What an incredible journey we have been on together! On April 1, 2018, we started DSRIP year four (DY4), and July 1 begins our last DSRIP performance period (Measurement Year 5/MY5). As MHVC Director of Network Design and Administration, I have had the pleasure of witnessing both directly and indirectly many of the successes of our network -- a network that covers seven counties and includes almost 60 contracted partner organizations, each with different services, client/patient populations, sizes, and payer mix. Even with all of this diversity our network has the shared mission to provide the best, most efficient care to those we serve.

This issue, as previous issues, will highlight the work of our partners as we continue to move forward with integration. Now that we are starting MY5, this is also a good time to thank you and to congratulate you! Together we have earned 95% of our total eligible funding, closing out over 104 NYS milestones and 139 metrics, and we have successfully closed out 7 of our 10 DSRIP projects. This is a result of your organizational transformation and innovation -- and hard work.

While we have accomplished a tremendous amount, the work isn’t over. As you are well aware, as the number of DSRIP program requirements decline, our ability to earn eligible dollars becomes even more reliant on our ability to achieve our DSRIP performance targets. The good news is that these are the measures that our previous work has prepared us for, building the infrastructure to enable data flow (while imperfect, we have found “the first rocks to look under”); building reports and workflows to identify and manage patient cohorts; and building referral pathways and partnerships to meet the needs of our patients.

This year, our work will continue to be focused on targeted performance improvement initiatives to
enable maximum drawdown of DSRIP performance dollars, while identifying and designing efficient processes that will take us into Value-Based Payment (VBP) contracts. We will accomplish this through targeted performance improvement efforts and innovative partnerships with CBOs and other organizations impacting social determinants of health (SDH). MHVC will leverage our new Communities of Care model to drive regional performance, improve MY5 measures, and leverage the great work of the MAX teams, as you’ll read later in this newsletter.

We have built a great network that has already shown results. We make a great team, and together we have designed and implemented a template for future success. Thank you, congratulations, and let’s keep going!

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**DSRIP News | Network and state activities**

**What’s New with MAX? Spreading the Word!**

**MHVC to share learned innovations**

On May 30, 2018, the NYS Department of Health (DOH) conducted a Medicaid Accelerated eXchange Series (MAX) Symposium for all PPSs and their MAX action teams in New York City. The state discussed the work around the MAX series to date, how the PPSs have been doing, and what the expectations are as the program moves forward. The expectation is that trainers will be able to apply the MAX methodologies within their own organizations as well as provide training to other staff and other organizations in their communities to enhance the impact of MAX.

To date, the MAX Series has had 87 action teams, and 67 participants in its train-the-trainer (TTT) program, known as MAXny. TTT participants have been trained in the Rapid Cycle Continuous Improvement (RCCI) techniques and frameworks used in the MAX series. MHVC partner participants in the myriad aspects of MAX include Montefiore Nyack Hospital, St. Joseph’s Medical Center, St. Luke’s Cornwall Hospital, Vassar Brothers Medical Center, Montefiore Mount Vernon, Montefiore New Rochelle, White Plains Hospital, and St. John’s Riverside Hospital.

MHVC and its partners have been using the MAX framework to define cohorts of high utilization patients. Cohort sizes and eligibility varied by site, however all sites were able to reduce avoidable ED visits and readmissions. For some sites reductions were as high as 33% for ED and 88% for readmissions. MHVC will soon be updating this data with new results from the cohort. Stay tuned!

"We have been using the data we gather to drive change," said Natalee Hill, MHVC Director of Quality and Innovation. "We have used it to look at risk stratification, and to continue to understand the drivers of utilization." A major focus of MHVC’s effort has been to spread these successful initiatives within the
network. That means engaging hospitals, community-based organizations (CBOs) and other key partners to address the drivers of avoidable utilization.

Get Smart! MHVC Offers Full Scholarships for Valera Smartphone App
App supports care management for BHI

MHVC is pleased to announce that we are offering partners a full scholarship for use of Valera Health, an evidence-based smartphone application that provides significant care management and self-management support for patients’ integrated behavioral health care needs. This is a key part of our continued effort to support tools that prepare partners for value-based payment (VBP), further the development of a sustainable Integrated Delivery System (IDS), and our partners’ ability to improve performance.

The Valera smartphone technology increases patients’ knowledge and self-management of their condition and supports timely and more seamless communication with clinical staff. The goal is to increase engagement and improve treatment adherence and quality outcomes. The app offers comprehensive features to support the key elements of integrated care, such as symptom and functional monitoring with patient-reported outcomes, timely follow up, goal-planning strategies, health education materials, a chat function (secure text messaging) for self-management support, and appointment and medication reminders. Patients can also opt in to passive data collection to help inform individualized coaching (step counts for exercise, for instance, and even an alerting function to the health care team if a patient does not leave their home after 2-3 days, a sign that the individual’s symptoms may be worsening.)

The app has been piloted at Montefiore’s federally-funded Behavioral Health Integration Program (BHIP) for over two years with impressive results. “We are pleased with the results of Valera’s technology platform. The patients feel better connected to their providers, and the care managers appreciate the efficiency of being able to monitor patient progress with less voicemail phone tag and no-show visits,” said BHIP’s Executive Project Director and Director of MHVC’s Behavioral Health Learning Collaborative, Henry Chung, M.D. “Seventy-percent of users have actively engaged in the app, with a 76% patient satisfaction rate and patient-clinician monthly contacts increasing three-fold.”

"Perhaps the most important result is that the majority of patients report that using Valera has helped them to accomplish more of their healthcare goals," reports Kelly Carleton, Project Manager for Behavioral Health Integration. The technology also has the ability to potentially help partners improve their performance on quality measures such as HEDIS measures, antidepressant medication management, adherence to antipsychotic medication for people with schizophrenia and diabetes, and engagement in alcohol and other drug dependence services.

MHVC partners will help expand Montefiore’s pilot by introducing the app to new patient populations in different settings. Most of the MHVC’s partners
participating in the pilot include behavioral health organizations treating people with serious mental illnesses. There are currently five MHVC partners participating in the launch: Access: Supports for Living, Mental Health Association of Rockland County, Mental Health Association of Westchester, St Vincent’s Hospital, a division of St Joseph’s Medical Center, and Westchester Jewish Community Services. “The Valera Health app will enhance our services to ACT and Care Coordination clients at St. Vincent’s,” states John Francis, LCSW, Administrative Director, Care Management and Community Services. “The educational materials and screening and monitoring tools will help engage more clients in their care, and hopefully strengthen our connection with clients who are often reluctant to engage with behavioral health services.” Despite the differences in patient populations, the partners expect to see similar engagement rates.

**MHVC Launches “Communities of Care” for Rockland and Orange**

*New initiative will focus on regional continuums to promote integrated care*

“Excited” was the word that best described the reaction of partners invited to MHVC’s inaugural Communities of Care (CoC) forums, according to Marlene Ripa, MHVC’s Director of Network Design and Administration. “MHVC developed the CoC as an ‘umbrella’ for activities around provider engagement and performance improvement involving organizations within the same region,” said Ripa. “Our focus on regional continuums of care will support our partners with localized data and technical assistance. It was gratifying to hear from our partners, ‘yes, that’s what we want!’”

Ripa explained the genesis of the CoC. “The first few years of DSRIP focused on developing clinical standards and roles for projects,” she said. “Now we can focus on network standards as they are applied at a regional level, tailored to community needs.” MHVC started with Rockland and Orange Counties because of the ability to build on the extensive collaboration and partnerships crafted through MHVCs Innovation Fund, and intends to spread this work to other regions.

The two regional half-day sessions were held on May 4 in Rockland County at Montefiore Nyack Hospital, and on May 11 in Orange County at Montefiore St. Luke’s Cornwall Hospital in Newburgh. Upwards of 20 organizations were represented at each forum. The CoC is a structure to facilitate multi-disciplinary engagement to impact the health of the community, and to advance collective MHVC- and value-based-payment (VBP) performance. “In the short term, CoC forums will be focused on identifying tactical opportunities to identify and address gaps to improve our final performance period,” said Ripa. “At the same time, we realize the immense value of having the right people in the room to begin to identify the need for larger systemic changes that will take much longer to implement.” The forums provide a unique opportunity to utilize a combination of qualitative (claims data) and real, live experience of multi-disciplinary partner organizations (both clinical and social service) to identify opportunities and co-develop solutions.

During each regional meeting, county-specific performance data were shown, followed by discussions on how to improve the numbers. “We are looking forward to sharing some initial partner feedback from each of these meetings,” said Ripa.
"We received very thoughtful comments on specific gaps partners have identified and opportunities for improvement." MHVC will design and propose Initiatives based on the input received at the forums and at future venues.

A future newsletter will have full coverage of each of the two meetings, including partner interviews, next steps, takeaways -- and pictures. And stay tuned for more information on the Westchester CoC coming soon! MHVC is looking forward to sharing this journey with the entire network. Join us!

Innovation Driving Change | Best practices from the nation to you

More "Joy": NEJM Articles and IHI Conference Emphasize Importance
MHVC furthers the discussions of joy following NYC RING

The MHVC November Newsletter (link here) reported on the centerpiece message of the annual NYC RING (New York City Research and Improvement Networking Group) conference keynote speaker, Dr. Christine Sinsky, who focused on the importance of ensuring Joy in Work to prevent burnout. MHVC will continue to work with our partners to further the discussion of Joy in Work and Physician Burnout by practitioners and national organizations. Recently, the New England Journal of Medicine (NEJM) Catalyst Team released a special edition of articles related to physician burnout, including an article by Dr. Sinsky. The collection is available as a free download here.

December’s annual Institute for Healthcare Improvement (IHI) National Forum on Quality Improvement in Health Care also focused on joy in work and physician burnout. IHI produced a white paper, “IHI Framework for Improving Joy in Work” (link here) that is intended to serve as a guide for health care organizations to engage in a participative process where leaders ask colleagues, “What matters to you?” (WMTY). MHVC has been a leader in asking WMTY, which enables organizations to better understand the barriers to joy in work, and to work with colleagues to co-create meaningful, high-leverage strategies to address these issues.

The IHI white paper describes the following:
-- The importance of joy in work (the "why");
-- Four steps leaders can take to improve joy in work (the "how");
-- The IHI Framework for Improving Joy in Work: nine critical components of a system for ensuring a joyful, engaged workforce (the "what");
-- Key change ideas for improving joy in work, along with examples from organizations that helped test them; and
-- Measurement and assessment tools for gauging these efforts.

IHI’s Four Steps You Can Take to Increase Joy in Work

1. Ask staff, “What matters to you?”
2. Identify unique impediments

3. Commit to a systems approach

4. Use improvement science

"MHVC will continue its commitment to these key concepts," said Dr. Gutnick. "We are looking forward to hearing success stories from our partners as they continue to strive for more ‘joy in work’ while delivering the highest quality health care to the region."

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News and Alerts | Announcements, deadlines, and requirements

**Bringing It All “Home”: 82 Practices Certified as Patient-Centered Medical Homes**  
**MHVC assists partners achieve PCMH recognition**

On April 1, 2018, the NYS Department of Health (DOH) launched the NYS PCMH Recognition Program for Patient-Centered Medical Homes (PCMH). A new “New York model” based on National Committee for Quality Assurance (NCQA) criteria replaces the Advanced Primary Care (APC) program used for prior certifications, and will be the sole option for practices seeking PCMH recognition in the state now and in the future. "NCQA is the leader in health care accreditation," explained Tawana Howard-Eddings, MHVC Director of Practice Transformation. "When NCQA came up with their 2017 model for PCMH, the state saw the alignment between the two models and decided to formally adopt the NCQA model. The 12 criteria were electives before, but now they are the core requirements for the NYS PCMH Model."

PCMH is a care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, and in a manner they can understand. It incorporates many aspects of DSRIP, including investments in health IT, behavioral health integration (BHI), rigorous care coordination, population health, and the potential for multi-payer support, accelerating the transition toward value-based payment (VBP).

"Being PCMH is preparing us for the new generation of health care delivery," said Basil Njoku, Director of Operations at Comprehensive Primary Care Services (CPCS) of New Rochelle. "For those of us who obtained certification at the end of last year, we now have a roadmap for transitioning to the new model." Being a PCMH has allowed CPCS to expand its primary care services in a manner that is not cost-prohibitive, and has resulted in cost- and time-savings. "It has helped us leverage the use of technology and interoperability," continued Njoku, and "helped us expand avenues to engage patients. Most importantly, we keep connected to patients at all points along the care continuum by using technology, like a ‘health care GPS.’ It has expanded our reach, and given us a virtual hands-on approach to keep patients -- no matter where they are -- in the loop with our providers."

What does this change mean? NCQA has moved to annual check-ins instead of recertification every three years. The three virtual check-ins and recognition will
be on an annual basis to ensure practices establish and maintain processes and workflow for sustainability. Practices that were previously enrolled in the APC Model will automatically be shifted to pursuing the new model; practices that have recently achieved PCMH 2014 Level 3 will eventually need to upgrade. Practices that are 2014 level 3 will have to submit documentation for an annual renewal 30 days prior to their renewal date, including annual reporting requirements and submission of evidence that they met the 12 new core criteria. A check-in is not required.

Practices previously enrolled in the APC program will be automatically transferred to NYS PCMH program. Depending on the level of recognition achieved, it is possible to achieve NYS PCMH according to the timeline below:

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<th>Check in 1</th>
<th>Check in 2</th>
<th>Check in 3</th>
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<td>No Previous Recognition</td>
<td>6 months</td>
<td>12 months</td>
<td>18 months</td>
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New York State, through the federal State Innovation Model (SIM) grant, provided funding to cover technical assistance for primary care practices undergoing APC transformation. This funding will now be used to assist practices pursuing NYS PCMH designation. Additional guidance and educational materials will be published in the coming months outlining the new PCMH incentive payment amounts effective July 1, 2018.

"MHVC has assisted in the transformation of 39 practice sites associated with 9 organizations in obtaining PCMH 2014 level 3 certification by the DSRIP NYS deadline of March 31, 2018," said Howard-Eddings. "In MHVC’s network we now have total of 82 PCMH practice sites, which helps make primary care more accessible, comprehensive, and coordinated while improving patient outcomes and decreasing overall healthcare costs."

IT'S IN THE NEWS:
Attention to SDH Reduces Health Plan Spending

This article in Health Leaders Media tells us what we know: Addressing social determinants of health (SDH) improves health while saving money for health plans. By investing in solutions that address social barriers, health plans can substantially reduce the amount of money spent on health care expenses and still keep their customers living healthy lifestyles. The article cites research from WellCare Health Plans, which serves approximately 4.3 million members nationwide, and the University of South Florida (USF) College of Public Health, in Tampa, FL.

New HUD Rules May Increase Demand for Tobacco Dependence Treatment
Center for a Tobacco-Free Hudson Valley can help
Beginning August 1, 2018, the U.S. Department of Housing and Urban Development (HUD) will restrict smoking in all indoor areas as well as outdoors within 25 feet of public housing agency buildings. With approximately 33,000 public housing units in our region, providers may see an increased demand for smoking cessation services from residents. Information about the rule, and toolkits, posters, and other support materials can be found [here](#).

MHVC partner, Center for a Tobacco-Free Hudson Valley, can help. According to Didi Raxworthy, Director, Center for a Tobacco Free-Hudson Valley, American Lung Association of the Northeast, “MHVC partners may need to include Tobacco Dependence Treatment protocols to help patients and clients successfully quit smoking. Providers throughout the state have implemented these systems, and we can share this success and provide support in the implementation and training necessary.” There are also expanded state Medicaid smoking cessation benefits, including Medicaid Fee-for-Service and Medicaid Managed Care Organizations; you can search coverage by medication and plan [here](#).

Providers in Dutchess and Putnam Counties can contact Didi Raxworthy at [didir.raxworthy@lung.org](mailto:didir.raxworthy@lung.org); in Westchester and Rockland Counties, contact Leilani Lockett at [leilani.lockett@lung.org](mailto:leilani.lockett@lung.org); and in Orange, Sullivan and Ulster Counties, contact Susan Lennon at [susan.lennon@lung.org](mailto:susan.lennon@lung.org).

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**Around MHVC | Partner activities**

### When Health Care Meets Homeless Housing: Access and Developer Meet Need

*Supportive housing units provide permanent homes for the homeless*

Access: Supports for Living Inc. (Access), has a long track record providing services for those who live with the challenges associated with developmental disabilities and behavioral health issues. “We believe in the power of home to foster independence, health, and recovery,” said Ronald Colavito, Access Executive VP and COO, “and we know how to work with a development partner to build quality housing, and to provide needed services. So it was natural for us to respond to the 2016 RFP from the Empire State Supportive Housing Initiative (ESSHI) to create permanent, supported housing opportunities for people with a history of homelessness.”

Since 2012, the Access Community Living Team has worked in partnership with Jonah Mandelbaum of Warwick Properties, an experienced developer of quality, affordable housing in the Hudson Valley, to support people and families with complex needs, including intellectual and developmental disabilities, behavioral health challenges, and co-occurring disorders, to create a home – safe, stable, and secure – in fully integrated, beautiful, community settings. Today, more than 150 people live independently across seven developments.

The goal of the ESSH! is 6000 units in 5 years. With funding from ESSH!, in April 2017, Access and Warwick Properties opened Temple Hill, one of the first ESSH! projects in the state. In its projects, Access provides support for individuals and families who have experienced homelessness and have an additional special need, such as serious mental illness, veteran status, foster care youth entering...
adulthood, and those who have been chronically homeless. Access and Warwick have built these three developments targeted for the homeless:

- Temple Hill II Apartments, New Windsor, NY, Opened: April 2017, 86 units total, 31 units set-aside through ESSHI
- Bella Vista I Apartments, Middletown, NY, Opened: February 2018, 76 units total, 15 units set-aside for through ESSHI and 8 units set aside for people with I/DD
- Bella Vista II Apartments, Middletown, NY, Opened: March 2018, 88 units total, 26 units set-aside for through ESSHI and 1 unit set aside for a person with serious mental illness through Orange County

The projects were not without challenges on many levels. "Although we were delivering familiar services, working with the homeless populations was different and more difficult," said Colavito. The new model required on-site presence and a "high-touch," supporting people with daily living challenges who needed to maintain their households. "We have had such powerful experiences," said Colavito, "and we are constantly hearing positive stories, especially around families with single parents."

"When you’re building a project like this, it’s concrete, wood, and glass. It’s a structure. But the day I moved in, April 28, 2017, your structure became my home. Being homeless is not a disease, but it will make you sick. Being homeless is not a crime, but it will make you angry enough to commit one. You can’t truly understand the meaning of home until you don’t have one." - Hope S.

Allison Horan, Access Special Projects Director, observed. "Although this is not a direct DSRIp initiative, the residents who were once homeless are not using hospitals as respite in the same way, reducing impact on acute care beds and emergency rooms. They are now more stable: 94% are still with us. One family moved in from a condemned trailer, all are getting much-needed support, and many are in recovery."

"We are very excited about the high level of partnering -- the number of referral sources, agencies, law enforcement, etc., that are helping us," said Colavito. "We also have units set aside through ESSHI for veterans, so we have additional support from the American Legion and other local veterans services groups."

Colavito stressed the importance of community inclusion. "These subpopulations -- those with serious mental illness, veterans, the homeless, and children aging out of foster care -- are particularly vulnerable. But instead of isolation, there is socialization and people working with each other since these units are not just for people with disabilities. These are small communities in and of themselves. Site selection criteria -- and proximity to health care, religious institutions, shopping, employment, or transportation services -- are critical factors.

Access is continuing to develop additional homeless units in addition to its other supportive housing. "We learned last month that we were awarded for two more phases," said Colavito, "and we have been approved through ESSHI for a service component. We have added ‘housing for the homeless with special needs’ to how we define ourselves as part of fulfilling our mission to help people live the healthiest and fullest lives possible."
Is your organization or staff being honored or recognized? Let us know so we can share the news with the MHVC network.

August is Breastfeeding Awareness Month

If you have special events or activities around breastfeeding awareness, 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.

Go to MHVC Website

Working It | Training and workforce development

Partners in Pride: LGBTQ Training “Opens Eyes and Hearts”
Nyack Hospital launches staff training with Rockland Pride

Nyack has partnered with Rockland County Pride Center to train its entire staff in cultural competency related to serving LGBTQ patients. Everyone on staff, from the executive suite to the kitchen to the front desk, is learning that all patients are to be “accepted, respected, and understood.” (Read the LoHud.com article about the training and watch the video here.)

"Philosophically, we do not treat one group of people differently from others," said Drew Deraney, Director of Patient Experience at Nyack Hospital. "When we met with Rockland Pride leadership, they were not asking to be treated differently, only to be treated the same, with dignity and respect. It is a message we can now share with other subsets of our patient population."

"The training puts structure around enhancing communication and the spirit of inclusion," Deraney continued. "For example, we can use this model to address the special needs of a child with autism, or our Orthodox Jewish population. There is a distinction between treating people differently versus treating people with compassionate care while acknowledging and addressing their special needs or adhering to cultural beliefs."

"We were honored to be asked to participate in the LGBTQ training," said Deraney, "It heightened our sensitivity to the needs of the LGBTQ community, and then we extended that training and education to bring empathetic behavior to the forefront throughout Nyack Hospital. The Pride training established us as a workplace that is open to learning."

What Matters to You | How partners are implementing WMTY
Recapping WMTY Day 2018: What Matters to You, Matters to Us
MHVC leads the country on WMTY Day!

In the past year, you, our partners, have embraced WMTY to such a degree that MHVC was tapped to lead international, regional, and local events on June 6, WMTY Day. "This is a testament to the creativity and commitment of our partners around WMTY," said Dr. Damara Gutnick, MHVC Medical Director. "Not only have our partners elevated the WMTY conversation in our region and among PPSs statewide, they are models for the rest of the country and the international WMTY community."

MHVC Staff Dons Their Patient-Center Frames for WMTY Day.

MHVC celebrated WMTY Day at events with staff and partners, and with regional and international WMTY communities through webinars. "We can make every day a WMTY learning day through online webinars," said Dr. Gutnick. She and Joan Chaya, MHVC Director of Workforce Development and Management led two webinars on WMTY Day. In the morning, MHVC presented a "kick-off" webinar that summarized the activities over the past year. Most importantly, it asked attendees a series of questions, which stimulated dialog.

Later in the day, Dr. Gutnick and Chaya joined Maureen Bosignano, President Emerita of the Institute for Healthcare Improvement (IHI), as the featured speakers for IHI's Leadership Alliance roundtable, which was dedicated to WMTY Day. "It was an honor to be asked to lead this webinar and to be recognized for our efforts, even though we have only been working on WMTY for a year!" said Chaya. "We were also very pleased that our partners were able to share their WMTY stories during the webinar and interact with online attendees from around the world." MHVC partners from Cabrini Westchester, Nyack Hospital, St. Luke's Cornwall Hospital, and Montefiore Wakefield provided stories of how their staffs and patients use and benefit from WMTY.

In addition to the webinars, Dr. Gutnick and Chaya presented an WMTY training at the Orange County Department of Mental Health (DoMH), Goshen, NY, and later introduced the WMTY campaign to senior HR professionals at the Association of Healthcare Human Resources Administrators (AHHRA) President's Dinner, at Montefiore Moses campus. The Orange County WMTY training event was organized by MHVC in collaboration with the Orange County DoMH, and the Joint Membership of Health and Community Agencies. Darcie Miller, DoMH Commissioner, hosted the session in Goshen, which had 80 participants, ranging from executive directors to front-line care management staff, from over 15
organizations. The training provided participants an overview of WMTY and reviewed the tools and processes used to guide health care staff.

Concluding WMTY Day, Dr. Gutnick and Chaya were the guests of the Association of Healthcare Human Resources Administrators (AHHRA) at the organization’s President’s Dinner. “We had the privilege of introducing WMTY and our testimonial video to senior human resources executives,” said Chaya. “Since compassion and joy at work starts at the hire, this was the ideal audience for this critical message.”

“It was a thrilling day,” concluded Dr. Gutnick, “and we look forward to sharing WMTY stories from our partners throughout the year, leading up to WMTY Day 2019.”

**HDSW Does WMTY Day -- Everywhere!**

“What Matters to You?” means so much to Human Development Services of Westchester (HDSW), that WMTY Day was celebrated at each HSW location. “I can’t express enough thanks to MHVC for introducing us to WMTY last year. It has literally changed the better the way we provide services, treat each other and our clients, and view our mission,” said Kathy Pandekakes, HDSW Chief Executive Officer.

Each Community Residence, HOPE House, the Neighborhood Preservation Company, the Living Room, and HDSW headquarter offices participated in WMTY in their own ways. Some groups played WMTY Bingo and Word Search games, had special lunches, and worked on “WMTY Walls.” Others built “WMTY Trees” and shared WMTY with colleagues. “We even created our own WMTY person-centered frames and WMTY lapel pins,” said Pandekakes, “and we will continue to give these out throughout the year.”

The HDSW main office, with its Living Room Crisis Day Respite Program, held a day-long open-house celebration of WMTY. Breakfast began with a showing of MHVC’s WMTY video and a discussion of WMTY. After a few hearty WMTY games (including prizes!), guests were joined for lunch by Elizabeth Ramos, Executive Assistant, of the MHVC team. Guests enjoyed takeaway gift bags, WMTY cake, and the opportunity to spend time with staff from the Center for Career Freedom, which gave free computer lessons. The Center is part of HDSW’s Innovation Fund Grant from MHVC, through which a Center staff member provides computer training each week for Living Room guests as an embedded service.

“This was an incredibly successful day that we will replicate again within the next six months and of course next year on WMTY Day,” said Pandekakes. “Thanks again to MHVC for bringing WMTY to our PPS and to HDSW!”

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Partner Highlights

**Color Me Well: PPMHV’s Innovative Approach to PHQ-2 to PHQ-9 Conversion**

*Use of a “coloring card” yields immediate results*

According to Katharine F. Burnett, Chief Strategy Officer for Planned Parenthood Mid-Hudson Valley, Inc. (PPMHV), it all started at the MHVC Behavioral Health Learning Collaborative in June 2017. Dr. Henry Chung, Senior Medical Director, Montefiore Care Management Organization, praised PPMHV for the number of PHQ-2s (Patient Health Questionnaire-2) it was doing, but, like PPMHV, he recognized that a low number were converted into PHQ-9s (Patient Health Questionnaire-9).

"Internally, we all agreed this was a problem, since we were generating so few PHQ-9s," Burnett said. The PHQ-2 is a preliminary screening tool administered prior to the PHQ 9. If a patient responds “not at all” to questions asking if the patient has experienced little interest or pleasure in doing things and/or has felt down, depressed, or hopeless in the previous two weeks, then no additional screening or intervention is required, unless otherwise clinically indicated. If a patient responds “yes” to one or both questions on the PHQ-2, then the PHQ-9 should be administered and scored to inform treatment planning.

PPMHV has five centers serving Dutchess (Poughkeepsie), Orange (Newburgh and Goshen), Sullivan (Monticello), and Ulster (Kingston). Certain populations are more at risk for depression than others, and therefore PPMHV provides the PHQ-2 at every visit unless given within the last month. If at the last PPMHV visit the patient had a PHQ 9 screening done, then a PHQ-2 must be giving regardless of time interval.

Burnett and Kristin Kipp, PPMHV Data Analytics Manager, recognized that by allowing PPMHV patients to be asked the PHQ-2 questions during intake rather than using paper allowed for the intakers intonation and facial expressions to possibly affect the patient’s response. Originally, the PHQ was devised to be done on paper, and July 2016 New York State guidelines for PHQ 2 and 9 in integrated care settings state that they “should be completed by the patient,” indicating paper. Using the training Kipp and Burnett received from MHVC on developing a PDSA, they developed the new process as a PDSA, with the result that their patients now do the PHQ-2 on on paper as, recommended.

However, this was just the first step towards success. “We wanted to see if we could make it interesting for the patient,” said Burnett. “Given the popularity of adult coloring books and the success we have had with our own Planned Parenthood coloring books, we thought we would try a ‘coloring card’ on the back of the PHQ-2.” Burnett and Kipp recruited an assistant to help them, and then worked with an art therapist who was a Planned Parenthood nurse to pick the five pictures used for the cards.
Burnett explained that giving the coloring-card PHQ-2 to the patients during intake helped the patient flow, patient concentration and attention, and the gathering of more and accurate information. "The intaker gives the cards to the patient, who fills out the questionnaire. Then the patient uses the colored pencils we provide to start coloring on the other side. Meanwhile, the intaker attends to the intake documentation. Then the intaker reviews the PHQ-2 to see if a PHQ-9 has to be done."

At the end of the evaluation, the intaker returns the card to the patient, saying they can either continue color or throw it away. "In most cases, patients continued to color in the card while the intaker is in the room-- providing the opportunity for the patient to ask more questions, if needed, and the intaker to clarify information and complete the patient documentation. This is a win-win for us and for the patient," concluded Burnett.

"We started in September 2017, and our numbers increased immediately," said Kipp. At a pilot site the number of PHQ-9s went from 2-3 per month to 44, in less than a month. "This is a benefit for the staff as well as the patient, since the new process fits easily into their workflow and gives them extra time to document in the EHR," she said. Center managers at all five PPMHV sites have started using the process, and now the cards and colored pencils are available in all the exam rooms. "We all love it," said Kipp.
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