

OneCity Health Care Models Committee

November 3, 2016
 199 Water Street, 31st Floor, New York, NY
 4:00 – 6:00 PM

Meeting Summary

In Attendance:

Anna Flattau, OneCity Health Chief Clinical Officer
 Cecilia Jordan
 Chris Norwood
 Dave Chokshi
 Esther Moas (by phone)
 Hillel Hirshbein
 Jack Dehovitz
 Lauren Johnston
 Luke Bergmann
 Moira Dolan (Observer)
 Pamela Sass (by phone)
 Rose Madden-Baer (by phone)
 Sudha Acharya
 Karen Benker (Observer)

Not in Attendance:

Christina Jenkins, CEO OneCity Health Services
 Elizabeth Dubois
 Gary Belkin
 Joseph Masci, Committee Chair
 Oxiris Barbot
 Robert Faillace
 Talya Schwartz

Committee Support:

Benjamin Goldstein
 Hillary Jalon
 Madeline Rivera
 Rachael Steimnitz
 Samantha Kumar

Item	Notes
1. Review and Approval of Minutes	<ul style="list-style-type: none"> • September 19, 2016 meeting minutes <i>approved</i>
2. OneCity Health Updates	<ul style="list-style-type: none"> • Committee membership: <ul style="list-style-type: none"> ○ Dona Green and Eric Manheimer stepped down from the committee due to time constraints ○ Luke (Frithjof) Bergmann has joined as a new member
3. Performance Reporting Framework	Presentation of Performance Reporting Framework by Dr. Anna Flattau, OneCity Health Chief Clinical Officer

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	<ul style="list-style-type: none"> • Performance reporting goals and challenges: <ul style="list-style-type: none"> ○ Support quality improvement ○ Address short- and longer-term plans to improve access to and quality of data • Multiple data sources are being evaluated by the OneCity Health team including factors such as quality, sharing restrictions, and processing cycle lags • The Business Operations & IT Committee will review and provide governance oversight on issues of data privacy and consent related to data sharing with partners. Privacy restrictions vary depending on the audience (e.g. payers, the PPS, partners, and frontline staff). • Current use of data at PPS and partner level include GSI reports; and information shared by partners with OneCity Health via the Partner Portal. NYC H+H has leveraged internal data centrally and at individual facilities to support projects. • Performance dashboards will show views of process and outcome measures tailored for governance committees, OneCity Health staff, partners and other parties, and will be shared with partners via the Partner Portal • Rapid cycle improvement can be useful in quality improvement in the absence of sophisticated data <ul style="list-style-type: none"> ○ Conducting small tests of change with available data sources while data access and analytic capabilities grow <p><i>Discussion:</i></p> <ul style="list-style-type: none"> • Consider Health Home data, which includes social indicators, as a potential source of data from the Health Homes in the PPS or across PPS's • Consider strategies to support CBOs in data collection • Consider incorporating feedback from planned users of the dashboard as part of the development process, including different partner types with varied capabilities for performance improvement • Consider a learning collaborative approach for quality improvement to support multiple partners and shared-learning • Alignment of quality improvement infrastructure with health plan metrics and other existing metrics will reduce burden to partners <ul style="list-style-type: none"> ○ Consider a menu of options to partners so they have flexibility to align with competing priorities <p><i>Decisions made:</i></p>

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	<ul style="list-style-type: none"> • Motion passed to recommend Performance Reporting Framework with edits reflecting the discussion above
<p>4. System-wide Approach to Palliative Care</p>	<p>Presentation of care model for Palliative Care to Meet Population Health Needs by Dr. Anna Flattau, OneCity Health Chief Clinical Officer</p> <ul style="list-style-type: none"> • Palliative care and hospice services are essential components of an integrated delivery system • Value-based models of health services delivery have the potential to address gaps in financing palliative care for Medicaid and the uninsured • Population-based palliative care in health services transformation has three key areas of focus: <ul style="list-style-type: none"> ○ Primary care integration ○ System-wide integration and palliative care training ○ Increased capacity and support for patient-centered models for palliative care services • Primary Care Integration care model previously recommended by the Care Models will continue to be the focus of integration efforts in primary care <ul style="list-style-type: none"> ○ OneCity Health work to date: <ul style="list-style-type: none"> ▪ Population-based health care proxy intervention in primary care with a focus on structured counseling ○ Anticipated work: <ul style="list-style-type: none"> ▪ Provide training in primary palliative care ▪ Strengthen connections to existing palliative care services, including hospice ▪ Identify and leverage resources for advanced illness management (e.g. additional physician time and staffing support) • System-wide integration and primary palliative care training <ul style="list-style-type: none"> ○ Network development will focus on strengthening partnerships and referral protocols ○ Training will assist clinicians and other staff members in providing primary palliative care and referring to specialists when appropriate ○ Care management efforts will focus on screening and linkage to palliative care services • Increased capacity and support for patient-centered models for palliative care services <ul style="list-style-type: none"> ○ Additional work needed to understand the gap in capacity for palliative care services and to develop approaches to mitigate these gaps that will consider

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	<p>various care settings and meeting patient needs across the disease trajectory</p> <p><i>Discussion:</i></p> <ul style="list-style-type: none"> • Consider opportunities to strengthen the interface between palliative care services and CBOs • Addressing cultural and linguistic competency will be highly important in the provision of quality palliative care <p><i>Decisions made:</i></p> <ul style="list-style-type: none"> • Motion passed to recommend Palliative Care to Meet Population Health Needs care model with edits reflecting discussion above
5. Next steps	<ul style="list-style-type: none"> • <i>Upcoming agenda topics:</i> <ul style="list-style-type: none"> ○ Clinical integration strategy • Next committee meeting: December 8, 2016