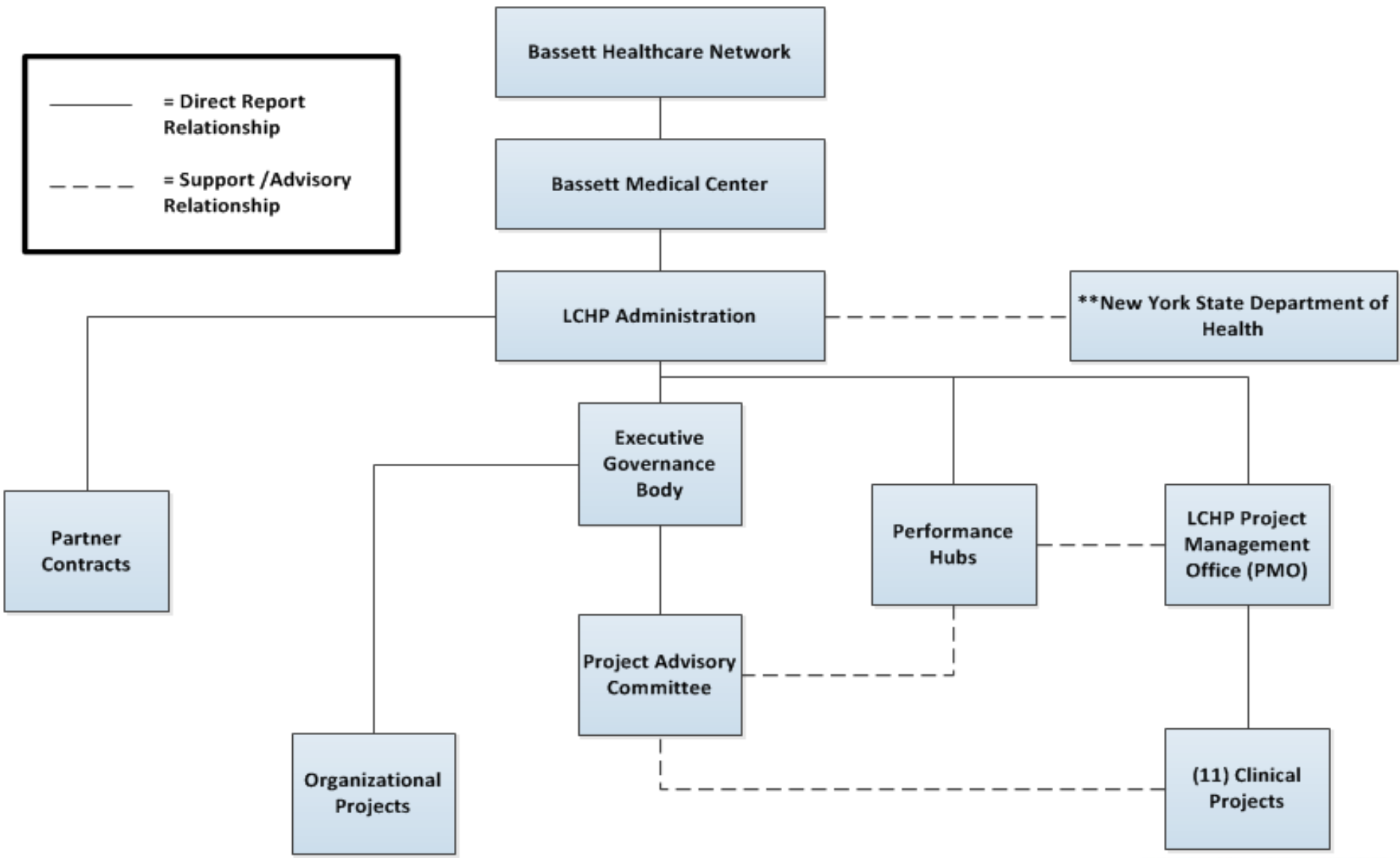
“Alone we can do so little; together we can do so much.” – Helen Keller

Agenda Topic

LCHP ADMINISTRATIVE UPDATE

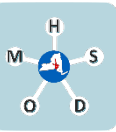
“If everyone is moving forward together, then success takes care of itself.” – Henry Ford

**Bassett PPS, LLC d/b/a
Leatherstocking Collaborative Health Partners - Organizational Structure (6/15/17)**



*** Contractual relationship with LCHP, including reporting requirements and other functions*

LCHP Project Accountability



Category	Project	Project Manager	Delegate/Support	Meeting Status
Performance Hub	Delaware Performance Hub	Oliver Bourgeois		TBD
Performance Hub	Herkimer Performance Hub	Wendy Kiuber		TBD
Performance Hub	Madison Performance Hub	Wendy Kiuber		TBD
Performance Hub	Otsego Performance Hub	Brett Wilhelm		TBD
Performance Hub	Schoharie Performance Hub	Mallory Murphy		TBD
Organizational Project	Budget	Mike Sweet	Brett Wilhelm	Annual
Organizational Project	Clinical Integration	Brett Wilhelm		Complete
Organizational Project	Cultural Competency & Health Literacy	Cindy Levene		Inactive
Organizational Project	Financial Sustainability	Mike Sweet	Brett Wilhelm	Monthly
Organizational Project	Funds Flow	Mike Sweet	Brett Wilhelm	Semi-Annual
Organizational Project	Governance	Brett Wilhelm		Complete
Organizational Project	IT Systems & Processes	Brett Wilhelm	Mike Sweet	Quarterly
Organizational Project	Performance Reporting	Brett Wilhelm	Mike Sweet	Complete
Organizational Project	Population Health	Cindy Levene		Inactive
Organizational Project	Practitioner Engagement	Cindy Levene		Inactive
Organizational Project	Workforce	Wendy Kiuber		Quarterly
Clinical Project	2.a.ii - PCMH	Wendy Kiuber		Quarterly
Clinical Project	2.b.vii - INTERACT	Swathi Gurjala		Monthly
Clinical Project	2.b.viii - HHCC	Oliver Bourgeois		Monthly
Clinical Project	2.c.i - Navigation	Wendy Kiuber		Bi-Monthly
Clinical Project	2.d.i - PAM	Wendy Kiuber		Bi-Monthly
Clinical Project	3.a.i - BH	Mallory Murphy	James Anderson, MD	Quarterly
Clinical Project	3.a.iv - WM	Mallory Murphy	James Anderson, MD	Monthly
Clinical Project	3.d.iii - Asthma	Oliver Bourgeois	Swathi Gurjala	Monthly
Clinical Project	3.g.i - Palliative Care	Oliver Bourgeois		Monthly
Clinical Project	4.a.iii - MHSA	Mallory Murphy	James Anderson, MD	Monthly
Clinical Project	4.b.i - Tobacco	Oliver Bourgeois		Inactive

Agenda Topic

DSRIP MID-POINT TRANSITION

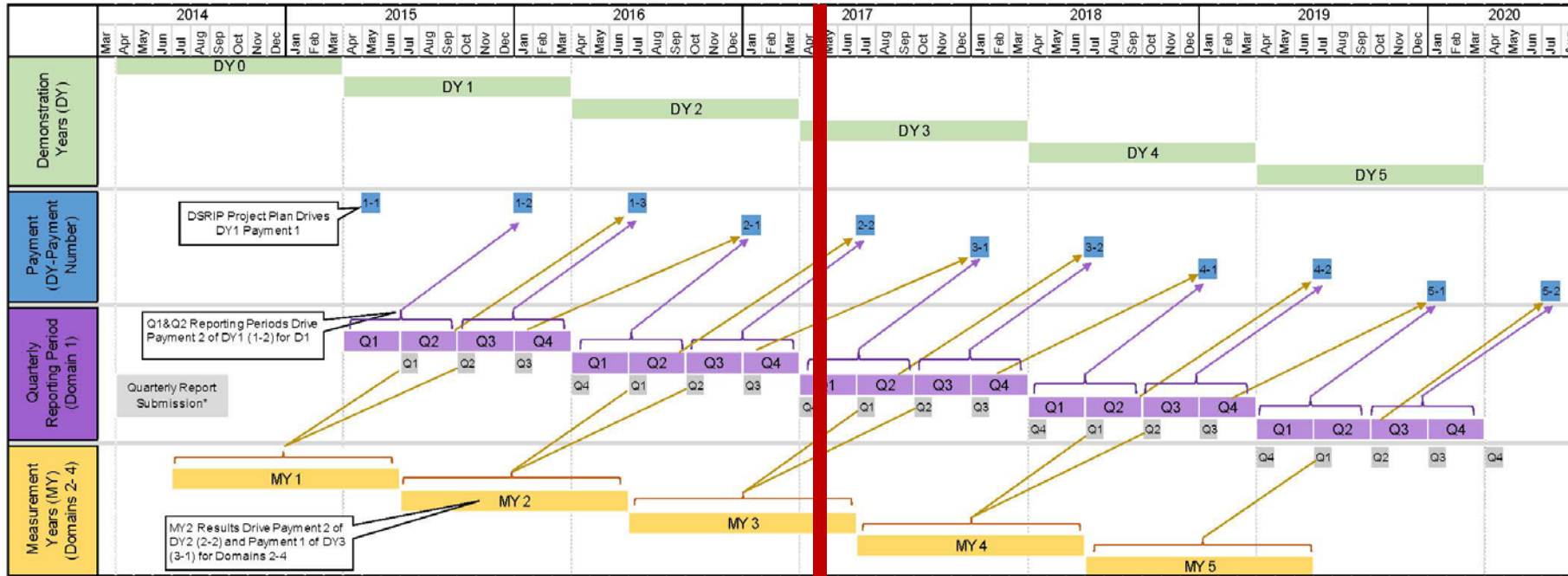
“No one can whistle a symphony. It takes a whole orchestra to play it.” – H.E. Luccock

A Quick View of Leatherstocking Collaborative Health Partners

- 1 of 25 PPS' in the 5 year NYS DSRIP program
- Associated with lead agency Bassett Medical Center
- 70+ contracted Partner Organizations
- Madison, Herkimer, Otsego, Schoharie and Delaware counties
- Achievement of 98% of milestones to date, worth \$10,428,992
- 11 Organizational Projects
- 11 Clinical Projects
- 43 Pay-for-Performance Measures

DSRIP Timelines

Relating Demonstration Years, Payments, Quarterly Reporting Periods and Measurement Years



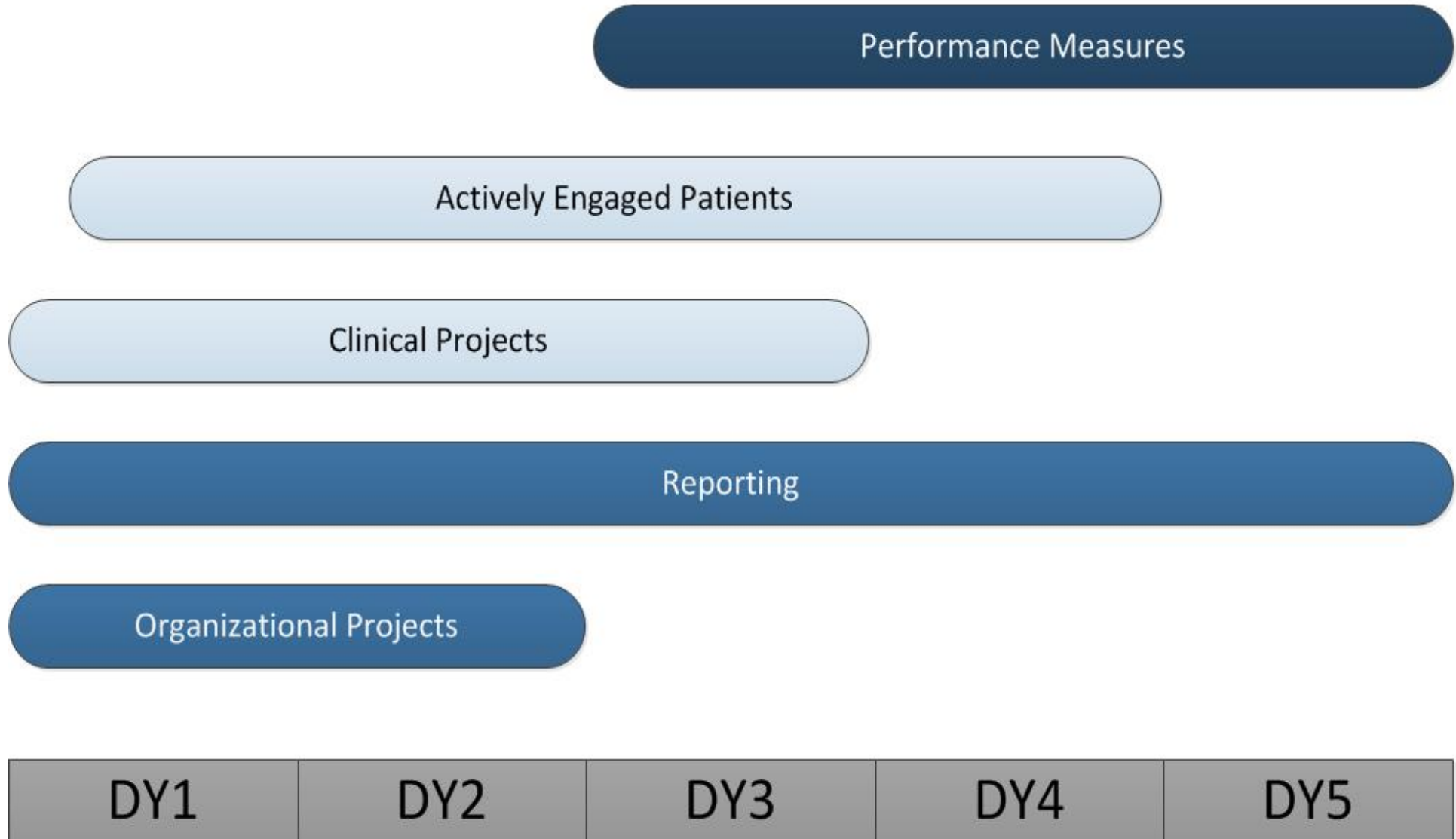
Publication date: January 29th, 2016. Version 1.

* Quarterly reports are generally due on the last day of the month following the close of the quarter

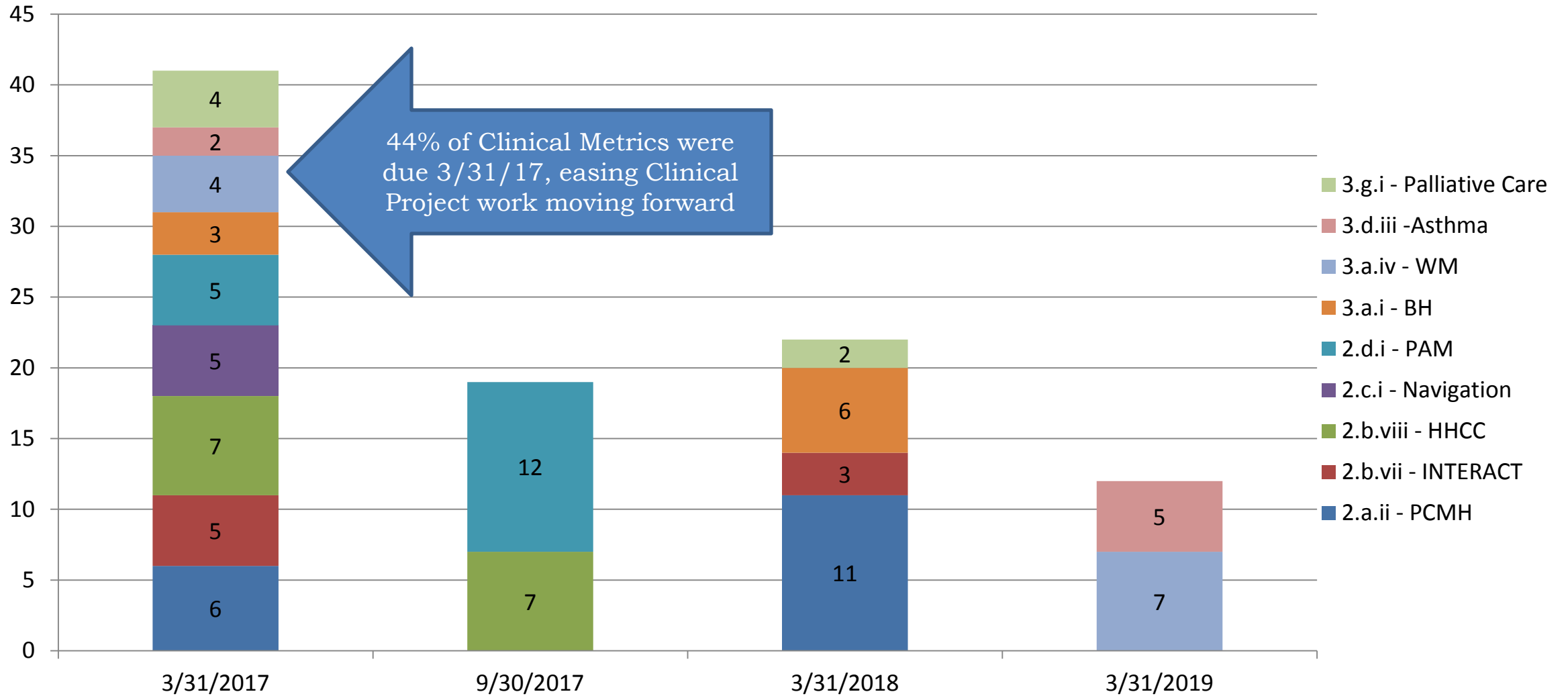
DY3Q1
MY3Q4



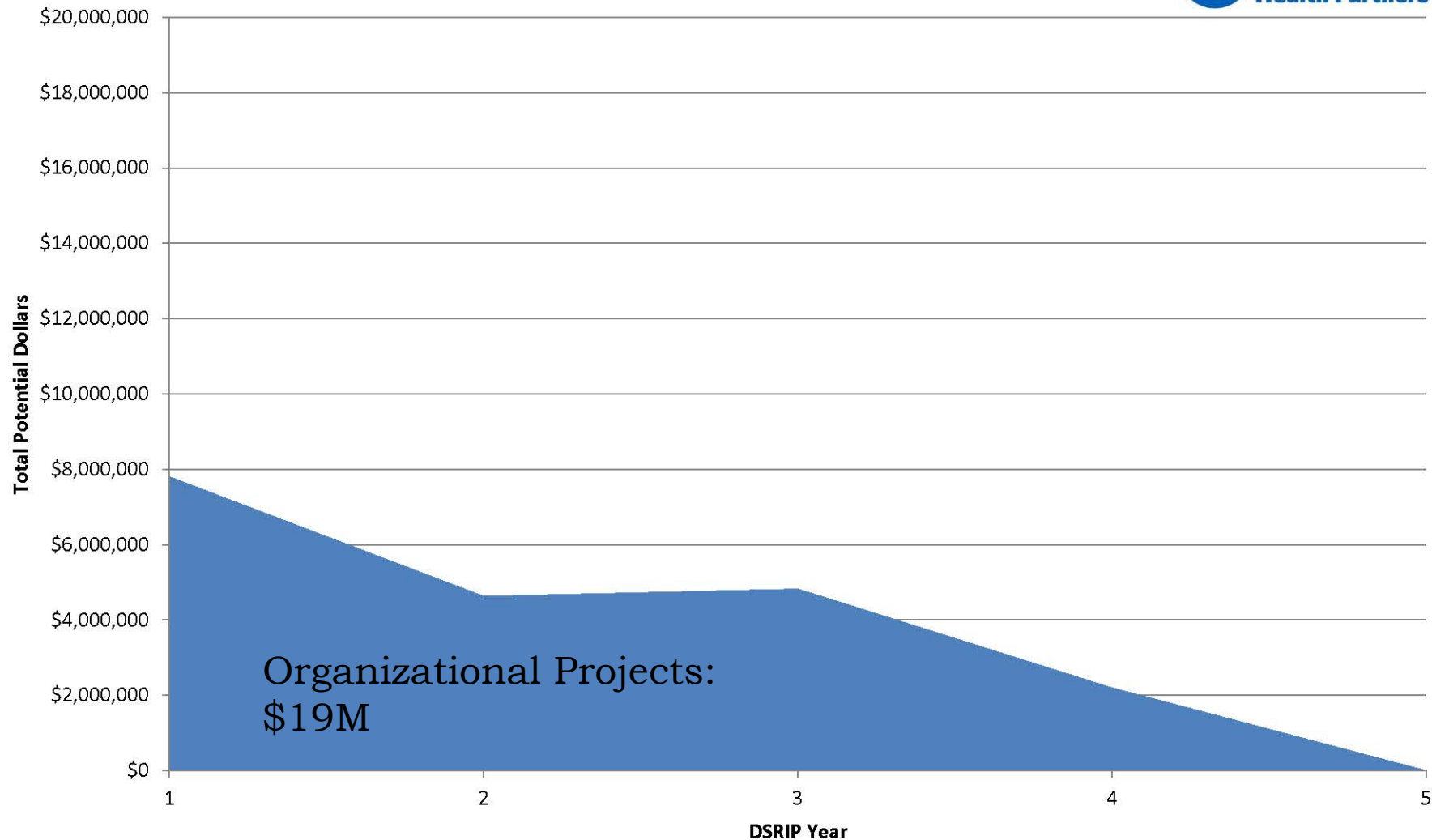
DSRIP Payment Categories Over Time



Clinical Projects: Metrics Due per Quarter



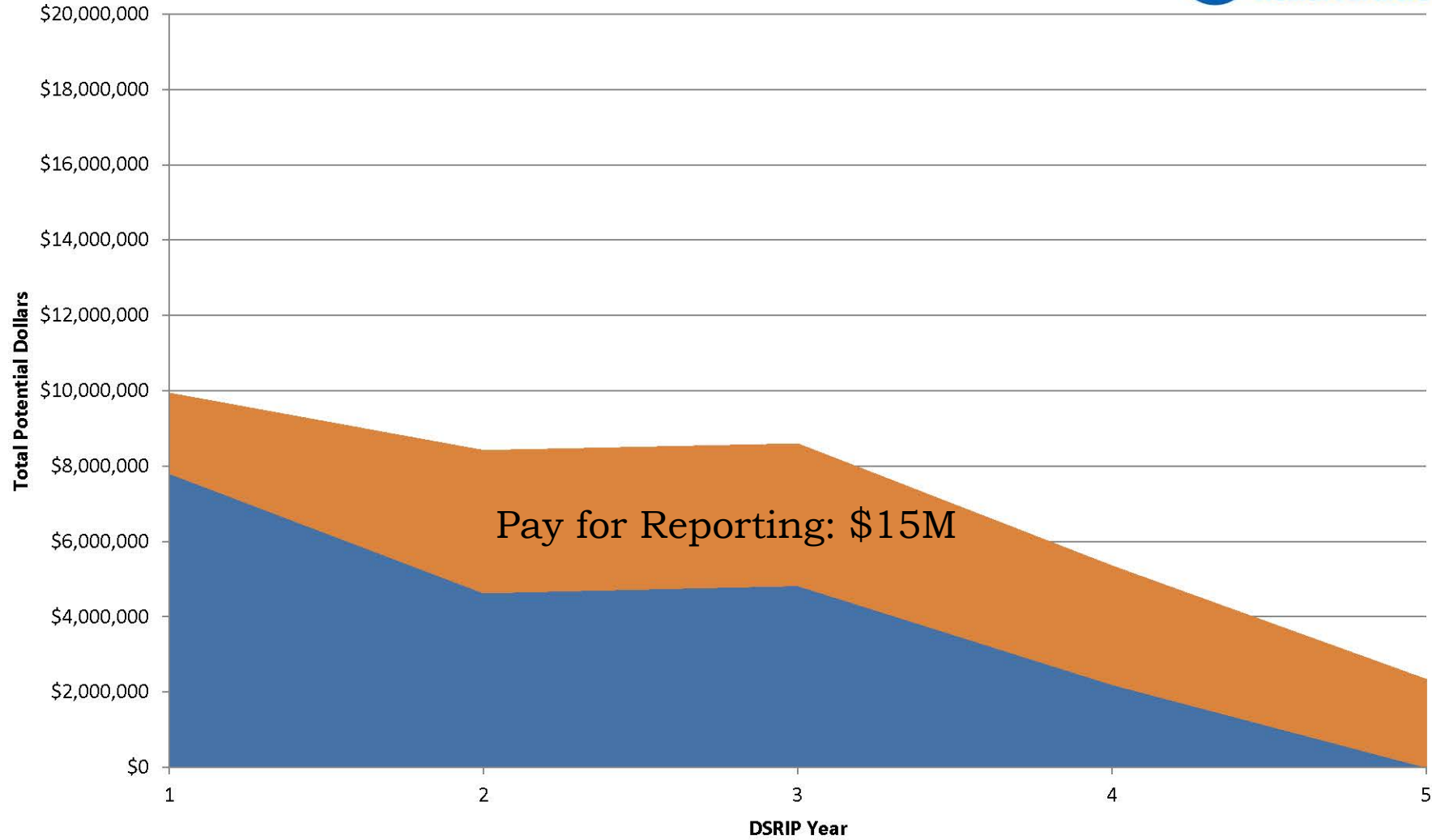
DSRIP Budget Category over Time



Organizational Projects:
\$19M

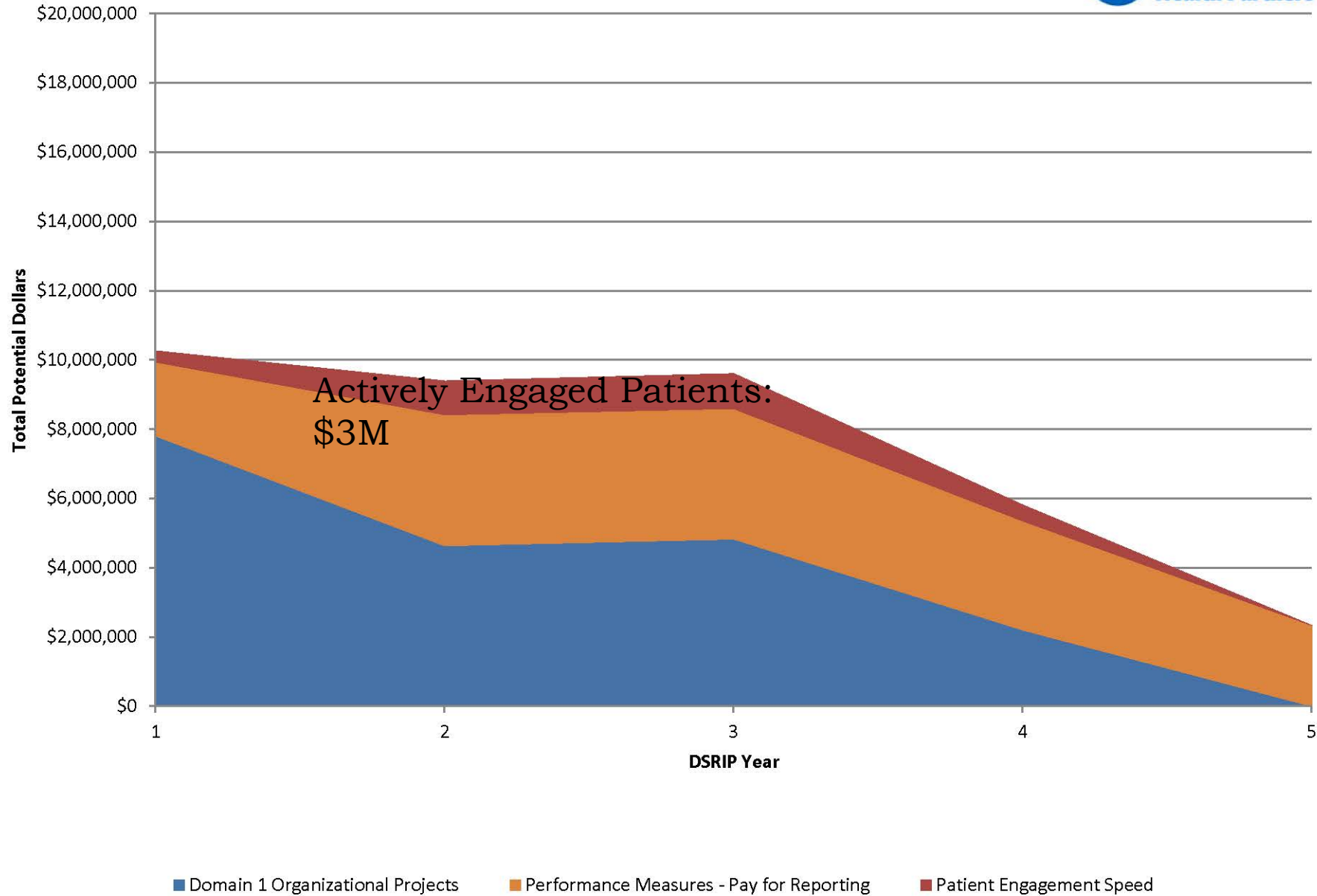
■ Domain 1 Organizational Projects

DSRIP Budget Category over Time

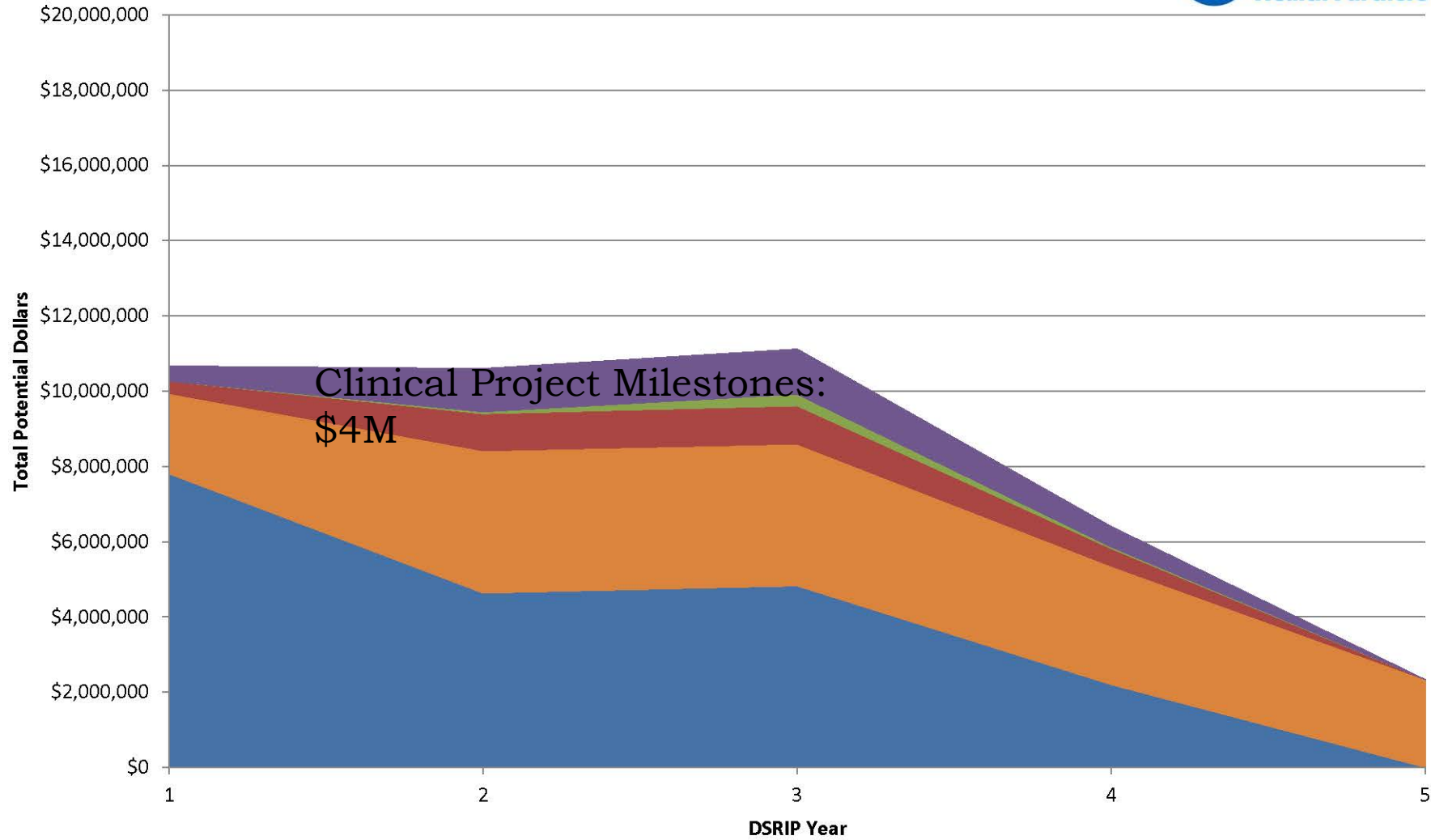


■ Domain 1 Organizational Projects ■ Performance Measures - Pay for Reporting

DSRIP Budget Category over Time

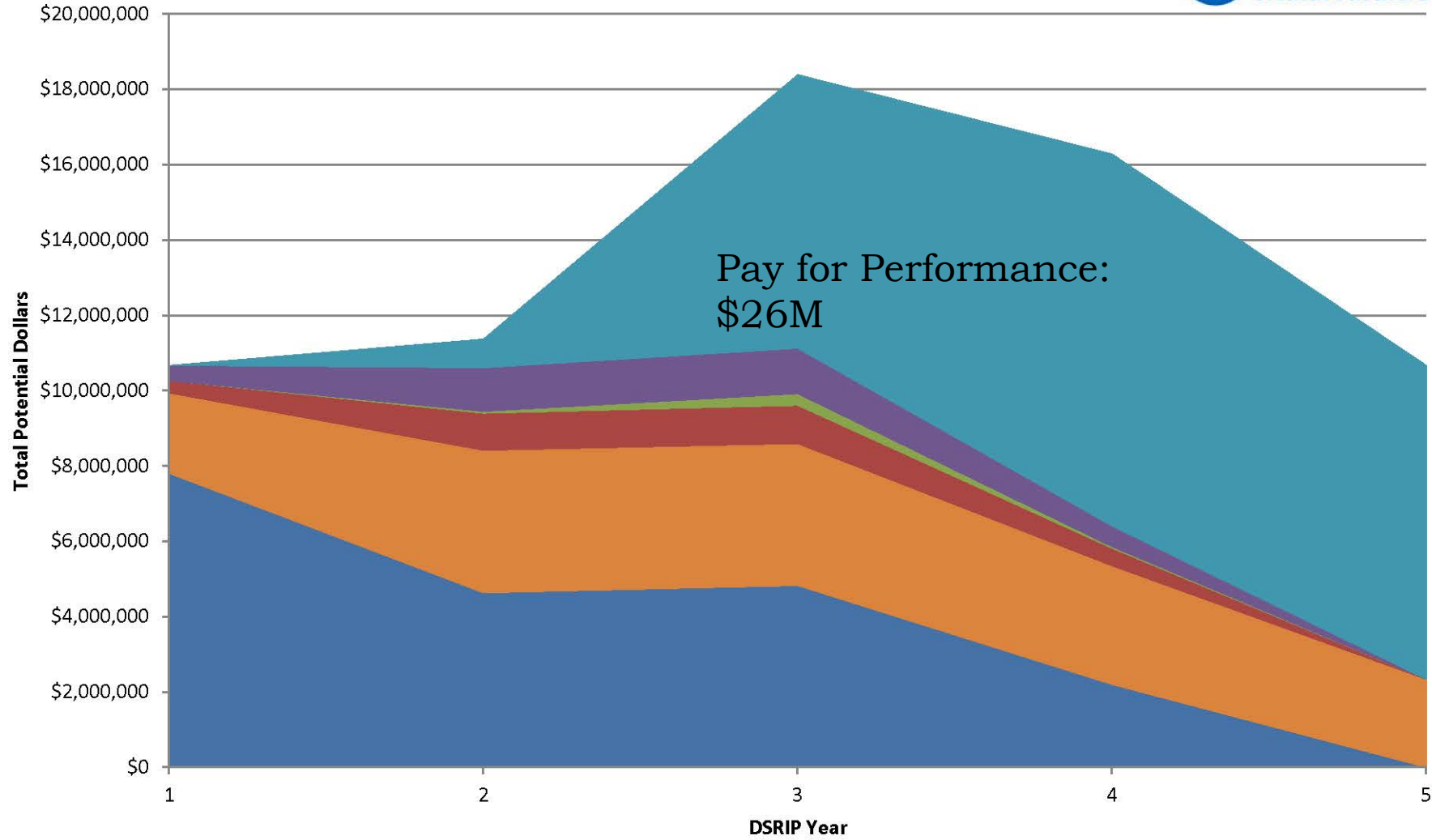


DSRIP Budget Category over Time



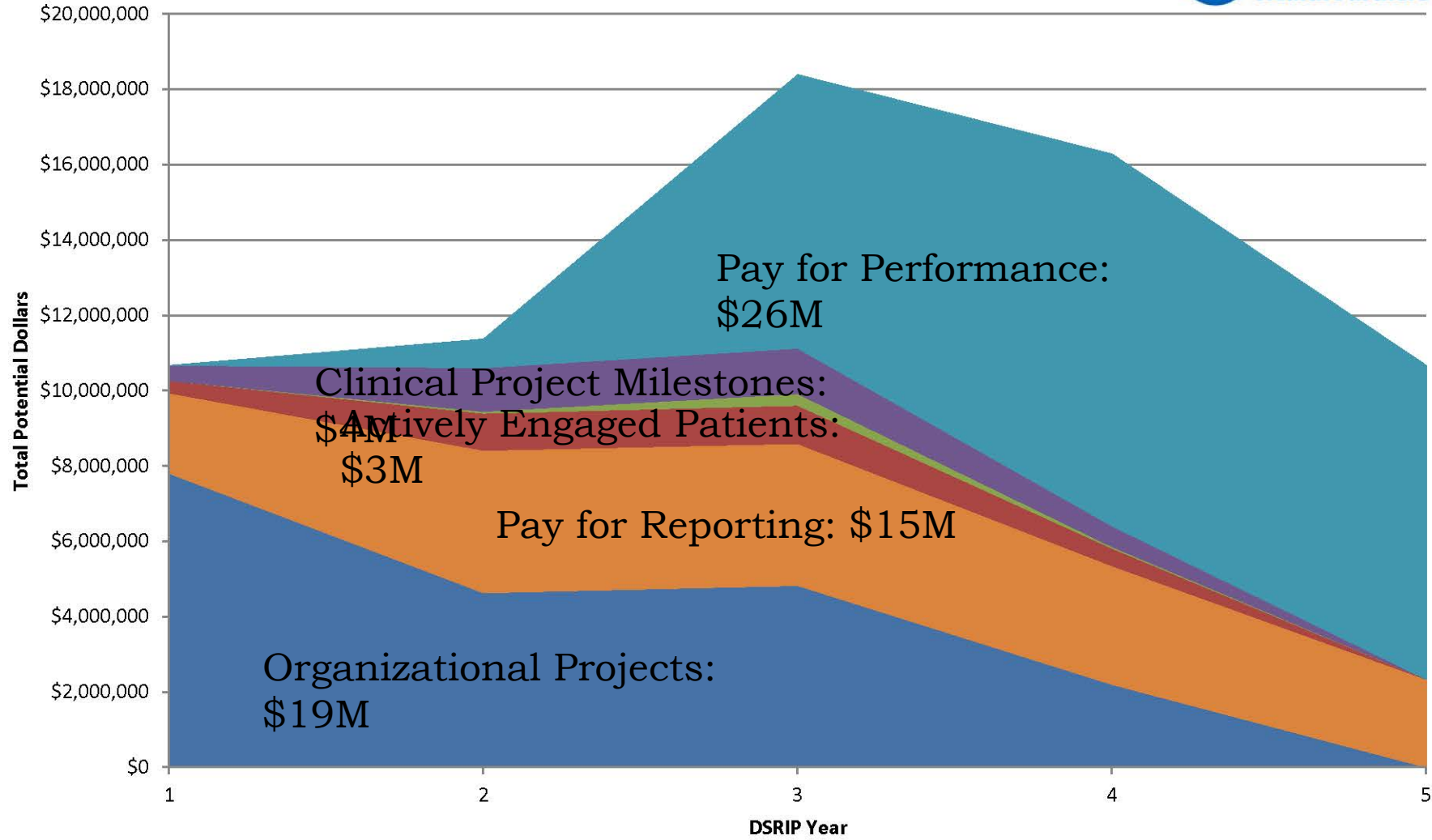
- Domain 1 Organizational Projects
 - Patient Engagement Speed
 - Quarterly Progress Reports / Budget / Flow of Funds
- Performance Measures - Pay for Reporting
 - Project Implementation Speed

DSRIP Budget Category over Time



- Domain 1 Organizational Projects
- Performance Measures - Pay for Reporting
- Patient Engagement Speed
- Project Implementation Speed
- Quarterly Progress Reports / Budget / Flow of Funds
- Performance Measures - Pay for Performance

DSRIP Budget Category over Time



- Domain 1 Organizational Projects
- Performance Measures - Pay for Reporting
- Patient Engagement Speed
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- Quarterly Progress Reports / Budget / Flow of Funds
- Performance Measures - Pay for Performance

Fork in the Path

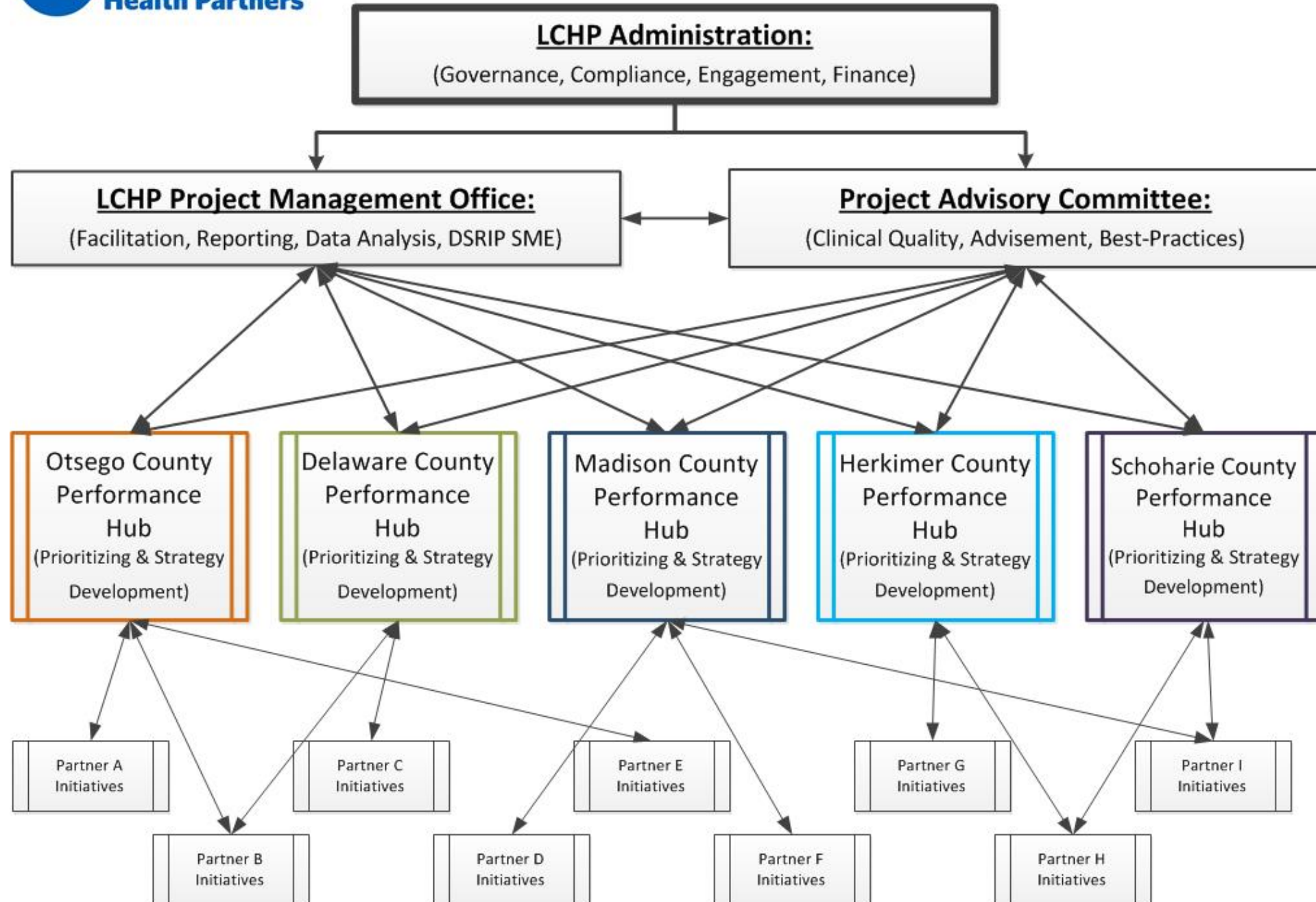




Mid-Point Assessment Results for PPS:

- Require better **engagement** of **Community Based Organizations**, particularly those outside the Bassett system
- Require development of a **funds flow** model that adequately **rewards** contributions of partners to **performance** measurements
- Require development of a model of care designed to **sustain transformation** efforts

Performance Hub Structure



Parallel Projects...



...Eventually Merge Into One Unified Path



Agenda Topic

"RULES OF COLLABORATION", DEFINITION OF ROLES

“Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results.” – Andrew Carnegie

Rules of Collaboration

- Emphasize your perspective towards a **team** effort
- Acknowledge that ALL partners, including you, are doing the best they can with their resources and knowledge, but that there is room for improvement for **all partners** through collaboration
- Provide **honest feedback** and suggestions
- **Ask for help!**
- There are no stupid questions in DSRIP!

Defining Roles: Hub Members

LCHP

- The LCHP staff members are responsible for facilitating tasks which impact **all Partners, or defined groups of partners** for achieving overall DSRIP goals.
- The PPS is responsible for providing DSRIP subject matter expertise at partner organizations and at partner meetings as required/requested.

Partner

- PPS partners are responsible for completing all tasks which impact outcomes **at their own organization and within the Performance Hub.**
- Partners are also responsible for completing tasks required of any PPS Clinical Projects in which they participate.

Defining Roles: Meetings

PPS-Level Meetings:

- LCHP:
 - **Facilitate meetings (Agendas, Minutes, Scheduling, Attendance Tracking)**
 - Connect community resources within PPS
 - Subject Matter Experts for DSRIP requirements
 - Catalyst for change
- Partners:
 - Maintain working knowledge of DSRIP requirements and goals relating to metric achievement
 - Complete PPS project work

Partner-Level Meetings:

- LCHP:
 - Subject Matter Experts for DSRIP requirements
 - Connecting community resources within PPS
 - Catalyst for change
- Partners:
 - **Facilitate meetings (Agendas, Minutes, Scheduling, Attendance Tracking)**
 - Maintain working knowledge of DSRIP requirements and goals relating to metric achievement
 - Complete partner project work

Agenda Topic

PERFORMANCE HUB SCOPE & MISSION

"Coming together is a beginning, staying together is progress, and working together is success." – Henry Ford

Performance Hub Scope

In-Scope

- Regional performance improvement, based on metrics
- Cross-partner engagement, collaboration and embedment
- Data sharing efforts
- Development of partner-to-partner contracting model, particularly between Safety Net and Non-Safety Net partners
- Development of Sustainability Plan

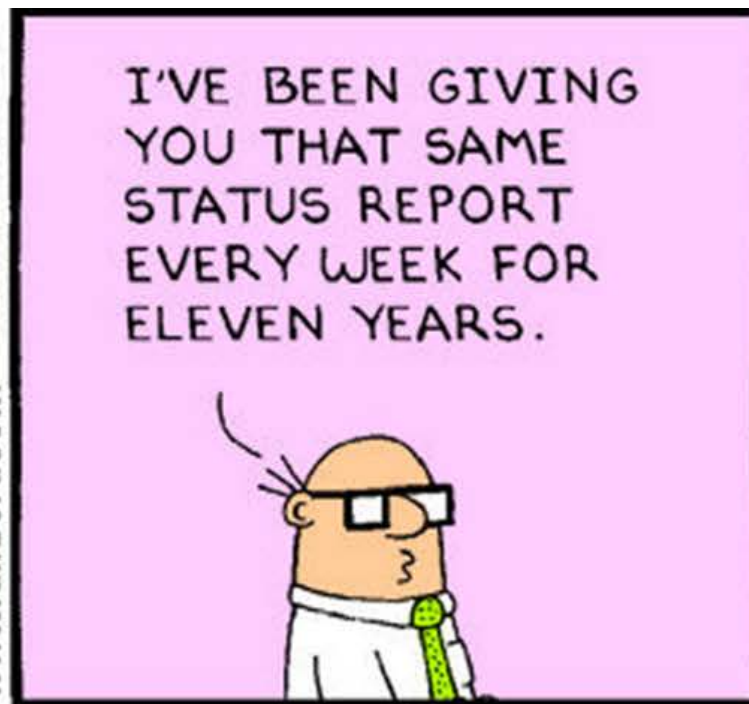
Out-of-Scope

- Organizational Project Milestones
- Clinical Project Milestones
- Actively Engaged Patient Targets

Mission Statement



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Performance Hub Mission:

“LCHP PERFORMANCE HUBS ENABLE THEIR COMMUNITY OF HEALTH CARE AND SOCIAL SERVICE PROVIDERS TO IMPROVE PATIENT OUTCOMES THROUGH SUSTAINED & SELF-GUIDED COLLABORATION”

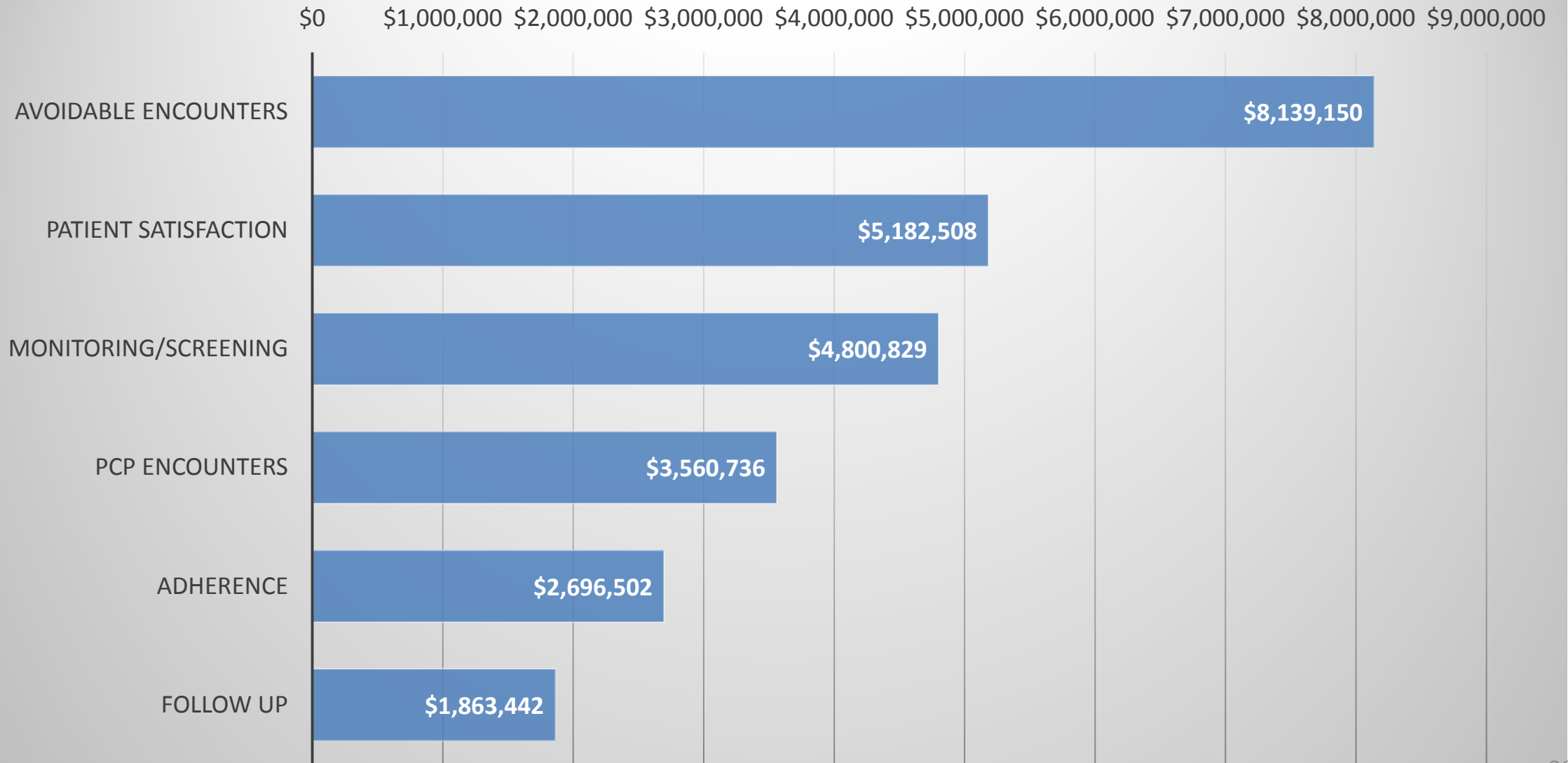
Agenda Topic

PERFORMANCE MEASURES - MEASUREMENT TYPES & HUB PRIORITIES

“Talent wins games, but teamwork and intelligence win championships.” – Michael Jordan



P4P Worth by Measurement Type



Measure Worth by Measurement Type –Pg 1

Measurement Type and Measure	P4P Measure Worth
Avoidable Encounters	\$8,139,150
PQI 90 - Overall Composite	\$1,295,627
Potentially Preventable ED Visits	\$1,295,627
PDI 90 - Pediatric Composite	\$1,295,627
Potentially Avoidable Readmissions	\$1,295,627
ED use by uninsured	\$982,438
Potentially Preventable ED Visits (BH)	\$722,298
PDI 14 - Pediatric Asthma	\$625,953
PQI 15 - Asthma Younger Adults	\$625,953
Patient Satisfaction	\$5,182,508
H-CAHPS – Care Transition Metrics (Q23, 24, and 25)	\$1,295,627
Care Coordination (Q13, 17 and 20)	\$1,295,627
Timely Appointments, Care & information (Q6, 8, and 10)	\$647,813
Primary Care - Usual Source of Care - Q2	\$647,813
Primary Care – Length of Relationship – Q3	\$647,813
Helpful, Courteous, and Respectful Office Staff (Q21 and 22)	\$647,813
Monitoring/Screening	\$4,800,829
PAM Level	\$982,438
Diabetes Screening (Antipsychotic Medication)	\$722,298
CV Monitoring (CV & Schizophrenia)	\$722,298
Diabetes Monitoring (DM & Schizophrenia)	\$722,298
Screening for Clinical Depression & Follow-up	\$418,846
IPOS - Q6 Life Worth	\$308,163
IPOS - Q5 Depression	\$308,163
IPOS - Q10 Advance Directives	\$308,163
IPOS - Q2 Symptoms	\$308,163

Measure Worth by Measurement Type –Pg 2

Measurement Type and Measure	P4P Measure Worth
PCP Encounters	\$3,560,736
Use of Primary & Preventive Care Svc (NU and LU Members)	\$982,438
Adult Access Preventive (65 and Older)	\$427,557
Adult Access Preventive (45 - 64)	\$427,557
Adult Access Preventive (20 - 44)	\$427,557
Child Access - Primary Care (12 to 24 Months)	\$323,907
Child Access - Primary Care (7 to 11)	\$323,907
Child Access - Primary Care (25 Months to 6)	\$323,907
Child Access - Primary Care (12 to 19)	\$323,907
Adherence	\$2,696,502
Antipsychotic Medication Adherence	\$722,298
Asthma Medication Ratio (5 - 64 Years)	\$625,953
Antidepressant Medication Mgmt (Acute)	\$361,149
Antidepressant Medication Mgmt (Cont)	\$361,149
Medication Mgmt for Asthma (75%)	\$312,976
Medication Mgmt for Asthma (50%)	\$312,976
Follow Up	\$1,863,442
Initiation of Alcohol/Drug Treatment	\$361,149
Follow Up after MH Inpatient (7 Days)	\$361,149
Follow Up after MH Inpatient (30 Days)	\$361,149
Engagement of Alcohol/Drug Treatment	\$361,149
Child ADHD Medication F/U (Initiation)	\$209,423
Child ADHD Medication F/U (Continuation)	\$209,423
Grand Total	\$26,243,167

Reporting Methods

- Medicaid Claims Data (NYS DOH)
- PPS Self-Report
 - CAHPS Scores (Press Ganey)
 - Access Scores
 - PAM Scores (Bassett Health Home/Insignia)
 - Uninsured/Self-Pay
 - Integrated Palliative Care Outcomes Scale (IPOS)
 - Depression Screening (Verscend)

Data Sources

- MAPP - Medicaid Analytics and Performance Portal
- SIM – Salient Interactive Miner
- PSYCKES - Psychiatric Services and Clinical Knowledge Enhancement System
- HIXNY – Health Information Xchange New York
- Partner EMR/Business Intelligence

Measure Focus Methodology

- 1. Hub Influence**– How much can CBO engagement impact outcomes?
- 2. Risk**– What is the current likelihood of failure in MY4?
- 3. Urgency**– How soon do we need to make improvement to pass MY4 goals?
- 4. Feasibility** – How easy/hard will impact strategies be to implement?

Measure Focus Methodology, cont.

- It will be the task of the Hubs to evaluate and focus on the measures best suited for success in that county. The following information will be provided:
 - LCHP Priority Scores
 - Measure Worth
 - Historical County Performance Data (through Sep 2016)
 - Recommended Impact Strategies

Prioritizing Measures



Measurement Type	Measure Name-Short	Total Priority		MY3M3 Variance		MY4 Hub Influence	MY4 Risk	MY4 Urgency	MY4 Feasibility
		Score	Measure Worth	(+/-Pass)**					
Monitoring/Screening	PAM Level	10.2	\$ 982,438			High Hub Influence	High Risk	High Urgency	High Feasibility
Avoidable Encounters	Potentially Avoidable Readmissions	9.5	\$ 1,295,627	-3.09%		High Hub Influence	High Risk	High Urgency	Medium Feasibility
Avoidable Encounters	Potentially Preventable ED Visits	9.5	\$ 1,295,627	-11.93%		High Hub Influence	High Risk	High Urgency	Medium Feasibility
Avoidable Encounters	Potentially Preventable ED Visits (BH)	9.5	\$ 722,298	-10.67%		High Hub Influence	High Risk	High Urgency	Medium Feasibility
Avoidable Encounters	ED use by uninsured	9.5	\$ 982,438			High Hub Influence	High Risk	High Urgency	Medium Feasibility
PCP Encounters	Use of Primary & Preventive Care Svc (NU and LU Members)	9.5	\$ 982,438			High Hub Influence	High Risk	High Urgency	Medium Feasibility
Follow Up	Engagement of Alcohol/Drug Treatment	9.4	\$ 361,149	-1.03%		High Hub Influence	High Risk	Medium Urgency	High Feasibility
Follow Up	Initiation of Alcohol/Drug Treatment	9.4	\$ 361,149	1.38%		High Hub Influence	High Risk	Medium Urgency	High Feasibility
Follow Up	Follow Up after MH Inpatient (7 Days)	9.3	\$ 361,149	5.43%		High Hub Influence	Medium Risk	High Urgency	High Feasibility
Follow Up	Follow Up after MH Inpatient (30 Days)	9.3	\$ 361,149	3.98%		High Hub Influence	Medium Risk	High Urgency	High Feasibility
PCP Encounters	Adult Access Preventive (20 - 44)	8.4	\$ 427,557	-1.01%		Medium Hub Influence	High Risk	Medium Urgency	High Feasibility
PCP Encounters	Adult Access Preventive (45 - 64)	8.4	\$ 427,557	0.05%		Medium Hub Influence	High Risk	Medium Urgency	High Feasibility
PCP Encounters	Adult Access Preventive (65 and Older)	8.4	\$ 427,557	1.51%		Medium Hub Influence	High Risk	Medium Urgency	High Feasibility
PCP Encounters	Child Access - Primary Care (12 to 19)	8.4	\$ 323,907	0.15%		Medium Hub Influence	High Risk	Medium Urgency	High Feasibility
PCP Encounters	Child Access - Primary Care (12 to 24 Months)	8.4	\$ 323,907	0.01%		Medium Hub Influence	High Risk	Medium Urgency	High Feasibility
PCP Encounters	Child Access - Primary Care (25 Months to 6)	8.4	\$ 323,907	0.36%		Medium Hub Influence	High Risk	Medium Urgency	High Feasibility
PCP Encounters	Child Access - Primary Care (7 to 11)	8.4	\$ 323,907	-0.06%		Medium Hub Influence	High Risk	Medium Urgency	High Feasibility
Adherence	Antipsychotic Medication Adherence	7.7	\$ 722,298	-9.44%		Medium Hub Influence	High Risk	Medium Urgency	Medium Feasibility
Adherence	Antidepressant Medication Mgmt (Acute)	7.6	\$ 361,149	-3.53%		Medium Hub Influence	Medium Risk	High Urgency	Medium Feasibility
Adherence	Antidepressant Medication Mgmt (Cont)	7.6	\$ 361,149	-6.38%		Medium Hub Influence	Medium Risk	High Urgency	Medium Feasibility
Avoidable Encounters	PDI 90 - Pediatric Composite	7.5	\$ 1,295,627	38.49%		Low Hub Influence	High Risk	High Urgency	Medium Feasibility
Avoidable Encounters	PQI 90 - Overall Composite	7.5	\$ 1,295,627	-3.69%		Low Hub Influence	High Risk	High Urgency	Medium Feasibility
Monitoring/Screening	Diabetes Monitoring (DM & Schizophrenia)	7.5	\$ 722,298	-14.38%		Medium Hub Influence	Medium Risk	Medium Urgency	High Feasibility
Monitoring/Screening	Diabetes Screening (Antipsychotic Medication)	7.5	\$ 722,298	0.86%		Medium Hub Influence	Medium Risk	Medium Urgency	High Feasibility
Monitoring/Screening	Screening for Clinical Depression & Follow-up	7	\$ 418,846			Medium Hub Influence	High Risk	Medium Urgency	Low Feasibility
Adherence	Asthma Medication Ratio (5 - 64 Years)	6.8	\$ 625,953	-3.91%		Medium Hub Influence	Medium Risk	Medium Urgency	Medium Feasibility
Avoidable Encounters	PDI 14 - Pediatric Asthma	6.8	\$ 625,953	-213.96%		Low Hub Influence	High Risk	High Urgency	Low Feasibility
Avoidable Encounters	PQI 15 - Asthma Younger Adults	6.8	\$ 625,953	38.70%		Low Hub Influence	High Risk	High Urgency	Low Feasibility
Adherence	Medication Mgmt for Asthma (50%)	6.6	\$ 312,976	1.40%		Low Hub Influence	Medium Risk	High Urgency	Medium Feasibility
Adherence	Medication Mgmt for Asthma (75%)	6.6	\$ 312,976	-6.79%		Low Hub Influence	Medium Risk	High Urgency	Medium Feasibility
Monitoring/Screening	IPOS - Q10 Advance Directives	5.8	\$ 308,163			Medium Hub Influence	Low Risk	Low Urgency	High Feasibility
Monitoring/Screening	IPOS - Q2 Symptoms	5.8	\$ 308,163			Medium Hub Influence	Low Risk	Low Urgency	High Feasibility
Monitoring/Screening	IPOS - Q5 Depression	5.8	\$ 308,163			Medium Hub Influence	Low Risk	Low Urgency	High Feasibility
Monitoring/Screening	IPOS - Q6 Life Worth	5.8	\$ 308,163			Medium Hub Influence	Low Risk	Low Urgency	High Feasibility
Follow Up	Child ADHD Medication F/U (Continuation)	5.7	\$ 209,423	6.54%		Low Hub Influence	Low Risk	High Urgency	Medium Feasibility
Follow Up	Child ADHD Medication F/U (Initiation)	5.7	\$ 209,423	3.32%		Low Hub Influence	Low Risk	High Urgency	Medium Feasibility
Monitoring/Screening	CV Monitoring (CV & Schizophrenia)	4.8	\$ 722,298	26.10%		Low Hub Influence	Low Risk	Low Urgency	High Feasibility
Patient Satisfaction	Care Coordination (Q13, 17 and 20)	4.3	\$ 1,295,627			Low Hub Influence	Medium Risk	Low Urgency	Low Feasibility
Patient Satisfaction	Helpful, Courteous, and Respectful Office Staff (Q21 and 22)	4.3	\$ 647,813			Low Hub Influence	Medium Risk	Low Urgency	Low Feasibility
Patient Satisfaction	Primary Care - Length of Relationship - Q3	4.3	\$ 647,813			Low Hub Influence	Medium Risk	Low Urgency	Low Feasibility
Patient Satisfaction	Primary Care - Usual Source of Care - Q2	4.3	\$ 647,813			Low Hub Influence	Medium Risk	Low Urgency	Low Feasibility
Patient Satisfaction	Timely Appointments, Care & information (Q6, 8, and 10)	4.3	\$ 647,813			Low Hub Influence	Medium Risk	Low Urgency	Low Feasibility
Patient Satisfaction	H-CAHPS - Care Transition Metrics (Q23, 24, and 25)	4.3	\$ 1,295,627			Low Hub Influence	Medium Risk	Low Urgency	Low Feasibility

Top Ten MY4 Priorities

Measurement Type	Measure Name-Short	Total Priority Score	Measure Worth	MY3M3 Variance (+=Pass)**
Monitoring/Screening	PAM Level	10.2	\$ 982,438	
Avoidable Encounters	Potentially Avoidable Readmissions	9.5	\$ 1,295,627	-3.09%
Avoidable Encounters	Potentially Preventable ED Visits	9.5	\$ 1,295,627	-11.93%
Avoidable Encounters	Potentially Preventable ED Visits (BH)	9.5	\$ 722,298	-10.67%
Avoidable Encounters	ED use by uninsured	9.5	\$ 982,438	
PCP Encounters	Use of Primary & Preventive Care Svc (NU and LU Members)	9.5	\$ 982,438	
Follow Up	Engagement of Alcohol/Drug Treatment	9.4	\$ 361,149	-1.03%
Follow Up	Initiation of Alcohol/Drug Treatment	9.4	\$ 361,149	1.38%
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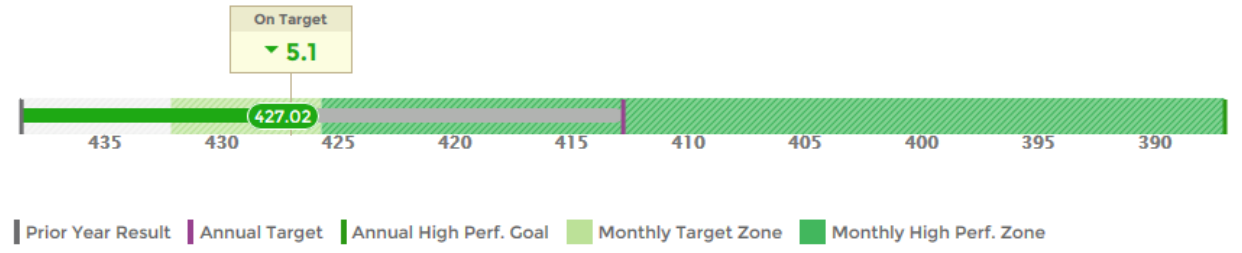
MAPP Dashboard

Measures as of September 30th, 2016
Month 3 of 12, Measurement Year 3

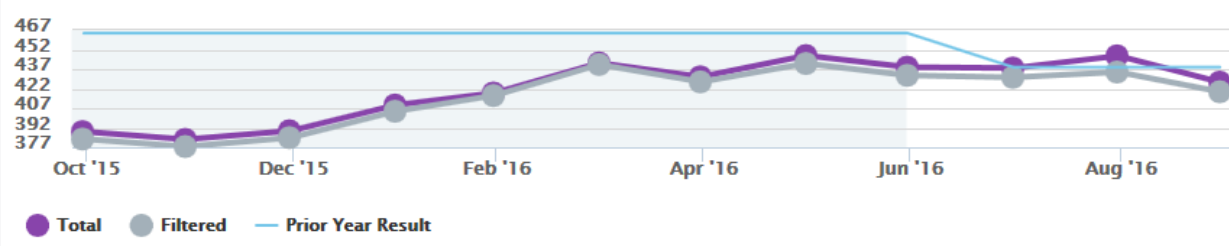
Show Payment Information

Sex: All | Age Range: All | CRG Group: All | Current Medicaid Enrollment: All | PSYCKES Indicator: All

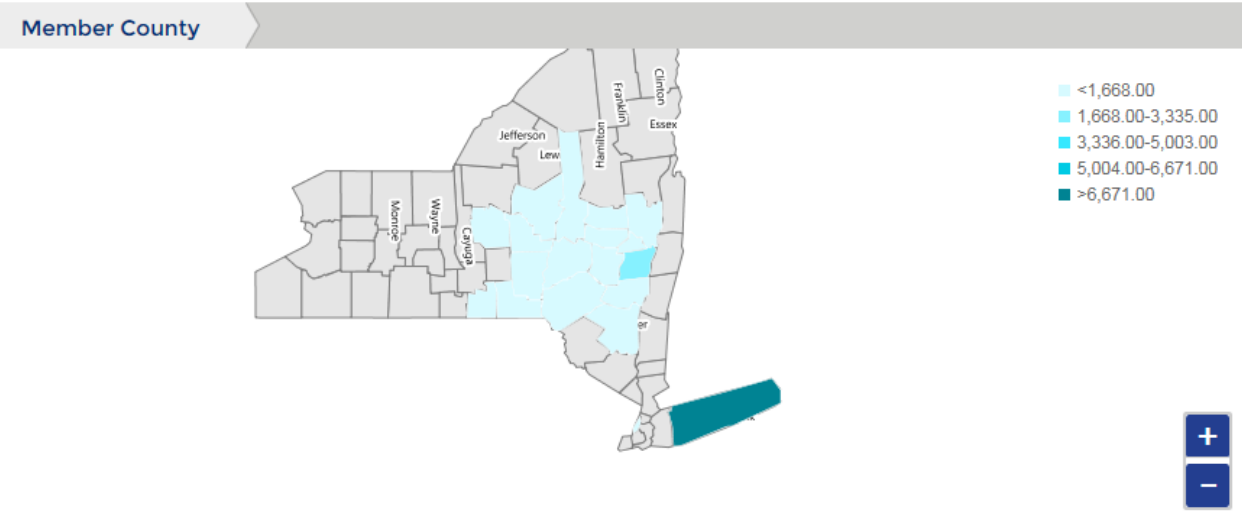
Potentially Avoidable Readmissions



Trend



Geography



Export Data

Score Distribution

PPS Hub

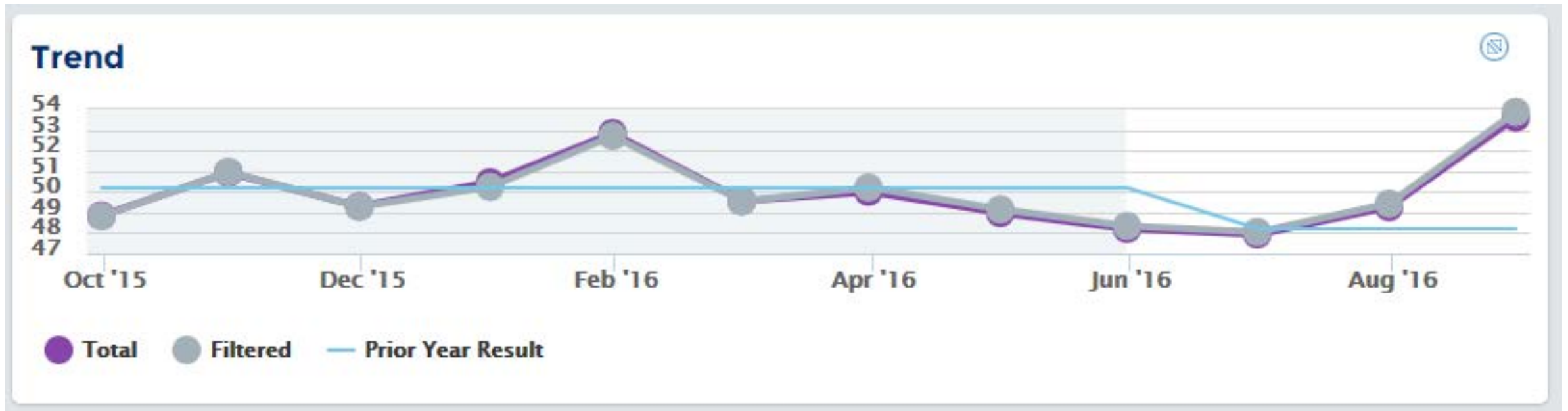
PPS Hub	# Members*	Numerator	Measure Result
Mary Imogene Bassett Hospital	14,627	54	369.18
No MC PCP Assigned	13,705	47	342.94
Not In Network	3,810	31	813.65
Aurelia Osborn Fox Memorial Hospital	2,592	18	694.44
Little Falls Hospital	1,412	2	141.64
Potential Partners	207	1	483.09
Community Memorial Hospital	156	0	0.00
< >	101	1	990.10
Total (9)	36,695	154	419.68

Export Data *If fewer than 30 members in this column, measure result will be unstable

MAPP Dashboard

IP MH F/U 7 Days

LCHP Score



MAPP Dashboard - IP MH F/U 7 Days

Geography Map List

Member County

Member County	# Members	Measure Result
OTSEGO	<u>83</u>	<u>43.37</u>
HERKIMER	<u>72</u>	<u>59.72</u>
SCHOHARIE	<u>38</u>	<u>71.05</u>
CHENANGO	<u>21</u>	<u>66.67</u>
DELAWARE	<u>13</u>	<u>46.15</u>
ONEIDA	<u>10</u>	<u>40.00</u>
BROOME	<u>7</u>	<u>28.57</u>
MADISON	<u>4</u>	<u>50.00</u>
SCHENECTADY	<u>4</u>	<u>50.00</u>
Total (19)	266	53.38

Agenda Topic

PROJECT MANAGEMENT PLAN, FUTURE MEETING STRUCTURE & REPRESENTATION

“Politeness is the poison of collaboration.” – Edwin Land

Project Evolution

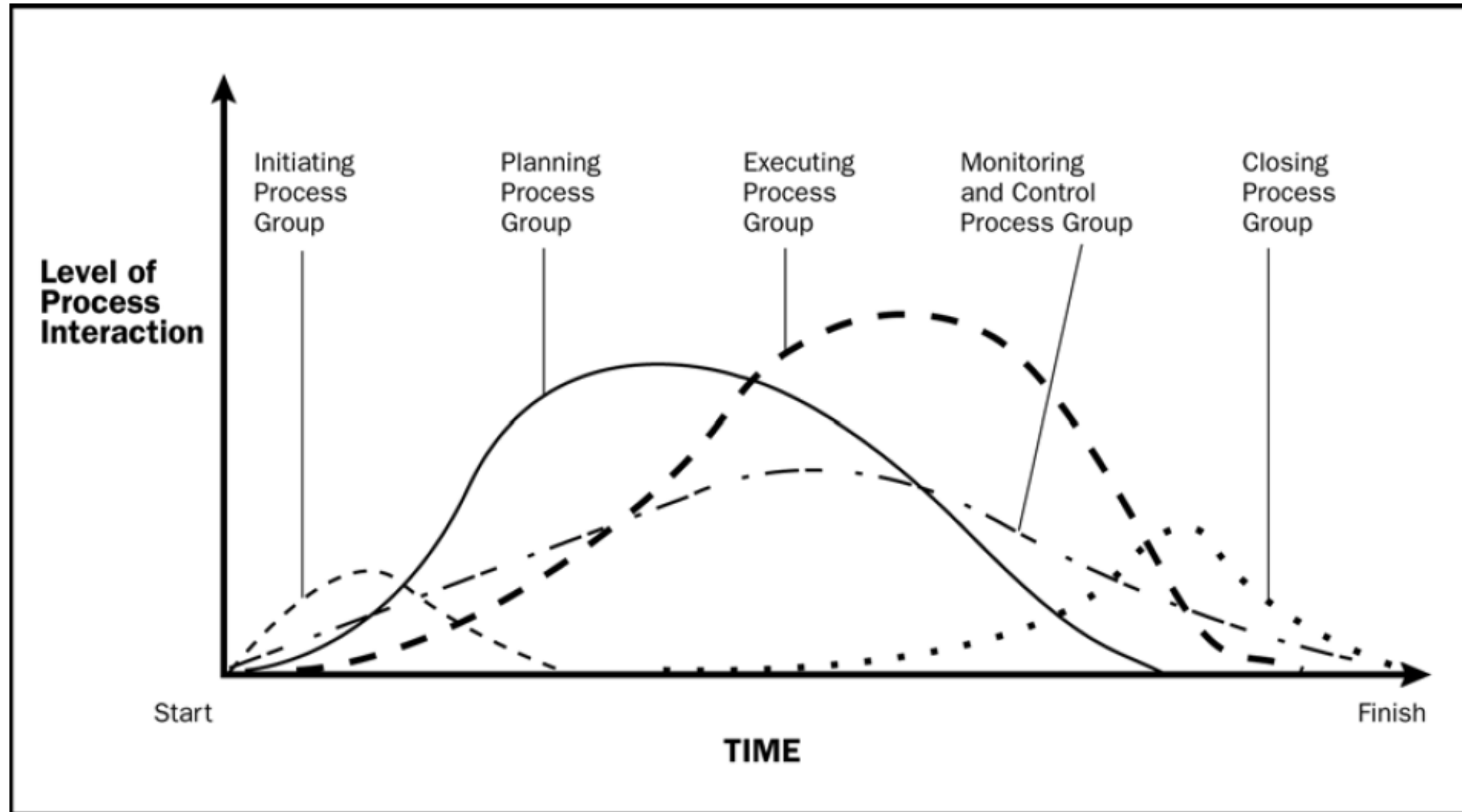
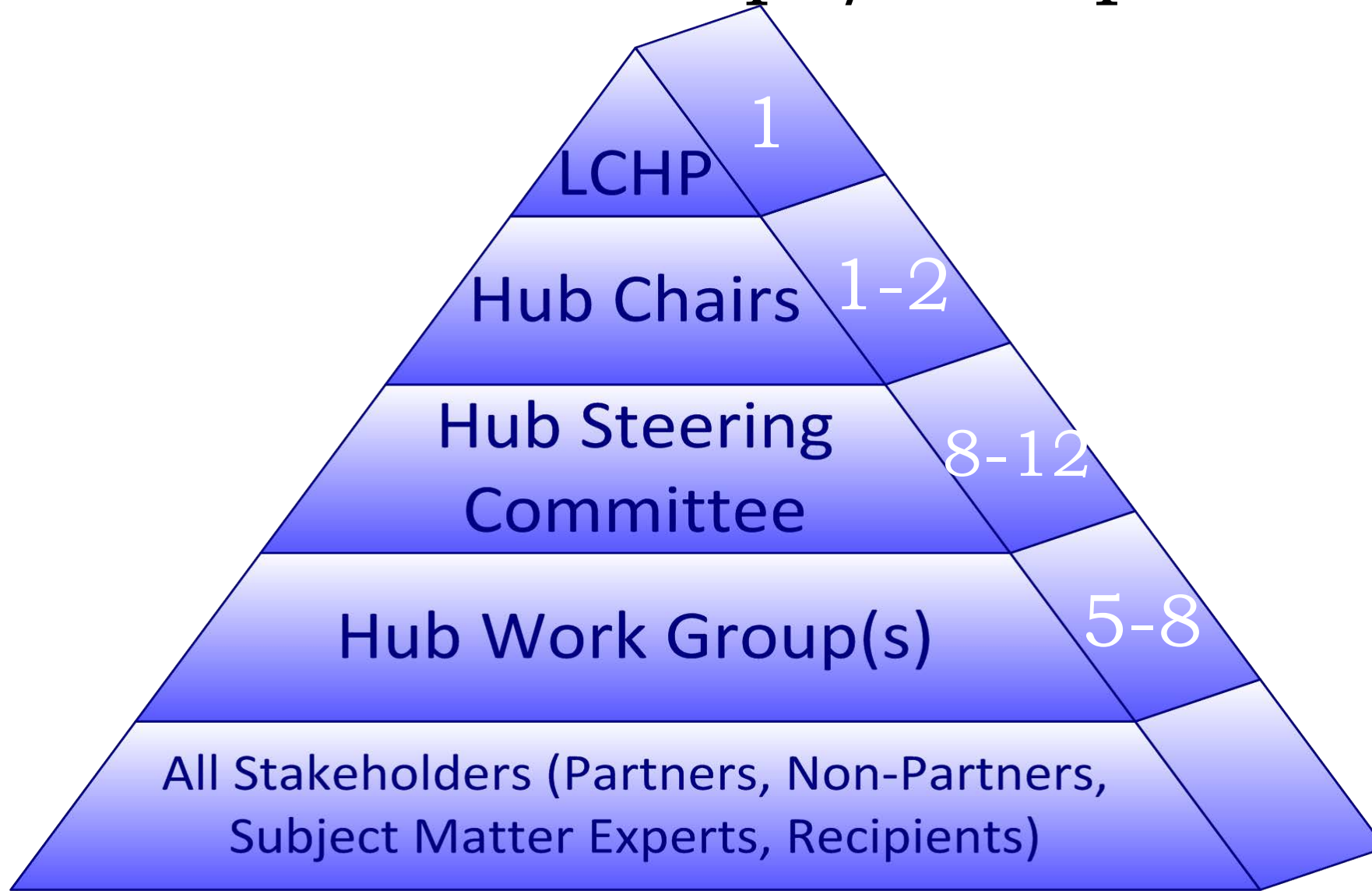


Figure 3-11. Process Groups Interact in a Project

Performance Hub Rollout Timeline

- April 1- June 30, 2017
 - Hold Hub Kick-Off Meetings (Executive level, informative)
 - Engage existing & new Community Based Organizations in each Hub
 - Determine which Measures require immediate interventions for MY3 results (ending 6/30/17)
- July 1, 2017 – June 30, 2018
 - Develop Partner Incentive Plan and update Funds Flow Model
 - Facilitate regular Performance Hub Meetings (Clinical, solutions-driven)
 - Consult with LCHP Administration and Project Advisory Committee (PAC) for best practices/advisement
 - Course-correct based on Claims Data analysis (6 month lag)

Performance Hub Hierarchy and # of Reps/Group



Agenda Topic

BREAK

“Effectively, change is almost impossible without industry-wide collaboration, cooperation, and consensus.” – Simon Mainwaring

Agenda Topic

QUESTIONS & FEEDBACK

“Teamwork begins by building trust. And the only way to do that is to overcome our need for invulnerability.” – Patrick Lencioni

Agenda Topic

PERFORMANCE HUB CHARTER REVIEW

*“It is literally true that you can succeed best and quickest by helping others to succeed.” –
Napolean Hill*

Agenda Topic

PUBLIC RELATIONS OPPORTUNITIES

“Individual commitment to a group effort -- that is what makes a team work, a company work, a society work, a civilization work.” – Vince Lombardi

Agenda Topic

QUESTIONS & FEEDBACK

“Individual commitment to a group effort -- that is what makes a team work, a company work, a society work, a civilization work.” – Vince Lombardi

Agenda Topic

MEETING TAKEAWAYS/NEXT STEPS

"Cooperation is the thorough conviction that nobody can get there unless everybody gets there." – Virginia Burden

Agenda Topic

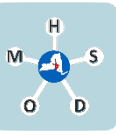
BREAK/LUNCH

“If everyone is moving forward together, then success takes care of itself.” – Henry Ford

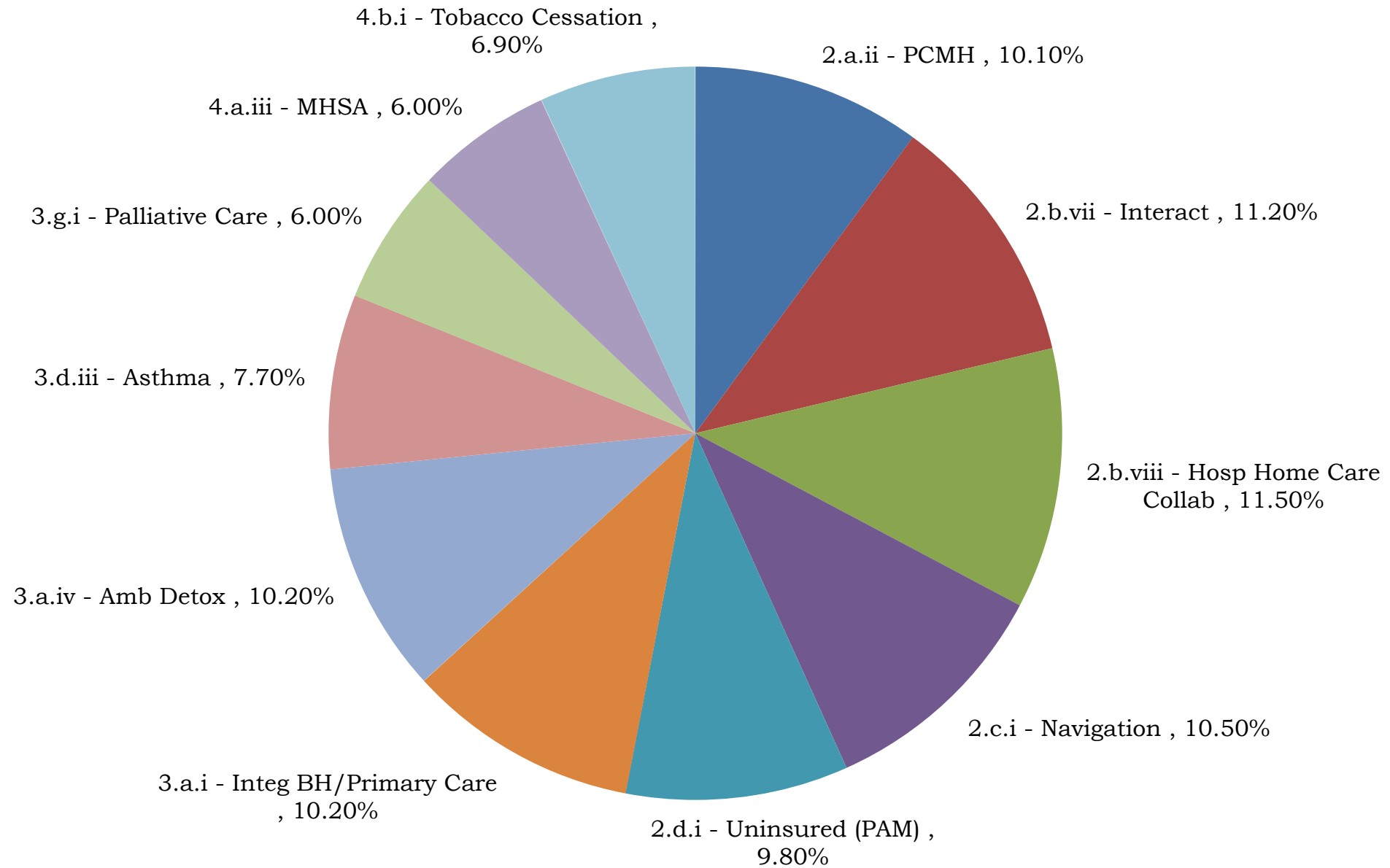
Agenda Topic

FUNDS FLOW - CURRENT & FUTURE STATE

"None of us, including me, ever do great things. But we can all do small things, with great love, and together we can do something wonderful." – Mother Teresa

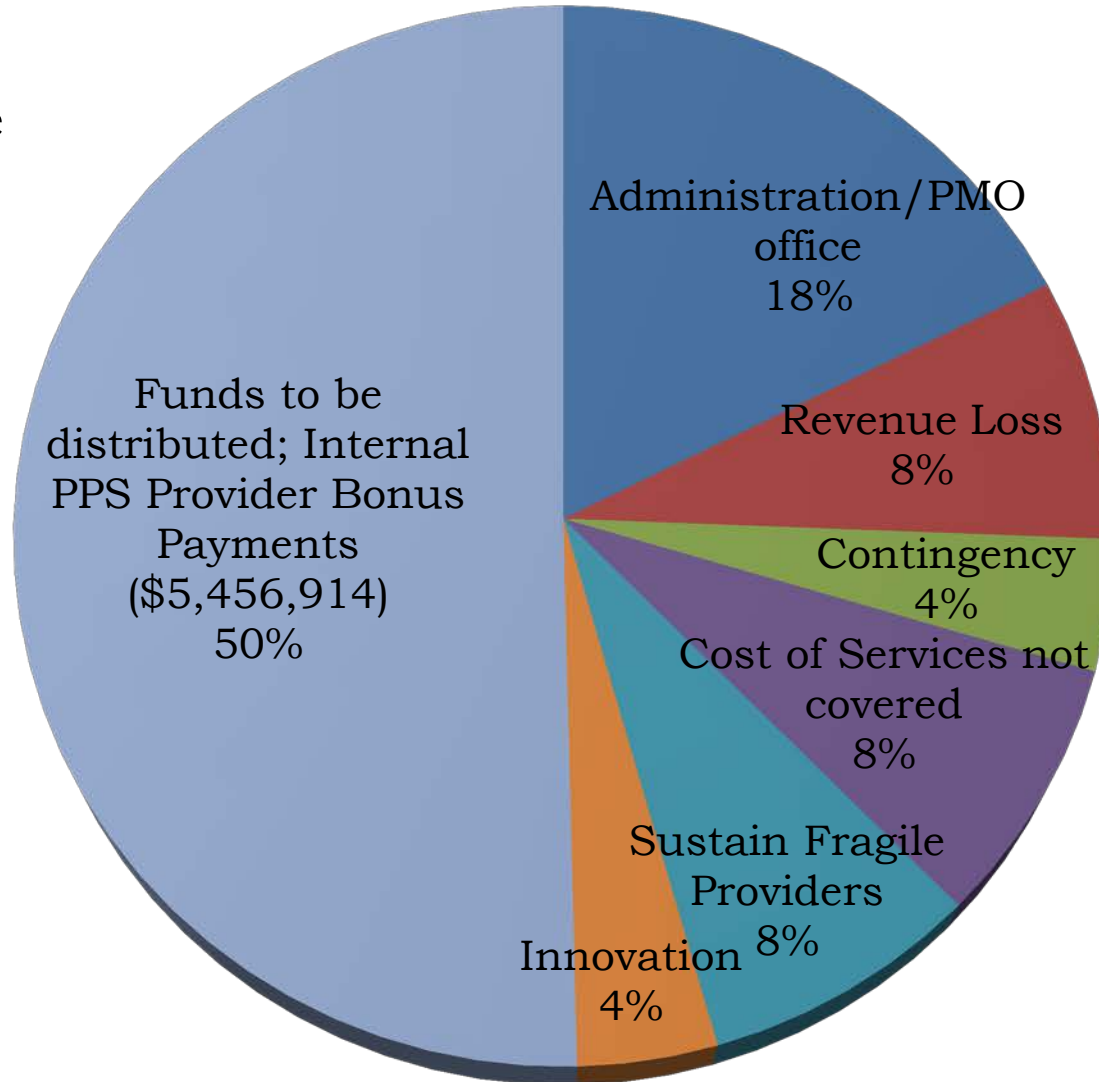
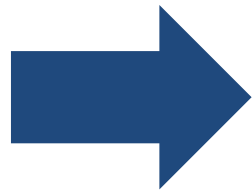


Clinical Project Valuation



Funds Flow Budget Categories

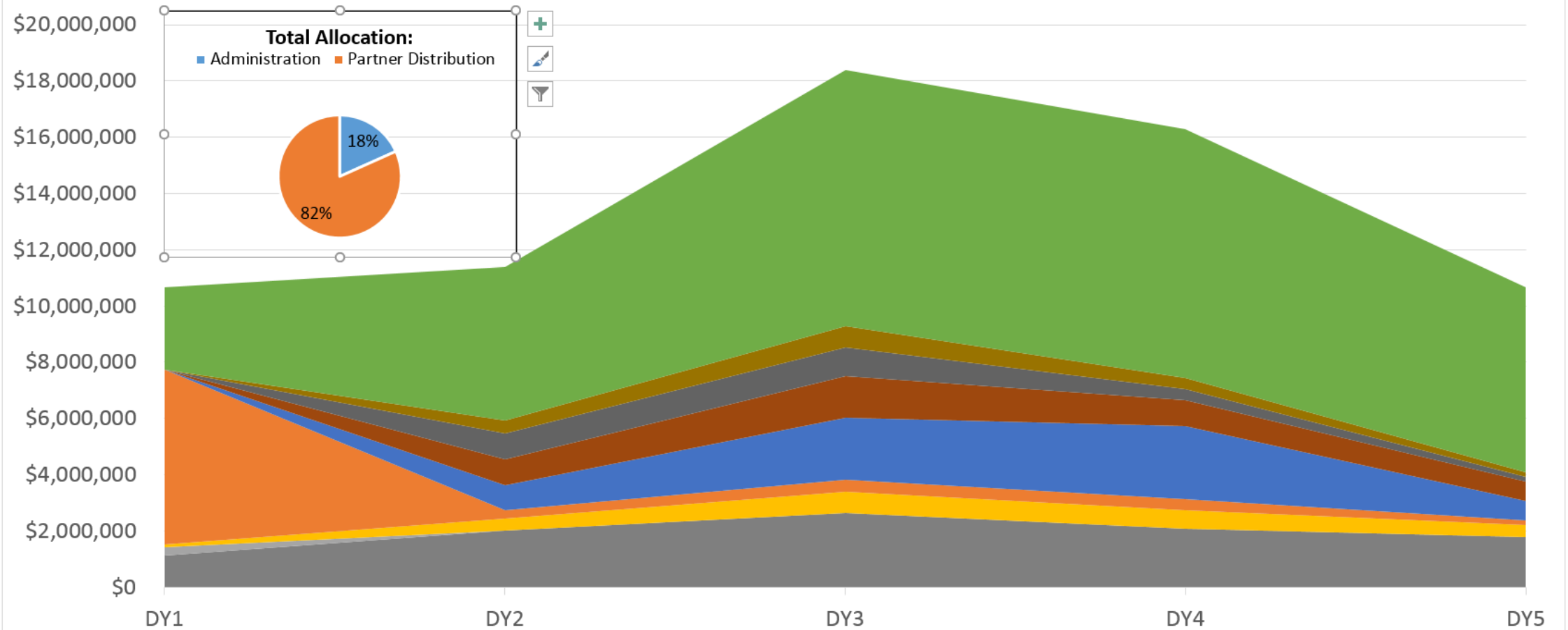
This funds flow model addresses funds in the “Implementation” and “Provider Bonus” payment categories only. These categories are distributed based on “meeting metrics”.





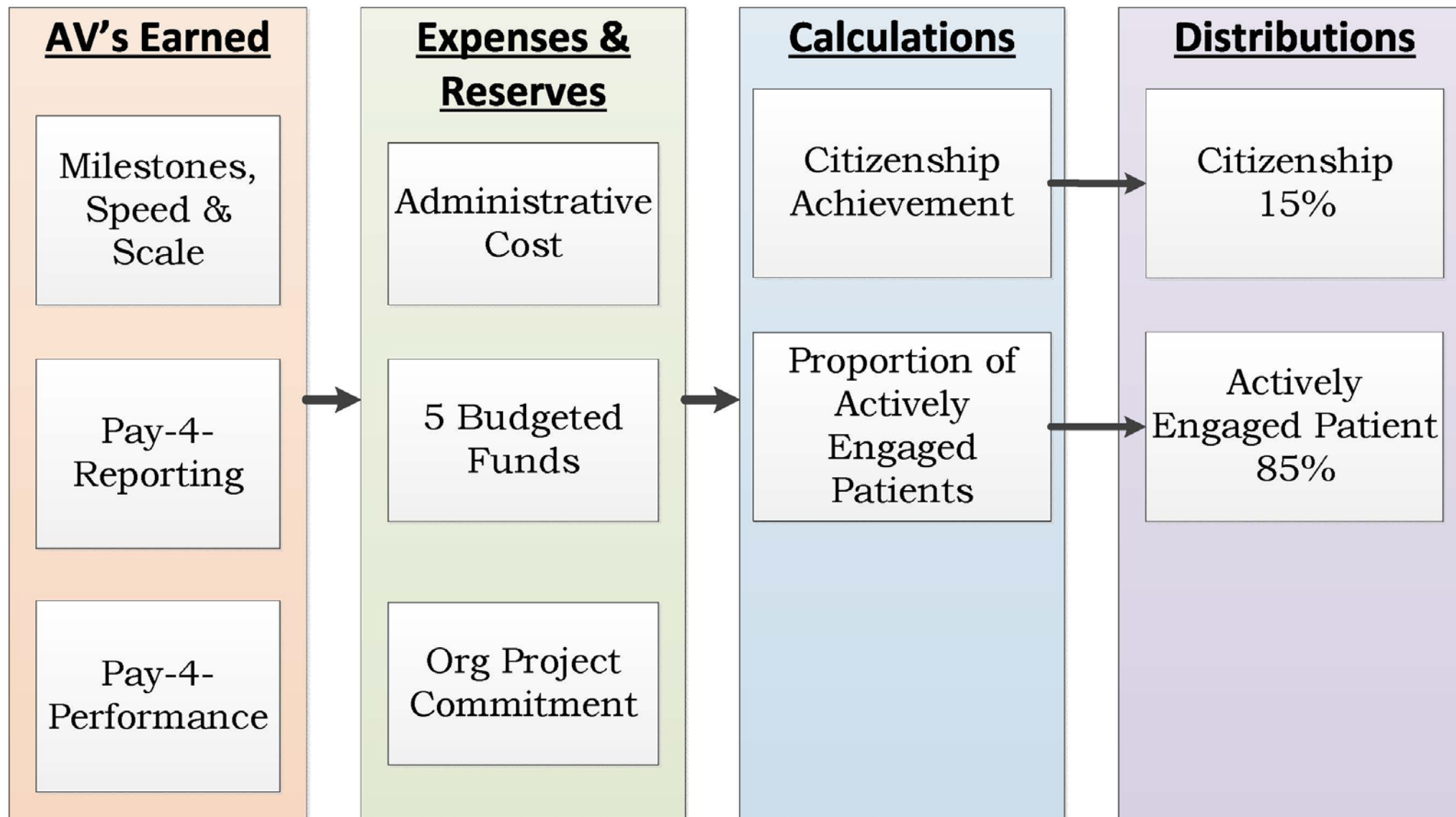
Budgetary Allocations

Projected Budgetary Allocations Over the DSRIP Demonstration Period
(All budgeted Funds Above the Yellow Line Are Partner Distributions)

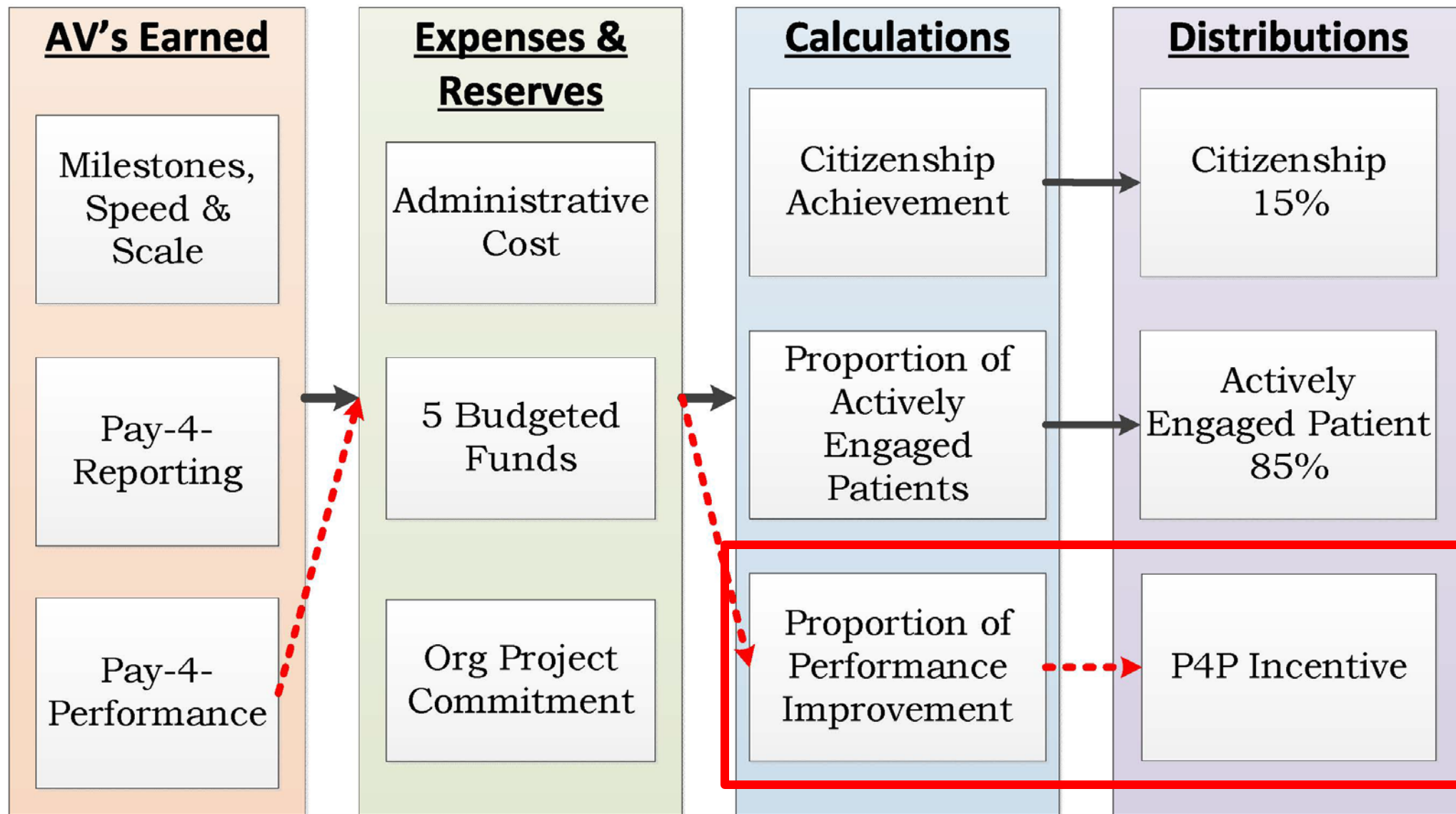


- Administration/PMO office
- Project Implementation Contracts
- Contingency
- Implementation planning
- Revenue Loss
- Cost of services not covered
- Sustain Fragile Providers
- Innovation
- Internal PPS Provider Bonus Payments

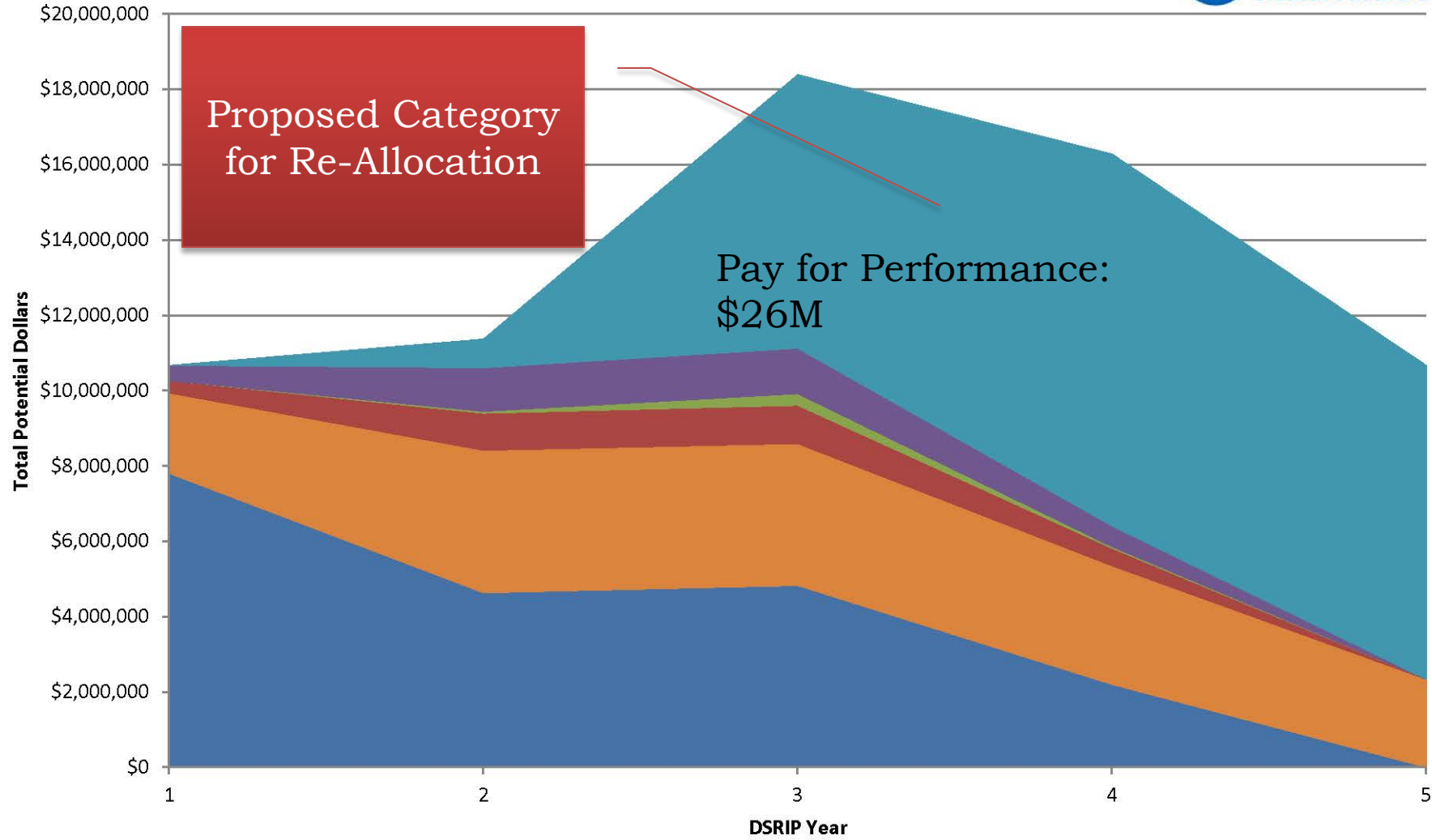
Current Funds Flow Model



Proposed Future Funds Flow Model



DSRIP Budget Category over Time

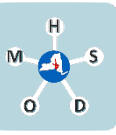


Proposed Category for Re-Allocation

Pay for Performance: \$26M

- Domain 1 Organizational Projects
- Performance Measures - Pay for Reporting
- Patient Engagement Speed
- Project Implementation Speed
- Quarterly Progress Reports / Budget / Flow of Funds
- Performance Measures - Pay for Performance

Preliminary Hub Partners



<u>County</u>	<u>Hub Partners</u>
Otsego	42
Schoharie	22
Madison	16
Herkimer	31
Delaware	34

Otsego

Alpine Rehabilitation & Nursing Center
Bassett Healthcare Network: At Home Care, Inc.
Catholic Charities - ALL
Catskill Area Hospice & Palliative Care
Catskill Hudson AHEC (Area Health Education Center)
Chenango Health Network, Inc
Delhi Rehabilitation and Nursing Center ***
Family Planning of South Central New York, Inc.
Family Resource Network
First Community Care of Bassett
Hospitality House, TC Inc
L. Woerner, Inc. (dba HCR Home Care)
Leatherstocking Education on Alcoholism/Addictions Foundation, Inc.
Mary Imogene Bassett Hospital
Office of the Aging of Otsego County
Otsego County Chapter NYSARC Inc.
Otsego County Community Services
Otsego County Department of Health
Otsego County Department of Social Services
Otsego County Treasurer
Otsego Manor dba FOCUS Otsego
Pathfinder Village
Rehabilitation Support Services, Inc
Rural Health Network of South Central New York
Schoharie County Council on Alcoholism
Southern Tier AIDS Program dba Southern Tier Care Coordination
Springbrook
St. Johnsville Rehabilitation & Nursing Center, Inc

Schoharie

Bassett Healthcare Network: At Home Care, Inc.
Catholic Charities - ALL
Catskill Area Hospice & Palliative Care
Catskill Hudson AHEC (Area Health Education Center)
Cobleskill Regional Hospital
Community Health Center
Hospitality House, TC Inc
L. Woerner, Inc. (dba HCR Home Care)
Mary Imogene Bassett Hospital
Otsego Manor dba FOCUS Otsego
Planned Parenthood Mohawk Hudson
Rehabilitation Support Services, Inc
Schoharie County Council on Alcoholism
Springbrook
St. Johnsville Rehabilitation & Nursing Center, Inc
Community Memorial Hospital
Crouse Community Center
Katherine Luther Residential & Rehab
L. Woerner, Inc. (dba HCR Home Care)
Mary Imogene Bassett Hospital
Oneida Healthcare
Pathfinder Village

Herkimer

Alpine Rehabilitation & Nursing Center
Bassett Healthcare Network: At Home Care, Inc.
Buffalo Beacon Corp
Catholic Charities - ALL
Center for Family Life and Recovery, Inc.
Charles T. Sitrin Health Care Center, Inc dba Sitrin Medical Rehabilitation Center
Community Health Center
First Community Care of Bassett
Herkimer County HealthNet
Herkimer CTY Comm Svcs Board/Herkimer County Mental Health
Herkimer Family Nurse Practitioners
Hospitality House, TC Inc
Katherine Luther Residential & Rehab
Little Falls Hospital
Mary Imogene Bassett Hospital
Mohawk Valley Perinatal Network
Pathfinder Village
Resource Center for Independent Living
Rochester Primary Care Network, Inc.
St. Johnsville Rehabilitation & Nursing Center, Inc
Valley Health Services, Inc.

Delaware

Alcohol and Drug Abuse Council of Delaware Co Onc
Bassett Healthcare Network: At Home Care, Inc.
Catholic Charities - ALL
Catskill Area Hospice & Palliative Care
Catskill Hudson AHEC (Area Health Education Center)
Chenango Health Network, Inc
Delaware County Public Health Services
Delaware County Community Mental Health Services
Delaware Valley Hospital
Delhi Rehabilitation and Nursing Center ***
Family Resource Network
First Community Care of Bassett
L. Woerner, Inc. (dba HCR Home Care)
Margaretville Memorial Hospital
Mary Imogene Bassett Hospital
O'Connor Hospital
Otsego Manor dba FOCUS Otsego
Rehabilitation Support Services, Inc
Rural Health Network of South Central New York
Southern Tier AIDS Program dba Southern Tier Care Coordination
Southern Tier Population Health Improvement Program
Springbrook
The Arc of Delaware County



- Funds will flow to partners when a direct, easily discernible correlation exists between partners performance and outcome e.g. Patient Satisfaction.
- Work of the CBO's will be recognized for those areas where impact toward successful outcomes is identified.
- Appropriate methods will be adopted to assure the CBO revenue allocation does not violate the cap applied to non safety net organizations.
- For the 43 performance measures included in Pay for Performance there can be as few as 30 patients used. The calculation by the DOH is as many as 14,000 (numerator), 36,000 (denominator). This is a significant variance in absolute number of patients.
- The dollar range per metric for payments over the 3 years of pay for performance is \$209,423 to \$1,295,627. The highest dollar values often do not correlate with the highest number of patients.



- For many metrics, many partners have influence on outcome achievements. Potentially avoidable ED visits or readmissions fit this category. Constructing a rationale for allocation of revenue in these scenarios is complex.
 - A possible approach for this latter category is to ask Performance Hub entities to recommend a formula for allocation of revenue. In theory, regional entities know best which partners are influencing outcomes. The PH's would need to move expeditiously to make this happen.
 - Variables to consider in complex scenarios include:
 - Relative number of attributable lives
 - Consideration of notable incremental improvement
 - Distribution to counties by general result
 - Relative size and numbers of patients
- **The Finance Committee is aware of the need to complete the revision to Fund Flow Model. It is prepared to accelerate its work to accomplish this.

Agenda Topic

FUNDS FLOW - OPEN FORUM

*“Great things in business are never done by one person; they're done by a team of people.”
– Steve Jobs*

Questions & Contact

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