FLOWER Partnership
DY2 Strategy

DY2 is critical to our overall success in drawing down the DSRIP P4P Award and implementing the Integrated Delivery System.

- **Challenge:** The PPS will need to demonstrate more than Patient Engagement and Project Speed & Scale to reach our P4P award.

- **Success Plan:** The PPS focus will need to shift to performance on DSRIP P4P Outcomes Metrics.
DY1 Focus & Strategy

Patient Engagement

Project Speed & Scale
DY2 Short-Term Strategy

Targeted Project Speed & Scale

Targeted Patient Engagement

P4P Quality Outcomes
DY2 Short-Term Strategy

Focus Areas:

• Clinical
  ▪ Complete Project Protocols with best practices to drive clinical outcomes

• Operations Team
  ▪ Regional assessment in each NOCN for contracted provider readiness per project protocol
  ▪ Regional assessment in each NOCN for number of contracted per project to reach provider commitment number (scale)
  ▪ Determine speed and scale gap to goal and necessary support to contracted providers and enlist new providers
  ▪ Support providers with best practices that align with FLPPS population health strategy

• Funds Flow Team
  ▪ Construct a special contracting arrangement that incentivizes Partners to execute clinical and operational work
DY2 Short-Term Strategy

Focus Areas: October 2016 – March 2017

- FLPPS has been working targeted Projects that have achievable project requirements due in March 2017 and with significant evidenced impact on P4P:
  - Maternal & Child Health
  - Patient Activation
  - Integration of Primary Care & Behavioral Health
  - BIP in SNF
DY2 Strategy: FLPPS Central Team

- Blended Provider Relations and Project Management Teams to one consolidated DSRIP Operations Team, led by Director of DSRIP Operations Peter Bauman

- Ongoing DSRIP Operation Team resource analysis

- Dedicated Director-level resources for System Transformation led by Janet King

- Dedicated Director-level resources for CBO, Consumer and Community Engagement led by Erin Barry
DY2 Strategy: Phase II Funds Flow

- Phase II Performance-Based Contracting
- Special Contracting Arrangements
- Patient Engagement Fund
- Innovation Fund
DY3 & Beyond

Evidence-Based Protocols

High-Risk Patient Population

P4P Quality Outcomes
The Path of System Transformation

NYS DSRIP Program
- Project: Speed and Scale
- Outcomes: System Transformation
- Project: Patient Engagement

Integrated Delivery System
- Outcomes: Clinical Improvement
- Evidence Based Medicine
- Population Health Management

Value-Based Payment
- Improve Health Outcomes
- Improve Patient Experience
- Reduce Cost

Transformed Thinking


FLPPS FINGER LAKES PERFORMING PROVIDER SYSTEM
The Philadelphia Experience

Roland Lamb
Deputy Commissioner, City of Philadelphia, PA
Department of Behavioral Health & Disability Services Strategic Planning & Innovation Division
The Journey Continues

Roland Lamb
Deputy Commissioner, City of Philadelphia, PA
Department of Behavioral Health & Disability Services Strategic Planning & Innovation Division
Lunch Break
Population Level Data Collection

Terais Mullaney
Data Analyst
Overview

- Describe our data workflow
- Revisit DSRIP project measures
- Define the populations touched by 4.a.iii
- Review current data collection efforts
# Ideal Workflow – Doing the Work

| Create Intervention |  
|---------------------|---
| Unlimited Resources | Unlimited Support |

| Implement Intervention |  
|------------------------|---
| Community Engagement | Encourage Change |

| Optimize Intervention Effectiveness |  
|-----------------------------------|---
| Increase Health | Save Lives |
Data Workflow – Informing the Work

Defining the Populations
- Criminal Justice
- MEB and SUD

Dataset Inventory
- Identify Individuals
- Identify Resources

Identifying Interventions
- Establish New
- Enhance Current
MEB/SUD Outcome Measures

DSRIP Pay for Reporting
Premature Death

- Overall Percentage of Premature Death
- Ratio of Hispanics to White non-Hispanics
- Ratio of Black non-Hispanics to White non-Hispanics
- Age-adjusted suicide death rate per 100,000
Preventable Hospitalizations

- Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years
- Ratio of Hispanics to White non-Hispanics
- Ratio of Black non-Hispanics to White non-Hispanics
Pulse Outcomes

- Percentage of adults with poor mental health days
- Percentage of adults binge drinking during the past month
- Percentage of adults with a regular health care provider
- Percentage of adults with health insurance
Defining the Populations

Affected by Criminal Justice at Risk for MEB
Data Workflow – Informing the Work

Defining the Population
- Criminal Justice
- MEB and SUD

Dataset Inventory
- Identify Individuals
- Identify Resources

Identifying Interventions
- Establish New
- Enhance Current
Affected by the Criminal Justice System

- Children involved in the juvenile justice system
- Individuals currently incarcerated
- Individuals recently released from incarceration
- Children of individuals who are incarcerated
At Risk for MEB

- Kids touched by CPS, OCFS, trauma and foster care
- Individuals who already have MEB
- Individuals who experience/are exposed to violence/crime
- Individuals who experience housing instability
  - Homelessness
  - Families who are evicted
- Individuals experiencing poverty
  - Individuals who are unemployed
Data Collection Efforts

Collaboration with CCSI
## Workflow

### Defining the Population
- **Criminal Justice**
- **MEB and SUD**

### Dataset Inventory
- **Identify Individuals**
- **Identify Resources**

### Identifying Interventions
- **Establish New**
- **Enhance Current**
Dataset Inventory

- Purpose of dataset
- Owner
- Cost of access/publicly available
- Timeframe
- Population within dataset
- Location/County
- Is the data identifiable?
- What are the unique identifiers?
- What is the data lag?
Integrating Data to Inform Efforts

How can data be linked in a meaningful way?

- Individuals to services
- Individuals to individuals (parent-child, siblings)
- Individuals within datasets
- Individuals across datasets

How can we create the most complete picture of our populations of interest?

How can we use this information to inform and/or enhance interventions?
Workflow

Defining the Population
- Criminal Justice
- MEB and SUD

Dataset Inventory
- Identify Individuals
- Identify Resources

Identifying Interventions
- Establish New
- Enhance Current
Overview

- MEB Milestone 2
- FLPPS CC/HL Training Strategy
- MEB CC/HL Goal & Workgroup Themes
- MEB CC/HL Themes in Community Needs Assessment
- Next Steps
MEB Project

Milestone 2

• Provide Cultural and Linguistic Training on MEB Health Prevention, Promotion and Treatment
FLPPS CC/HL Training Strategy

Training Modules
# CC/HL Curriculum: Organizations

<table>
<thead>
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<th>MODULE I: Organizational Assessment</th>
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<td>MODULE IV: National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care</td>
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<tr>
<td>MODULE X: Delivering Trauma Informed Care, Understanding Vicarious Trauma and Mindfulness**</td>
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## CC/HL Curriculum: Organizations

### Health Information and Data Management

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<td>MODULE IV:</td>
<td>Human Resources</td>
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</table>
CC/HL Curriculum: Clinicians/Other Workforce Sectors

MODULE I:
Cultural Competence – Rationale, Context and Definition**

MODULE II:
Aspects of CC/HL**

MODULE III:
Understanding the Impact of Stereotyping on Service Delivery/Patient-Provider Relationships**

MODULE IV:
Socio-Cultural Context of Health Disparities; Health Disparities and Factors Influencing Health**

MODULE V:
Cross-Cultural Interactions**

MODULE VI:
Delivering Trauma Informed Care, Understanding Vicarious Trauma and Mindfulness**

MODULE VII:
Shared-Decision Making**
# CC/HL Curriculum: Patients/Consumers

## MODULE I:
- Shared Decision Making**

## MODULE II:
- Self-management of Health and Wellness**

## MODULE III:
- Cultural Activation Prompts**

## MODULE IV:
- Trauma and Mindfulness**

## MODULE V:
- Self-Advocacy**
CC/HL Curriculum: Community

Module I:
Stakeholder Engagement**

Module II:
Collective Impact: Developing Strategic Alliances to Address and Prevent Health Disparities**

Module III:
Community Hot Spotting**
MEB CC/HL Goal

All PPS members or participants exhibit a high level of MEB Cultural Competency and Health Literacy, when working with consumers, patients, clients, communities and other Partners.
MEB CC/HL Workgroup Themes

( Objectives )

➢ Training Audience: MEB Practitioners, Allied Practitioners, Patients/Consumers, Community Organizations/Members

• Involve all that come into contact with the MEB population: Primary Care, Law Enforcement, Education Providers/Schools, Housing and Social Services
MEB CC/HL Workgroup Themes (Objectives)

Training Areas:

- **Holistic Training:** Across the Board – All Disciplines
- **Misconceptions of MH:** Address Biases/Prejudices of Providers and Others
- **Interdisciplinary:** Teach Each Other
- **Inclusive Language:** Person-Centered Language vs Language that Promotes Bias/Stigma
- **Consistent Method of Interviewing/Questioning Patients**
- **Building Meaningful Conversation:** Preparing Team on Speaking w. Patients
- **MEB Literacy and Training:** Focused on Trauma
- **Self-Care:** Self-Care/Wellness for Practitioners
- **Community Resources:** Practitioners/Staff have an understanding of available resources
- **Treatment Referrals/Support:** Help individuals seek treatment
- **Welcoming Environments:** Establishing/Maintaining Welcoming Environments for Patients/Consumers
Patients Believe that People (family, friends, providers) Become Immune to their Mental Health Issues & Stop Offering Sympathy/Support

**CC/HL Approach**

- **Provider:** Check-in periodically with patient and inquire about natural supports and community resources
- **Provider:** How to get patients to open up/communicate concerns; Motivational Interviewing
- **Provider:** Informed on community resources; Support Groups/Other Community and Family Resources

- **Patient:** Communicate the concerns/issues, knowing how to address the concerns/issues

- **Community:** Educating family, friends, other community members; Educate FLPPS Partner Organizations – educate partners about the value of establishing strategic partnerships between CBOs and healthcare

**CC/HL Training Modules**

- **MODULE I:** Stakeholder Engagement**
- **MODULE II:** Collective Impact: Developing Strategic Alliances to Address and Prevent Health Disparities**
- **MODULE III:** Community Hot Spotting**
- **MODULE IV:** Self-Advocacy**
- **MODULE V:** Cross-Cultural Interactions**

**MODULE III:** Understanding the Impact of Stereotyping on Service Delivery/Patient-Provider Relationships**

**MODULE V:** Cultural Activation Prompts**

**MODULE II:** Self-management of Health and Wellness**

**MODULE III:** Self-Advocacy**
How to Identify Patients with BH Needs in an Outpatient or Primary Care Setting

**CC/HL Approach**

- **Provider**: Primary Care and other specialists such as OB/GYN providers should be educated and trained on how to identify individuals with BH concerns.
- **Provider**: How to approach the patient, refer the patient, periodic check-in with the patient (to ensure referral service was utilized and follow up treatment is occurring and is successful); Motivational Interviewing.

- **Patient**: Patient’s self-identify/self-refer, Address Stigma and possible cultural beliefs.

- **Community**: Educate family, friends and community members so that they can provide support to the individual and possibly assist with linkage to care.

**CC/HL Training Modules**

- **MODULE I**: Stakeholder Engagement**
- **MODULE III**: Community Hot Spotting**
- **MODULE II**: Self-management of Health and Wellness**
- **MODULE III**: Cultural Activation Prompts**
- **MODULE V**: Self-Advocacy**
- **MODULE IV**: Effects of Trauma and the Benefits of Mindfulness**
- **MODULE III**: Understanding the Impact of Stereotyping on Service Delivery/Patient-Provider Relationships**
- **MODULE IV**: Socio-Cultural Context of Health Disparities; Health Disparities and Factors Influencing Health**
- **MODULE V**: Cross-Cultural Interactions**
Identifying Individuals with the Highest Needs: Social Determinants of Health/Community Resources

**CC/HL Approach**

- **Providers:** How to approach the patient, refer the patient, periodic check-in with the patient (to ensure referral service was utilized and follow up treatment is occurring and is successful); Motivational Interviewing

- **Patients:** Patient’s self-identify/self-refer

- **Community:** Educate family, friends and community members so that they can provide support to the individual and possibly assist with linkage to community resources; Educate FLPPS Partner Organizations – educate partners about the value of establishing strategic partnerships between CBOs and healthcare

**CC/HL Training Modules**

- **MODULE I:** Stakeholder Engagement**
- **MODULE II:** Collective Impact: Developing Strategic Alliances to Address and Prevent Health Disparities**
- **MODULE III:** Community Hot Spots**
- **MODULE II:** Self-management of Health and Wellness**
- **MODULE III:** Cultural Activation Prompts**
- **MODULE V:** Self-Advocacy**
- **MODULE III:** Understanding the Impact of Stereotyping on Service Delivery/Patient-Provider Relationships**
- **MODULE V:** Cross-Cultural Interactions**
Understanding Behavior Risks & Other Health Risks

**CC/HL Approach**

- **Providers:** How to approach the patient (ask the right questions, in the right way); Motivational Interviewing
- **Patients:** Patient’s self-identify/self-refer
- **Community Members:** Educate family, friends and community members so that they can provide support to the individual and possibly assist with linkage to community resources

**CC/HL Training Modules**

- **MODULE I:** Stakeholder Engagement**
  - **MODULE III:** Community Hot Spotting**
- **MODULE II:** Self-management of Health and Wellness**
  - **MODULE III:** Cultural Activation Prompts**
  - **MODULE V:** Self-Advocacy**
- **MODULE IV:** Socio-Cultural Context of Health Disparities; Health Disparities and Factors Influencing Health**
  - **MODULE V:** Cross-Cultural Interactions**
Crisis Hotlines are Usually Not Helpful

**CC/HL Approach**

- **Providers**: Additional Training for Crisis Hotline Staff; Motivational Interviewing; Possibly expand their scope of services so that they can adequately address the needs of their target population.

- **Patients**: Advocate for what they need or expect.

**Training Modules**

- **MODULE IV**: Socio-Cultural Context of Health Disparities; Health Disparities and Factors Influencing Health
- **MODULE V**: Cross-Cultural Interactions

- **MODULE II**: Self-management of Health and Wellness
- **MODULE V**: Self-Advocacy
## Failure of Physical Health Professionals to Acknowledge and Prioritize Patient’s MH Concerns & Follow-Up/Communication between Providers

### CC/HL Approach

- ** Providers**: How to address all conditions adequately, train providers on shared decision making practices, educate providers on best practices related to treatment and approach  
  - Medical providers to acknowledge the MH/SA concerns and prioritize the concerns for those with dual diagnosis (physical health diagnosis and mental health and/or substance use diagnosis)  
  - Care Coordination - PCP to follow up with ER, MH, SA providers and vice versa; Patient-Centered Care; Consistency with providers.

- ** Patient**: Arm patients with tools required to successfully advocate, train patients on shared decision making practices

### CC/HL Training Modules

- **MODULE IV**: Socio-Cultural Context of Health Disparities; Health Disparities and Factors Influencing Health**
- **MODULE V**: Cross-Cultural Interactions**
- **MODULE VII**: Shared-Decision Making**

- **MODULE II**: Self-management of Health and Wellness**
- **MODULE V**: Self-Advocacy**
Next Steps
MEB CC/HL Goal & Objectives Survey

Question

Will the Objectives Accomplish the Goal?
RFI - FLPPS CC/HL Training

- Requesting information from organizations experienced in conducting CC/HL Training (specific to the training modules and FLPPS priority populations) for target audience:
  - Clinicians and other workforce groups
  - Patients/Consumers
  - Community/Community groups
FLPPS CC/HL Training

➢ Training Begins

• November 2016:
  ▪ Organizations

➢ March/April 2017

  ▪ Clinicians and other workforce groups
  ▪ Patients/Consumers
  ▪ Community/Community groups
Closing Remarks