Nassau Queens Performing Provider System

An Alliance for a Healthy Community

NQP PAC Meeting Highlights DSRIP Success Stories

Those in health care know that there are many acronyms that we toss around quite often. While DSRIP technically stands for Delivery System Reform Incentive Payment Program, on Friday March 22 it stood for **D**ramatic **S**tories **R**ecounting **I**nitiatives for **P**eople. In what many described as one of the best PAC Meetings they had attended, NQP and several of our partners described key initiatives that resulted in more efficient and effective delivery of healthcare and better lives for members of their communities.

Dr. Gilbert Burgos, NQP's new Executive Director, kicked off the event by providing an overview of the remaining DSRIP timeline, for which the final submission is due in April of 2020. Budgets have been adjusted accordingly for a wind-down. Rumors persist that DSRIP may be extended due to the positive results that have been achieved statewide, but nothing has been finalized yet. Our major accomplishment involves facilitating over 2,000 providers to participate in DSRIP initiatives across Nassau and eastern Queens. They contributed to improving the care we deliver to our community by improving year over year many of the quality metrics we track and participating in many innovative activities, some of which were highlighted at the meeting.

DSRIP Success Stories from the Field. The first part of the day consisted of local success stories on the utilization of DSRIP funding. Below are brief summaries of the presentations.

a. **Behavioral Health Crisis Programs at Northwell Health** (Lindsay Hall, Assistant Director, Health Solutions, Northwell Health). Lindsay described Crisis Stabilization Centers at both Zucker Hillside Hospital and Cohen Children's Hospital Behavioral Health Urgent Care. Both centers have been able to achieve an over 90% avoidance of a hospital visit. Northwell has also partnered with Transitional Health Services of NY (TSINY) to create an innovative program to help avoid ED visits for patients of

Creedmoor Psychiatric Center, a high utilizer of services. She reported 99% of calls were de-escalated without an ED visit.

b. **College Partnerships with NQP** (Dawn Nolan, Director, Center for Workforce Development, Nassau Community College). Nassau Community College and NQP have partnered to create workforce pipelines, training and assistance with curriculum development. Dawn said the Community Health Worker Program, which is working towards developing into a career pathway certificate program and Associates Degree, as well as a Health Career Reception and on campus training programs are several of the initiatives we have worked on together.

c. **Behavioral Health Primary Care Integration** (Mary Emerton, LCSW, DSRIP Project Manager, Behavioral Health, CHS). Mary described several models Catholic Health Services has used in both Primary Care and Behavioral Health settings. Several practices and behavioral health settings are operationally integrated, and 40 utilize behavioral health screening tools. Critical focus for the next year are integrating additional practices, developing tele-psychiatry services, and ensuring financial stability.

d. **MAX ED: St John's Episcopal Hospital experience** (Natalie Schwartz, MD, Chief Population Health Officer, SJEH). Dr. Schwartz discussed St John's Episcopal Hospital's success with ED Navigators and the ED Max Programs. She described improved process flows and interventions that resulted in a significant reduction in ED visits among high utilizers. Interventions included referrals for transportation and financial counseling, connection to PCP's, CHW's and other resources, improved health literacy education, and prescription pick-up.

e. **LIFQHC: Transitions of Care** (Julie Harnisher, Vice President, Population Health, LIFQHC). Julie discussed the pilot project to provide better transitions of care and to ensure their credo of "No Patient Left Behind". They hired a TOC team of 6 (5 Advocates who work as navigators and a supervisor) and integrated with Home Care Management to ensure patients get connected to a PCP. Results thus far have been encouraging.

f. **Use of Peers to Engage Health Home Residents** (Jeremy Merrill, Director of Care Management, New Horizons Counseling Center) Jeremy's organization began using Peers in an Adult Home setting with two active clinics. He told a heartening story of one such interaction in which the Peer model was successful, reducing ED visits from 27 per month to 3 per month by having a Peer shadow a client to ensure he was following medical protocols.

g. **Community Health Workers in Elmont** (Pat Boyle, Executive Director, Gateway Youth Outreach). Pat told a story of a real community hero for his youth services agency that serves over 800 children in the community. Their CHW is a Creole and English speaker who has a unique ability to connect with members of the local

Haitian community. He has developed tremendous trust among his constituents and continues work tirelessly to connect PCP's with local schools for screenings and care.

Value Based Payments Roundtable: How will VBP impact local providers? John Javis, NQP's Director of Behavioral Health, later moderated a panel discussion which asked the question: What Impact will Value Based Payment have (if any) on local organizations? The panelists were:

a. **Svetlana Kats** (Director, Intergovernmental & External Relations Behavioral Network Services – Public Sector/NYS United Healthcare Community Plan)
b. **Joseph Lamantia** (Executive Director, Northwell Health Solutions, Vice President, Population Health Management)
c. **Bob Detor** (Chief Executive Officer, Advanced Health Network IPA)
d. **Greta Guarton** (Executive Director, Long Island Coalition for the Homeless)
e. **David Nemiroff** (President/CEO Long Island FQHC, Inc.)

Hospital systems like Northwell and primary care providers like the LIFQHC are already engaged in VBP contracting, and are learning how to better manage their risk. To what extent behavioral health providers and Tier 1 CBO's will be engaged in Value Based contracts in the future is less clear.

The panelists were in universal agreement that the optimal results would be achieved if various partners (MCO, Hospital, Primary Care Physician, Behavioral Health provider and Tier 1 CBO) could work together in a networked fashion to quickly identify and respond to the patient's urgent needs. It was also acknowledged that a focus on behavioral health and the social determinants of health would, in fact, improve overall health outcomes and lower the total cost of care.