January 2017

Leadership Message | Joan Chaya

This month’s MHVC newsletter has a “workforce” theme. Workforce development and strategy is an integral part of the MHVC implementation plan. Our ability to, together, create the healthcare workforce of the future is a critical driver of our success in the Hudson Valley. While gathering articles for this issue we realized that it illustrates the incredible range, depth, and quality of the MHVC workforce staff. We are very proud of everyone who helps MHVC execute the pivotal workforce development tasks in DSRIP, and want to highlight some of those efforts and the people behind them.

Our Workforce Subcommittee, co-chaired by Kathy Pandekakes of Human Development Services of Westchester and Dan Bengyak of St. Luke’s Cornwall Hospital, led the charge in developing our workforce transition roadmap, including our four key strategies: training and education, recruitment and retention, redeployment and retraining, and organizational development.

The workforce training and education strategy is very hands-on -- we work directly with the network partners to identify our shared needs and develop critical training strategies. Adyna Gamboa leads this effort, managing and leveraging existing learning, maintaining a repository of resources, identifying gaps and helping to build partnerships, and designing blended instructor and Web-based trainings that meet the needs of our growing network.
In support of recruitment and retention, Jasmine Cruz manages the MHVC Hudson Valley Career page that supports internal mobility, workforce diversity, and career development for talent within the Hudson Valley. In addition, Jasmine will be building resources and tools to assist managers with their redeployment strategies.

Maria Gerena, as part of our organizational development strategy, is working with the workforce communications and engagement workgroup to build tools that support change management initiatives. This includes organizational awareness and best practices on staff engagement, communication, and change readiness.

We are now hitting our stride, implementing the strategies that have been planned and designed by our workforce subcommittee and workgroups, and working with the network to support the projects and workforce needs across our network. Together we are truly laying the foundation for a transformation in the Hudson Valley and the workforce that will carry it forward. Thank you for your participation in our surveys, workgroups, and focus groups, and for all that you have taught us in the process.

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DSRIP News | Network and State Activities

**DSRIP Project Approval and Oversight Panel Begins 2017 Session**

*PAOP sessions to be Webcast -- tune in live!*

The DSRIP program requirements outlined by the Centers for Medicare and Medicaid Services (CMS), required the state to convene a Project Approval and Oversight Panel (PAOP). Initially this group served as a review and advisory board on DSRIP applications and implementation planning. The panel also serves as advisors and reviewers of Performing Provider Systems (PPS) status and project performance during the 5-year DSRIP implementation. From January 31st to February 3rd the PAOP will be meeting for its 2017 session in Albany. This meeting will include a day of public comment followed by presentations by each PPS on the status, successes and challenges of DSRIP implementation. Each day will be open to the public and will also be webcast; MHVC will be the third overall presenter on February 1. We urge the network to tune in via this [link](https://us11.admin.mailchimp.com/templates/edit?id=303329) to the live stream.
MHVC Hudson Valley Career Page is “Live”
A jobs clearinghouse for open positions in the MHVC partner network

MHVC has created a jobs clearinghouse for providers to attract talent within the Hudson Valley area. The Hudson Valley Career page can be accessed via quick links through the MHVC partner portal and the soon to be relaunched MHVC website. Network partners are encouraged to use the page to promote open integrated delivery system-related positions. This jobs clearinghouse page provides job seekers with a central location where they can view and apply for positions in the Hudson Valley.

Partners with open positions can have their jobs featured on the Career page by emailing a completed MHVC partner job requisition form (found on the partner portal or by contacting Jasmine Cruz, jascruz@montefiore.org). Job seekers may browse open positions on the MHVC Hudson Valley Career page and will be able to apply directly to the partner’s career site, or the partner’s identified recruiter (electronically and/or via email). The site is refreshed weekly and will remain active throughout the duration of DSRIP. Additionally, job seekers will have access to resources and career development tips through the MHVC website.

If you would like to learn more about the MHVC Hudson Valley Career page, please contact Jasmine Cruz at 914-354-5631 or jascruz@montefiore.org.

MHVC Crisis Stabilization Project: A Statewide Model
Three-PPS collaboration summarized in January 2017 report

The Crisis Stabilization Project (3.a.ii) within DSRIP is meant to provide readily accessible behavioral health crisis services that will allow access to appropriate levels of service and providers, supporting a rapid de-escalation of the patient’s crisis.

It is one of the most complex DSRIP projects in terms of stakeholders, funding streams, and lasting challenges in healthcare. MHVC is part of a dynamic collaboration of three PPSs -- MHVC, Westchester Medical Center (WMC), and Refuah Community Health Collaboration -- that was formed to take on this challenge. The results to date have not only made an impact within the region, but can potentially impact the way crisis services are delivered in other parts of the country.

The three PPSs are approaching this project in a unified, collective way. “Partner engagement, passion and true collaboration between the three PPSs form a strong foundation for our success in developing an integrated crisis system in the Hudson Valley,” says Kristin Woodlock, RN, consultant to MHVC for this project and former Acting Commissioner for NYS OMH. “The PPSs really listened to its partners when designing the project.” Partners of each PPS wanted the three groups to work together to form a holistic approach to crisis services in the region.
Over 40 partners participated in developing the foundation of the project and in producing an exhaustive report on the honest opportunities and challenges of the project. This collaborative effort sets foundations for community-based solutions with better outcomes and reduced burden on our provider partners. The project highlights the power of three PPSs to talk to state government about what needs to change, and to be a template for other regions in the state and other parts of the country.

“The intent is to make the recommendations understandable to others that make up the BH crisis system, such as police, EMT services, and even ‘community gatekeepers’ who can play an important role in the early identification of people in crisis,” says Dr. Damara Gutnick, MHVC Medical Director. Looking beyond DSRIP, the report outlines long-term, collective efforts that can support pilots and hot-spots.

MHVC held a Webinar on January 26th to share the Cross-PPS Crisis Stabilization Paper (recorded webinar can be found here). The team welcomes feedback on adopting these behavioral health crisis protocols at your organizations.

MAX Series Update: Next Steps
"Mini-MAX” Workshop offered for partners in March

MHVC has continued to report the results of the two ED super utilizer focused Action Teams representing MHVC during the first Medicaid Accelerated Exchange (MAX) Series Program -- St. Luke’s Cornwall Hospital and St. Joseph’s Medical Center -- and we want to provide an update and an exciting announcement.

Having recently completed the MAX Series program, both teams are eager to build on their early success, with St Joseph’s seeing an 88% reduction in admissions in their patient cohort and St Luke’s seeing a 33% reduction in ED use in their patient cohort. The two groups and MHVC met on November 30, 2016, to reflect on their journey, share their experiences, plan ongoing quality improvement activities related to their respective super utilizer projects, and link the MAX Series work with that of the DSRIP ED Care Triage project. As part of its Continuous Improvement plan, both teams agreed to continue to support each other and to hold quarterly Performance Workshops together, including other key stakeholders such as community based organizations (CBOs), Health Home Care Managers, and MHVC Quality team members.

Given St. Luke’s and St. Joseph’s demonstrated success utilizing MAX series processes, MHVC is excited to collaborate with the two teams to offer a”Mini-MAX” Workshop to MHVC hospital partners participating in our ED Care Triage project. The workshop will take place on March 2, 2017, from 10 AM - 3 PM, and offer insights into why our MAX teams have been successful, lessons learned for initiative design, and tips for operationalizing the ED care triage project. Further details on this incredible event will be sent to partners soon.

MAX Series Action Teams St. Luke’s and St. Joseph’s, along with MHVC, reflect on the eight-month MAX Series journey, plan ongoing quality improvement activities, and celebrate successful super utilizer interventions.
St. Luke’s brainstorming Phase II of their ED care triage program for super utilizers.

St. Joseph’s discussing ways to scale their super utilizer inpatient program to support those that frequent the ED as well.

**Suffern Training Event on “Patient Engagement: Tips for Primary Care Teams”**
*Motivational Interviewing and Health Homes - “revolutionized” approach to patient engagement*

Continuing its emphasis on education and collaborative learning, MHVC presented a half-day session for primary care teams in Suffern on January 13, 2016. The session, “Patient Engagement: Tips for Primary Care Teams,” was designed to teach participants practical, evidence-based communication skills and introduce helpful resources that can be immediately applied to improve patient engagement.

**Motivational Interviewing: Communication skills to improve patient engagement and bring joy back to work**

The agenda included an Introduction to Motivational Interviewing (MI) facilitated by Damara Gutnick, MD, MHVC Medical Director, who is also a trainer of Motivational Interviewing and a member of MINT (Motivational Interviewing Network of Trainers), and Maura Porricolo, DrNP, CPNP, MPH of the Montefiore Learning Network. Gutnick and Porricolo led interactive exercises that helped attendees gain insight into the impact their communication style could have on patient engagement.

The session introduced the spirit of MI (Compassion, Acceptance, Partnership and Evocation); core MI skills (Open Ended Questions, Affirmations, Reflections and Summaries); and the concept of “change talk,” and how it can be used to identify when a patient is ready for change. “If a patient is not ready to make a change, it is a waste of time to push for a plan. The key is meeting each
patient where they are,” said Gutnick. Participants also learned how adapting a skill called “ask-tell-ask” while sharing information and advice with patients can help save time and increase efficiency during busy practice sessions and also ensure patient understanding, which can improve adherence with treatment plans and medications.

**Health Homes: The value of integrating HH referral processes into workflow**

During the morning’s final program session, “Connecting Patients to Resources,” Katie Clay, Health Home Director, CommunityHealth Care Collaborative (CCC), and Amie Parikh, Executive Director, Hudson Valley Care Coalition, first challenged attendees to think about their “top ten” most difficult patients, and identify what makes them difficult to manage. Common themes emerged, including: lack of social supports, adherence challenges, Behavioral Health co-morbidities, and social determinants of health (SDH) needs. The Health Home Care Manager was then introduced as an effective resource to help coordinate care, facilitate connections to alternative SDH community resources, and support patient engagement.

Clay and Parikh then presented a PowerPoint of the “Nuts and Bolts,” including Health Home (HH) eligibility criteria and the process steps needed to make a health home referral. Porricolo led a lively discussion about the importance of being a “good partner,” including the need for bi-directional communication between the Health Home Care Manager and the PCP to support effective sharing of information between care team members. In an effort to get participants thinking about how they could apply what they learned to their clinical practice, an interactive exercise, designed as a board game, challenged participants to work in teams to think about how HH referral processes (including the identification of HH eligible patients and making the actual referral) could be incorporated into their PCMH practice workflows.

**“I could apply what I learned in the morning to patients in the afternoon.”**

Overall the program received stellar reviews, with 85% of participants sharing that they would apply something they learned during the workshop into their clinical practice in the next week or two, and if the workshop were to be repeated they would encourage colleagues/staff to attend.

Taylor Mrazek, Government Initiatives & Planning Strategist, Middletown Community Health Center, remarked, “I have attended multiple HH trainings in the past, but this was the best. This presentation was different because it was practical: We were given something that we could take back and implement right away with the process and workflow already mapped out for us; it was extremely useful and transparent, and that is what health care organizations need right now.”

Dr. Shelly Carolan of Crystal Run Healthcare summarized the views of many attendees. “As physicians, we were traditionally trained to speak to patients in a paternalistic manner. Unfortunately, this approach has not improved patient outcomes. This dynamic presentation forced me out of my comfort zone and revolutionized my approach as a physician. I now have this tool of ‘motivational interviewing’ to empower my patients and partner with them to improve their own health. The realization that I can refer eligible patients to health homes lifted a weight off my shoulders and will allow me to better care for my patients; I referred my first patient to a health home yesterday.”

This video shows the uses of MI as a tool to help patients improve their health.
Maura Porrico DrNP, CPNP, MPH of the Montefiore Learning Network introduced “ask-tell-ask” as a helpful tool to save time when sharing information and advice with patients. First, ask them what they already know; then tell them information to fill knowledge gaps; and then ask again to ensure that you were clear.

Cabrini of Westchester and White Plains Hospital

WPH and Cabrini Network Leads Nation in Pulmonary Care
Collaboration of two MHVC partners recognized as a best practice

PointClickCare SUMMIT, a national conference for healthcare professionals, named the Pulmonary Rehabilitation program designed by Cabrini of Westchester (Cabrini) and implemented at White Plains Hospital (WPH) as a best practice in transitions of care for pulmonary patients. Karen Hanney, case management/utilization administrator at WPH, and Lorraine Horgan, vice president of external affairs at Cabrini, presented the program and results to about 250 attendees at the December annual meeting in Orlando, FL.

Cabrini developed their step-down program for discharged patients to address the need for chronic lung disease care. Partnering with Cabrini and using the program, WPH and Cabrini developed a system of patient transition that decreased pulmonary-related readmissions at WPH from 24 percent to 16.8 percent in the first year of operation, and has increased quality outcomes and patient satisfaction. The full article in the Daily Voice can be found here.

Montefiore Health System

$50 Million Set-Aside to Montefiore to Expand Affordable Healthcare
Governor Andrew Cuomo recognizes DSRIP and delivery transformation in 2017 “State of the State”

In Gov. Cuomo’s State of the State address on January 9, 2017, he named specific initiatives to strengthen areas outside of New York City and health care, and committed to “invest $50 million in Montefiore Hospital to preserve affordable health care.” The Governor stated that, “Montefiore Health System is a critical safety net health care provider in the Bronx that is also a leader in the Governor’s health care delivery transformation strategy. These investments will enable Montefiore to extend its leading healthcare delivery model to other parts of the Bronx and lower Hudson Valley.”

This funding recognizes Montefiore leadership in system transformation and within MHVC, and its importance to Gov. Cuomo’s DSRIP program. The Governor’s 2017 State of the State book cited the DSRIP program that “is utilizing nearly $8 billion in federal funding over five years to transform the way clinical care is delivered and to address nonclinical, ‘social determinants of health.’”
“Uptake” of Train-the-Trainer (TTT)
Partners shaping plans for using TTT methods

Providing creative training opportunities to prepare and support MHVC partners’ workforce for health care transformation is one of our most rewarding activities. One creative practice that MHVC began implementing last year is the Train-the-Trainer (TTT) method for self-management support skills. This innovation allows providers to become trainers in the content on which they have been trained and spread those learnings in their organization and around the network. It is an efficient way to spread change and a responsible use of DSRIP resources.

Twenty-four participants, representing multiple partner facility types across the Hudson Valley, participated in our first TTT program/Brief Action Planning (BAP). Participants attended a three-day intensive certification program to learn how to deliver BAP concepts and to build patient-centered self-management support skills. These newly-certified trainers are now preparing to facilitate BAP training throughout the Hudson Valley in 2017. (Please click here for BAP training schedule and registration.) Post-training, MHVC’s Workforce Team supports new trainers through scheduled quarterly conference calls. These calls provide a forum to share experiences and address any training delivery and post-training activities challenges.

The next TTT is scheduled for February 28, March 1, and March 2. This series is focused on building additional self-management support skills through Motivational Interviewing (MI). Twelve participants from the BAP Train-the-Trainer program will go through the robust MI Train-the-Trainer program.

Partner Spotlights

**Children’s Medical Group** (CMG) is piloting a variation of the Behavioral Health Integration project (3.a.i.) with a focus on ADHD. CMG is working with the Montefiore CMO and MHVC Medical Director, Damara Gutnick, on tailoring DSRIP metrics and Learning Collaborative work for their pediatric population.

**Comprehensive Primary Care Services** enrolls patients screened with high BMI in a six-week gym program (paid by the practice) at a gym which shares the same building as the practice. After the six weeks, patients can continue attending the gym at a discounted rate.

**St. Luke’s Cornwall Hospital** has developed an education program that features its specialists and practices. Clinicians at St. Luke’s Cornwall Hospital (SLCH), with campuses in Newburgh and Cornwall, are available to speak to your organization about a wide variety of health topics. SLCH is available for
Presentations to civic and community groups, faith-based organizations, senior citizen groups, local businesses, or any other organization in the Hudson Valley interested in learning about how to improve their health and quality of life. For more information, or to schedule a presentation, contact: Brian Gunning, Marketing Manager, bgunning@slchospital.org, (845) 784-3849.

Send us your Spotlights! The MHVC Partner Relations team wants to feature you in upcoming newsletters. Send your spotlights and photos (with captions) to montefiorehvc@montefiore.org.

Inside MHVC

MHVC is fortunate to have a knowledgeable network of partners who actively participate in the governing Steering Committee, Subcommittees and Workgroups that guide the work and strategy of MHVC. These partners represent a diverse set of providers and expertise who also cover the full geography of the Hudson Valley. In the coming months one feature of this space will be to highlight the exciting and innovative work of those governing bodies. Stay tuned!

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