Welcome & Introductions

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Agenda

1. Recap & Review
   - IT Assessment and Planning Process
   - IT Implementation Plans Next Steps
   - User Groups Meetings

2. Population Health Management
   - Update
   - Timeline and Next Steps
   - PHM Implementation Phases

3. Reporting – Roster Validation Process Updates

4. Q&A/Next Meeting
Recap & Review
IT Assessment and Planning Process
By developing processes to assess the current state and needs of partners, CNYCC can provide the right oversight, align the right IT resources according to need, and help ensure partners are on the path to achieve CNYCC DSRIP goals and objectives.

**CNYCC IT Gap Assessment**

**Assessment and Planning Process: Overview**

- **Categorize partners for each functional area based on responses**
- **Phase 1:** Confirm any changes since previous survey, general IT readiness
- **Phase 2:** Understand project-specific readiness

**Partner Implementation Plans**
- General Readiness
- Project Readiness
- Program Implementation
Assessment and Planning Process: Status

Plan Collection
- ~90% have been submitted
- Met with ~25 Partner Organization
- Consolidating Feedback and Lessons Learned

Anticipated Outcomes
- Partner Bandwidth
- Partner Priorities
- Improved Readiness
- Technical Limitations
- PHM Implementation Planning

Performance Logic
- Working with performance logic developers
  - Uploading feedback
  - Integration into overall DSRIP project plan
  - Performance Reports
  - Real time implementation Status
- Interim Plans
  - Plans uploaded to Local Database
  - Reports to be sent out individually
Assessment and Planning Process: Partner Gaps

Incomplete Assessment Causes
- Change of Contact
- Employee Turnover
- Contract Timing
- Limited Bandwidth
- Email Issues

Follow Up
- Contact Pete or Kris for Status
- Work with CNYCC to Complete Process

Deadline
- October 21st
Recap & Review

IT Implementation Plans Next Steps
Implementation Plans: Tracking Progress

- Submit Project Implementation Plans
- Upload Initial Data DSRIP Tracker (Performance Logic)
- Generate Report on Current Status
- Continue Execution of Project Plans
- Generate Web Forms for Update
- We are Here
- Generate Web Forms for Update (email)
- Submit Web Forms (email)
- Execution of Project Plans
- Generate Report on Current Status
- Gathering of Supporting Documentation
- Inform Partners of Status, Milestones and Project Updates

Key:
- Partner
- CNYCC
- Both
Implementation Plans: Tracking Progress

Performance Logic

- Working with performance logic developers
  - Uploading feedback
  - Integration into overall DSRIP project plan
  - Performance Reports
  - Real time implementation Status

- Interim Plans
  - Plans uploaded to Local Database
  - Reports to be sent out individually
<table>
<thead>
<tr>
<th>Task</th>
<th>Due Date</th>
<th>Status</th>
<th>Risk, Issue, Barriers</th>
<th>Comments and Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.) Evaluate if EMR has Direct Messaging capability or if a third party is required. If your organization does not have an EMR, please refer to step 3.1.</td>
<td>9/30/2016</td>
<td>Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.) Regardless of EMR capabilities, Direct functionality is contained within EMR, a HISp (Health Information Service Provider) will be required to obtain direct address. Companies who are HISPs include Surescripts and MedAllies. Evaluate HISPs including HealtheConnections as a provider of Direct Services. Contact information for HealtheConnections is located on the contacts tab.</td>
<td>9/30/2016</td>
<td>Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.) If Direct capabilities are contained in EMR work with Vendor to configure.</td>
<td>12/31/2016</td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1) If Direct capabilities are not contained in EMR or your organization does not have an EMR, HealtheConnections can provide Direct address services. Contact</td>
<td>12/31/2016</td>
<td>Incomplete</td>
<td>Unable to absorb cost for the necessary software package.</td>
<td></td>
</tr>
</tbody>
</table>
User Group Meeting

Medent User Group Meeting
• Strength in numbers approach
• Strengths and Weaknesses of Vendor
• Approaches for Vendor Support
• Workflow alignment and approaches
• Technical and Reporting Tips
• CNYCC and End User facilitation

Opportunities for other user groups
• Cross EMR User Groups
  • Organization Type
  • Goal Oriented

• EMR User Group
  • Meditech
  • Epic
  • Netsmart
  • GE
  • Greenway
  • Nextgen etc…
Population Health Management
Update
CNYCC PHM Approach: Planning

The Work We Have Collectively Done To-Date Has Laid the Foundation for Our PHM Planning Efforts

**PHM Planning Inputs**

- **IT Assessments**
  - IT Systems & Processes
  - IT Resources

- **Data Dictionary**
  - Availability of information to build DSRIP performance measures

- **Benefits Realization**
  - Barriers to PHM program development
  - Expected impact of PHM infrastructure

- **VBP and PHM Assessments**
  - Clinical, Operational and Technical Readiness
  - Application of PPS toolsets specific to each partner
CNYCC PHM Approach: Overview

To Achieve the Overarching Goals of DSRIP CNYCC Must Focus on Population Health Management (PHM)

Population Health Management Components

- People
  - CNYCC Partner Project Participants and Workforce

- Process
  - CNYCC Project Development and Integrated Delivery Network (IDN) Formation

- Technology
  - CNYCC Integrated PHM Platform

Population Health Management Components
Success in DSRIP and other Value Based Payment (VBP) Programs Requires a Transition from Conventional Medical Care to Population Health Management

**Conventional Medical Care**

- Scope of responsibility based primarily on treatment episodes
- Reactive: Address illness of presenting patient
- Care delivered primarily by individual professional contributors
- Provider advocates for individual patients, without regard to economic outcomes to third parties
- Health information management is focused on professional communications, medical-legal documentation, and reimbursement
- Volume driven reimbursement primarily based on fee-for-service

**Population Health Management**

- Scope of responsibility based on defined population of assigned or attributed patients over time
- Proactive: Care processes also emphasize outreach based on needs, including primary and secondary prevention
- Care delivered by multi-disciplinary teams, including patient and informal caregivers
- Provider balances between duty to individual patients and stewardship for population resources
- Health information management also prioritizes support for care process enablement, learning for improvement and innovation, and accountability
- Value driven reimbursement based at least partly on acceptance of responsibility and risk and delivery of value
CNYCC Approach: Process

To Create an Integrated Delivery Network (IDN) that Can Succeed in DSRIP and VBP, CNYCC Must Enable a Set of Core Functional Requirements

<table>
<thead>
<tr>
<th>DSRIP/VBP Functional Requirement</th>
<th>PHM Platform Impact</th>
</tr>
</thead>
</table>
| **Performance Management**       | • Aggregation of clinical and claims data to generate a comprehensive data for accurate and timely performance monitoring  
• Ability to generate quality/outcome measures of interest to our participating partners and track the performance of those measures for their attributed populations |
| **Quality Improvement**          | • Monitoring patient and provider/partner adherence to quality improvement protocols  
• Facilitation of Rapid Cycle Improvement (RCI) processes to gain insight into the effectiveness of particular interventions, or programming efforts  
• Proactive identification of patients at risk of falling out of compliance with prescribed treatment protocols |
| **Data Analytics**               | • Access to centralized risk assessment and scoring capabilities across a partner network allow for standardization of protocols to address high risk patient cohorts  
• Simultaneous analysis of clinical and financial data allows for enhanced patient targeting and more effective use of resources to mitigate potentially high cost adverse outcomes |
| **Care Management and Care Coordination Programs** | • Knowledge of other care team members and their interactions with shared patient populations  
• Patient engagement tools assist with outreach and enrollment activities  
• Supporting the administration of standard assessment criteria, toolsets and processes to ensure consistent measurement and mitigation of a patient’s level of risk  
• Ability to manage transitions across care settings and complete the longitudinal patient care record |
CNYCC Approach: Technology

An Integrated PHM Infrastructure is the Corner Stone of the IT Infrastructure Required to Develop and Support an Integrated Delivery Network (IDN)
## Integrated PHM Solution: Components

### Data Management
(Extraction, Movement, Aggregation, Harmonization, Security)

<table>
<thead>
<tr>
<th>Population Identification</th>
<th>Care Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attribution Management</strong></td>
<td></td>
</tr>
<tr>
<td>• Provider</td>
<td></td>
</tr>
<tr>
<td>• Practice</td>
<td></td>
</tr>
<tr>
<td>• Collaborative</td>
<td></td>
</tr>
<tr>
<td>• Programs and interventions</td>
<td></td>
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<tr>
<td>• Service line and project eligibility</td>
<td></td>
</tr>
<tr>
<td>• Patient cohorts</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Risk</strong></td>
<td></td>
</tr>
<tr>
<td>• Chronic disease identification and progression</td>
<td></td>
</tr>
<tr>
<td>• Chronic disease registries</td>
<td></td>
</tr>
<tr>
<td>• Quality and preventative care best practices/gaps</td>
<td></td>
</tr>
<tr>
<td>• Readmission/ED utilization risk</td>
<td></td>
</tr>
<tr>
<td><strong>Financial Risk</strong></td>
<td></td>
</tr>
<tr>
<td>• Pro/retrospective utilization</td>
<td></td>
</tr>
<tr>
<td>• Pro/ retrospective cost</td>
<td></td>
</tr>
<tr>
<td><strong>Patient Engagement</strong></td>
<td></td>
</tr>
<tr>
<td>• Outreach management</td>
<td></td>
</tr>
<tr>
<td>• Care team coordination</td>
<td></td>
</tr>
<tr>
<td>• Social, clinical, behavioral risk assessments</td>
<td></td>
</tr>
<tr>
<td><strong>Care Coordination</strong></td>
<td></td>
</tr>
<tr>
<td>• Utilization alerts</td>
<td></td>
</tr>
<tr>
<td>• Collaborative care planning</td>
<td></td>
</tr>
<tr>
<td>• Facilitating transitions of care (warm handoffs)</td>
<td></td>
</tr>
<tr>
<td>• Care team coordination</td>
<td></td>
</tr>
<tr>
<td>• Program/ intervention oversight</td>
<td></td>
</tr>
</tbody>
</table>

### Reporting & Analytics
(Quality Improvement, Performance Management, Business Intelligence)

- Correlation vs. Causation
- Program Effectiveness (ROI)
- Evaluation of Clinical, Financial and Social Indicators
- PHM Programming Design
Population Health Management
Timeline and Next Steps
## PHM Platform Implementation Phases

| Task                                      | Task | Task | Task | Task | Task | Task | Task | Task | Task | Task | Task | Task | Task | Task | Task | Task | Task | Task | Task | Task |
|-------------------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Pre-Implementation Planning               |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| System Design Plan                        |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Data Source Integration Strategy          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| User Interface Development               |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Non EMR Integration (Claims)              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Non EMR Integration (HIE)                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| EMR Integration (Phase 1)                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| EMR Integration (Phase 2)                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| EMR Integration (Phase 3)                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Application Roll Out                     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
Population Health Management

PHM Implementation Phases
PHM Implementation Phases: System Design Plan

System Design Plan (User Interface Development)
- Pre-Implementation Planning
- Partner VBP and PHM Readiness Assessments
- Inventory Use Cases per DSRIP and PHM Programming Requirements
- Inventory User Types
- Define Required Functionality by User Type to Satisfy Use Cases
- Create Tiered PHM Roadmap Based on Partner Readiness Cohorts Identified Through VBP and PHM Readiness Assessment and Use Case Requirements
PHM Implementation Phases: Data Source Integration Strategy

Strategy Components

• Cohorting of Vendor EMR Integration by Vendor Type and Integration Capabilities
• Perform Partner Integration Readiness Assessments
• Define Partner Integration Phases Based on Outcomes of Integration Capabilities, Prioritization and Readiness Processes

Data Source Prioritization Factors

• Previous EMR Integration History with PHM Vendor
• Partner resource bandwidth
• Relative Medicaid Population
• Vendor Readiness Requirements
  • Technical
  • Operational
• Willingness to adopt platform
PHM Implementation Phases: Data Source Integration

*This phase of integration will require CNYCC to engage directly with partner’s operational, clinical and technical staff to complete PHM integration requirements.
PHM Implementation Phases: User Interface Development

- Initial PHM Use Case UI Build
- Initial Care Coordination and Management UI Build
- Workflow Demonstration Sessions—Internal and Partners*
- Develop Internal and Partner feedback into the system
- *Perform Quality Assurance Testing on UI

Care Management Module UI Development

Factors
- Analysis of care management workflows
- Project defined workflows
- Transitional care workflows

Data and Analytics Module UI Development

Factors
- State Defined Measures and Metrics
- Local and Regional Measures
- Dashboards for performance measures
- Patient Registries

*This phase of development will require CNYCC to engage directly with partner’s operational, clinical and, technical staff to complete PHM project requirements.
PHM Implementation Phases: Application Roll Out

Develop Training Materials and Train CNYCC Training Staff

Develop Support Strategy

End User Training Sessions – Internal and Partners*

Implement Support Strategy

Implement End Support Strategy and Roll out application to end users*

Care Management Module Roll Out Factors
- Completion and validation of required workflows/use cases
- Role based

Data and Analytics Module Roll Out Factors
- Timing/Functions Based on Data Sets
  - Claims
  - Clinical

*This phase of development will require CNYCC to engage directly with partner’s operational, clinical and technical staff to complete PHM project requirements.
This phase of development will require CNYCC to engage directly with partner’s operational, clinical and technical staff to complete PHM project requirements.
Reporting
Roster Validation Process Updates
CNYCC has implemented an automated tool for Actively Engaged Patient Roster Validation. This process will ensure accuracy, increase efficiency, and simplify roster submittal.

New file templates are necessary for the new automation and will be distributed after the HIT PIC. Additional PPS communication is forthcoming.*

- The new templates do NOT contain any new columns, just new column headers

Newly enforced file naming conventions will also be required, per previous discussions

These new guidelines should be in place in your organization for the November 14th file submission. Files with incorrect naming or headers will be rejected

- Rejection of files will cause delay in payments and may result in non-payment for activities

* 2.a.iii has not been finalized yet
New Reporting Templates – Active Date: November 14, 2016

SAMPLE: (complete document will be emailed)

<table>
<thead>
<tr>
<th>Project:</th>
<th>3.a.ii – Behavioral Health Stabilization:</th>
</tr>
</thead>
</table>
| File Naming Convention | Project Number Encounter Month and Year Parent Organization Name Actively Engaged patient Roster  
• Ex. 3ai May 2016 ACME Hospital Actively Engaged Patient Roster (in Excel format) |
| Header Row | First row must contain Column Names |
| Columns | All columns are required |
| Data | Only submit one month’s worth of data at a time per file; All Encounter Dates must be in current DSRIP quarter |

<table>
<thead>
<tr>
<th>New Column Name</th>
<th>Old Column Name</th>
<th>Description</th>
<th>Format</th>
<th>Data Validation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PatientLastName</td>
<td>Patient Last Name</td>
<td>Patient Last Name</td>
<td>Text</td>
<td>Not empty</td>
</tr>
<tr>
<td>PatientFirstName</td>
<td>Patient First Name</td>
<td>Patient First Name</td>
<td>Text</td>
<td>Not empty</td>
</tr>
<tr>
<td>CINorMCOSubscriberID</td>
<td>CIN</td>
<td>CIN or MCO Subscriber ID</td>
<td>AlphaNumeric (no spaces or dashes)</td>
<td>Duplicates allowed but not on same day</td>
</tr>
<tr>
<td>EncounterDate</td>
<td>CRISIS STABILIZATION SERVICE ENCOUNTER DATE</td>
<td>Crisis Stabilization Encounter Date</td>
<td>MM/DD/YYYY</td>
<td>Must fall in current DSRIP quarter</td>
</tr>
<tr>
<td>ServiceReceived</td>
<td>CRISIS SERVICE PATIENT RECEIVED (FROM APPROVED LIST)</td>
<td>Appropriate crisis service(s) received, separated by a comma if there are more than one</td>
<td>Text</td>
<td>Not empty</td>
</tr>
</tbody>
</table>
Q&A/Next Meeting