OneCity Health Care Models Committee

Meeting Summary

March 1, 2017
199 Water Street, 31st Floor, New York, NY
4:00 – 6:00 PM

In Attendance:
Anna Flattau, OneCity Health Chief Clinical Officer
Cecilia Jordan
Chris Norwood
Christina Jenkins, CEO OneCity Health Services
Elizabeth Dubois (by phone)
Hillel Hirshbein
Jesse Singer
Joseph Masci, Committee Chair
Luke Bergmann
Madeline Rivera
Oxiris Barbot (by phone)
Rose Madden-Baer
Sudha Acharya (by phone)
Vickie Norvell

Not in Attendance:
Gary Belkin
Jack Dehovitz
Moira Dolan
(Observer) Robert
Faillace
Talya Schwartz

Committee Support:
Samantha Kumar

Item	Notes
1. Review and Approval of Minutes	• December 8, 2016 meeting minutes *approved*
2. OneCity Health Updates	Presentation of OneCity Health Updates by Anna Flattau, OneCity Health Chief Clinical Officer *Committee membership updates* • New members: Vickie Norvell and Jesse Singer • Esther Moas and Pamela Sass have stepped down due to changes in their job positions *Implementation updates: scaling up of projects* • Several projects will be scaled up across multiple facilities in upcoming months • Care transitions o OneCity Health is gathering early lessons on caseload, documentation, team structure,

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	integration with existing workflows, and evaluation of process and outcomes of the pilots • Asthma ○ High-functioning interfaces with CHWs are key to project success • Health Home Expansion ○ Expanded Health Home will be rolled out in primary care sites first, with co-located Health Home staff
3. Clinical Integration Strategy	Presentation of Clinical Integration Strategy by Anna Flattau, OneCity Health Chief Clinical Officer *Key discussion items included:* • The Clinical Integration Needs Assessment was reviewed by the Committee and approved in June 2016 and the needs were defined within the following framework: ○ Access ○ Linkage ○ Information technology ○ Integrated care ○ Care management and population health ○ Performance management • The Clinical Integration Strategy describes how data interoperability, information sharing, and care transitions planning support the breadth of this body of work • Data sharing and interoperability initiatives: 1) EHR connectivity, 2) Care coordination software, 3) RHIO connectivity, and 4) Closed loop referral platform • Key data elements for data sharing ○ On a patient level ○ On an organizational level • Complementary care management initiatives contribute to an integrated system in which patients can be identified in the right setting for the right type and intensity of care management services ○ Value-based payment supports care transitions interventions • OneCity Health has provided or supported trainings that promote clinical integration on topics such as care management software; identifying, referring, and collaborating on the care of patients who require care management services; and core care management principles ○ Training will expand further over time including training in behavioral health collaborative care models and identifying and referring patients in primary care for chronic disease self-management education

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	Committee feedback on Clinical Integration Strategy included: • Data sharing and interoperability: ○ PPS should be aware of and seek strategies to mitigate the partner burden of managing multiple documentation systems and reporting structures ▪ Strategies may include coordination with MCOs, between PPSs, between care management programs; leveraging existing systems whenever feasible; and using standardized categories and algorithms for risk stratification ○ PPS should explore options for consolidating multiple documentation and data systems ▪ Strategies may include a single patient record that travels with the patient; and software that creates a dashboard by extracting data from multiple sources • Key elements for data sharing: ▪ Organizational data elements should be at the right level of detail – overly specific data will become outdated quickly ▪ For organizational data, consider including contact information and MCO contracts ▪ Data definitions for organizational data should be clearly operationalized, including for language (definitions of language competency, locations and times of availability for specific languages); cultural competency (address specific dimensions such as literacy, disability); availability of services for uninsured (type of services and level of cost) ▪ Organizational data needs to be easily updated through self-report *Next steps:* • Revised Clinical Integration Strategy will be circulated electronically for Committee recommendation for approval by Executive Committee
4. Review of Phase II contract metrics	Presentation of Phase II contract metrics by Anna Flattau, OneCity Health Chief Clinical Officer *Key discussion items included:* • Finalized "Outcomes" and "Process" metrics in the Phase II contracts were shared with the Committee

Item	Notes
	• Integrated Delivery System metrics address processes that support improved quality and integration of health care services
5. Next steps	• Next committee meeting: April 12, 2017