OneCity Health PPS
Project 11 Project Participation Opportunity

October 19, 2015
Agenda

- DSRIP Overview
- Overview of Project 11 and the Patient Activation Measure (PAM)
- OneCity Health Initial “Project Participation Opportunity” for Project 11
- FAQs
- Q&A
The Delivery System Reform Incentive Payment (DSRIP) program comprises the largest portion of the 1115 Medicaid Waiver. DSRIP is a $6.42B performance-based program that will fund public and safety net providers to transform the NYS health care delivery system.

<table>
<thead>
<tr>
<th>Goals:</th>
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<tr>
<td>(1) Transform the safety net system</td>
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<td>(2) Reduce <em>avoidable</em> hospital use by 25% over 5 years (admissions &amp; readmissions by 2020)</td>
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<td>(3) Concurrent pursuit of the Triple Aim (better care, improved health, reduced cost)</td>
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<td>(4) Ensure delivery system transformation continues beyond the waiver period through managed care payment reform</td>
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<table>
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<th>Key Program Components:</th>
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<td>▪ Statewide funding initiative for public hospitals and safety net providers</td>
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<td>▪ Only coalitions of community/regional health providers are eligible (to create a Performing Provider System – PPS)</td>
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<td>▪ DSRIP projects based on a menu of interventions approved by CMS and NYS</td>
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<td>▪ Payments to providers based on their performance in meeting outcome milestones and the State achieving statewide metrics</td>
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What is Project 11?

**DSRIP Project 2di:** Implementation of Patient Activation Activities to engage, educate, and integrate the uninsured, non-utilizing, and low-utilizing Medicaid populations into community-based care

*Also known as “Project 11”*

- “Project 11” gets its name from the fact that it is often *additional to* the 10 other projects that a DSRIP Performing Provider System (PPS) has chosen.

- Public hospital-led PPSs were given the first right of refusal for this project. Thus, most PPSs who will be implementing Project 11 are led by public hospitals.

- The four PPSs in New York City that are implementing Project 11 are:
  - Nassau Queens
  - OneCity Health
  - Staten Island
  - Suffolk Care Collaborative
Project 11 Overview

• **Goal:** To engage and educate community members so that they are better positioned to manage their own health

• **Target population:** Efforts are focused on the uninsured and the non- and low-utilizers of the health care system

• **Approach:** Through proactive outreach and engagement OneCity Health partners will help identify community members, help them to connect to insurance and preventive services, and coach them for greater engagement

• **Tools:** A key tool leveraged by Project 11 is the Patient Activation Measure (PAM), a ten-item survey that helps identify the knowledge, skills, and confidence level of an individual towards their health and healthcare
Project 11 plays a Key Role in OneCity Health DSRIP Program Along the Care Continuum

**Strengthen Primary Care and Behavioral Health**
- Improve treatment of palliative care and cardiovascular disease in the primary care setting
- Improve access to behavioral health and integrate with primary care
- Enhance identification and linkage of pediatric asthma patients with home-based self-management

**Achieve Seamless Care Transitions**
- Evidence-based care coordination and PCP linkages for ED patients who could benefit from enhanced support (high-risk patients, patients presenting for non-urgent care)
- 30-day supported post-hospitalization transitional care services for patients at-risk for readmission

**Focus of Project 11**
- Specialist Care (including behavioral health services)
- Patient’s Community
- Patient and Family
- Community-based Organizations/Social Services
- Care Manager/Health Home
- Post-Acute/Long-term Care Facility
- Home Health Care
- Hospital and Emergency Department

**Enhance Outreach and Activation**
- Comprehensive program to actively engage patients in high-quality, patient-centered care, regardless of their insurance status

**Ensure Robust, Targeted Care Management**
- Global risk stratification
- Episodic or longitudinal care management support that meets the patients needs and promotes self-management

OneCity Health Project 11: Project Participation Opportunity Webinar | October 19, 2015
Project 11 Target Population: Key Definitions

- **Uninsured**: Individuals who are not enrolled in Medicaid, do not have commercial insurance, or do not have any other qualifying insurance at the time of PAM-10 survey administration.

- **Low-Utilizing Medicaid Member (LU)**: Medicaid eligible member who has two or fewer primary care visits in the last 12 months (particularly despite a need for visits such as follow-up from hospital or ER use or chronic disease management).

- **Non-Utilizing Member (NU)**: Medicaid eligible member who has no claims for qualifying services as identified by NYSDOH through the member roster and claims sharing processes.
Project 11 Patient Engagement: 4 Ways for People to Present

(1) ED or Inpatient Facility  
\textit{(person seeks us)}

(2) PCP or Outpatient Facility  
\textit{(person seeks us)}

(3) CBO or Event  
\textit{(person seeks us)}

(4) Active outreach by CBO, Care Manager/Navigator, etc.  
\textit{(outreach – we seek person)}
The 10-Item Patient Activation Measure (PAM)

A key tool leveraged by Project 11 is the Patient Activation Measure (PAM), a ten-item survey that helps identify the knowledge, skills and confidence level of an individual towards their health and healthcare.

1. When all is said and done, I am the person who is responsible for managing my health condition
2. Taking an active role in my own health care is the most important factor in determining my health and ability to function
3. I know what each of my prescribed medications does
4. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself
5. I am confident I can tell my health care provider concerns even when he or she does not ask
6. I am confident that I can follow through on medical treatments I need to do at home
7. I have been able to maintain the lifestyle changes for my health that I have made
8. I know how to prevent further problems with my health condition
9. I am confident I can figure out solutions when new situations or problems arise with my health condition
10. I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress
In this first phase (Nov. 1, 2015- March 31, 2016) the focus will be on:

- Administering the PAM
- Connecting individuals to health insurance and primary care
- Learning and building capacity

In the second phase (April 1, 2016- March 31, 2017), there will be an added focus on coaching for activation.
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OneCity Health Initial Project Participation Opportunity for Project 11

What is a “Project Participation Opportunity”?  
- As the OneCity Health PPS transitions from planning/design to implementation, the PPS established the “Project Participation Opportunity” as a transparent mechanism and process to:
  - Describe the design of a project
  - Identify the opportunities for a partner to participate in the implementation of a project
  - Allow potential partners (project participants) to indicate their interest in supporting one or more facets of project implementation
  - Facilitate contracting with qualified partners

- Upon identifying opportunities for initial implementation of a particular project, OneCity Health will publish a “Project Participation Opportunity” document to all partners

- A partner may respond to a Project Participation Opportunity as a way of “raising their hand” or self-identifying their interest in participating in the implementation of a project

- We expect to release several Project Participation Opportunities in the coming months with many opportunities available on a rolling basis as we move forward

- On October 9th, OneCity Health PPS released its first Project Participation Opportunity, which was specific to Project 11
How does a “Project Participation Opportunity” relate to contracting?

- In general, the process kicked off by a Project Participation Opportunity will result in the execution of a contract ‘schedule’, a document that will outline PPS and partner responsibilities and payment structure/terms, in accordance with the base Master Services Agreement.

- As a reminder, the OneCity Health contracting process has two key components:
  
  Each partner will enter into a Master Services Agreement (MSA) with HHC and the OneCity Health Central Services Organization (CSO).

  Partners have reviewed the MSA, and it will be distributed for execution later in October.

  Contract “schedules” will be partner-specific and will detail specific project responsibilities and payment structure.

- All DSRIP funds will be distributed in accordance with a transparent process that involves review by the PPS Executive Committee.

  Project Participation Opportunities will lead to contract schedules.
Initial Project 11 Project Participation Opportunity, released on October 9th

- On October 9th OneCity Health distributed its first Project Participation Opportunity – which was specific to Project 11
- Aim: To identify interest in 1) administering the PAM and/or 2) training individuals in PAM administration

<table>
<thead>
<tr>
<th>Components of Project Participation Opportunity</th>
<th>Response Form</th>
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<tbody>
<tr>
<td>I. Background and Purpose</td>
<td>I. Partner Information</td>
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<tr>
<td>II. DSRIP Project Description</td>
<td>II. Project Participation Area of Interest (check one or both)</td>
</tr>
<tr>
<td>III. Description of Partner Participation Roles and Responsibilities</td>
<td>A. Delivery of Insignia PAM-10 Survey Administration Training</td>
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<tr>
<td>IV. Required Partner Qualifications/Criteria</td>
<td>B. Outreach and Engagement to Administer Insignia PAM-10 Survey</td>
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<td>V. Response Process and Timeline</td>
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<td>VI. Timing of Future Requests</td>
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<td>VII. Partner Contracting</td>
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<td>VIII. OneCity Health Contact Information</td>
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October 9th Project Participation Opportunity - Key Highlights

• There is no competition – we are seeking the greatest number of community-based organizations who are most ready to be trained and administer the PAM

• Organizations may decide to administer the PAM and/or be a designated organization that provides training to other OneCity Health partners

• CBO must sign the OneCity Health Master Service Agreement (MSA) before being able to contract for delivering PAM training or PAM administration

• We anticipate that resulting contract schedules for PAM Training/Administration will be executed beginning in November 2015
Minimum Partner Requirements for this Project Participation Opportunity

- Must be able to send at least one staff member to a three and a half (3.5) hour *Training of Trainers* on administration of the Insignia PAM-10 survey (October 28th or the 29th), or provide documentation of prior staff training on the Insignia PAM-10 survey.

- Must have experience and be willing to conduct outreach and engagement in “hot spot” areas with high numbers of the uninsured individuals, and low-utilizing and non-utilizing Medicaid members.
  - The zip codes included on the Project Participation Opportunity are those that were identified from the Community Needs Assessment (CAN) with the highest rates of uninsured individuals or a high percentage of Medicaid beneficiaries.

- Must have electronic means of documenting, tracking, and reporting of all activities in a manner specified by OneCity Health.
As described earlier, this Project Participation Opportunity will result in the execution of a contract ‘schedule’, a document that will outline the specific responsibilities and payment terms related to 1) administering the PAM and/or 2) training individuals in PAM administration.

In order to execute a contract schedule, a partner must first execute the base OneCity Health Master Services Agreement (MSA), which will be distributed later this month.

OneCity Health is still in the process of drafting and vetting the payment model for PAM administration and training; we hope to finalize this payment model in the coming weeks.

The emerging payment model includes the following components:

1. A one-time ‘start-up’ payment for each partner (ie, $X per participating partner)
2. Payment for PAM administration and linkage to insurance/primary care on a per-PAM basis (ie, $X per PAM)
3. Payment for delivery of training on a per-session basis (ie, $X per training session delivered)
Key Dates

- **October 16th** – Identify at least one staff person to attend the Train the Trainer Session on October 28th or the 29th and send an email to DSRIPSUPPORT@nychhc.org with the subject line “PAM Administration”

- **October 23rd** – Complete the Project Participation Opportunity Partner Interest Form and send an email to DSRIPSUPPORT@nychhc.org with the subject line “PAM Administration”

- **October 26th** – OneCity Health staff will notify partners of training selection

- **October 28th and October 29th** – PAM Administration training
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Frequently Asked Questions : Staffing/Training

• My agency wants to participate in Project 11, but we are not sure who on our staff will be administering the PAM. Who should we send to be trained?

   Since this is a “train the trainer” model, you should consider sending one person who could potentially train the staff that you identify later.

• I want to participate in Project 11, but am not prepared to send staff to the October training, will my agency have another opportunity to participate?

   Yes, there will be future training dates but those dates have not been identified.

• Are there any educational requirements for the person who administers the PAM?

   No, there are no formal educational requirements but the individual must attend a PAM training.
Frequently Asked Questions : Details of the Training

• Where will the trainings be held?

When you RSVP for the training via DSRIPSupport@nychhc.org, the location of the training will be sent to you.

• When will the trainings be held?

An individual should attend either on October 28th from 1:30 p.m. - 5:00 p.m. or October 29th from 9:00 a.m. – 12:30 p.m.

• Will refreshments be served?

Light refreshments will be served.
### Frequently Asked Questions: Languages

- **What are the available PAM languages?**

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<th>Language</th>
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<td>Albanian</td>
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<td>Bengali</td>
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<td>Chinese</td>
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<tr>
<td>Spanish</td>
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<td>Urdu</td>
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Frequently Asked Questions: Technology

• My agency does not have desktops, iPads or laptops available for the staff; can we still participate?

Yes, they can administer the PAM on paper and we will discuss ways to have the information entered into the computer.

• Can I calculate the PAM score after administering it on paper?

PAM score and level are determined based on an algorithm and can only be calculated once the answers to the questions have been entered on a laptop, iPad or desktop.
Frequently Asked Questions: Coaching for Activation

• When will the Coaching for Activation portion of Project 11 begin?

*OneCity Health will be focusing on administering the PAM in the next six months and will incorporate the techniques of coaching for activation thereafter probably beginning April 1, 2016.*
Frequently Asked Questions: Becoming a Trainer

• Will OneCity Health provide access to space at HHC facilities for training?

Since partners will be required to submit training plans to OneCity Health on a monthly basis, the PPS may be able to occasionally help secure space.

• Will OneCity Health provide templates for attendance sheets, evaluations and training materials?

Training materials are made available through Insignia Health and partners are responsible for making copies. OneCity Health may help in the development of templates.

• What will be the reporting mechanism?

OneCity Health is still developing the reporting mechanism and will have access to the number of PAMs administered through the Insignia data system, Flourish.
• Any questions after this webinar can be directed to Marjorie.momplaisir-ellis@nychhc.org
Project 11 Target Populations

Person Identified

Insured
- Managed Care
  - MetroPlus
  - Healthfirst
  - Other
  - Fee-For-Service

Uninsured
- Coverage Eligible
  - Medicaid
  - Exchange
- Coverage Ineligible

Low-Utilizers
Non-Utilizers
OneCity Health Planning began with an extensive Community Needs Assessment (CNA) in 2014.

The CNA is a comprehensive assessment of the demographics and health needs of the population a PPS serves and the health care services and community-based service resources currently available to that population.

### CNA Components

- **Description of the community a PPS will serve.**
- **An assessment of the community’s health status and clinical care needs.**
- **Description of medical and behavioral health care and community-based resources available to the community a PPS serves.**
- **Identification of main health and health service challenges for the community.**
- **Summary of assets and resources that can be employed to address DSRIP strategies and projects, or that need to be developed.**
- **Documentation of processes and methods used to conduct assessment, including data used.**
The PAM tool segments patients into one of four activation levels, predicting healthcare outcomes including medication adherence, ER use and hospitalization.

- **Level 1**: Disengaged and overwhelmed
  - Individuals are passive and lack confidence. Knowledge is low, goal-orientation is weak, and adherence is poor. Their perspective: “My doctor is in charge of my health.”

- **Level 2**: Becoming aware, but still struggling
  - Individuals have some knowledge, but large gaps remain. They believe health is largely out of their control, but can set simple goals. Their perspective: “I could be doing more.”

- **Level 3**: Taking action
  - Individuals have the key facts and are building self-management skills. They strive for best practice behaviors, and are goal-oriented. Their perspective: “I’m part of my health care team.”

- **Level 4**: Maintaining behaviors and pushing further
  - Individuals have adopted new behaviors, but may struggle in times of stress or change. Maintaining a healthy lifestyle is a key focus. Their perspective: “I’m my own advocate.”