Spring 2017 marks the beginning of DSRIP Year Three, and with it a whole new slate of opportunities for our network to improve care in our community and bend the health care cost curve for New York.

MHVC has continued to grow and evolve over the life of the DSRIP program, utilizing a data and partner driven model that puts patients and providers at the center of improving care in the Hudson Valley. This approach has allowed the network to recently release a new round of partner contracts that continue to be at the leading edge of the DSRIP program. This next round of contracts take into account partner readiness, clinical impact and outcome based performance and will be a main driver for performance improvement in 2017 and beyond.

At the same time, MHVC’s expanding use of available data has allowed us to create partner and site-specific performance reports that will allow providers to target the types of care patients need most while improving the overall performance of the organization. These reports, coupled with the MHVC contracts, will be critical steps for the network as we move to a value based future that recognizes the high quality of care practiced in our region.

This Spring issue of the MHVC newsletter highlights recent innovations in our communities of care along with new and exciting provider partnerships forming throughout the Hudson Valley that will kickstart our success in the new DSRIP year.

We are excited to continue along this journey together and to see the next leaps and advances in Year Three!
MAX to the Max: TTT Workshop Series Shifts Focus to Inpatients

Health Quest "Readmission Warriors" represent MHVC

MHVC partner, Health Quest, represented MHVC at the second of three Medicaid Accelerated Exchange (MAX) series Train-the-Trainer (TTT) workshops held in Albany on March 16, 2017. The overall eight-month program, facilitated by KPMG on behalf of NYS, is focused on rapid-cycle continuous improvement with the objective of decreasing high-utilizer 30-day readmissions and/or hospital inpatient admissions. The recent workshop was on detailed process redesign; the topic of the first session was "Quick Wins," and the third, in May, will focus on driving results.

At a half-day workshop on February 21 with KPMG, Health Quest worked on strategies to identify high utilizers and process mapping. They made progress towards the goals of the workshops series, including creating a definition for high utilizers, planning out information technology for data infrastructure to support identification of high utilizers, and establishing bi-directional communications with significant community partners. By the end of the workshop, Health Quest was prepared to join its MAX TTT team members for the second session.

MHVC Health Quest Action Team -- the "Readmission Warriors" -- and Train-the-Trainer facilitators.

Michael Doyle, MD, Health Quest psychiatrist and Vice President of Medical Affairs at Vassar Brothers Medical Center, leads the MHVC Action Team, which named themselves the "Readmission Warriors." According to Dr. Doyle, "The structure provided by the MAX program for rapid cycle improvement is widely applicable to multiple areas of our organization. After two workshops, we see how it would be applied to problems such as patient satisfaction, sepsis, and discharge planning in addition to our current focus of inpatient admissions." Dr. Doyle sees the process as "an opportunity for key leaders to be exposed to a process that will help to improve quality in all aspects of our care delivery."

Provider Resources and Tools | New and helpful tips

Navigating through Uncertainty: Immigration and Use of Social Services

"Tremendous fear" reducing participation in the Hudson Valley

Many MHVC partners providing health care to migrant and immigrant communities are facing additional challenges to care as this patient population increasingly withdraws from services due to fears of deportation. "It is heartbreakingly clear that families are disenrolling from WIC, Medicaid, and other social service programs." said Dr. Damara Gutnick, MHVC Medical Director.

The effects are especially acute for children who are U.S. citizens yet fear that their parents or grandparents (who are often caregivers) may be deported. Shelley D. Carolan, DO, a pediatrician at Crystal Run Healthcare in Haverstraw, said, "I am writing letters to lawyers stating that these children, who are citizens, cannot be without their parents. They are living with increased anxiety and worry." Crystal Run has a large immigrant population at their Haverstraw site (85-90% Latino) and neighboring Spring Valley has a large Haitian community.

Dr. Carolan and others are helping patients and families gain access to legal services. "We are providing information from social workers and the Legal Aid Society so they know their rights, and where they can go to get help. We are happy to provide this information to other MHVC partners who want to disseminate it." Information is provided in Spanish and English; the materials include a step-by-step guide for family preparedness and a child care plan.

These community members are vulnerable and often need services the most, Dr. Carolan said. "They are fearful of paperwork and legal issues. These patients have to worry about putting food on the table and now there is another thing to be concerned about."

Martha Robles, Executive Director of Catholic Charities Community Services in Haverstraw, concurred. "We have seen a lot of people withdrawing food stamp applications, closing their cases with the department of social services, and not showing up for clinic appointments. There is tremendous fear."

"We have the 'Know Your Rights' campaign with materials provided by Catholic Charities Archdiocese of New York," Robles said. "These multilingual materials are provided to the legal, law enforcement, and immigrant communities, so they can work together." Working with and gaining the trust of the community seems to be working. "We are lucky here, since the police and sheriff's departments are working with us and Catholic Charities first, before involving ICE [Immigration and Customs Enforcement]." Police departments in Suffern, Spring Valley, and Haverstraw have been helpful. There has even been participation by local Assembly representatives.

"We are doing a significant amount of outreach," Robles said. "We are trying to make it known that churches are safe places. We have forums for ministers, share basic information with the parishes, and have outreach programs. We have expanded our hours, and are part of a very active immigration coalition with Legal Services of the Hudson Valley and other partners." Emphasizing the scale of the problem, Robles said her team has helped over 500 people in the last few weeks. "This is a very real problem impacting the health and wellbeing of vulnerable populations in our Hudson Valley communities."

MHVC Offers Training with Smokers’ Quitline Staff


3/12
The New York State Smokers’ Quitline (NYSSQL) is a valuable resource for providers and their patients. MHVC has created a 30-minute training featuring the Quitline staff that explains how to link your site or entire organization to the Quitline, how to ask a patient if they’re ready to quit using Motivational Interviewing-type questions, how to refer patients and what services they will receive, and also discusses the reports on the outcomes and quit status that are provided.

**MHVC Spotlight | DR. MARC HABERT**
Medical Director, Children’s Medical Group

**Implementing a program for children with asthma at high risk for ED visits**

About five years ago, Dr. Marc Habert designed a program to identify high-risk asthma patients and develop a process to improve medication management and reduce unnecessary ED visits. The program remained an idea until DSRIP’s asthma project provided the structure, metrics, and collaborative partnerships needed to help implement Dr. Habert’s ideas.

"I started thinking about creative preventative things to do that are relatively simple, but can make a big difference," Dr. Habert said. He suggested criteria for identifying high-risk patients and behavior, including prior hospitalizations, ED visits, multiple office visits, and flagging steroid use.

"We are trying to educate doctors, parents, and patients. Although asthma is a chronic disease, exacerbations are episodic. For this reason, it is hard to get patients to come in when they feel fine. The challenge is to identify those patients with more severe asthma and have them be seen prior to having an attack so asthma management can be discussed."

At first they tried a universal "asthma action plan" to get every asthma patient to come in, but the no-show rates were huge. "Then we decided to focus on those asthma patients who are high-risk: Those who end up repeatedly in the ED, on oral steroids, or go to urgent care frequently." Dr. Habert’s team will identify high-risk patients through discharge summaries and medical records.

The parents of these patients are very motivated to keep their children out of the ED. "It’s important that we be proactive with this population," Dr. Habert said. "We will call them to say, 'It’s August and we noticed September is when you usually have problems -- why don’t you come in now so we can do an assessment.' Recognizing that asthma is seasonal in nature, part of the education is noticing the triggers, identifying them, and teaching patients to stay away from them, especially during their bad season(s).

"Hospitalization is the greatest motivator to keep patients out of the hospital," Dr. Habert said. "The hard part is to get them to think about being sick when they are feeling fine. We are telling them, ‘This is your bad season. What are we going to do to make this bad season better than the last, so you can go to school and not go to the hospital?’

Gradually the idea gained credibility with patients, parents, and doctors. "Education is critical to our success," said Dr. Habert. The Hudson Valley Asthma Coalition (which MHVC has partnered with in the past) is a committed
partner for education, and the Children’s Medical Group will use the program in its nine locations in Dutchess and Ulster counties.

The program will be launched in May. “We are identifying the patient cohort now, and the program will be up and running before the Fall, when the season starts. We are gathering educational tools from many sources, including videos and apps from The Children’s Hospital at Montefiore. Different tools reach different people.” Dr. Habert was a guest speaker for the Asthma Intervention Workshop presented by MHVC on April 24, 2017, at Montefiore’s Tarrytown office. For further information, please contact Emily Thorsen, Project Specialist, at ethorsen@montefiore.org.

“Fall is beautiful, but it is the worst season for asthmatics.”
-- Dr. Marc Habert

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MHVC Out Front | Leading initiatives and collaborations in the region

**Bringing MAX Back Home to MHVC**

*MAX partners share learning at ED care triage workshop*

Key to MHVC’s approach to creating an integrated network is the principle of applying learning from one program to another and sharing learning between partners. On March 2nd, MHVC’s two Emergency Department (ED) super-utilizer focused Action Teams for the MAX Series Program — St. Luke’s Cornwall Hospital and St. Joseph’s Medical Center — showed MHVC hospital partners how to apply the MAX techniques to their ED care triage project.

The workshop was facilitated by MHVC staff and two MAX Train-the-Trainer (TTT) participants, Donovan Lightbourne and Alana Murphy of Montefiore’s Learning Network. The team also included colleagues from Montefiore’s Care Management Organization, which has done similar work and will be supporting partners with enhanced training going forward. The MAX teams offered insights into why they have been successful, lessons learned for initiative design, and tips for operationalizing the ED care triage project. Conversations focused on innovations that help identify high-utilizer patients, develop a technology system to alert front-line staff when high-utilizers present in the ED, assess patients’ medical and social needs, and connect patients with community providers and community-based organizations for support outside of the hospital setting.

The workshop was modeled after MAX. Attendees created action plans for three key components of implementation: 1) finalize the high-utilizer criteria, 2) determine who should be on the project team to build an impactful triage
system, and 3) identify available data and IT resources available. MHVC will use the three action plans to support partner implementation over the coming months. About 30 attendees participated in the workshop, which will be followed up by a series of support initiatives, including coaching calls, site visits, and a TTT program for ED navigator roles. Most recently, Lightbourne joined NYS official Peggy Chan to present on the success of the program.

(L to R) Teams from St. Luke’s Cornwall, St. John’s Riverside, and White Plains Hospitals work on their action plans.

Rapid Cycle Improvement for Mental Health “Firsts” in Rockland County

"Mental Health First Aid,” BH first responders, Nyack Hospital coordinate care

The words “rapid cycle improvement” have new meaning to those who participated in a groundbreaking project that has transformed crisis care in Rockland County.

Nyack Hospital is a suburban hospital with an emergency department (ED) inundated with behavioral health (BH) visits that are difficult to manage. In order to find a way to understand the system, Nyack Hospital, the Rockland County Department of Mental Health (DOMH), Rockland Paramedics, the Mental Health Association (MHA) of Rockland County, Refuah, and MHVC committed to a rapid cycle improvement (RCI) process. After six weeks of working with MHVC and Refuah in an RCI program in the Fall of 2016, the group is now embracing the process and developing creative solutions.

"In order to change a complicated system we need to understand what’s working and not,” said Kristin Woodlock, consultant to MHVC for this project and former Acting Commissioner for NYSOMH. “Everyone should be able to identify a problem and then find creative solutions. The RCI program establishes an ‘esprit de corps,’ and a group sense of purpose to get to a common goal.”

The first step was to determine what kind of data to identify, and then to conduct a series of interviews with key organizations, such as the Behavioral Health Response Team (BHRT) run by Rockland Paramedics, the Rockland Psychiatric Center, and MHA of Rockland County. The first challenge the group addressed was the very high number of referrals to the Nyack ED from adult care homes, and children. While the numbers weren’t significant for children, they were a quality-of-care concern since their care took a lot of time in the ED. The next challenge was addressing data, and agreeing as a group on how to collect and use data to truly improve care.
In looking at adult home referrals to the ED, the group found that adult homes needed additional supports to deal with BH issues, and to give staff a better understanding of BH and the service system. MHVC provided "Mental Health First Aid" training by MHA of Rockland County, analogous to CPR for BH. "This is basic training for everyone, not just mental health professionals, to make staff more comfortable working with people in-house. It is an incredibly important effort nationwide to reduce stigma and increase awareness," said Stephanie Madison, LMSW, President & CEO, MHA of Rockland County. "This collaboration is a unifying effort, pulling together residential programs across Rockland County," she continued. "We are creating a culture of healing in our community with a common language, common knowledge, and common skills, and reducing the stigma around dealing with those with mental health issues." MHA also provides Mental Health First Aid for Youth, for adults who work with youth.

The County DOMH developed a crisis care plan template for adults in homes, which included procedures for working with the BHRT. Recognizing the need, Refuah contributed funds to support a second BHRT team, increasing capacity. Since the teams have down times (non-call), they initiated short 15-minute visits to the adult homes to for both "culture shift and building relationships with staff," according to Tracie Florida, BHRT's administrative coordinator and clinician. "We want to get to know our clients, so the first call is to us at BHRT versus the ED," she said. If someone enters crisis, the BHRT can intervene. Rockland Paramedics is the one of the first paramedic units in the country to integrate a mobile mental health response team; a 25-person team providing 24-hour service also sets it apart. "We are getting calls from different people in the community, some new, some frequent utilizers, and a broad base of referral sources -- including family, employers, schools, clergy -- so we know we are accessible to everyone," Florida said. "This is also a preventative service: You don't have to wait until there's a crisis or to have a diagnosis to access our services, someone could just be having a bad day." The project began in the Fall of 2016; by December, there was a 70% reduction in calls to 911 from adult homes to Nyack Hospital, compared to the number of calls from June-December 2015.

Children in the ED are special cases and different innovations were needed. Some need a partial hospital program for two weeks to get back on track, but the only such program is at Westchester Community Medical Center, not nearby. Instead of starting a local program in Nyack, Refuah is paying for a ride-share service between Westchester and Nyack through community organization Konbit Neg Lakay, Inc., for kids who need the program. The group also developed an easier process for children who need an inpatient hospital by facilitating coordination between Nyack Hospital and Rockland Psychiatric Children's Center.

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**CMHA No Longer Required for HARP Members**

The state is now rethinking the way community support is accessed, and has announced they will simplify the HARP eligibility process: as of March 7, 2017,
a Community Mental Health Assessment (CMHA) will no longer be required for HARP Medicaid Managed Care Plan Members. MHVC will keep partners advised when revised guidance is issued. As a result of this change, the New York State Eligibility Assessment is all that is required effective immediately.

This new change ensures that the eligibility assessment process is shortened but still meets care standards, so professionals can more immediately gauge services and assist patients. The current workflow is cumbersome and not a client-friendly tool, often taking a full work day to complete assessments. The previous workflow required the NYS Eligibility Assessment followed by the Community Mental Health Assessment completed within 90 days, which was a barrier to access for those who cannot wait the weeks or months for care in a critical situation.

Around MHVC | Partner activities

Health Care and Poverty Summit
MHVC was a proud sponsor of Health Follows Wealth? Disrupting the poverty cycle and increasing health outcomes, presented by Cornerstone Family Healthcare, Crystal Run Healthcare, RECAP, and St. Luke’s Cornwall Hospital at Anthony’s Pier 9 in New Windsor, NY, on Friday, April 7, 2017. “Over 130 participants discussed how income and wealth are part of a complex web of social and economic conditions that affect health over a lifetime,” according to the article written by the Hudson Valley News Network and available here.

JUNE is Alzheimer’s and Brain Awareness Month
If you have special events or activities for that month, let us know so we can feature them in the newsletter and post them right away on our MHVC website. Contact us at MontefioreHVC@montefiore.org.

Go to MHVC Website

Working It | Training and workforce development

Building MHVC’s “Trainer Community of Practice”
Eleven participants complete six-month program
MHVC congratulates the eleven participants in our Brief Action Planning (BAP)/Motivational Interviewing (MI) training conducted by the Centre for Collaboration, Motivation and Innovation (CCMI). The participants completed the Foundations of MI Train-the-Trainer (TTT) Course to become part of the MHVC Trainer Community of Practice (COP) and to help spread MI skills. The
new practitioners will also have access to ongoing learning through CCMI and its website.

Participants cited the immediate applicability of their new skills and the opportunities to develop training for their organizations. Jesse Sarubbi, VP of DSRIP Coordination & Practice Transformation at Cornerstone, said, "The skills I learned will assist me in working directly with patients as well as with staff. What's more, the trainings I can now offer will help enhance the quality of patient interactions, inspire behavior change, and positively impact health outcomes, all in the compassionate spirit of MI." The quality of the training was noted by Cathy Guzman, Behavioral Health Clinical Director at Access, who said, "This was a deep and rich experience facilitated by passionate trainers. I am excited for the opportunity to expand my skills while training others.”

Participants began the BAP/MI program in September 2016 and completed their training in March 2017. The curriculum included BAP (7 hours), BAP Train-the-Trainer (18 hours), Foundations of MI (14 hours), and Foundations of MI TTT (21 hours) for a total of 60 hours. Participants will facilitate BAP and Foundations of MI classes throughout the Hudson Valley region. Bookmark the MHVC Training Calendar here to find out when classes are offered.

**BH Crisis Solutions in Action**

*Creating new pathways to improve care*

On March 15th, MHVC partners delivered two webinars that are part of the training action plan of the DSRIP Project 3.a.ii Cross-PPS Behavioral Health Crisis Stabilization Project (link here). The two consensus-based, best-practice behavioral health (BH) protocols developed by Hudson Valley partners were the subjects of separate webinars, one on the "Crisis Care Transitions" protocol, and the second on the "Community Crisis and Urgent Care" protocol. Each webinar focused on a consumer example to demonstrate how the protocol can be integrated into our current crisis-care delivery system, and to highlight accountability. The links to both webinar proceedings will be available soon.

The trainings, which will be available on the portal throughout the year, provide a structured workflow of options, roles, and responsibilities (based on individual need) to access community-based crisis and urgent care supports. The importance of -- and connections to -- local resources is paramount. The trainings support clearly-defined roles and responsibilities for existing community resources, and identify and address critical gaps in local service systems that may result from reimbursement and/or regulatory barriers.

The two protocols consolidate best-practices and partner consensus to improve outcomes for people who experience BH crisis by offering multiple points of access in community settings to needed evidence-based care and support. The goals are to ensure that everyone who has an urgent or crisis need is given assistance, and to reduce avoidable emergency department (ED) presentations and inpatient episodes.

According to Kristin Woodlock, consultant to MHVC for this project and former Acting Commissioner for NYSOMH, "The quality of these protocols is outstanding. They give us a pathway to both improve care and advance strong systems. We look forward to working with communities to look at the protocols, and to understand the gaps, performance levels, and where change needs to be made at all levels.”
The three sponsoring PPSs, MHVC, WMC, and Refuah, are seeking adaptation of the protocols by partners for both urban and rural practices. They are also looking for partners to establish stretch goals for individual providers and local systems to implement the Crisis protocols. These cross-PPS protocols can be used with funders, local governments, and boards to assist with obtaining funding for sustainability. For more information, contact MHVC consultant, Kristin M. Woodlock, (917) 244-4221.

Partner Highlights

Middletown Community Health Center (MCHC), Inc.

MCHC conducted a Colon Cancer Awareness Campaign throughout the month of March, with activities at all of its ten sites and colon cancer screenings at seven sites. MCHC identified colon cancer as a priority when it realized that its percentage of screenings was low. “We needed a campaign that would reach the community we serve,” said Taylor Mrazek, MCHC Government Initiatives & Planning Strategist.

MCHC teamed up with all levels of care providers and the community, including Touro College, Rite-Aid, and the Galleria at Crystal Run. They had weekly meetings on performance analytics and data to focus activities on what MCHC could do internally to increase screenings, including workflows, follow-up, and training; and outreach education for patients and staff.

Colon cancer awareness will continue to be a priority for MCHC in 2017 and 2018. MCHC Chief Medical Officer, Dr. Joseph Lanza, signed the American Cancer Society “80% by 2018” pledge to have 80% of their patients over the age of 50 screened for colon cancer. The MCHC campaign will focus on screenings that can be done either at MCHC or at home and mailed in. “This is a well-rounded campaign and we have to do all the parts,” said Mrazek. “We are hoping to do the same campaign for Breast Cancer. I’m sure we are going to have many lessons to share and I hope to learn from our partners too.”

(L) Joseph Lanza, MD, MCHCs Chief Medical Officer, with Anna Trocino, Senior Manager, Community Engagement and Amy Wen, Senior Manager, Health Systems, from the American Cancer Society. (R) MCHC staff at all sites wore blue in support of colon cancer awareness day on March 3.

Queen City Arts Gallery Now Open at Montefiore New Rochelle

Montefiore New Rochelle (MNR), one of MHVC’s Medical Village projects, provides a healing setting for New Rochelle’s well-established arts community with the creation of an innovative exhibition space within the hospital itself. The Queen City Art Gallery will feature rotating exhibits of original art work, providing artists with new space to show their work while enriching the lives of patients, caregivers, associates, students, and faculty who use the hospital daily. The inaugural exhibit, Creative Visions, featured artwork by five local New Rochelle artists, Patrick Bancel, Alvin Clayton and Jesse Sanchez, with collaborative works by poet Claudine Nash and Carlos Montagudo.

The gallery was developed in collaboration with the New Rochelle Council on the Arts. It features a range of artwork in a variety of mediums that will also reflect New Rochelle’s diverse cultural backgrounds, according to Jodi Moise, curator of Montefiore’s Fine Art Program and Collection. “This is an opportunity to reach out to the local arts community and showcase work in a hospital setting. It’s not just ‘arts and health care,’” she continued, “It’s an opportunity to reflect the diverse population in New Rochelles, and make our patients feel comfortable here.”

In addition, the gallery will be going beyond the visual. “We will be including programs in music, writing, poetry, and other art forms. After all, this is the community that gave us E. L. Doctorow, Norman Rockwell, and Ossie Davis and Ruby Dee,” Moise said.

The Queen City Art Gallery is located in the Administration Corridor on the first floor of MNR; hours are Monday through Friday from 9 AM to 5 PM. For additional information or questions about The Montefiore Fine Art Program, please visit: www.montefiore.org/artprogram or art@montefiore.org.

(L to R) David Patterson, New Rochelle Council on the Arts; Daniel Pomerantz, MD, Montefiore New Rochelle; Rosemary Martino, Director, Business Development, Montefiore New Rochelle; Alvin Clayton, artist.

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