May 2017

Leadership Message | Damara Gutnick, MD

The DSRIP program has critical goals for our integrated healthcare delivery system, from ensuring that the right "actionable" information is available at the point of care, to shaping the delivery system workforce of the future, to designing a payment system that sets up providers for long term financial sustainability. But as we all know at the center of DSRIP, and all the work we do together, are the patients and clients we care for.

As the Medical Director of the Montefiore Hudson Valley Collaborative (MHVC), many of you have heard me speak passionately about patient centered care and the importance of integrating the patient voice into our work. This month’s newsletter is full of wonderful examples of how our network is changing the way healthcare is delivered in the Hudson Valley. This issue also highlights a very important day coming up on June 6th: What Matters to You Day. This is our opportunity as a network to shift care from “what’s the matter” to “what matters to you?” By asking patients about what is important to them and listening attentively to what they say, we can learn from our patients and design care plans that incorporate patient’s goals and priorities which, in turn, are more likely to be followed.

The goal of truly patient centered care is to meet patients where they are and to understand the most important person on a care team is the patient. “What Matters” puts the needs of the patient, whatever they may be, at the center of care. That means not just treating an illness or disease, but learning about how that illness may impact the patient’s life, and shaping care around those needs. It means understanding that lack of stable housing or a patient’s preference for cultural food choices may be impediments to reaching health goals.
Evidence supports that designing care plans around patient’s goals, not just the clinician’s goals, improves outcomes. Understanding "What Matters" can enhance our ability to develop genuine partnerships with individual patients and lead to improved staff satisfaction. There are great resources in this month’s newsletter about how you, your organization or our network can get involved in the “What Matters” campaign. On June 6th, if each of us commits to asking “What matters to you?” of just one patient, and to using that patient’s response to guide care planning, think about what we would learn and the potential impact we could have on the health and wellness of our Hudson Valley Communities of Care.

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**DSRIP News | Network and State Activities**

**MHVC Completes DSRIP Mid Point Assessment**

MHVC is pleased to announce our successful completion of the NYS DOH DSRIP Mid Point Assessment. MHVC is very proud of all the accomplishments within our network in DY1 and 2 and we’re eager to continue on that great progress using the planning that came out of the Mid Point Assessment effort.

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**MHVC Out Front | Leading initiatives and collaborations in the region**

**MHVC Announces CBO Funding Opportunities**

**Supporting Communities of Care**

**MHVC CBO Integration Strategy to strengthen the region**

A core principle of MHVC’s integrated delivery system is deepening our understanding of the role that CBOs play in the region. Throughout DY1 and DY2 MHVC has engaged CBOs as part of our program planning and workforce training efforts, including our emphasis on PDSA training to promote outcomes (see related article in Provider Resources section, below) and VBP training to promote organizational sustainability. As we enter DY2 MHVC is pleased to announce funding to support CBOs and the role that they play in patient education, navigation, and engagement. MHVC has actively engaged CBOs in the DSRIP process and is now pleased to announce newly available funding for CBOs and their partners.

On June 5th MHVC will be hosting an Innovation Funding Webinar (link to flyer [here](#)), to discuss the funding opportunity and the process to apply. MHVC hopes to support referrals between partners, linkages among providers and organizations, and connections between clinical partners and CBOs that improve population health and shape efforts to address health disparities.

MHVC will empower CBOs by providing resources to partnering CBOs to assess their infrastructure needs, linkages to clinical partners, and preparedness to connect with an integrated network. Education for CBOs about physician networks and goals in order to improve community health and sustainability through an integrated network will also be available.

After establishing partnerships with CBOs, MHVC will support sustainability by providing technical assistance, developing a CBO toolkit, and performing community-based research to identify future opportunities for CBOs, among other efforts.

The MHVC CBO Integration Strategy and Innovation Fund provide an immediate opportunity for CBOs to enhance collaboration across our network and support stronger, healthier communities in the Hudson Valley. Letters of Interest will be due in July, and successful applicants will be asked to submit proposals in mid-August. For more information, please participate in the webinar on June 5.

BH Learning Collaborative #2, June 8

The second MHVC Behavioral Health Learning Collaborative will take place on Thursday, June 8, 2017 from 8:30 AM – 5 PM at the DoubleTree Hilton, Tarrytown, with sessions for clinicians, case managers, administrators and others who work on behavioral health integration in either a behavioral health or primary care setting. Highlights of this Collaborative include a deep dive into the data collected from MHVC partners, as well as a discussion on financial sustainability, by Virna Little, PsyD, LCSW-r, SAP, MBA, CCM, Senior Vice President, Psychosocial Services and Community Affairs, at the Institute for Family Health. Dr. Little is a nationally-known speaker on integrating primary care and behavioral health services, collaborative care, and the development of viable behavioral health services in community health settings. She is also an advocate for integrated delivery systems and behavioral health workforce and development.

A panel discussion featuring successes and lessons learned from MHVC partners will conclude the morning. The afternoon will feature breakout sessions on Whole Person Health, Evidence-Based and Measurement-Informed Care, Care Management Strategies, Registry Use/Tracking Outcomes, and Administrators Group Discussion. If you haven’t registered, do so today at Behavioral Health Collaborative registration link.
featuring important national best practices initiatives that our network can incorporate into the integrated delivery systems and drive outcomes and improve patient care.

MHVC Announces “What Matters” Campaign
Initiative supports worldwide “What Matters Day,” June 6

MHVC is proud to announce its participation in the worldwide “What Matters to You” initiative, which was introduced by the Institute for Healthcare Improvement (IHI) in 2012. MHVC Medical Director Dr. Damara Gutnick said, “What Matters to You” exemplifies MHVC’s patient-centered focus and frames our efforts to build meaningful relationships with our patients on both clinical and personal levels. It is a simple phrase with a profound impact.”

IHI’s vision for “What Matters to You?” asks: “What if every clinician, staff member, and community health worker routinely asked, ‘What matters to you?’ — and listened attentively at every encounter with individuals and their family members? What would we learn? How would understanding ‘What Matters’ enhance our ability to develop genuine partnerships with individual patients?”

The first “What Matters to You Day” was started in Norway in 2014, and has been held annually around the world since then. This year, on or around June 6, MHVC is encouraging partners to have a “What matters to you?” conversation with patients. “The goal is to encourage partners to keep having these conversations beyond ‘What Matters to You Day’,” said Dr. Gutnick. “Asking what matters to our patients gets to the heart of the matter more quickly every day.”

Watch for the official launch of MHVC’s “What Matters” campaign, a webinar by Dr. Gutnick, and other tools from MHVC. If you have examples of how asking “What Matters to You?” has made a difference in a patient’s life or your practice, let us know at montefiorehvc@montefiore.org.

Provider Resources and Tools | New and helpful tips

Plan-Do-Study-Act: Fall Launch for MHVC’s PDSA Toolkit
Middletown CHC shows what PDSAs can do

Over the past year, MHVC and its Plan-Do-Study-Act (PDSA) team have been meeting with and training partners on this practical problem-solving technique. Just as the PDSA cycle provides partners with a process for learning and improvement, the team has continued to learn as well while deploying PDSA training in DY1 and DY2 to MHVC partners and CBOs. “We heard that some partners didn’t know where to start,” said Lilianna Garcia, MPH, Study Coordinator, of the Department of Epidemiology and Population Health, Albert Einstein College of Medicine, “So we decided to develop a toolkit as a guide.”

The toolkit, developed by Professor Bruce Rapkin, Ph.D., Garcia, and MHVC staff, will provide templates around key innovations. The toolkit will also include
links to resources including protocols, articles and media around strategies, and training. "The templates will not be scripted and can be adapted," said Garcia. "The point is to provide tools to understand current strategies and to set up processes. If they work, then they can be implemented."

The templates are geared towards both clinical and community based sites and will help partners identify and test strategies to achieve specific aims. According to Beth Post, RN, Quality & Risk Management, for Middletown Community Health Center, Inc. (MCHC), "there is no better way to break barriers and reach your goals than by using PDSA."

MCHC has been using the PDSA technique for eight years. "It is the most measurable way to get your statement through," said Post. "You are stating the amount of change you need to see, and asking 'Is this really going to work?' When you have buy-in from your quality team and front-end staff, that's when you'll see success."

MCHC has used PDSA for a range of projects, including internal quality, Patient-Centered Medical Home (PCMH), meaningful use, peer review, and Uniform Data System (UDS) reporting. "The key to all of the PDSA projects has been having a good collaboration with stakeholders," according to Post. Stakeholders include patients, providers, support staff, the FQHC, local partners, and the Department of Health. "PDSA helps us frame the project for the stakeholders," Post said, "But buy-in from a broad stakeholder group is essential for success."

Partners should look for the announcement of the toolkit and technical assistance by September 2017. "We will be providing bi-monthly technical assistance to expand access to these services so more partners in the network can participate," said Garcia. In addition, Garcia and Rapkin will hold virtual office hours. "Our goal is to help sites institutionally with quality improvement processes throughout the MHVC network."

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**Around MHVC | Partner activities**

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**HDSW Ribbon-Cutting Launches the "Living Room"**

*Crisis respite space is the first in Westchester; an alternative to ED*

On May 3, 2017, Human Development Services of Westchester (HDSW) launched "The Living Room," a comfortable, non-hospital environment that offers guests in crisis a safe and calming home-like setting in which to talk through their immediate situation and receive best-practice services and supports by a well-trained certified staff. According to Kathy Pandekakes, HDSW Chief Operating Officer, "With the Living Room available we will offer an innovative alternative to traditional services that will impact both the overall wellness of an individual while also addressing the DSRIP goal of reducing avoidable hospitalizations and ED visits."

The Living Room Program is a short-term crisis intervention respite setting that is open seven days a week, 8:30 AM-8:30 PM, and is better-suited than
institutional care to support recovery, reduce symptoms, and de-escalate the immediate crisis. Kelly Darrow, LCSW, HDSW Director of Recovery Services, adds, "A consistent theme I have heard from program participants over the years is that there are times when all they want is a peaceful place to rest, and a place where someone understands them and will listen to them. The Living Room is a place to promote personal wellness, to reduce symptoms, and to manage an immediate crisis."

The Living Room is staffed by Certified Peer Care Managers, a Licensed Certified Social Worker, and an on-call Registered Nurse. According to one guest, who uses emergency departments regularly, "Having the Living Room available will give me an opportunity to choose something other than the emergency room." Staff also make a follow up contact after the guest arrives home and in the following days. If the guest needs longer or more intensive support, they are offered HDSW’s 24-hour crisis/respite services in the area.

The Living Room is dedicated to the memory of Mark Rubinstein, a former HDSW care manager whose family and friends funded the renovation and furnishing -- making the Living Room even more special to HDSW.

"HDSW is proud to be the first in Westchester County to establish a Living Room Program," said Pandekakes. "There are at present no viable alternatives to the Living Room in Westchester, or similar services available in the region."

(L to R) Kelly Darrow, LCSW, HDSW Director of Recovery Services; Michael Orth, Deputy Commissioner, Westchester County Department of Community Mental Health; Jeff Zitofsky, HDSW Peer Education Coordinator; Andrea Kocsis, LCSW, HDSW Chief Executive Officer; and Kathy Pandekakes, HDSW Chief Operating Officer.

**Community Medical and Dental Care, Inc.**

On May 14, Community Medical and Dental Care (CMADC) opened its expanded behavioral unit in Monsey, NY, with a full floor of 13 offices. CMADC has 25 therapists and two psychiatrists and is continuing to hire more; with the expansion and their behavioral health/primary care integrated approach they predict improved services with greater reach.

According to Yisroel Isaacs, LMSW, who is both a therapist and Administrative Director of the Behavioral Health Department, the larger unit was needed in order to meet the huge need. "We have a growing waiting list, and services are needed in many languages, including Spanish, Hebrew, and Yiddish."

The expansion will facilitate more privacy as well as increased services. Isaacs specifically cited the seven private meeting rooms now offered, which are separated from the public area. "We will also be working with schools to expand our services there, and provide an array of support groups and parenting
classes in our spacious conference area." For more information please contact Yisroel Isaacs, LMSW, Administrative Director, PROJECT OHR, Department of Behavioral Health, 845-352-6800 ext 6807.

**JULY is UV Safety Month**

Get your shades, hats, and sunscreen ready! If you have special events or activities around **UV Safety and Awareness** for July, 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

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**Working It | Training and workforce development**

**Answering the Question: “What does DSRIP mean to me?”**

**MHVC Workforce Communication and Engagement Toolkit launched in April**

You are doing the work and seeing results, but do your front-desk staff and technicians know that DSRIP is more than an acronym? Does everyone in your organization understand DSRIP’s long-term goals and why you are doing these projects?

Based on the latest results of needs-assessment meetings with partners conducted by the MHVC Workforce Communications and Engagement Workgroup in the Fall of 2016, the answer is “maybe not”. As part of implementing the MHVC Workforce Communication and Engagement Strategy, the Workgroup began meeting monthly in June 2016. Composed of nine partners, including hospitals, Community-Based Organizations (CBOs), the New York State Nurses Association (NYSNA), and MHVC staff, the workgroup addressed a key question: “How do we determine partner needs for DSRIP communication and employee engagement?”

Partners were invited to share their workforce communications and engagement needs at two needs-assessment meetings. The key ideas that emerged were:

1. Cascading communications down to patient-facing staff. Staff is not sure what DSRIP entails and why it is being done, and the basic need is to explain the “why.”
2. Providing templates so partners can customize the messaging.
3. Sharing best practices in communication and employee engagement across MHVC.
4. Translating the complex into easy-to-understand messaging. “Keep it simple” and provide easy-to-understand language for non-clinical
employees as well as direct caregivers.

5. Developing "how-to" tools. Not all organizations have a communications department or designated person and may need more guidance on creating a communication plan.

The meeting results drove the content of the MHVC Workforce Communication and Engagement Toolkit, which was launched in April and can be accessed through the partner portal. The Toolkit contains templates and tools designed to help managers communicate DSRIP-related information to clinical and non-clinical staff within their organizations.

According to Maria Gerena, MHVC Workforce Development Manager, the Toolkit also includes insights into how other partners have succeeded. "While many partners incorporate DSRIP training into orientation programs for new employees, we want to be sure there is a communication process for those who are already in an organization. We have examples from other partners to help."

There are downloadable description templates for each of the projects that may be customized depending on organizational needs. "We wanted to make it easier for managers to facilitate discussions with their staff about changes happening in their organization as a result of DSRIP. We asked ourselves, 'How do we provide the framework for two-way communication and transparency? How do we explain DSRIP to someone whose job is changing?' How do we demonstrate that DSRIP is new way of thinking and not just a temporary process change," she continued.

The Toolkit will evolve based on feedback from partners. "We will meet with partners to gather continued feedback and ideas for additional content," said Gerena. Part of the outreach will be for best practices in communication and engagement, which will be made available in the toolkit and featured regularly in communications with partners.

The Toolkit launch webinar is available here and provides step-by-step instructions on how to use the Toolkit; a PowerPoint is also available here. For more information please contact Maria Gerena by email at mageren@montefiore.org or by phone at 914-354-5621.

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**Partner Highlights**

**High IMPACT, High Success for HRHCare Walden**

Partner collaboration creates "The Dream Team"

When HRHCare's Wallkill Valley Health Center at Walden embraced the Behavioral Health Integration (BHI) Model 3 -- IMPACT (Improving Mood - Promoting Access to Collaborative Treatment) -- for DSRIP project 3.a.i in August 2016, it already had a long history of incorporating BH specialists into primary care coordination teams using collaborative care standards.

The IMPACT model embodies collaborative care, where a patient's primary care physician works with a care manager to develop and implement a depression treatment plan. The care manager and primary care provider consult with a psychiatrist to change treatment plans if patients do not improve.
"We were already doing a lot of collaborative care, so we had a base of knowledge," said Christine Oriani, LCSW, Project Lead and Depression Care Manager. "As part of our IMPACT work we added a consulting psychiatrist and changed our process, which had immediate results."

Part of the process change involved administering the depression screening Patient Health Questionnaire-9 (PHQ-9) upon check-in, versus starting with the Patient Health Questionnaire-2 (PHQ-2), which comprises only the first two items of the PHQ-9. "We saw that patients who clearly had problems were not being identified with the PHQ-2; opening up the PHQ-9 to the total population was much more effective," Oriani said.

Having the time and an appropriate environment for filling out the questionnaires proved to be key. "We have private areas for patients to complete the questionnaire, which are also provided in Spanish. We also incorporate extra time into the visit, either before or after meeting with the doctor," said Dr. Sumitra Dhanyamraju, Medical Director.

Dr. Dhanyamraju also leads morning huddles with staff. "We take 15 minutes at the beginning of the day to review all patients -- prior visits, medications, and emotional as well as physical health. It is hard to get it all done many days, but we know a lot of our patients well, so that helps." The huddles are indicative of the highly-collaborative team approach at the site, which emphasizes "warm hand-offs" between team members.

Further emphasizing the collaborative approach, all three principals are from different agencies. Dr. Dhanyamraju is from HRHCare; Oriani is from ACCESS: Supports for Living; and Dr. Margarita Munoz, the IMPACT Psychiatric Consultant, is the Medical Director of Westchester Jewish Community Services. "We call ourselves the 'Dream Team,'" said Oriani. "There is a 'family-feel' at the site -- we are a small site, we have a lot of fun, and there is a lot of spirit."

"We are seeing success with our approach to our patients," said Dr. Dhanyamraju. "Patients are very engaged -- they follow up with appointments and take their medications. This gives us a lot of encouragement: we won't give up, they are responding, and they know we will follow up with them." Walden's support staff of nurses, medical assistants, and patient representatives epitomize compassionate care and create their own connections with patients.

"There is a lot of connection to the community, and we are doing what we love to do," said Oriani. The Walden site fills a need geographically, since many patients can't get to neighboring towns, and there is no psychiatrist available anywhere else -- at Walden, Dr. Munoz is available for phone consults weekly. Many patients walk to the site, which sees about 4400 patients per year.

"We have a lot of provider buy-in," said Dr. Dhanyamraju, "but as new providers come into the area, we know we have to get them on the 'IMPACT train' too."

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