MHVC has just wrapped a week of very successful Regional Meetings throughout the Hudson Valley. These gatherings brought together partners from across the health provider spectrum -- Primary Care, Behavioral Health, Skilled Nursing Facilities, Government, Community-Based Organizations, Peers, and Patients. All of us came together with the goal of creating an Integrated Delivery System in the Hudson Valley that improves access to high-quality health care while also lowering health care costs. I am struck by how much DSRIP continues to help health leaders in the Hudson Valley breakdown the old silos of care, and at the Regional Meetings we were able to see those silos breaking down in real time.

Next month's newsletter will go into greater detail about the June Regional Meetings; in the interim we wanted to share some highlights of the work going on around the Hudson Valley to make patient-centered, integrated care a reality for the people we care for.

The amount of exciting system-redesign initiatives going on in the Hudson Valley continues to be empowering and engaging. Through the recent release of our Innovation Fund, our goal is to continue to lay the foundations of our Communities of Care and a truly integrated delivery system.
MHVC thanks you for attending the MHVC Regional Forums in Poughkeepsie, Tarrytown, and Middletown on June 19, 20, and 21, strengthening our "Communities of Care." These Regional Forums provided opportunities for MHVC contracted partners, community-based organizations, and key community members to bring forth innovative ideas and partnerships, and to network with neighboring organizations. Over 200 people participated in the three full days, which offered plenary, break-out, and workshop sessions, including plenty of opportunities for networking -- and for our ice cream social and "DSRIP Bingo" activity! Look for full coverage and pictures in our July newsletter.

Learning from Experience: Partners Share BH Integration Successes and Challenges
BH Learning Collaborative #2 Focuses on Lessons Learned

In November 2016, MHVC's first Behavioral Health Learning Collaborative set the stage for the challenges ahead, as participants shared concerns with their colleagues and learned techniques to help with problem-solving and work flows. By the time 98 participants met on June 8, 2017, for the second Behavioral Health Learning Collaborative, clinicians, case managers, administrators and others who work on behavioral health integration in either a behavioral health or primary care setting were "actively engaged in doing, trying, learning, and sharing," according to Marilyn Wolff-Diamond, Project Manager. "The excitement and passion were evident, from the interaction with the key speakers to the high level of participation in break-out sessions. Everyone was energized by the quality and quantity of work being done by their colleagues and by the opportunity to learn from each other."

The program included panel discussions, featured speakers, and afternoon break-out sessions. National expert, Virna Little, PsyD, LCSW-r, SAP, MBA, CCM, gave an informative and engaging presentation on strategies for financial sustainability. Her message resonated with administrators, clinical staff, and physicians alike. It also helped care managers understand the impact of their services within the care team.

At the panel discussion, four sites talked about the work they are doing, followed by highly interactive discussions during which panelists and participants were able to learn from each other. Panelists included Access: Supports for Living, The Children's Medical Group, Hudson River HealthCare (HRHCare) and Montefiore Medical Group - Cross County. HRHCare discussed how they implemented IMPACT into their Walden site (as detailed in the MHVC newsletter article here). Children's Medical Group presented how they are evaluating children for Attention Deficit Hyperactivity Disorder (ADHD) using the Vanderbilt evidence-based tool for patient tracking and follow up.

Q&A between participants and panelists.
The afternoon featured breakout sessions and team building. One of the most thought-provoking sessions was a high-level discussion of where all of this great work is going in the future. Dr. Henry Chung, Vice President and Chief Medical Officer of Montefiore’s Care Management Organization, addressed administrators on the financial realities of the next decade. The session on sharing best-practices of care managers was oversubscribed, reinforcing the theme of the session: the importance of learning from colleagues. The two behavioral health breakout sessions -- one for psychiatrists and one for Article 31 clinics -- also followed the “learning from each other” format.

(L) Psychiatrist Thomas Betzler, MD, Clinical Director of Montefiore Behavioral Health Centers, discusses his team’s best practices for integrated care in a breakout session.
(R) HRHCare team looking at patients through new lenses.

MHVC Seeks to Fund “Innovative Pilot Projects”
Innovation Fund Letters of Intent due July 5

Last month MHVC announced our Innovation Fund (article here), which is designed to strengthen our Hudson Valley Communities of Care. “MHVC is excited to have an opportunity to fund creative solutions with strong evaluation strategies, that consider sustainability in their design, and encourage collaboration between our clinical sites and community-based organizations with expertise in managing what matters most to our patients,” said Marlene Ripa, Director of Network Development.
According to Ripa, these innovative projects will be critical to addressing the social determinant needs of the MHVC patient population. "When we ask our patients what matters to them, we are likely to discover that their social needs, including food insecurity, unstable housing, and legal aid, are their highest priorities. We know that many clinicians feel they are unequipped to effectively manage these sorts of needs."

The Innovation Fund will support Innovative Pilot Projects through two distinct buckets of funding: Category A is available to contracted MHVC partners, and Category B to Tier 1 community-based organizations (CBOs) that provide services to people residing in the Hudson Valley. The full requirements are outlined in the Guidance Document [here](#). Priority will be given to projects that:

- Are responsive to regional needs;
- Are designed to impact one or more high-priority clinical outcome metrics;
- Address social determinants of health;
- Allow for the provision of services not currently billable to Medicaid, or expansion of services to meet needs of the community; and
- Demonstrate multi-stakeholder collaboration.

In addition to the Guidance Document, MHVC hosted two webinars, and facilitated brainstorming sessions at each of the three Regional Forums in June. Innovation Fund materials, including links to the webinars, can be found on the Community Page of the MHVC website, [here](#). After review of the LOI submittals, MHVC will ask selected applicants to submit full proposals by mid-August.

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**"What Matters to You" Campaign: June 6th and Beyond**

**Webinar, MHVC events, and partner activities around the region**

In May 2017, MHVC announced its "What Matters to You" (WMTY) campaign (article [here](#)), which was launched on international "What Matters to You Day" (June 6th) with a [webinar](#) and subsequent events around the region. "Because the message is so simple and compelling, it is resonating with our partners, patients, and just about everyone else," according to Dr. Damara Gutnick, MHVC Medical Director.

"There has been positive feedback about the work, which has been seamlessly integrated into almost all of our outreach and trainings," she continued. MHVC has disseminated information about WMTY widely, including its recent Regional Meetings, Behavioral Health Learning Collaborative, ED Care Triage training, sessions with medical schools, and the Blueprint for Health Equity forum. 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.

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**Innovative Substance Use Workshop Brings Both Sides to the Table**

_Inpatient and outpatient providers discuss discharge barriers, opportunities_

What happens when a problem is seen from both sides? At MHVC’s Substance Use Disorder (SUD) Intake and Inpatient Discharge Processes Implementation Workshop we learned that this perspective is imperative when designing successful workflows. The innovative workshop, held on May 19th at MHVC with 11 partners from five organizations, had partners from both sides share their experiences -- and frustrations -- candidly, and commitments were made to work together to streamline processes.

“The workshop was designed to help partners understand existing discharge/intake workflows, identify opportunities for improved efficiency, and together build a future state for the SUD discharge and intake process” said Emily Thorsen, MHVC Project Specialist. “These program elements are important as we move into value-based purchasing, so we need to understand how to implement them. This workshop gave participants the opportunity to problem-solve barriers to implementation with both inpatient and outpatient perspectives.”

“We identified issues more easily because we had both parties -- inpatient and outpatient -- in the room. Now MHVC is looking at which of the suggestions we can promote to other partners,” continued Thorsen. The workshop was conducted by MHVC staff and consultants: Dr. Damara Gutnick, MHVC Medical Director; Kristin Woodlock and Rachel Rivera, consultants to MHVC; Natalee Hill, MHVC Director of Quality and Innovation; and Thorsen.

Partners collaboratively discussed the challenges and opportunities with the existing SUD inpatient discharge and outpatient intake processes.

“This is a very complex issue from both sides, and the success of each depends upon understanding the constraints of the other,” said Thorsen.

“We have an outpatient substance use program, but I only was seeing my barriers,” said Karen Goldman-Hertz, LCSW, Director of the Maxwell Institute, Tuckahoe, which is affiliated with St. Joseph’s Medical Center. “It was helpful to really see the barriers on the 'other' side. For example, we are fully booked, so if I get a call from the inpatient side asking for an appointment the next day, I can’t accommodate them. But what if I got the call earlier? It was good to have a dialog about this with an inpatient person sitting across from me.”

Workshop participants discussed specific situations and possible options. Most significantly the concept that If providers providers have low confidence that they are discharging patients to right level of care, perhaps we can monitor provider confidence in discharge plan as a measure of success for our work together.

Partners made a commitment to
improve the existing SUD referral process by creating regional standards of operation.

"It’s really about finding the right fit for the patient. For example, a patient who works can only come at night and waited two weeks for an appointment, but we don’t have a night program and we’re not for them." She summarized, "The workshop made me think, ‘When I get back, what can we do here?’ I am hoping to get help from the workgroup, and now I feel there is a cohort around this issue,” said Goldman-Hertz.

Eric D’Entrone, M.Ed, CRC, Associate Director of Regional Services, Arms Acres (Putnam County) and Conifer Park, has the unique perspective of providing both inpatient and outpatient services. George Ryer, Executive Director of Outpatient Services, Arms Acres, was also at the workshop, so D’Entrone was “able to wear my inpatient hat for the day.”

“We have been continuously working to improve the process of referral from inpatient to outpatient, even within our own organization,” D’Entrone said. “It really helped to do the mapping and see the process visually, since there are a lot of parts to the process and there may be gaps. We needed to see it all out in front of us.”

Rachel Rivera and Emily Thorsen diagram the existing and future-state SUD referral processes with participants.

D’Entrone continued, “In a Value-Based Payment system, it is incumbent on us to connect patients to continuing care with little to no time in between, so we will partner with programs where we know that will happen. But we need to understand the challenges of other programs, too. Patients have to be discharged to clinics they can get to. We have to work with what’s available in their communities. Social determinants, especially transportation and housing, are the biggest challenges in our service areas.”

Arms Acres has 179 inpatient beds, freestanding, medically-supervised; D’Entrone has 384 beds in his system. He said, “The workshop gave us a lot of perspective. We know the challenges in an open-access type of system --
especially reimbursement and staffing -- but we have to accept what’s real and develop solutions where we can.”

Provider Resources and Tools | New and helpful tips

Keeping Your Computers as Healthy as Your Patients
10 Cyber-Security Tips from the MHVC IT team

Due to recent global cyber-attacks, MHVC would like to highlight ten important security tips. This information serves as a gentle reminder of easy ways to prevent your organization from being vulnerable:

1. Don’t be tricked into giving away confidential information.
2. Don’t use an unprotected computer.
3. Don’t leave sensitive information lying around the office.
4. Lock your computer and mobile phone when not in use.
5. Stay alert and report suspicious activity.
7. Always use hard-to-guess passwords.
8. Be cautious of suspicious emails and links.
9. Don’t plug in personal devices without approval from your IT team.
10. Don’t install unauthorized programs on your work computer.

Action Alerts | Deadlines and requirements

REMINDER!
Innovation Fund Letters of Intent (LOIs) are due July 5, 2017, by 5 PM. All LOIs must use the online MHVC Innovation Fund form, available here.

Empire State Supportive Housing Initiative
New York State not-for-profit organizations with demonstrated and relevant experience may be eligible to respond to this RFP opportunity to provide services and operating funding of up to 1,200 units of supportive housing for persons identified as homeless with special needs, conditions, or other life challenges. Capital funding to develop these units is available through separate funding mechanisms. The Office of Mental Health (OMH) serves as the lead procurement agency of the ESSH1 Interagency Workgroup that administers the
program. Applications are due July 24, 2017, and more information on this RFP can be found here.

Assets Coming Together for Youth: Center for Community Action on Adolescent Health

New York State not-for-profit organizations with deep and relevant experience, and pre-qualified status in the NYS Grants Gateway (if not exempt), may be eligible to respond to this Request for Applications (RFA). The RFA will fund one Assets Coming Together for Youth Center for Community Action on Adolescent Health (ACT CCA) contract, funded at the level of $1,100,000 per year for five years, to promote a standard of excellence among community-based adolescent sexual health and other adolescent health programs. The CCA will support the New York State Department of Health (NYSDOH)'s Title V Maternal and Child Health Service Block Grant by aligning with the eight core Maternal and Child Health (MCH) priorities identified for New York State (NYS). Applicants must employ a Project Director who will be responsible for CCA administration, operation, and oversight. The application must identify one lead organization; however, the applicant may include collaborations with other appropriate agencies to meet the statewide needs of this RFA. In-kind funds in the amount of $250,000 from the lead agency are required. Applications are due July 18, 2017, and more information on this RFP can be found here.

HVCS: A Seven-County RHIO Success Story

HealthlinkNY connectivity improving all aspects of care

Hudson Valley Community Services, Inc. (HVCS), a provider of services to a broad range of vulnerable and underserved patients in all seven counties of the MHVC region, was struggling to get eligibility information from providers. “We struggled to get that information from providers,” said Christina Gardella-Cavalluzzi, HVCS CQI Manager/Compliance Officer. “Not being able to verify eligibility meant that we wouldn’t be able to enroll clients.”

About four months ago HVCS partnered with HealthlinkNY, the Regional Health Information Organization (RHIO). Healthlink trained the HVCS care managers on-site so they did not have to travel and lose valuable time with clients. In addition, staff could access training via WebEx. “The ease of training made it easier to get staff on board and involved. We should have contacted Healthlink earlier, but we had started in another direction,” Gardella-Cavalluzzi continued. “Now that the system is in place, the information is immediately accessible and we have not had to waste valuable time. There have only been a handful of clients who have not been in Healthlink because of a recent move into the service area, and once here they are soon in the system too.”

The benefits were immediate for both staff and clients. “Using Healthlink has reduced staff frustration and also helped in areas that we hadn’t anticipated,” said Gardella-Cavalluzzi. The Health Service Coordinator said the process of referring to agencies is now faster and easier. And staff is able to see the full lab history of clients, who often don’t know their results or remember. “For example, when meeting with clients for whom lab results are important, such
as with HIV or diabetes, staff can look up the information. We can ask them, ‘Do you know what this means?’ and provide education and assistance accordingly. Having these results not only helps staff to better assist clients, but trains our staff to read and use lab results better.”

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**AUGUST is BREASTFEEDING AWARENESS Month**

Look for the article in our July newsletter about the Baby Cafe opening in Rockland County during Breastfeeding Month! If you have special events or activities around Breastfeeding Awareness, let us know so we can feature them in the July newsletter and post them in August on our MHVC website. Contact us at MontefioreHVC@montefiore.org.

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Go to MHVC Website

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**Working It | Training and workforce development**

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**Announcing MHVC Learner Central: All Learning, One Site**

*Instructor-led, eLearning, and Train-the-Trainer in one place*

Do you like eLearning on your own schedule? Or do you want a specific training but don’t know what times or where you can find it? With MHVC’s new Learner Central, you can find the training you want, and explore other educational opportunities that MHVC has to offer in three different areas:

- **Instructor-led training**, which is part of MHVC’s cross-project training strategy that promotes the ongoing transformation of healthcare. These in-person courses require registration.

- **Online e-learning courses** provide rich content, targeted learning strategies and interactive tests. These courses are designed for self-paced learning and can be launched directly from the website.

- **Train-The-Trainer sessions** build training capacity in the Hudson Valley. These courses require prior registration.

"The courses are listed alphabetically and the three icons help guide users by the types of training. Our offerings have course descriptions and links to the calendar for future dates to make it easier to plan ahead,” said Jasmine Cruz,
MHVC Senior Human Resources Specialist. “We want this page to be both comprehensive and easy to use.” Partners are also encouraged to share their open training offering with MHVC, so that they can be shared within our Communities of Care.

In-person trainings requires prior registration, but e-learning modules are launched directly from the links on the website. “All users need to do is fill in their information and the course launches,” said Cruz. To support Learner Central, MHVC has created a dedicated email, learnercentral@montefiore.org. You can use this email to inquire about future training dates or to suggest future trainings for MHVC to add to our course catalog.

MHVC Spotlight | DR. RICHARD MOREL, MD, MMM
Medical Director and Vice President, WESTMED Medical Group

When the Goal is to be Low: Getting the Beat on Hypertension
Achieving blood pressure control and sustaining success over time

Led at WESTMED by Dr. Richard Morel, WESTMED’s Medical Director, the Measure Up/Pressure Down campaign was a three-year national campaign conducted from 2012-2015 designed to engage people with high blood pressure in improving blood pressure control and achieving lasting improvements that lead the way to greater health, productivity, and cost savings.

"We started a major hypertension campaign in 2012 as part of the American Medical Group Association’s (AMGA) Measure Up/Pressure Down initiative. The main focus was a variation reduction program for how hypertension would be managed at WESTMED,” said Dr. Morel.

“We Identified patients with hypertension or elevated cholesterol, and implemented or continued to pursue strategies to manage these patients. Although the campaign is over, the templates and education that WESTMED put in place are producing sustained results.”

The goal of the AMGA program was 70% hypertension control rates using the guidelines of the Eighth Joint National Committee (JNC 8), which issues evidence-based recommendations on treatment thresholds, goals, and medications in the management of hypertension in adults. “We had a goal of 80% of patients aged 18-85 with HTN diagnosis of at least 6 months (excluding kidney failure and pregnancy) at goal by JNC 8 criteria. We achieved a control rate of 83-84%,” said Dr. Morel.

The key was the development of a template that would be accepted by everyone responsible for monitoring the patient’s hypertension (HTN). "It took a full year to develop the template and get everyone’s input. The feedback loop
was a critical part of our success," explained Dr. Morel. The next stage was building the template into the electronic medical record (EMR), and opening that process up to review and feedback as well. "We involved everyone we could in the construction of the electronic integration to ensure that they would use the tool," he said. Having the template built into the EMR made it easier to care for the patient. "It takes only one click to order medications and labs, and follow-up becomes easy."

"Once the template was developed, we started with staff," Dr. Morel continued. Staff were trained on obtaining accurate blood pressure (BP) measurements and on BP control. Next were nurses, physicians, and case managers, and then primary care physicians and specialists. The training emphasized that BP needed to be addressed at every visit.

Managing the data was critical. "We had a registry for ten years so we already had an accurate database across the organization of individual providers and their patients," explained Dr. Morel. It took six months to build the template into their EMR. The system scans every patient for the HTN goal, and if they are not at goal, a button is highlighted in red.

"Three years ago we incentivized the use of our template for all patients not at goal, and in 2015 we progressed to HTN control rates. Last year we did not incentivize HTN management and saw no change in template use (67% of visits) or control rate," said Dr. Morel.

Another initiative was the variation reduction program. "We looked at HTN across WESTMED and saw there the variation was from 46% to 90% control; we wanted to improve that," said Dr. Morel. A WESTMED standard was set up:

1. Detected if BP was not at goal
2. Provided information and follow-up for three consecutive visits
3. Standardized protocol for medications (made it easy to order the correct medications) for patients newly diagnosed with HTN
4. Minimum four week follow-up for those not at goal
5. Follow-up for those who did not reach goal

The three-year program produced lasting effects. During the first year, the template was developed. During the second year, an incentive bonus was used and the program tracked the use of the template: It was used for 67% of visits. The third year tracked HTN control rates, which went from 70% to 84% for over 22,000 patients. In addition, the variation went from 46-90%, to 66%-90% variation.

"We had a two-pronged effort: Use of the template, and education to change behavior," Dr. Morel said. Dashboards were set up to indicate which patients didn't show up in 30 days. WESTMED used mass patient education, including social media, and patient education videos that were mass-emailed to patients with HTN; and for those who presented at urgent care and specialists, there was a referral back to internal medicine.

What's next now that the three-year program and the incentives ended two years ago? "We still have the dashboards 'live' and we have permanently changed behavior," said Dr. Morel. "We ask: 'If someone isn't at goal, was the template used?' This year, the 67% template use is 62%, and the 84% control rate is now 81% for 21,660 patients. "Although these are still great
results, we are adding new providers at a rate of 10% a year, so we need to educate them. We will now be cycling back to BP as a chronic disease focus.”

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