30-Day Transitions of Care Program

Phase IV Contracting

July 10, 2019

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Agenda

- Phase IV Contracting Overview
- Discussion: Introduction to the 30-Day Transitions of Care Program
  - Program requirements
  - Payment structure
  - Application Information
  - Review of PPO process and timelines
- Q&A

Phase IV Contracting

- The second part of Phase IV consists of targeted initiatives to address the needs of the PPS population and meet the goals of Phase IV contracting
- Partners for each initiative will be selected through the Project Participation Opportunity (PPO) process
- From each PPO, a distinct Schedule B contract will be issued to selected partner(s)
- Six PPOs have been issued to date:
  - Behavioral Health Intensive Care Transitions Intervention (responses were due Mar 1)
  - Expansion of the Asthma Home-Based Environmental Program (responses were due Mar 27)
  - Food and Nutrition Services Program (responses were due June 17)
  - Housing Domain: Housing Navigator Services (responses were due July 3)
  - Housing Domain: Respite Services (responses were due July 3)
  - 30-Day Transitions of Care Program (responses are due August 1)

30-Day Transitions of Care Program

Goal: The 30-Day Transitions of Care Program aims to reduce avoidable emergency room visits and hospital admissions, and improve patient care and well-being by connecting patients to primary care and needed social services.

Program Overview:

- OneCity Health is seeking partners to develop a collaborative care management workflow that covers the 30-day transition period from the time of discharge from an inpatient unit through 30 days post-discharge back to a community-based setting (i.e. patient's home).
- The ideal transitions of care team composition includes a:
  - Community health liaison (CHL)
  - Registered nurse*
  - Social worker, and/or
  - Peer (if appropriate)
- The team follow the discharge plan received by the referring hospital, engage and monitor the patient, and document all notes within GSI Health, the care management platform.

*RN is mandatory

Program Requirements

30-Day TRANSITIONS OF CARE TEAM:

- Must be trained to use the GSI Health care management platform and document notes therein
- Possesses skills and competencies required to work with patients, including communication, care coordination, case management, and making social service connections
- Includes an RN, who will supervise the CHL and other members of the team, and provide communication to the referring hospital
- Maintains a case load of 50 patients per team

TEAM OBLIGATIONS:

- Enroll referred patients into 30-Day Transitions of Care Program
- Complete all domains of the patient's care plan and provide weekly updates
- Notify the PCP if a patient relapses or experiences barriers to care
- Arrange and ensure completion of PCP visits
- Document enrollment in, interaction with and completion of the 30-day program
- Maintain up to date data in GSI

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Payment Structure

- Payments will be based on Partner's proposed program budget for a 12-month contract term, inclusive of personnel and associated program delivery costs
- Partners will have an opportunity to receive additional incentives by meeting targets* related to the following key quality metrics:
  - Demonstrate that a certain percentage of patients enrolled in the program have a least one care plan update completed during each week of enrollment
  - Schedule a Primary Care Provider appointment for a certain percentage of patients enrolled in the program within seven days of discharge
  - Conduct a minimum telephone and/or in-person patient encounters for a certain percentage of enrolled patients
  - Achieve a certain program completion/graduation rate for patients who were enrolled into the program
- Conversely, failure to meet minimum quality and productivity targets may result in financial penalties

*Targets will be set in collaboration with selected partners

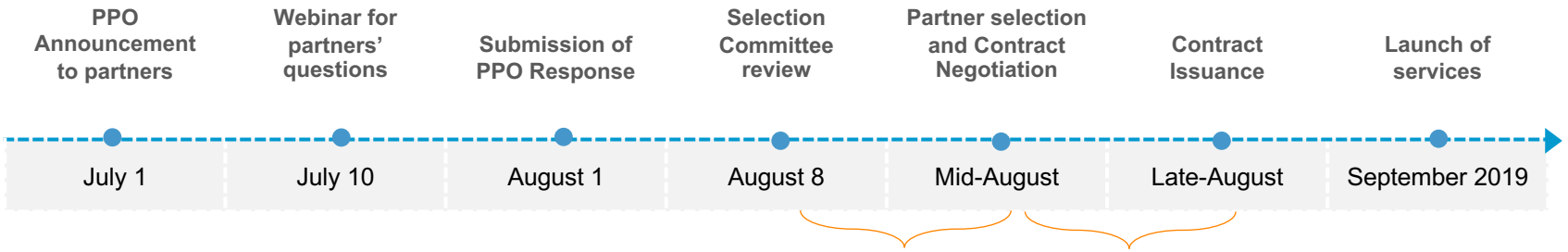
Application Information

- Partners interested in applying to the 30-Day Transitions of Care Program should submit a proposal, not to exceed 7 pages (exclusive of any desired and applicable appendices), that includes the following:
  - Documentation of experience and capability to provide 30-day care transitions
  - A description of the roles and responsibilities of each member of the 30-Day Transitions of Care team
  - Capabilities to hire, train, deploy and provide ongoing support for each team member
  - Timeline to hire, train and prepare team member(s) to be on-boarded and embedded at a selected acute care facility
  - A proposed program budget for a 12-month contract term, inclusive of personnel and associated program delivery costs

Applications must be submitted by close of business on August 1, 2019, to the OneCity Health Support Desk (ochsupportdesk@nychhc.org), with the subject line "30-Day Transitions of Care Program."

PPO announcement and selection timeline

- A Distinct Schedule B contract will be issued to selected partner(s)
- This program initiative will run for a 12-month period, beginning September 1, 2019
- Below is an approximate timeline of the PPO and selection process for the 30-Day Transitions of Care Program



*Approximate timeline

Questions?

- The 30-Day Transitions of Care PPO is available on the OneCity Health website here: https://www.onecityhealth.org/event/30-day-care-transitions-now-available/

- We will post a 30-Day Transitions of Care PPO FAQ on the OneCity Health website based off the questions received during today's webinar

- You can continue to contact the OneCity Health support desk with additional questions about Phase IV and this PPO
  - **By Phone:** (646) 694-7090 (Monday through Friday, 9 a.m. - 5 p.m. ET)
  - **By Email:** ochsupportdesk@nychhc.org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