



Adirondack Health Institute

Lead • Empower • Innovate

January Practice Transformation Workgroup

PRESENTED BY:

Louann Villani, RN AHI

Brenda Stiles, RN ACO

January 2020



Dinner and Learn:

Navigating LGBTQ+ Health for the Health Care Provider

February 3, 2020 at the Hotel Saranac

Webinar:

Supporting the Health of Trans and Gender Expansive Youth:

The Role of Social Workers, Case Managers and Community Health Workers in Advocating for our Youth

March 4, 2020

**See us at registration for details. Additionally, all attendees will be added to our Supporting LGBTQ+ series listserv.*



Adirondack Health Institute

Lead • Empower • Innovate



ADK WELLNESS CONNECTIONS

PRESENTED BY:

Jessica Chanese

Community Engagement Manager, AHI

January 16,
2020



ADK Wellness Connections

- **A collaborative referral coordination and resource navigation network** comprised of service providers across the continuum of care in **Clinton, Franklin, Essex, Fulton, Hamilton, Saratoga, St. Lawrence, Warren, and Washington** counties to address **social** and **medical** needs.



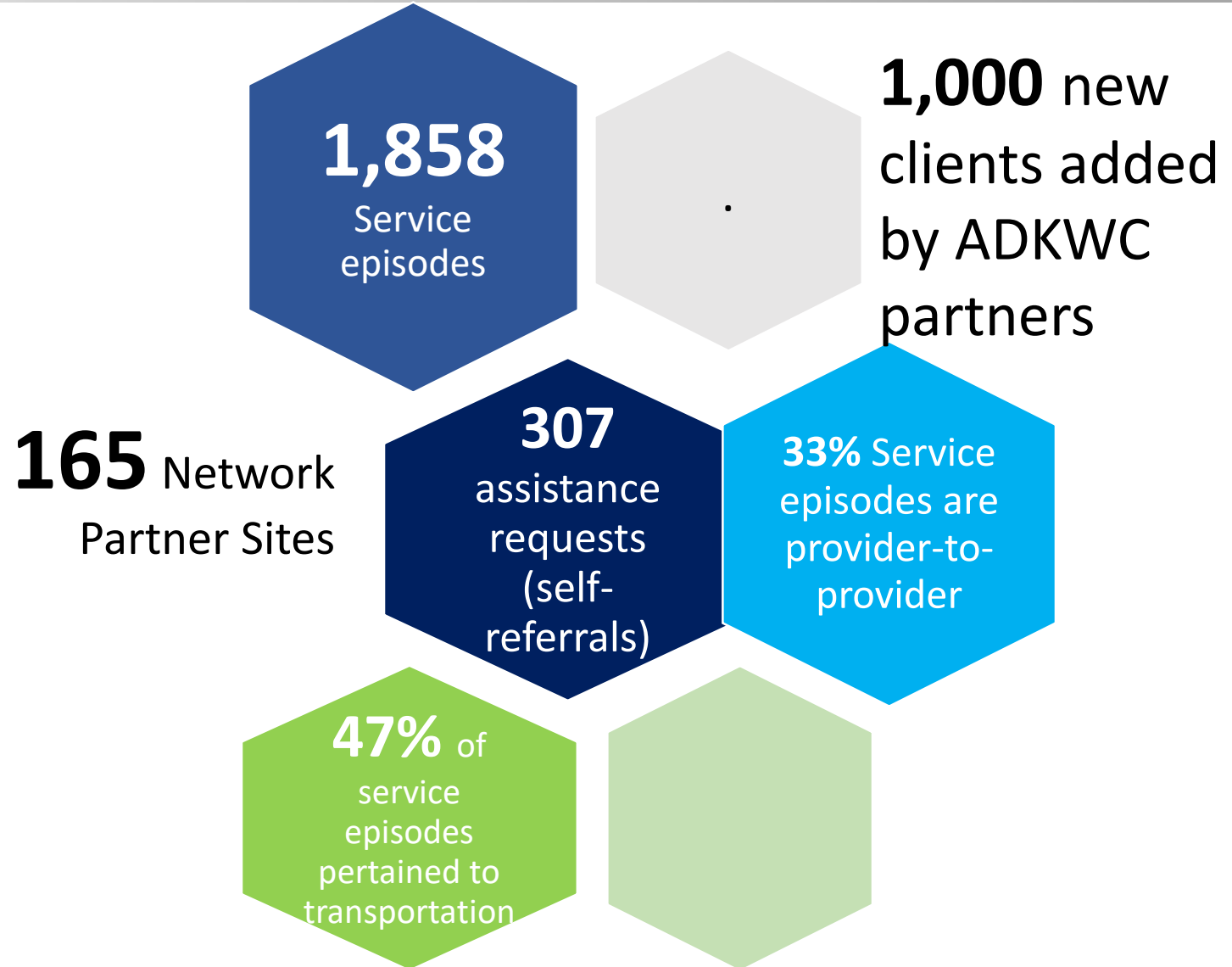
ADK WELLNESS
CONNECTIONS



ADK Wellness Connections Network Performance To Date

Since network launch on 10/15/18 through 1/5/20

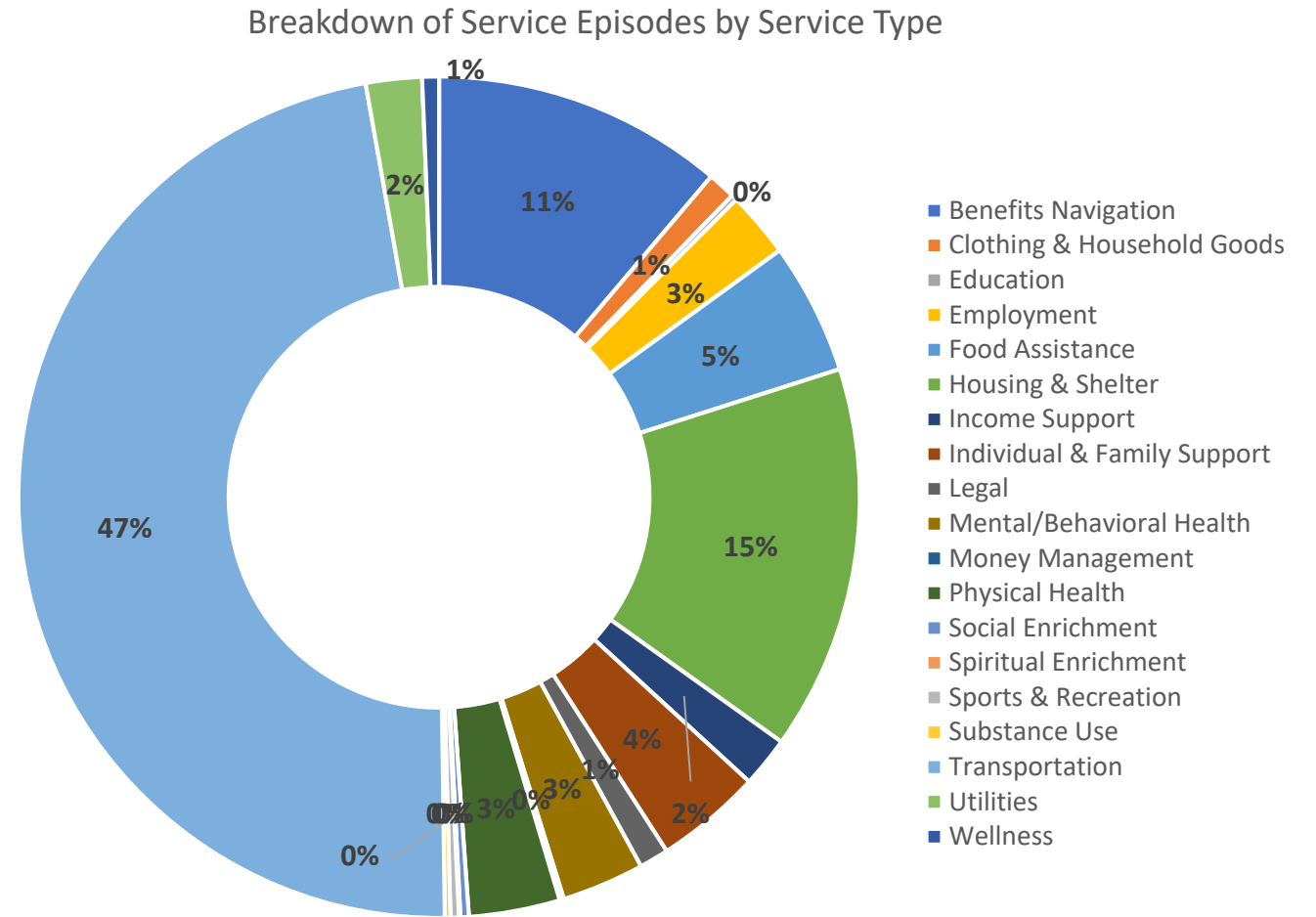
* ADKWC data only – does not include Health Together





ADK Wellness Connections Service Episodes by Service Type

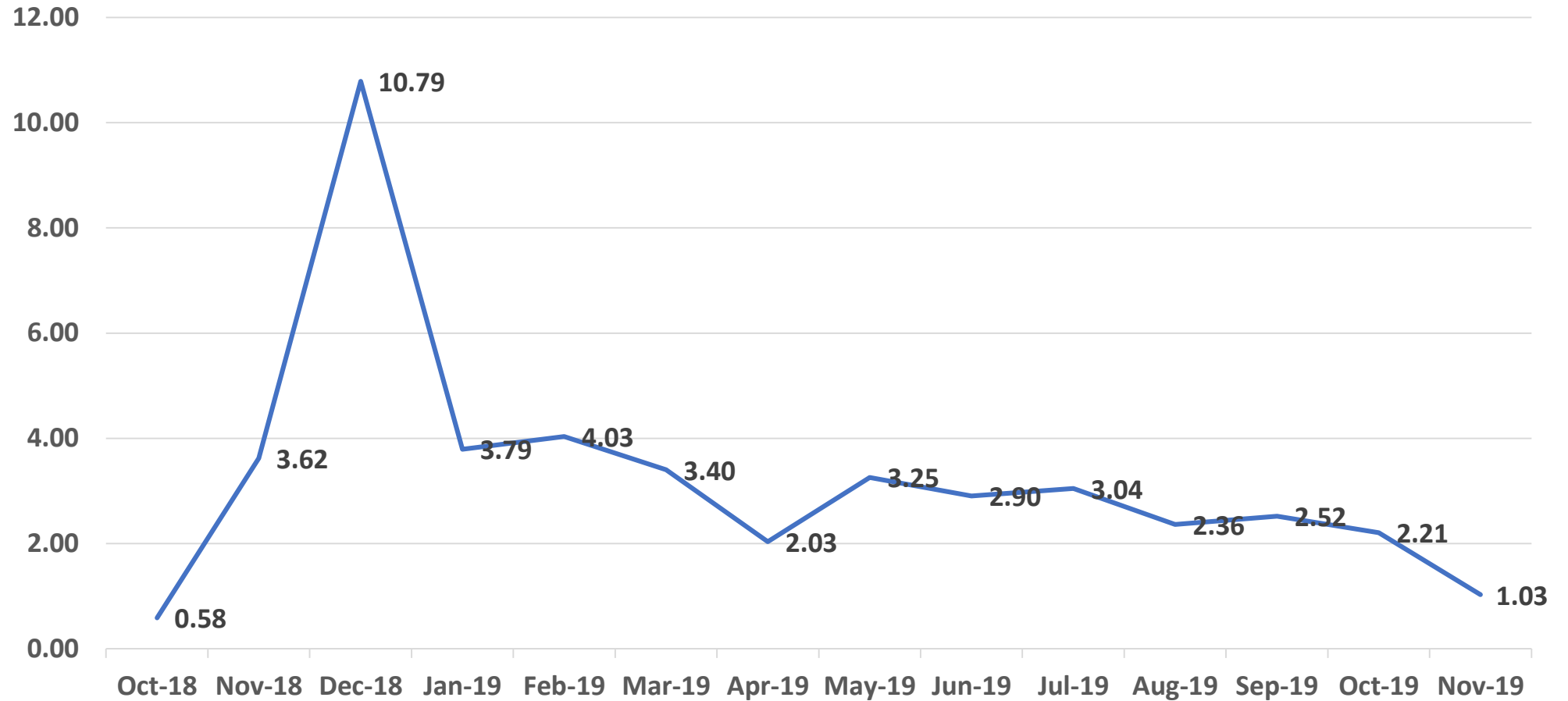
Service Type	# of Service Episodes
Benefits Navigation	208
Clothing & Household Goods	20
Education	4
Employment	47
Food Assistance	94
Housing & Shelter	275
Income Support	36
Individual & Family Support	76
Legal	21
Mental/Behavioral Health	59
Money Management	3
Physical Health	65
Social Enrichment	6
Spiritual Enrichment	1
Sports & Recreation	6
Substance Use	4
Transportation	881
Utilities	40
Wellness	12





ADK Wellness Connections: Increase in Efficiency Over Time

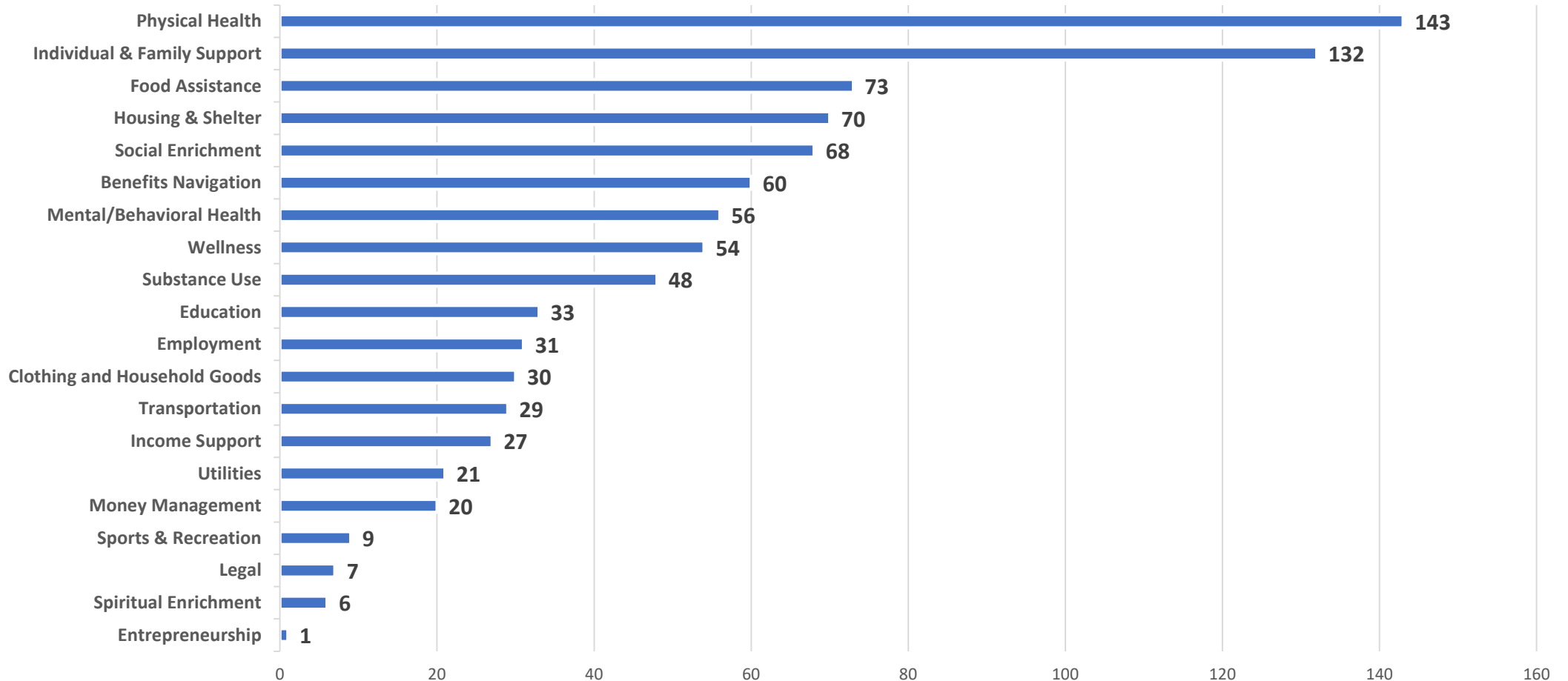
Average Time to In-Network Referral Acceptance (in Days)





ADK Wellness Connections Partner Overview

Number of Programs in ADK Wellness Connections & Healthy Together Combined Network by Service Type



Jessica Chanese

jchanese@ahihealth.org

adkwellconnects@ahihealth.org



a·H·I

Adirondack Health Institute





Adirondack Health Institute

Lead • Empower • Innovate

Cotiviti

PRESENTED BY:

Mark Adamick

Performance Improvement Specialist

January 16,
2020



Cotiviti Depression Screening Audit

- Over 80 organizations (Partners and Non-partners) have received an request from Cotiviti for evidence of depression screening during primary care visits in MY5.
- This metric is worth over \$172,000 to the PPS.
- We need an additional 53 passing charts to meet this metric.
- We will need to complete this audit by March 20th, 2020.
- Thank you for your support.



PCMH Tracking Tools

- NCQA PCMH is now on annual recognition process.
- Since April of 2018, Adirondack PPS working from SIM grant for Practice Transformation. Expert services available and fees waived to achieve NCQA Recognition for all practices.
- AHI and ACO working together to assist practices through recognition process.
- Practices in different places with ability to meet and track criteria and metrics.
- To assure all practices remain on track and to assist with successful annual renewal, tools developed.



NCQA Renewal Tracker – Janet Mann

OVERVIEW

Practice Name: **Sample Practice**

Submission Due Date: **1/1/2021**

February-20	March-20	April-20	May-20	June-20	July-20	August-20	September-20	October-20	November-20	December-20
<input type="checkbox"/> TC 01	<input type="checkbox"/> KM 05	<input type="checkbox"/> KM 07	<input type="checkbox"/> KM 08	<input type="checkbox"/> KM 01	<input type="checkbox"/> TC 03	<input type="checkbox"/> KM 06	<input type="checkbox"/> KM 18	<input type="checkbox"/> TC 04	<input type="checkbox"/> KM 21	<input type="checkbox"/> KM 13
<input type="checkbox"/> TC 02	<input type="checkbox"/> KM 23	<input type="checkbox"/> KM 12	<input type="checkbox"/> KM 22	<input type="checkbox"/> KM 11	<input type="checkbox"/> TC 05	<input type="checkbox"/> KM 09	<input type="checkbox"/> KM 19	<input type="checkbox"/> KM 29	<input type="checkbox"/> KM 26	<input type="checkbox"/> QI 15
<input type="checkbox"/> TC 06	<input type="checkbox"/> KM 25	<input type="checkbox"/> AC 05	<input type="checkbox"/> KM 24	<input type="checkbox"/> AC 12	<input type="checkbox"/> TC 09	<input type="checkbox"/> KM 10	<input type="checkbox"/> KM 20	<input type="checkbox"/> AC 01	<input type="checkbox"/> KM 27	<input type="checkbox"/> QI 16
<input type="checkbox"/> TC 07	<input type="checkbox"/> KM 28	<input type="checkbox"/> AC 09	<input type="checkbox"/> AC 13	<input type="checkbox"/> CC 01	<input type="checkbox"/> KM 16	<input type="checkbox"/> KM 14	<input type="checkbox"/> CC 03	<input type="checkbox"/> CC 21	<input type="checkbox"/> CC 06	<input type="checkbox"/> QI 18
<input type="checkbox"/> TC 08	<input type="checkbox"/> CM 01	<input type="checkbox"/> QI 01	<input type="checkbox"/> CM 04	<input type="checkbox"/> CC 04	<input type="checkbox"/> KM 17	<input type="checkbox"/> KM 15	<input type="checkbox"/> CC 05			<input type="checkbox"/> QI 19
<input type="checkbox"/> KM 02	<input type="checkbox"/> CM 02	<input type="checkbox"/> QI 02	<input type="checkbox"/> CM 05	<input type="checkbox"/> CC 07	<input type="checkbox"/> AC 02	<input type="checkbox"/> AC 14				
<input type="checkbox"/> KM 03	<input type="checkbox"/> CM 03	<input type="checkbox"/> QI 08	<input type="checkbox"/> CM 06	<input type="checkbox"/> CC 08	<input type="checkbox"/> AC 03					
<input type="checkbox"/> KM 04	<input type="checkbox"/> CC 02	<input type="checkbox"/> QI 09	<input type="checkbox"/> CM 07	<input type="checkbox"/> CC 09	<input type="checkbox"/> AC 04					
<input type="checkbox"/> AC06	<input type="checkbox"/> CC 14	<input type="checkbox"/> QI 10	<input type="checkbox"/> CM 08	<input type="checkbox"/> CC 11	<input type="checkbox"/> AC 07					
<input type="checkbox"/> AC 10	<input type="checkbox"/> CC 15	<input type="checkbox"/> QI 11	<input type="checkbox"/> CM 09	<input type="checkbox"/> CC 12	<input type="checkbox"/> AC 08					
<input type="checkbox"/> AC 11	<input type="checkbox"/> CC16	<input type="checkbox"/> QI 13	<input type="checkbox"/> CC 13		<input type="checkbox"/> CC 17					
<input type="checkbox"/> CC 10	<input type="checkbox"/> CC18	<input type="checkbox"/> QI 17	<input type="checkbox"/> CC 20		<input type="checkbox"/> QI 03					
	<input type="checkbox"/> CC19				<input type="checkbox"/> QI 12					
	<input type="checkbox"/> QI04				<input type="checkbox"/> QI 14					
	<input type="checkbox"/> QI05									
	<input type="checkbox"/> QI06									
	<input type="checkbox"/> QI07									

Must meet ALL listed below
40 Core Criteria
12 NYS Criteria
25 Elective criteria across the 6 concepts



PCMH Workplan – Jessica Swartzman

Sample	Submit By:	12/2/2019						
Team-Based Care and Practice Organization (TC) The practice provides continuity of care, communicates roles and responsibilities of the medical home to patients/families/caregivers, and organizes and trains staff to work to the top of their license and provide effective team-based care.	Component	Document/Report Name	Location	Last Revised Date	Frequency of Revision	Revise by Date	Actual revised date	Owner/Revised by
TC 01 (Core) PCMH Transformation Leads: Designates a clinician lead of the medical home and a staff person to manage the PCMH transformation and medical home activities.	Details about the clinician lead							
	Details about the PCMH manager							
TC 02 (Core) Structure and Staff Responsibilities: Defines practice's organizational structure and staff responsibilities/skills to support key PCMH functions.	Staff structure overview							
	Description of staff roles, skills and responsibilities							
TC 03 (1 Credit) External PCMH Collaborations: The practice is involved in external PCMH-oriented collaborative activities.	Description of involvement in external collaborative activity							
TC 04 (2 Credits) Patients/Families/Caregivers Involvement in Governance: Patients/families/caregivers are involved in the practice's governance structure or on stakeholder committees. AR-Q13 option 2	Documented Process							
	Evidence of Implementation							
TC 05 (NYS 2 Credits) Certified EHR System: The practice uses a certified electronic health record technology system (CEHRT).	CHERT name							



Smartsheets – Sommer Giordano

File Automation Forms NYS PCMH Document Tracking 2020 AR

	Attesting	Concept	Criteria	Description	Core/Elective	Element Level	Document Type	Document Location	Review Date for Content Validity	Conf. Document is Dated	Docum... Ready for QPASS (Y or N)	Date Document Loaded into QPASS	Comments
1				Resources						<input type="checkbox"/>			
17		TC		Team-Based Care and Practice Organization						<input type="checkbox"/>			
18				Competency A						<input type="checkbox"/>			
19	<input checked="" type="checkbox"/>	TC	01	Designates a clinician lead of the medical home and a staff person to manage the PCMH transformation and medical home activities	Core	Multi-Site	Details about clinician lead AND Details about PCMH Manager	PCMH - Universal Docs - TC		<input checked="" type="checkbox"/>	YES		
20	<input checked="" type="checkbox"/>	TC	02	Defines practice organization structure and staff responsibilities/skills to support key PCMH functions	Core	Multi-Site	Staff structure overview AND Description of staff roles, skills and responsibilities			<input type="checkbox"/>			Use Org Charts and job descriptions (204-8 2014 supports)
21	<input checked="" type="checkbox"/>	TC	03	The practice is involved in external PCMH-oriented collaborative activities (e.g. CPC+, care management learning collaborative led by the state or population-based care learning collaborative.)	Elective (1 credit)	Multi-Site	Description of involvement in external collaborative activity			<input type="checkbox"/>			Previously received credit for AHIDSRIP - unsure for 2020 (ACOs and clinically integrated networks do not meet this requirement)
22	<input checked="" type="checkbox"/>	TC	04	Patients/families/caregivers are involved in the practice's governance structure or on stakeholder committees	Elective (2 credit)	Multi-Site	Documented Process AND Evidence of Implementation	PCMH - Patient Advisory Council Docs		<input checked="" type="checkbox"/>	YES		Patient Advisory Council
23	<input checked="" type="checkbox"/>	TC	05	The practice uses an EHR system (or modules) that has been certified and issued an ONC Certification ID, conducts a security risk analysis, and implements security updates as necessary correcting identified security deficiencies.	NYS (must satisfy)	Multi-Site	Certified EHR System	NA - autocredit		<input checked="" type="checkbox"/>			eCW - Autocredit
24				Competency B						<input type="checkbox"/>			
28				Competency C						<input type="checkbox"/>			
30				Knowing and Managing Your Patients						<input type="checkbox"/>			
31				Competency A						<input type="checkbox"/>			
40				Competency B						<input type="checkbox"/>			
44				Competency C						<input type="checkbox"/>			
47				Competency D						<input type="checkbox"/>			
54				Competency E						<input type="checkbox"/>			
56				Competency F						<input type="checkbox"/>			
65				Competency G						<input type="checkbox"/>			
67		AC		Patient-Centered Access and Continuity						<input type="checkbox"/>			
68				Competency A						<input type="checkbox"/>			
73				Competency B						<input type="checkbox"/>			



- Which of these tools might you use?
- What tools do you use to track your PCMH criteria?
- Do you need any assistance with set up of these tools or you own tracking tool/process?



Announcements / Reminders

- Survey Monkey for 2020 meeting topics

Louann Villani, RN

lvillani@ahihealth.org

