Leadership Message | Marlene Ripa

Even if the weather disagrees, summer is coming to an end. Leaves are starting to change, kids have headed back to school, and many of us are returning (hopefully) rested from much deserved time off. As we enter the home stretch of 2017 there is a lot to be excited about within our MHVC network.

This edition of the newsletter focuses on exciting innovations and opportunities going on around our region, and one development that includes both! MHVC is proud to have officially launched our Innovation Fund. Nineteen participants will be participating in Innovation projects. In addition to over $3 million in funding, participants receive technical assistance to support their focus on outcome measures and sustainable strategies. The fund has captured the spirit of the DSRIP program by breaking down silos, creating unique partnerships, and putting people and patients at the center of the work.

This month’s newsletter also contains information on exciting training and education resources for your organization ranging from Value Based Payment readiness to treatment and care for patients with Alzheimer’s Disease or dementia.

Partner highlights are a growing part of our newsletter, and as always we urge you to reach out to MHVC and tell us about the exciting and innovative work you are doing.

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VBP University: Semesters 2 and 3 Available Now

In the July/August newsletter (link here) we introduced MHVC partners to the NYS Department of Health VBP University and the many resources available to transition your practice to value-based payment (VBP). VBP University is an online, educational resource created to raise awareness, knowledge and expertise in the move to VBP. It combines informational videos and supplemental materials that stakeholders interested in VBP can use to advance their understanding of this massive transformation effort.

The online curriculum is structured into semesters. To obtain a certificate, attendance is required at one of the regional VBP Bootcamps, which are one day-long sessions held in five regions across the State. The bootcamps will consist of breakout sessions and workshops, with the same subjects and content covered in every region: VBP Financing, VBP Contracting, VBP and the Social Determinants of Health/Community Based Organizations, VBP Quality Measures, and VBP for Managed Long Term Care.

The schedule and locations for VBP bootcamps are as follows:

**October 10, 2017: Capital Region,** The Egg-Sawyer Theater, 1 Empire State Plaza, S Mall Arterial, Albany, NY 12203. *All of the sessions for this bootcamp will be webcast live and recorded. The link will be sent out when it becomes available.*

**October 18, 2017: New York City,** The New York Academy of Medicine, 1216 5th Ave, New York, NY 10029

**October 23, 2017: North Country,** High Peaks Resort, Saranac Ave, Lake Placid, NY 12946

**November 3, 2017: Central New York,** Rochester Radisson Riverside, 120 E Main St, Rochester, NY 14604

**November 15, 2017: Long Island,** The Long Island Marriott, 101 James Doolittle Blvd, Uniondale, NY 11553

Registration for each region will open approximately 3 weeks in advance of the session and close 1 week before the event. These events are free and open to all interested parties. Space will be limited for each region, and space will be on a first come, first serve basis. We ask that all organizations limit participation to no more than 4 participants.

Semesters 2 and 3 are now “live.” Semester 2 is designed to educate users on specific, important topic areas in the move to VBP. Topic areas include governance, stakeholder engagement, business strategy, finance, and data. The curriculum includes videos on each of the topics as well as detailed guidance documents targeted towards Primary Care Physicians, Behavioral Health Providers, and Community Based Organizations.

Semester 2 also includes VBP arrangement fact sheets that serve as a continuation of the arrangements curriculum in Semester 1. The fact sheets provide an overview of each of the NYS VBP arrangements, including the types of care included in the arrangement, the method used to define the attributed population for the arrangement, calculation of associated costs under the arrangement, and the quality measures recommended for use in the arrangement.

Semester 3, VBP Contracting, is online here. Semester 4, available in October and November, comprises VBP Bootcamps that will take place in locations
MHVC Announces Innovation Fund Awards
Nineteen win competitive grants

In June 2017, MHVC announced a new funding opportunity for MHVC contracted partners and Tier 1 Community Based Organizations (CBOs) through the Innovation Fund Pilot Project Program. Providers and CBOs throughout MHVC's seven-county region submitted proposals for collaborative pilot projects to address social determinants of health and develop outcomes-driven models of care. After extensive review, Innovation fund contracts have been awarded to 12 contracted partners and 7 new Tier 1 CBO partners, totaling $3,158,726.

"We are excited by the spirit of innovation and new partnerships being formed across the Hudson Valley," said Marlene Ripa, MHVC Network Director. "We are confident that our provision of funding and continued technical assistance will result in successful projects with the ability to demonstrate a return on investment within a year or two."

The funding is also consistent with the New York State Department of Health's CBO Value-Based Purchasing Roadmap. "The state recently distributed a webinar focused on CBO VBP, and we were encouraged to see that our ongoing CBO integration strategy is very much aligned with what was outlined in the webinar and roadmap," continued Ripa.

Below is a list of the nineteen organizations that have been awarded Innovation Funding for the project period October 1, 2017 through September 30, 2018:

**Planned Parenthood Mid-Hudson—Newburgh-focused project**
**Project Name:** Health Benefits of asthma education, screening, diagnosis/treatment, AAP, and rescue medication in the Newburgh Housing Authority homes
*Collaboration to deploy Newburgh's Healthy Community Outreach project using Community Health "Promoteres" to engage and educate residents.*

**St. John's Riverside Hospital—Yonkers-based project**
**Project Name:** Decreasing Potentially Avoidable ER Visits through patient incentives, increased CBO involvement & Increased Health Home Enrollment
*Collaboration CBOs to develop tools & linkages to improve knowledge and usage of appropriate services by community*

**Yonkers Public Library—Yonkers-based project**
**Project Name:** Case Management Services to Library Patrons Experiencing Homelessness, Mental and Physical Health Illnesses, and Housing Insecurity
*Community collaboration to address social determinants of health using Community Health Workers.*

**Arms Acres—Hudson Valley region**
**Project Name:** "Bridging the Gap": Certified Recovery Peer Advocates Engaging SUD Patients in Crisis
Training and deployment of Peers to support transitions from inpatient to outpatient SUD providers.

**Hudson River Healthcare—Hudson Valley region**

*Project Name*: Engaging Behavioral Health (BH) Clients through Nontraditional Strategies
*Multi-partner collaboration to address gaps in care for patients with Behavioral Health using mobile vans and co-located services.*

**Hudson Valley Care Coalition—Yonkers-based project**

*Project Name*: Development of Sustainable Engagement Models that Target Hard to Reach Members of the Westchester Community
*Multi partner collaboration with community based organizations to Increase awareness of and enrollment in Health Home Program, connect and reduce churn in coverage, & connect patients to social services.*

**CANDLE of Rockland—Rockland-based project**

*Project Name*: LGBT/Q Cultural Competency Training for Providers of Primary Care
*Deployment of culturally competent training curriculum for providers to engage LGBTQ youth.*

**Cornerstone Healthcare—Newburgh-focused project**

*Project Name*: Using Shared Data to Target High-Risk Populations and Reduce ED Utilization—Homeless engagement
*Deployment of care managers to engage frequent utilizers of Emergency Department, deployment of care managers to conduct outreach in the community.*

**Rockland Paramedics—Rockland County**

*Project Name*: Community Paramedicine Health Gap Services
*Partnership with Nyack Hospital to train and deploy community paramedics to support post-acute care utilizing new technology and oversight of Hospital clinicians.*

**Westchester Jewish Community Services—Yonkers-based project**

*Project Title*: DBT-Informed Response to Care in Yonkers
*Deployment of training curriculum for Care Managers & Peers across MHVC Network on Dialectical Behavioral Training.*

**MHA of Orange County—Newburgh-based project**

*Project Name*: Standardized Care Management Education, After-hours Response to Individuals Enrolled with a Care Management Agency and/or in Need of Care Management Services that Present at an Area Hospital, and Community Education on the Role of Care Management
*Multi-partner collaboration to increase care management utilization and quality.*

**United Hebrew Geriatric Center—Westchester-focused project**

*Project Name*: Transitional Post-Acute support
*Deployment of care transition nurse to reduce potentially preventable readmissions and ensure most appropriate level of post-acute care.*

**Human Development Services of Westchester—crisis-related program in Mamaroneck**

*Project Name*: The Living Room: Crisis Day Respite Hospital Diversion Program of HDSW
*Provision of staff, training, community awareness to increase utilization, and development of business case for future funding.*
Maternal Infant Services Network—Newburgh-focused project
Project Title: The Power of Health: Engaging Youth and Teens in Primary Care and Prevention
Development and deployment of wellness ambassadors from the community to increase youth engagement in preventive care.

Student Assistance Services—Yonkers-based project
Project Title: Wonders of Wellness (WOW) Engagement of Youth in Preventive Care
Deployment of WOW curriculum in Yonkers schools, using Wellness coaches to increase engagement in preventive care and reduce unnecessary presentations to the ED.

Nyack Hospital—Rockland County-based program
Project Title: Nyack Hospital Community Paramedicine Collaboration
Collaboration with community paramedics to reduce potentially avoidable presentations through the deployment of technology and staffing.

Cabrini—Westchester-focused project
Project Name: Building Transition in Care Partnerships to Benefit Pulmonary Patients and Reduce Readmissions
Partnership with St. John’s Riverside Hospital to expand pulmonary rehab capacity and usage to reduce potentially preventable readmissions.

Meals on Wheels of Rockland—Rockland-focused project
Project Name: Engagement with Clinical providers & Training of MOW staff to conduct Health Status Monitoring
Planning Grant- Engagement with MHVC to further plan proposal with a focus on building value proposition for sustainability and potential alignment with other projects.

TOUCH of Rockland & Orange Counties—Rockland-based Stanford Model project addressing food insecurity
Project Name: Medical Case Management and Medical Nutrition Therapy for people living with Type 2 Diabetes
Planning Grant- Engagement with MHVC to further plan proposal with a focus on building value proposition for sustainability and potential alignment with other projects.

CAPE-d Superheroes Combat Drug Addiction in Dutchess and Orange with Data
CAPE and the National Guard Civil Operations Specialists team up to track incidents in real-time

In the Hudson Valley region’s war on drug addiction, a new team is using geomapping and data analytics to help law enforcement, emergency responders, and treatment centers anticipate “hot spots” in communities. “The goal is to move from reactive to predictive,” said Elaine Trumpetto, Executive Director of the Council on Addiction Prevention & Education of Dutchess County, Inc. (CAPE), in Fishkill, NY. “It also complements the emphasis of the NYS Office of Alcoholism and Substance Abuse Services (OASAS) on data-driven programming.”

CAPE and the New York National Guard’s Counterdrug Task Force (CDTF) have partnered with HealthlinkNY RHIO and TEAM Newburgh on a pilot project to create a real-time data analytics platform to increase the effectiveness and
efficiency with which overdose and drug trafficking data can be shared and accessed. By allowing agencies treating addiction to easily share data, this program will dramatically improve the ability of each agency to combat this epidemic.

According to Corporal Julio Fernandez of the National Guard, "The CDTF is mandated to aid community organizations." The Task Force started by getting data from emergency management services, and then expanded to include NARCAN information from first-responders and information from emergency departments (EDs). NARCAN Nasal Spray is the first and only FDA-approved nasal form of naloxone for the emergency treatment of a known or suspected opioid overdose.

The CDTF began to specifically work with the ED at St. Luke's in Orange County. "We are informed every time there is an overdose," said Fernandez. "Our goal is to get this program into other EDs and counties, and to work directly with law enforcement."

The tracker is populated by ED staff when the patient arrives, and the location that EMS picked the patient up is geo-mapped in real time so that the hospital and health departments can be rapidly informed. For example, if a bad batch of heroin cut with fentanyl hits the streets, the needles-exchange van can be deployed and they can ensure that the EDs have an adequate supply of Narcan available. Since the start of the pilot in late April 2017, over 120 opioid overdoses were tracked with 6 individuals moving into recovery.

According to Brynna Trumpetto, Drug Free Community Project Coordinator for CAPE, "As a non-governmental pilot program, we started with overdoses in Orange County and a basic GoogleDocs system of tracking and data-mining. The opportunity at St. Luke's ED gave us the ability to extend the program's reach to a hospital system. We have many other Orange and Dutchess County partners, each representing different ways to use the data." Project members can view incident mapping and note any upticks and locations, so prevention resources can be assigned and aligned. "We are looking to develop trend maps and to expand to geo-mapping," said Brynna Trumpetto, "and developing the security tubing needed to encrypt the actual documents and not just the network."

The project's results are free and hospitals can use it now. "We are looking to expand to Putnam and Sullivan counties," Director Trumpetto said, "and make the system more secure and robust as funding is identified." For more information or to participate in the program, contact Elaine Trumpetto, etrumpetto@capedc.org.

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**Monthly Center for Aging Brain Case Conferences for CME Credits**

*Center for Excellence for Alzheimer's Disease offers training programs*

The Montefiore Hudson Valley Center of Excellence for Alzheimer's Disease (CEAD) conducts training programs for medical professionals that include
information about the screening, diagnosis, treatment and care management of individuals with Alzheimer’s Disease or dementia. Topics include the importance of early detection, the management of behavioral issues, the need to address palliative care and ethical issues facing individuals with dementia, and the importance of screening for cognitive impairment as a component of regular care for community members over 65 using validated cognitive screening tools.

Throughout the year, CEAD has interdisciplinary Center for the Aging Brain case conferences that award 2 CME credits through Montefiore/Einstein. The sessions are scheduled from 4 PM-6 PM on the first or second Wednesday of each month, and are held in the Price Building on the Albert Einstein College of Medicine campus in the Bronx; the sessions can also be joined electronically.

The schedule for the next eight months is as follows:
2017 -- October 4, November 1, December 6
2018 -- February 7, March 7, April 11, May 9, June 6

To register to participate, send an email to MontefioreCEAD@montefiore.org with the subject line “Case Conference” and the date, and you will be sent log-in and CME information. Please include your specialty and practice information in the message.

For information about the CEAD’s other training opportunities and services and screening tools and clinical guidelines, go to www.montefiore.org/for-providers and fill out the information request form, or send an email with your practice information to MontefioreCEAD@montefiore.org

MedReview Resumes Medical Records Review for Measurement Year 3

Achievement of annual Clinical performance targets is an important component of how NYS DOH monitors and evaluates the Delivery System Reform Incentive Payment (DSRIP) program. Medical Record Review is one of three ways, along with reviews of Claims Data Review and CG-CAHPS Survey Data Review.

Over the course of the DSRIP program, MedReview (in partnership with NYS) has engaged providers in chart review exercises to gather this critical information. Your cooperation with MedReview and timely response to submit requested charts is critical to meeting Measurement Year 3 (MY3) performance targets. Starting in September 2017, MHVC partners will be randomly contacted by MedReview Inc., a HIPPA compliant New York state vendor, to schedule chart abstraction audits. MedReview provides MHVC with a list of all MHVC partners selected for the survey. Give the importance of these data for our performance reporting, MHVC tracks completion of audits among our partners.

The chart abstraction process is expected to conclude by March 31, 2018. As part of this process, patient charts are randomly selected for auditing clinical performance and documentation on the following quality measures:

- Screening for Clinical Depression and Follow Up
• Controlling High Blood Pressure
• Comprehensive Diabetes Care
• Viral Load Suppression
• Prenatal/Postpartum care
• Frequency of Ongoing Prenatal Care (same sample as Prenatal/Postpartum Care)
• Childhood Immunization
• Lead Screening for Children (same sample as Childhood Immunization)

Comprehensive clinical documentation is essential in capturing the appropriate level of service provided to patients for accurate claims processing. Additionally, consistent, accurate, and timely clinical documentation helps facilitate a collaborative approach to care and reduction in duplicative care and services provided to patients resulting in improved outcomes and lower costs.

Thank you for your time and commitment to DSRIP success. We look forward to working with you to improve quality and health for our community. MedReview provides MHVC with a list of all MHVC partners selected for the survey. Given the importance of these data for our performance reporting, MHVC tracks completion of audits among our partners. If you have questions/concerns please contact Stephanie Nieto snieto@montefiore.org or Aliza Travis altavis@montefiore.org.

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Around MHVC | Partner activities

Anti-Vaping Education Gets Legislator’s Assistance
US Rep. Nita Lowey leads roundtable discussion

Ellen Morehouse knows first-hand about the rise in e-cigarette use and the dangers of youth smoking.

Morehouse, Executive Director of Student Assistance Services Corp. (SAS), an MHVC partner in White Plains, NY, met with Congresswoman Nita Lowey (D-NY17/Rockland-Westchester) and other area leaders in August to discuss e-cigarette use among teens. According to a press release from Lowey, “Vaping is a threat to the health of our children... We can’t afford to lose another generation to the harms of nicotine addiction.” Lowey is a leader in the fight to regulate e-cigarettes.

The roundtable included students, student advocates, health professionals, and community leaders, and addresses a wide range of related issues such as marketing and zoning. Some communities have regulations restricting the location of “vape shops” within 500 feet of a school.

“While e-cigarettes may be a safer alternative for those already addicted to cigarettes, they are a major threat to the 96 percent of high school youth in New York State who do not smoke,” said Morehouse, “Teen e-cigarette users are over eight times more likely to become regular cigarette users after one year than teens who do not use e-cigarettes, and e-cigarette using teens often use other drugs such as concentrated THC oil in their e-cigarette devices.”
Congresswoman Nita Lowey with Ellen Morehouse, Executive Director, SAS

"With the ‘Great American Smokeout’ scheduled for November, the focus is not just on tobacco cigarette users but this new threat as well. We hope that our partners and communities take advantage of the resources that MHVC and others have available to help combat this epidemic that is affecting our youth,” said Dr. Damara Gutnick, MHVC Medical Director. “You can download the media materials from last year’s MHVC anti-vaping campaign and get more information from the NYS Smokers Quitline.”

Arms Acres Announces Opioid Treatment Program
Service is available to MHVC partners throughout the region

In response to the opioid crisis and the growing needs of the community, Arms Acres, a long-standing treatment facility in Putnam County, has expanded the scope of available treatment options at the Arms Acres Clinic, which is located at 21 Old Route Six, Carmel, NY. As of June 30, 2017, Arms Acres has implemented an Opioid Treatment Program (OTP). “We are proud to be recognized as the first Opioid Treatment Program in Putnam County. Arms Acres is dedicated to helping those within our community and beyond to find recovery from opioid and heroin addiction,” said George Ryer, Executive Director of Outpatient Services at Arms Acres.

The OTP provides Methadone as well as other types of Medication Assisted Treatment, such as Suboxone and Vivitrol. A multi-disciplinary team consisting of physicians, psychiatrists, Registered Nurses, Social Workers and Certified Alcohol and Substance Abuse Counselors work together with patients to evaluate and determine the best evidence based substance abuse treatment for them. Medication Assisted Treatment and counseling services are available for adults and adolescents.

“Opioid Treatment Programs are typically utilized locally, but in many cases people cross county lines to seek these particular services. Arms Acres wants to be sure that MHVC partners throughout the region are aware of this new service,” said Eric D’Entrone, M. Ed., CRC, Associate Director of Regional Services for Arms Acres and Conifer Park.
Arms Acres provides inpatient and outpatient services to those suffering from alcohol and/or substance abuse issues. For more information, contact the Outpatient Clinic at 845-225-5202; for inpatient treatment contact 888-227-4641.

November is The Great American Smokeout

If you have special events or activities around Smoking Cessation, let us know so we can feature them in our upcoming newsletters and post them on our MHVC website. Contact us at MontefioreHVC@montefiore.org.

Partner Highlights

Hudson Valley Asthma Coalition Seeking to Share Asthma-Control Successes
HRH, St. Luke's, others, part of significant benefits to kids

Thousands of kids are breathing easier in New York State thanks to the innovative asthma program funded by the NYS Department of Health (NYSDOH) Asthma Program. "The NYSDOH Asthma Program’s funding and guidance and our partners have been paramount in our ability to improve the quality of life of people with asthma in the Hudson Valley," said Jacqueline Rubino, MPH, AE-C, Director of the Hudson Valley Asthma Coalition (HVAC). "We want to share these results with our MHVC partners as a model for improving asthma outcomes among their patients."

The goal of the NYS DOH Asthma Program is to reduce the burden of asthma. It funds eight regional coalitions; the American Lung Association (ALA), Northeast Region holds the grants of four of the coalitions, one of which is HVAC. The HVAC currently serves Dutchess, Orange, Sullivan, and Westchester counties.

HVAC recently shared its summary asthma Quality Improvement (QI) results with MHVC, showing the impact of its work with five healthcare sites to integrate national asthma clinical practice guidelines into the workflows.

The Expert Panel Report 3 (EPR-3) from the National Institutes of Health, National Heart, Lung, and Blood Institute, entitled "Guidelines for the Diagnosis and Management of Asthma," recommends managing asthma around four components of care, with six priority messages for optimal results. The four components of asthma care are: assessment and monitoring, patient education, control of factors contributing to asthma severity, and pharmacologic treatment.

https://us11.admin.mailchimp.com/templates/edit?id=357505
Six Priority Messages for Managing Asthma

1. Use inhaled corticosteroids to control asthma
2. Use written asthma action plans to guide patient self-management
3. Assess severity at the initial visit to determine initial treatment
4. Assess and monitor asthma control at every visit and adjust treatment as needed
5. Schedule follow-up visits at periodic intervals
6. Control environmental factors that worsen the person’s asthma.

“We have built a coalition of healthcare providers, community-based organizations, schools, and home-care agencies so that together we can implement best-practices in asthma care as well as teach patients and caregivers asthma self-management skills,” said Rubino. As part of its QI work with health care providers, HVAC provides expert training by pulmonologists on asthma clinical guidelines and the components of care; works with providers to incorporate the guidelines into asthma templates; provides tools, resources, and training on how to teach asthma self-management skills to patients and their caregivers; and offers technical assistance that lasts for one to two years.

The results of the asthma QI projects at healthcare sites are stunning. Hudson River HealthCare, Monticello, accomplished an 89% decline in unplanned asthma sick visits to the center in a one-year period; and the Poughkeepsie site showed a 50% increase in symptom-free days among asthma patients in one year. At St. Luke’s Hospital in Newburgh, an asthma QI project in the Emergency Department resulted in an 84% reduction in asthma-related visits in a one-year period.

HVAC has applied to the NYSDOH for the next 5-year round of funding to focus on asthma QI with healthcare providers and asthma self-management education for people with asthma and caregivers of children with asthma. This includes partnering with home care nurses and community health workers to continue the asthma education in the patient’s home.

HVAC is always looking for new partners. For more information, contact Jacqueline Rubino, Jacqueline Rubino, MPH, AE-C, Director, Hudson Valley Asthma Coalition, 914-407-2215, Jacqueline.Rubino@Lung.org.

Contact Us

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