OneCity Health Care Models Committee

Meeting Summary

February 8, 2016
199 Water Street, 31st Floor, New York, NY
4:00 – 6:00 PM

In Attendance:

Joseph Masci, Committee Chair
Anna Flattau, OneCity Health Chief Clinical Officer
Cecilia Jordan (by phone)
Chris Norwood (by phone)
Christina Jenkins, CEO OneCity Health Services
Dave Chokshi
Elizabeth Dubois
Eric Manheimer
Esther Moas
Hillel Hirshbein
Jack Dehovitz
Robert Faillace (by phone)
Sudha Acharya (by phone)

Not in Attendance:

Dona Green
Gary Belkin
Lauren Johnston
Moira Dolan (Observer)
Pamela Sass
Rose Madden-Baer

Committee Support:

Elizabeth Lagone
Samantha Kumar

Item	Notes
1. Review and Approval of Minutes	• January 7, 2016 minutes *approved*

2. OneCity Health Updates	• Update provided by Anna Flattau, OneCity Health Chief Clinical Officer
	  ○ Partner engagement and project planning is focused on developing a phased approach to implementation and launching the first phase of projects by April 1st.
	• Discussion of communication between partners, hubs and Care Models Committee
	  ○ Simplify the message and phase the projects to facilitate success. One-pager and timeline are important communication tools for each project.
	  ○ Messaging and engagement may vary by provider/partner type (e.g. nursing homes, behavioral health)

Item	Notes
	○ Partners need the right information at the right time. Continuous feedback that allows partners to anticipate future resource needs (e.g. staffing, training) and build an improvement infrastructure. ○ Pulling partners together by partner type for project engagement and building relationships
3. OneCity Health Care Management Strategy	Presentation of OneCity Health Care Management Strategy by Christina Jenkins, CEO OneCity Health Services • Integrating care management across the PPS ○ Initial focus – primary care patients and patients that need to be linked to primary care ○ Working towards adequate primary care access with capacity expansion • Key elements of care management future state ○ Sustainable care management using actionable risk stratification ○ Linkage to primary care through multiple points of entry ○ Common standards, IT platform, and accountability with centralized support • Strengthening the fundamentals of primary care to support the care management related DSRIP projects • Phase 1 objectives for care management related projects by care setting: ○ Health Home At-Risk ○ ED Care Triage ○ Care Transitions
4. Presentation of Health Home At-Risk Model	Presentation of Health Home At-Risk care model by Anna Flattau, OneCity Health Chief Clinical Officer • *Key discussion items included:* ○ Care management for patients who have one chronic disease and are at risk for worsening health ○ Making it easier for primary care to link the patient to care management dependent on social risk factor. The care manager will then determine if the patient is eligible for health home or health home at-risk. ○ Inclusion of the uninsured for the health home at-risk project ○ Identifying the appropriate patient population ○ Creating the right linkages for the patient at the right time through the care manager ○ Co-location for a "warm handoff" to a care manager initiated by the provider during the visit

Item	Notes
	○ Communication and coordination between primary care teams and care managers • *Edits to be made:* ○ More details on potential iterative approaches for targeting and identifying patients with one chronic disease that will evolve as the project is implemented • *Decisions made:* ○ Motion passed to recommend Health Homes At-Risk Care Model to Executive Committee • *Follow up items:* ○ Care Model to be edited and reflect discussion items above and distributed to Committee
5. Next steps	• *Upcoming agenda topics:* ○ Presentations of initial care models for ED Triage and Integration of Primary Care and Behavioral Health Services • Next committee meeting: February 23 • Care Models Committee Retreat: March 16 ○ Discuss fundamental areas of overlap across projects (e.g. primary care transformation, risk stratification) ○ Discuss role of the Care Models Committee during project implementation