

Health Home Report: Qualitative Findings

The NYS Health Foundation's report, *Care Management in New York State Health Homes*, identifies in its qualitative findings nine issues that have the biggest impact on the design and delivery of care management in health homes:

- ◆ Health Home Network Structure
- ◆ Care Management Approaches
- ◆ Staffing Models and Credentials
- ◆ Care Management Staff Training
- ◆ Health Home Member Risk Assessment and Care Planning
- ◆ Caseload Balance
- ◆ Assignment of Health Home Members to a Care Management Partner
- ◆ Health Information Technology and Data Sharing
- ◆ Care Manager Collaboration with Care Providers

AHI Staff and Partners Contribute to Health Home Report

Program successes, implementation challenges and improving care management for health home members, were among the issues examined by the NYS Health

Foundation in their recently released report, *Care Management in New York State Health Homes*. AHI's Annette Parisi, Health Home Manager, were among those interviewed for the report.

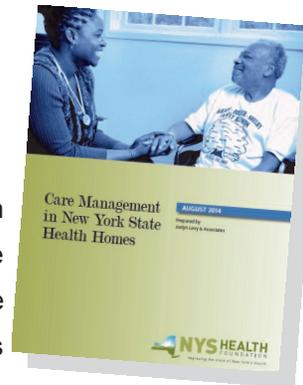


"We had a very productive phone interview, which also included my colleague Colleen Florio, along with Jessica Fraser from HHHN and Mary Baker and Peter Trout from Behavioral Health Services North, about where our health home started versus where it is today," explained Annette. "As a lead health home, we talked about our challenges, but also our best practices and successes, such as the interoperable system for care plan management and data tracking we now have in place."

Annette continued, "We were very happy to have been asked to share our experiences. It was also an opportunity for us to spotlight the good work of our participating health home service providers. It's now a matter of setting well-defined policies and procedures for our program, looking at how we assign people to health homes and developing additional supports for our providers." Our ultimate goal is to provide the best supports possible for service providers and patients in our region."

More than **1,800 people** are presently being served by the Adirondack Health Home. Individuals receive care management from nine agencies in Warren, Washington, Hamilton, Essex, Clinton, Franklin, and parts of Saratoga and St. Lawrence counties.

The report can be found at <http://nyshealthfoundation.org>.



In this issue...

Health Home Report	P. 1
Regional Quality Initiative	P. 2
Health Assessment Plan	P. 2
Adirondacks ACO	P. 3
Medicaid Members in the PPS	P. 3
Homkey Council Appointment	P. 3
Chronic Conditions	P. 4
Prevention Agenda	P. 4
HM AHEC	P. 4

Message from the CEO



Each September we hold our annual Summit, and this year's event was our most ambitious yet. More than 200 community leaders, including health care and behavioral health providers, care managers and other key collaborators gathered in Lake Placid for *Charting the Course: Rural Health Care Transformation in the Adirondacks*. Transforming a system with many stakeholders — from patients and providers to purchasers and payers — is a daunting task. Embracing, managing and leading change for the region can result in healthier communities. Our next issue will include a full recap of the Summit. In the meantime, please enjoy this edition which spotlights a number of our transformational endeavors, including those to improve quality, collaboration, and data analysis.

Cathy

Collaborating on a Regional Quality Initiative



Hudson Headwaters Health Network (HHHN), Glens Falls Hospital (GFH),

Irongate Family Practice and others, with participation from AHI, have embarked on a regional quality improvement effort to greatly improve the provision of high-quality care in the region. “A workgroup was formed, a subcommittee of the Adirondacks ACO (Accountable Care Organization) governance committee, whose focus very much matches that of the triple aim of improved population health, a better patient experience, and controlled costs,” shared

Cyndi Nassivera-Reynolds, VP for Transformation and Clinical Quality, HHHN. “The initial issue we addressed was to look at everyone’s electronic medical records systems. What kind of information was everyone’s EMR capturing and so forth. We determined EMR remediation was needed to ensure providers can run and share needed reports.”



Committee members include: sitting (l-r): Jessica Schwartzman, GFH; Mary King, Irongate; Jeannie Reynolds, Irongate; standing (l-r): Dr. Robert Reeves, Irongate; Dr. Tucker Slingerland, HHHN; Dr. Paul Bachman, HHHN; Dr. Brian McDermott, GFH; and Cyndi Nassivera Reynolds, HHHN. Missing from photo: Dr. Barney Rubenstein, GFH; Dr. Kevin Gallagher, GFH; Dr. David Cunningham, Irongate; Jolene Hlavaty, Newcomb Health Center; and Sandi Burch, Office of Dr. Russell E. Rider. (Photo courtesy of Howard Nelson, HHHN).

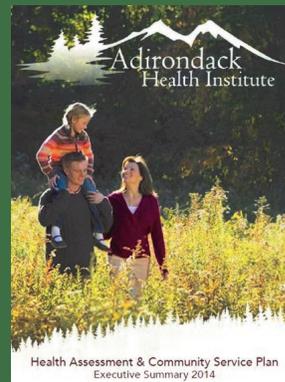
ACO. Dr. Slingerland shared that most measures have already hit and exceeded benchmarks. For instance, the group set a goal of reaching the 50th percentile in diabetes management efforts and presently sits at near the 90th percentile. Providers in the region are also doing well with drug therapy, hypertension and tobacco cessation. Meanwhile, fall risk, depression screening and colorectal cancer screening all present opportunities for improvement.

“It really takes a community,” said Cyndi. “We want people to know they can come to this region and get high-quality care. We want to provide value to our community.”

Brian McDermott, DO, GFH, presents the group with detailed utilization data at each meeting. “Among other things, we look at readmission rates and if they are high, we discuss what we can do to remedy that matter,” said Dr. McDermott. “We are now able to analyze data like never before with so many organizations involved working collectively.”

According to **Tucker Slingerland**, MD, HHHN, the group reviews quality measures and compares them to benchmarks set forth by the

Community Health Assessment Executive Summary to be Released



The Adirondack Rural Health Network (AHRN), a program of AHI, along with the Community Health Planning Committee, will be releasing the regional Executive Summary of the Community Health Assessment for eight counties in November. Community Health Assessments for the region provide a systemic, data-driven approach to determine the health status, behaviors and needs of residents in a defined geographical area to develop strategies to improve community health and wellness. The results, which will be shared in our next newsletter, will enable strategic priority identification, intervention development and resource sharing to build healthy communities in this era of transformation.

Homkey Appointed to NYS Rural Health Council

AHI CEO **Cathy Homkey** has been appointed by Governor Cuomo to the Charles D. Cook Office of Rural Health's (ORH) NYS Rural Health Council. The ORH, a NYS DOH office, focuses on issues that affect access to health care in rural regions. The Council advises DOH on rural health policy.



Cathy Homkey

"I am extremely honored to have been selected for this immensely important role," said Cathy. "The ORH coordinates statewide policy, administers state and federal programs, provides technical assistance, and cultivates important partnerships, and I am thrilled AHI has a seat at the Council table, working with so many others to build healthy communities."

Adirondacks ACO Update

Since May, the Adirondacks ACO has been reviewing data to determine how health care dollars are spent on Medicare participants in our region. "This



information will allow us to target services and interventions for those most in need across the region," explained **Wouter Rietsema**, MD, CIO, Adirondacks ACO. "The data has given us valuable insights into the chronic illness burden in our ACO and has allowed us to compare our data with other Medicare ACO's across the nation." Dr. Rietsema shared that the data being tracked is

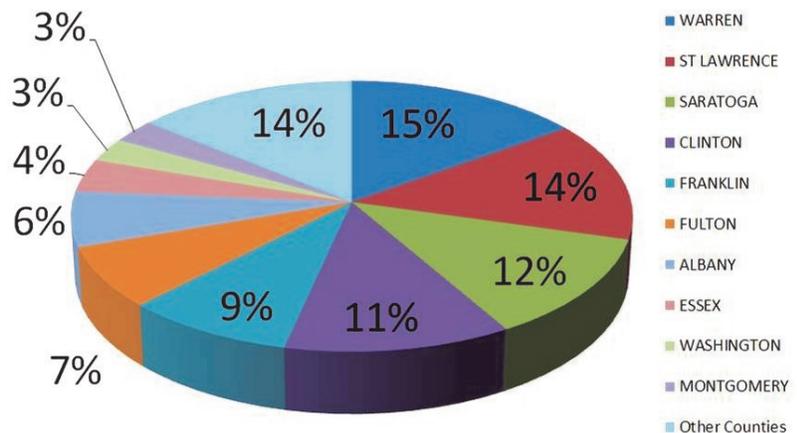


Wouter Rietsema, MD

broken down by primary care, hospice care, home care, skilled nursing care and medical equipment. "Expenditures in these areas is often driven by a combination of supply and local usage patterns. For instance, regions in our ACO with robust home care services see greater spending on home care than those with less robust services," said Dr. Rietsema. "We have also been looking at comparative data on readmissions over the last three to four years. We know that the Adirondack Region Medical Home project has made real progress on reducing readmissions and we can now compare that with other ACO's across the country. Over the next six months we will gain the ability to drill down to the practice and patient level to really allow us to target care management and other needed services to those patients and populations who need them most."

Service Distribution of Medicaid Members in the PPS

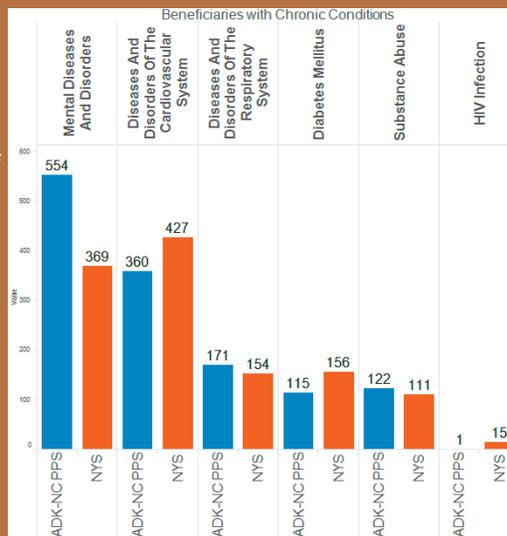
The Delivery System Reform Incentive Payment (DSRIP) program in our region covers nine counties — Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, St. Lawrence, Warren, and Washington. Of all the Medicaid beneficiaries who reside in these nine counties, this chart shows the distribution of where these individuals chose to seek care in September of this year. As you can see, 11% of beneficiaries received care in Clinton County. As the sole Performing Provider System (PPS) for this county, we would expect that all 11% would be attributed to our PPS. The chart also shows that Medicaid beneficiaries do not always choose to receive care locally— 6% of members sought care in Albany County, for example. As DSRIP progresses, care will become more integrated and comprehensive, which should prompt a shift over time that will allow beneficiaries to receive more services closer to home.



Data above is from the DSRIP Dashboard on 9/14/14
<http://dsripdashboards.health.ny.gov/>.

2012 Medicaid Beneficiaries with Chronic Conditions

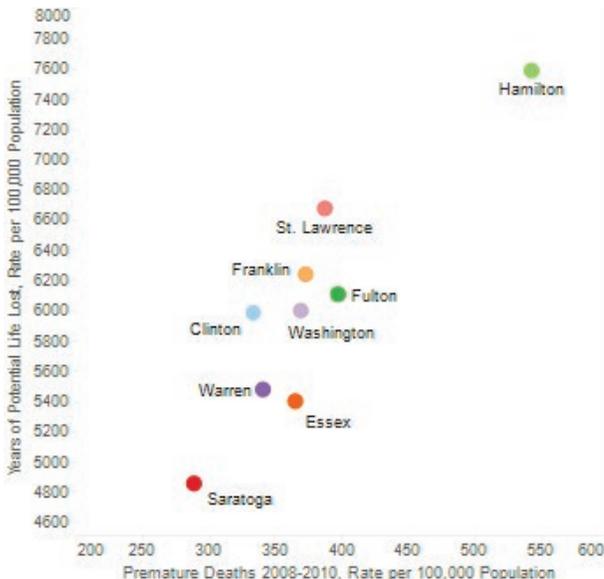
Many Medicaid beneficiaries have complex and chronic health care conditions. These individuals are a growing proportion of the Medicaid population, and those with excessive health care needs account for a significant share of Medicaid expenditures. This chart shows data comparing Medicaid beneficiaries with various chronic conditions in the Adirondack/North Country PPS to statewide numbers. As shown, meeting the needs of those with mental diseases and disorders (MDD) is the biggest challenge in the region, not only in terms of sheer numbers, but because of the disparity that exists between regional and statewide numbers. The planned collaboration and integration of behavioral health and primary health care will seek to reduce this burden.



Source: <https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/2yck-xisk>

Prevention Agenda: Premature Deaths

The Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas. One indicator of disease burden, as well as overall health behavior in the population, is the many causes of premature deaths. This graph illustrates



the percentage of premature deaths by county from 2008-2010. Among the top identified causes of premature death in the region are cancer, heart disease, chronic lower respiratory disease, stroke, and diabetes (supporting data does indicate, however, a disparity by gender; with suicide moving into the top five causes of premature death among men in the North Country). For more information, please visit http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/.



HM AHEC Begins HWRI Grant from NYS DOH

HM AHEC was recently awarded \$160,000 to implement two projects (care coordination and management skills) for the Health Workforce Retraining Initiative (HWRI) over a two-year period. The projects center on training or retraining health industry workers to obtain new positions, meet the new job requirements of existing positions, or otherwise meet the requirements of the changing health care market seeking health care services.



Kelly Owens, MS, Interim Center Director, HM AHEC, presented at the 2014 National AHEC Conference in July. Her presentation, *Clinical Training Innovations with CT Connect*, focused on an innovative, online clinical rotation software.

