



Adirondack  
Health Institute

Presentation to the  
Community Health Care Association of New York State

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Cathy Homkey  
Chief Executive Officer, AHI  
[chomkeyahi@medserv.net](mailto:chomkeyahi@medserv.net)

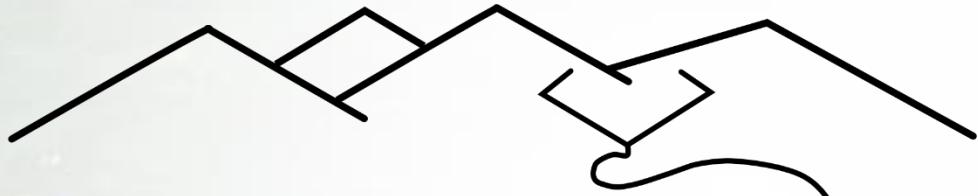
# *Integrated Delivery Systems: Clinical Care Considerations*

- Build a Network
- Transform the Health Care Delivery System
- Improve Access
- Payment Reform
- Sustaining Health Care in the North Country

# A Typical Day In The Health Care Arena



*Our Story*



U P P E R H U D S O N  
PrimaryCareConsortium

1986 - 2011



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# Collaboration

“Health care providers in our region have enjoyed positive results from collaborating, rather than competing, to achieve a common goal. Following years of joint planning and joining forces, health care in our region is being improved and patient needs better met through the medical home model of primary care. The end result will be improved quality and reduced costs.”

*~ Stephens Mundy, CEO, CVPH Medical Center*

*~ Chandler Ralph, President/CEO, Adirondack Health*

*~ John Ruge, MD, CEO, Hudson Headwaters Health Network*

*~ Dianne Shugrue, CEO, Glens Falls Hospital*



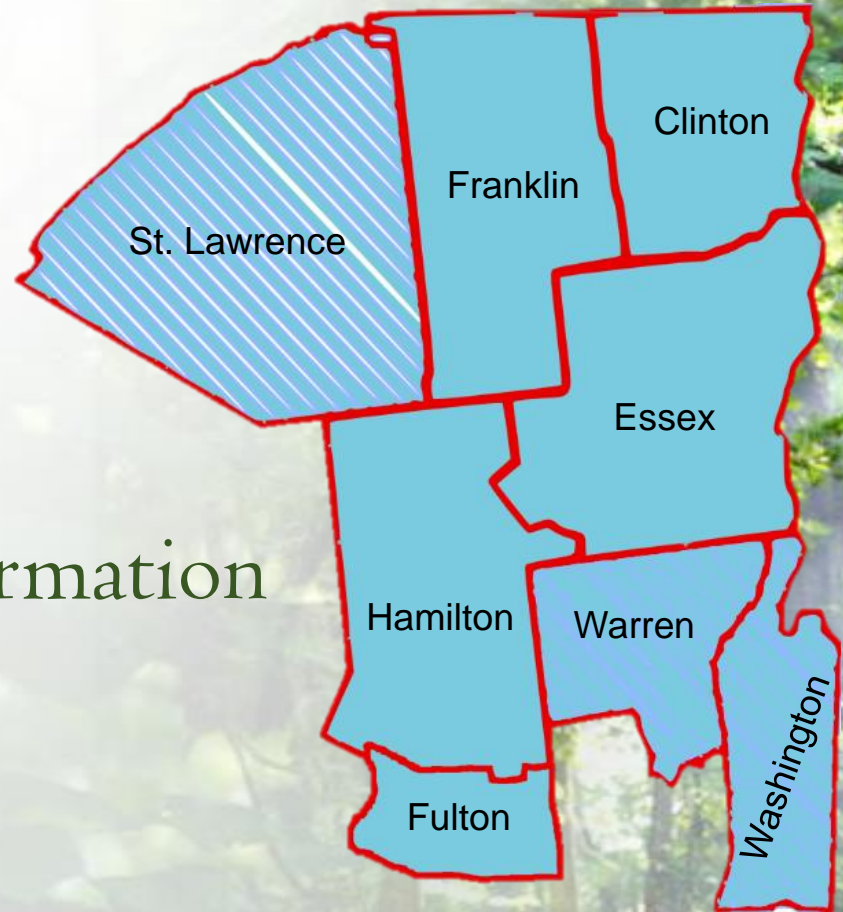
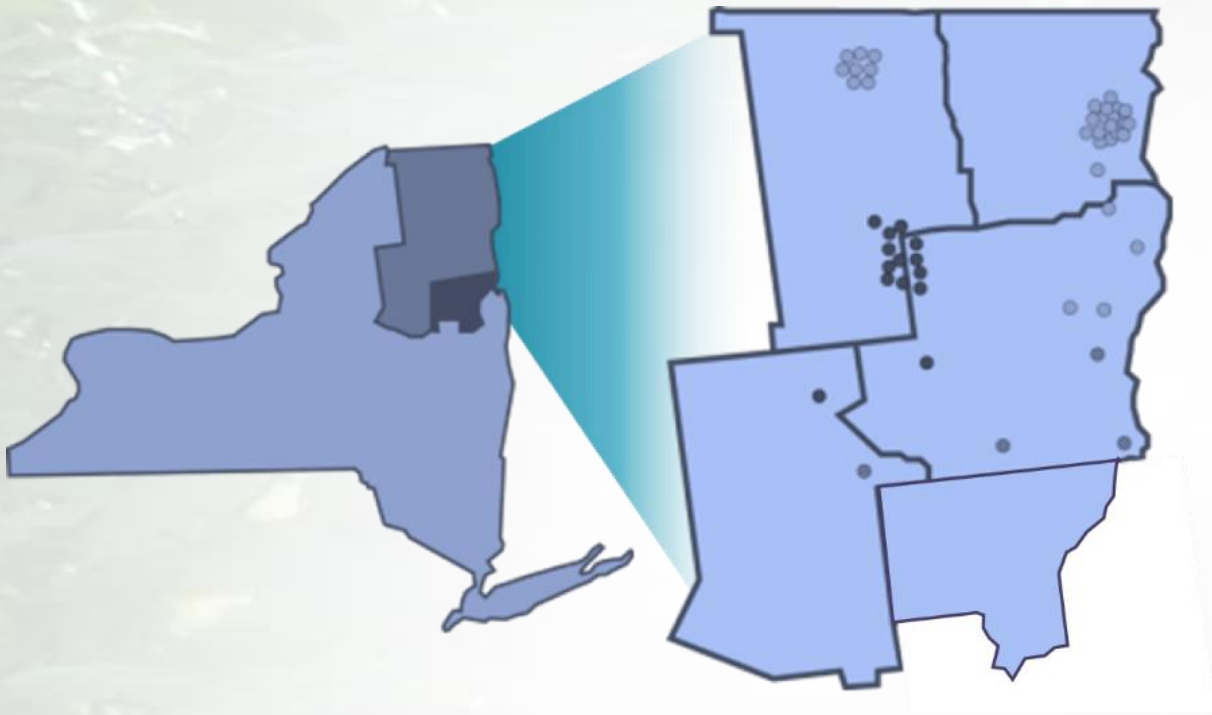
## *Mission*

To promote, sponsor, and coordinate initiatives and programs that improve health care quality, access, and service delivery in the Adirondack region.

## *Vision*

The innovative hub for population health management.





## Central Force in Health System Transformation

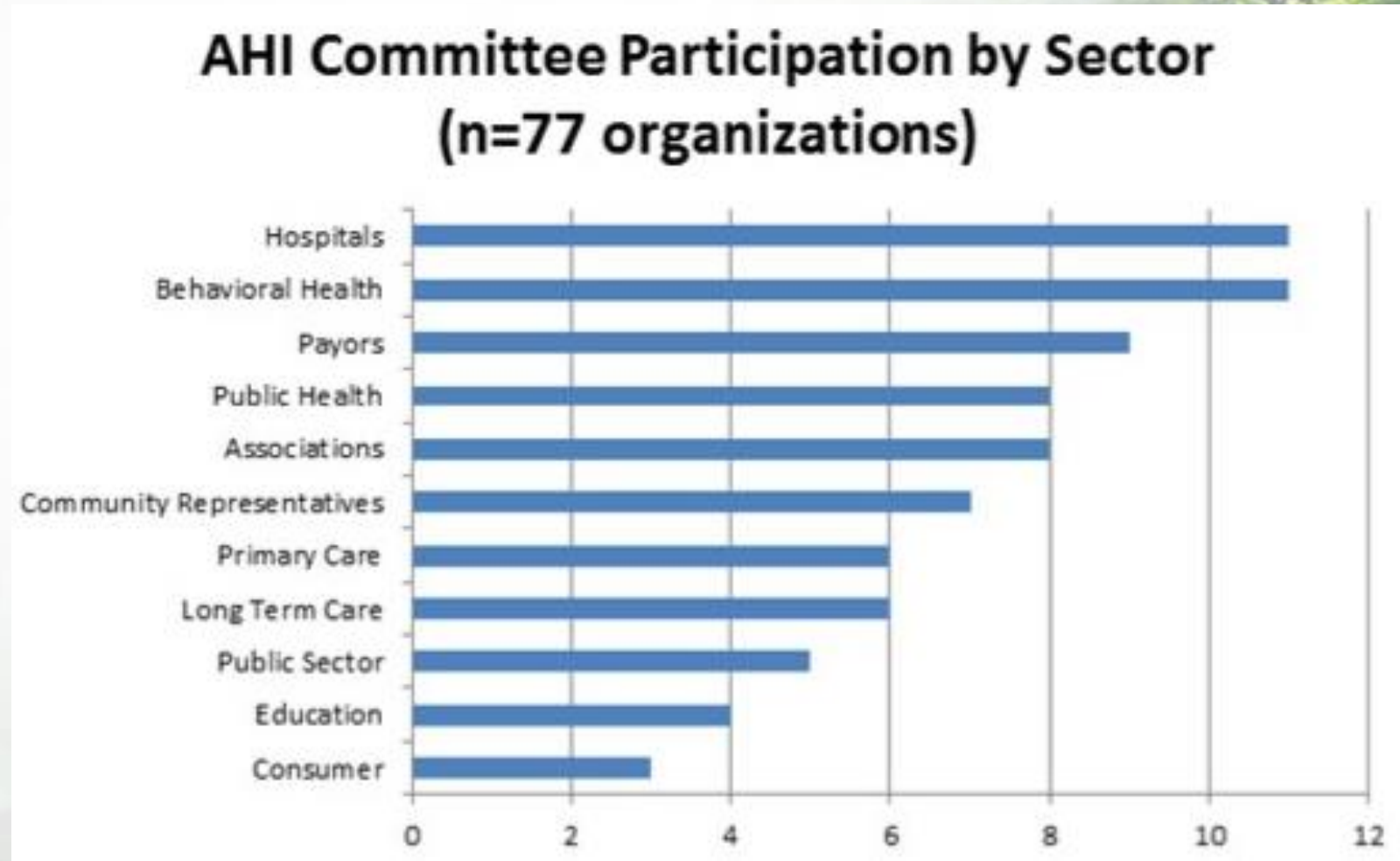
# Twenty-eight years

- Network Organization and Development
- Established Health Centers
- Workforce Recruitment and Retention
- Management and Administrative Support Services
- Regional Strategic Planning
- Consumer and Provider Advocacy
- Development and Implementation of Education and Outreach Programs
- Data Services
- Immunization Registry Information Systems
- Marketing and Communications
- Performance Improvement
- Research and Evaluation





AHI's partners represent a wide array of organizations from a large geographic area



The **BOARD OF DIRECTORS** shall have the full authority for the administration, operation, management and governance of the property, affairs and funds of the Corporation and shall have the power and authority to do and perform, or cause to have performed, all acts within the limits of the law and consistent with the Certificate of Incorporation and the By-laws. The mission of AHI is to promote, sponsor, foster and deliver programs, activities and services which support the provision of comprehensive health care services to the people residing in the Adirondack region.

The **ARHN Community Health Planning Committee** convenes and coordinates a multi-county, regional stakeholder group to support health planning and assessment including capacity development, provision of decision making resources/tools and leveraging collaborative partnerships/resources to address identified regional priorities.

**Adirondack Medical Home Pilot Governance Committee:** A committee comprised of representatives from participating payors and providers, chaired by the representative from the Department of Health, responsible for monitoring the progress of the pilot, making participation decisions, resolving disputes, enforcing guidelines, assessment of performance, developing processes and policies, compliance and management of funds.

The **LEADERSHIP COUNCIL** shall consist of individual and corporate advisors to the Corporation selected by the board by a three-quarter (3/4) majority vote. The Leadership Council shall meet twice a year or more as may be appropriate to advise the Directors on new initiatives, and evaluate existing programs.

The **ARHN Steering Committee** provides a forum for public health leaders, community health centers, hospitals, behavioral health organizations, emergency medical services and other community based organizations to assess regional population health needs and develop collaborative responses to priorities. This multi-stakeholder, regional coalition conducts a community health planning assessment, provides education and training to further the NYS DOH Prevention Agenda, and offers other resources that support the development of the regional health care system.

The **DSRIP Project Advisory Committee** is charged with making recommendations to the AHI Board of Directors about which projects to include in the Project Design Grant Application. The group will also draft the vision and goals of the evolving Performing Provider System. The work of this committee will provide an important framework upon which to build the final DSRIP Project Plan. If AHI receives a Project Design Grant Award, the PAC will then need to be reconfigured to meet any requirements issued by NYS DOH for PAC membership and functions.





“To undertake community health activities that are best accomplished through the collective efforts of its member organizations and that focus on health problems of the greatest priority, address health needs of underserved populations, and add value to the region’s health care system.”

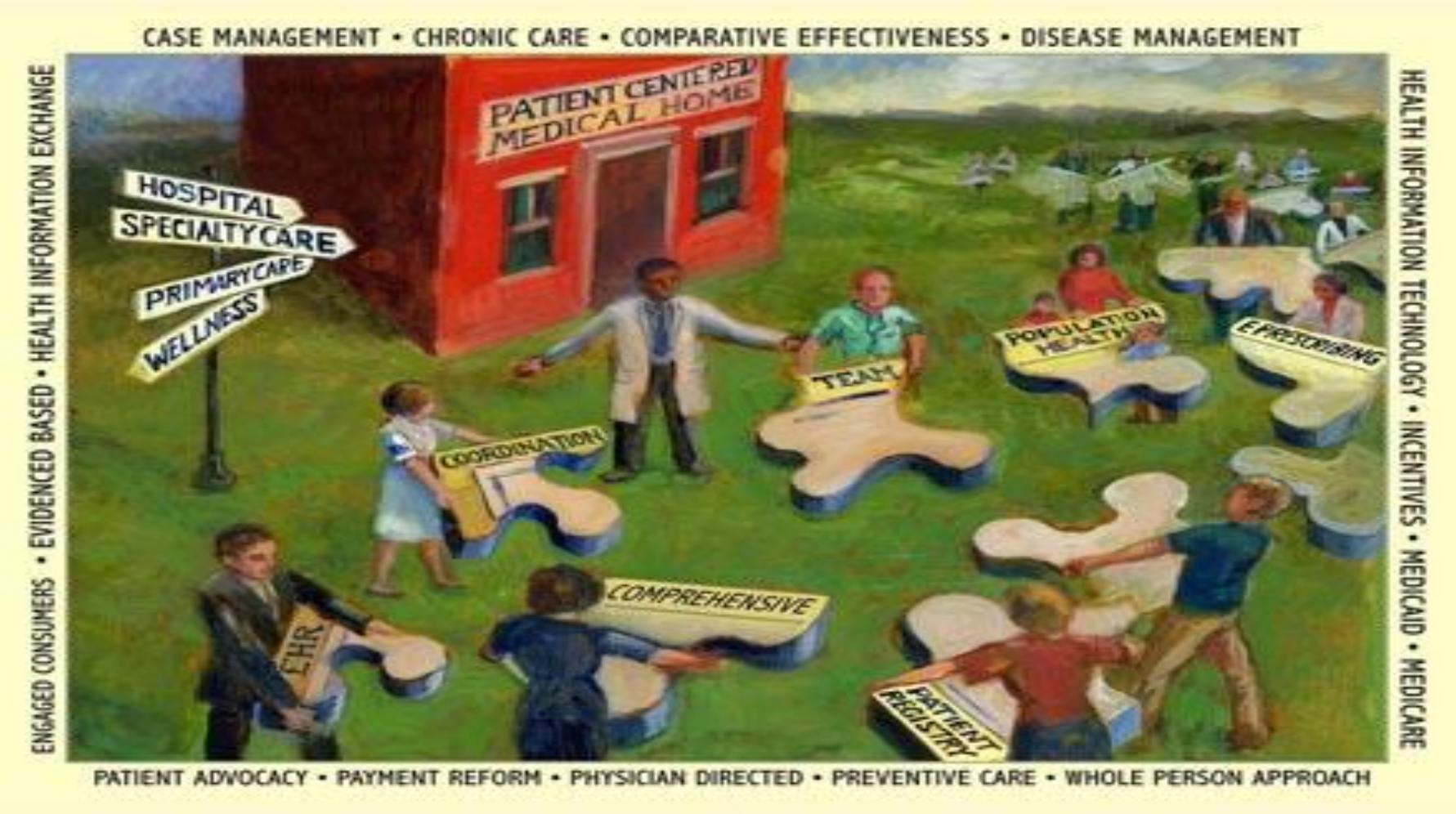




- Facilitate formal, structured discussions on key topics
- Develop access to primary care and oral health
- Integrate mental health and primary care
- Identify and implement best practices to optimize health care quality
- Patient engagement and education
- Professional Development
- Publish regional and county-specific data and reports



# Adirondack Medical Home Pilot



# Engaging a Multitude of Stakeholders

Providers



97 physicians and  
127 MLPs spanning  
33 individual practices



Adirondack Medical  
Home Pilot

Payers



All 7 commercial payers,  
Medicare, Medicaid

Hospitals



5 hospitals and  
health systems



Patients



Population 200,000  
105,000 patients Attributed

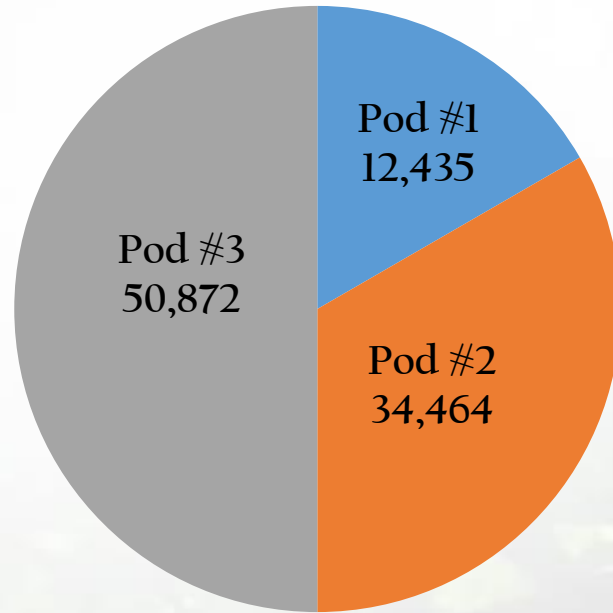


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# Total Attributed Patients 100,033 & Pod Specific Resource Distribution

Resource: 25 sites

- 14 RN Care Managers
- 1 RN Health Home CM
- 1 Nutritionist
- 1 Pharmacist
- 2 CRAs (Social Workers)
- 3 Administrative
- 2 Data Analyst
- 1 Pharmacist



Resource: 8 Sites

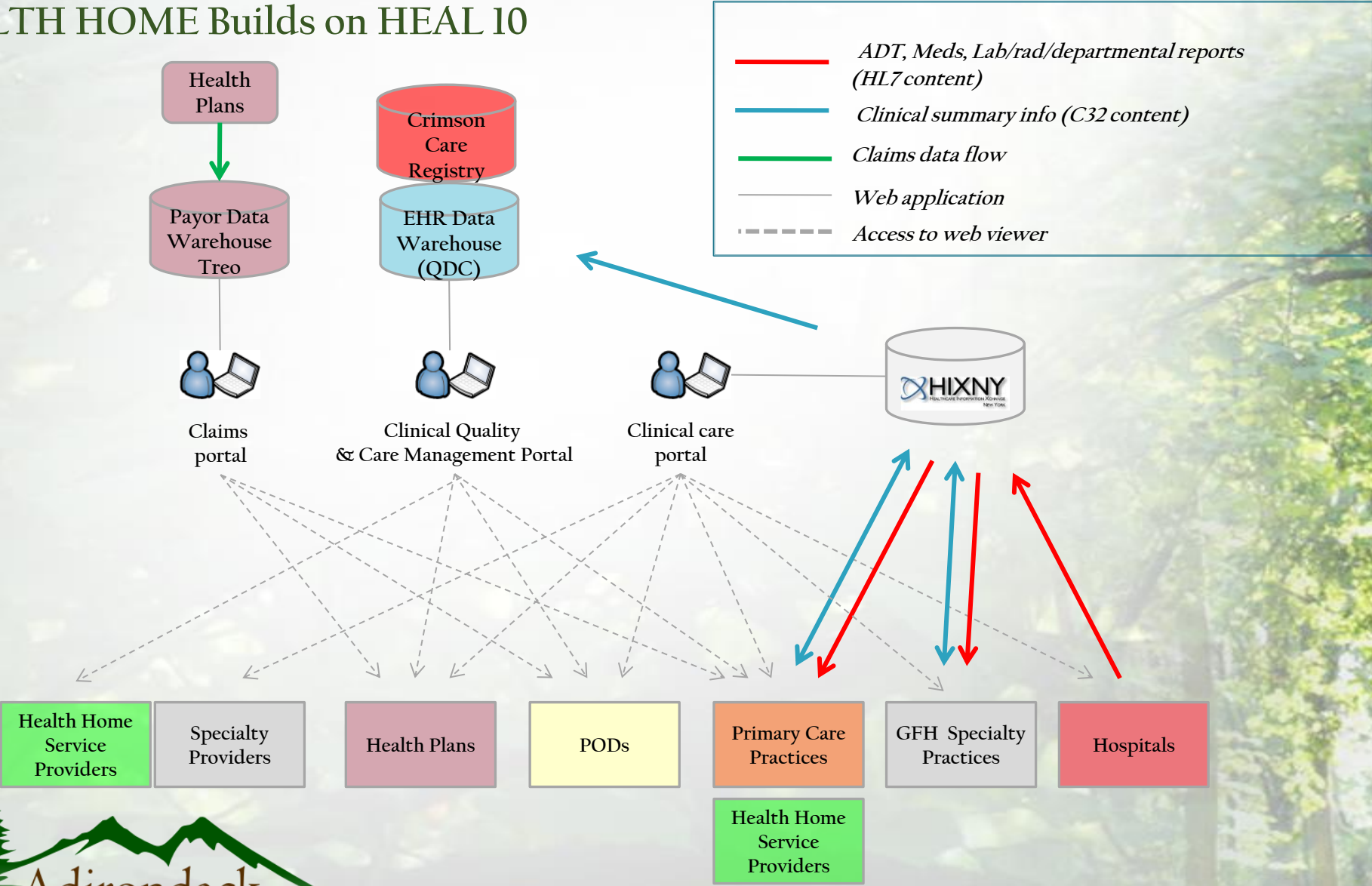
- 1 RN Care Manager
- 2 Dieticians
- 2 Patient Educators
- 1 Pharmacist
- 1 Information Tech

Resource: 16 Sites

- 9 RN Care Managers
- 1 Care Manager
- 1 ED Coordinator
- 1 Peds Health Coach
- 2 Administrative
- 2 Transition Care
- 1 Patient Navigators
- 2 Resource Advocates

# Health Information Technology

## HEALTH HOME Builds on HEAL 10





# Health Home Network Partners

Primary Care

Specialty Care

Hospitals

RHIO

Care Management

Home Health Care

PAYORS



Behavioral Health Providers

Substance Abuse Treatment

Providers

Psychiatric Hospitals

Housing

Transportation

Other Social Services &

Community Supports



# Pilot & AHI = ACO building blocks

## Clinical Integration (CI)

- Population-level instead of encounter-level
- Quality measures include process compliance, clinical outcomes, and patient satisfaction
- Payment reform to reward value rather than volume

## AHI provides the Critical Tools for CI and ACO success

- Health Information Technology
- Data Analytics
- Care Management
- Physician Leadership

## “Accountable Care Organization” = ACO

- Medicare Shared Savings Program (MSSP) is an ACO with at least 5,000 Medicare beneficiaries attributed to them on the basis of patients’ use of primary care services
- May also go “multi-payer” through programs with other payers

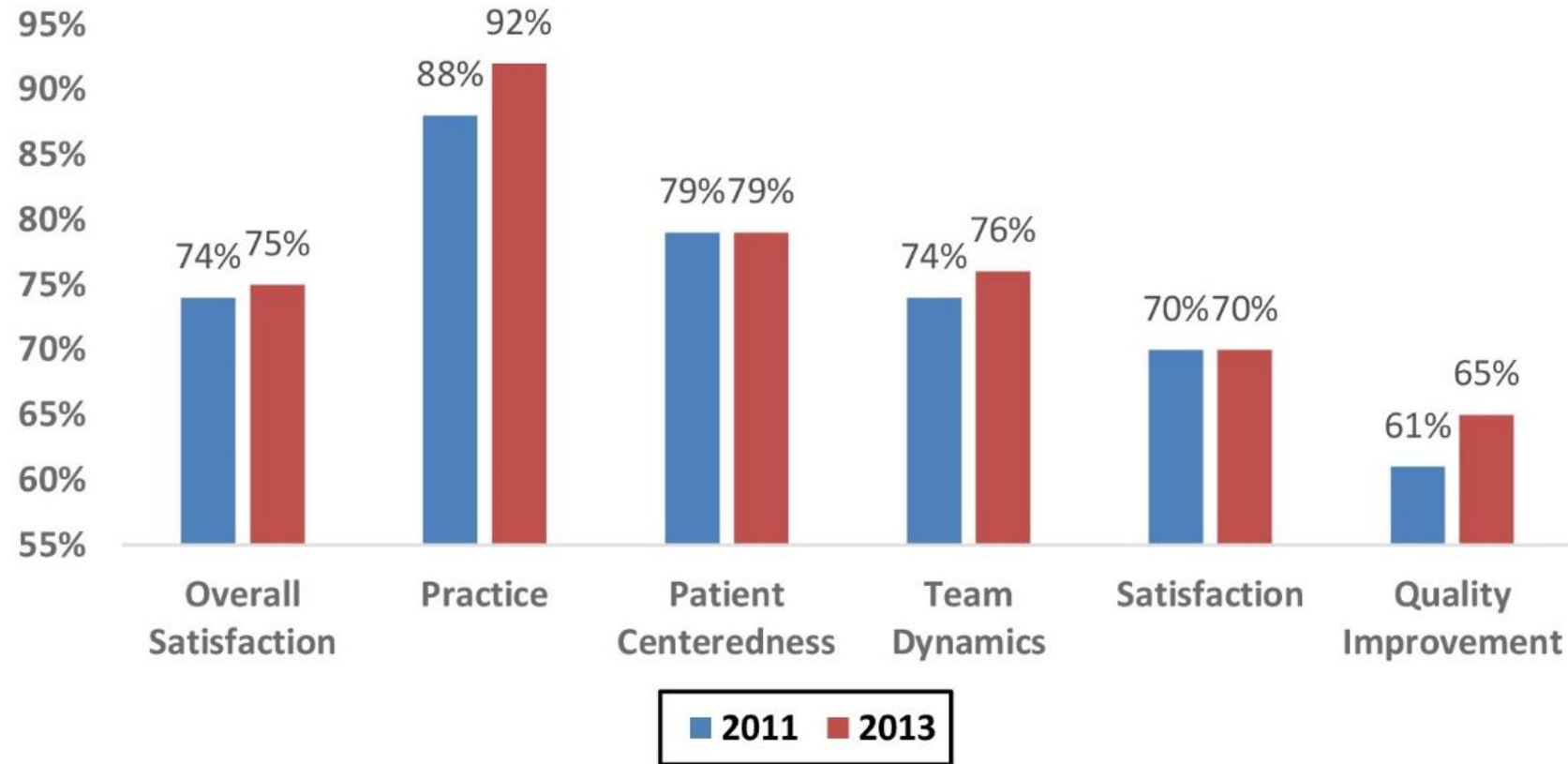


# Accomplishments

- Improved patient and physician satisfaction
- Stabilized primary care system
- Achieved specific gains in quality indicators
- Lowered cost by reductions in ER visits and inpatient stays



## Provider Satisfaction Composite Scores ('11 to '13)



Source: DSS Research Provider Satisfaction Surveys conducted for Calendar Years 2011 and 2013

# IMPROVING ACCESS BUILDING HEALTHY COMMUNITIES

- Regional Planning
- Workforce
- Technology
- Enrollment Assistance Services & Education



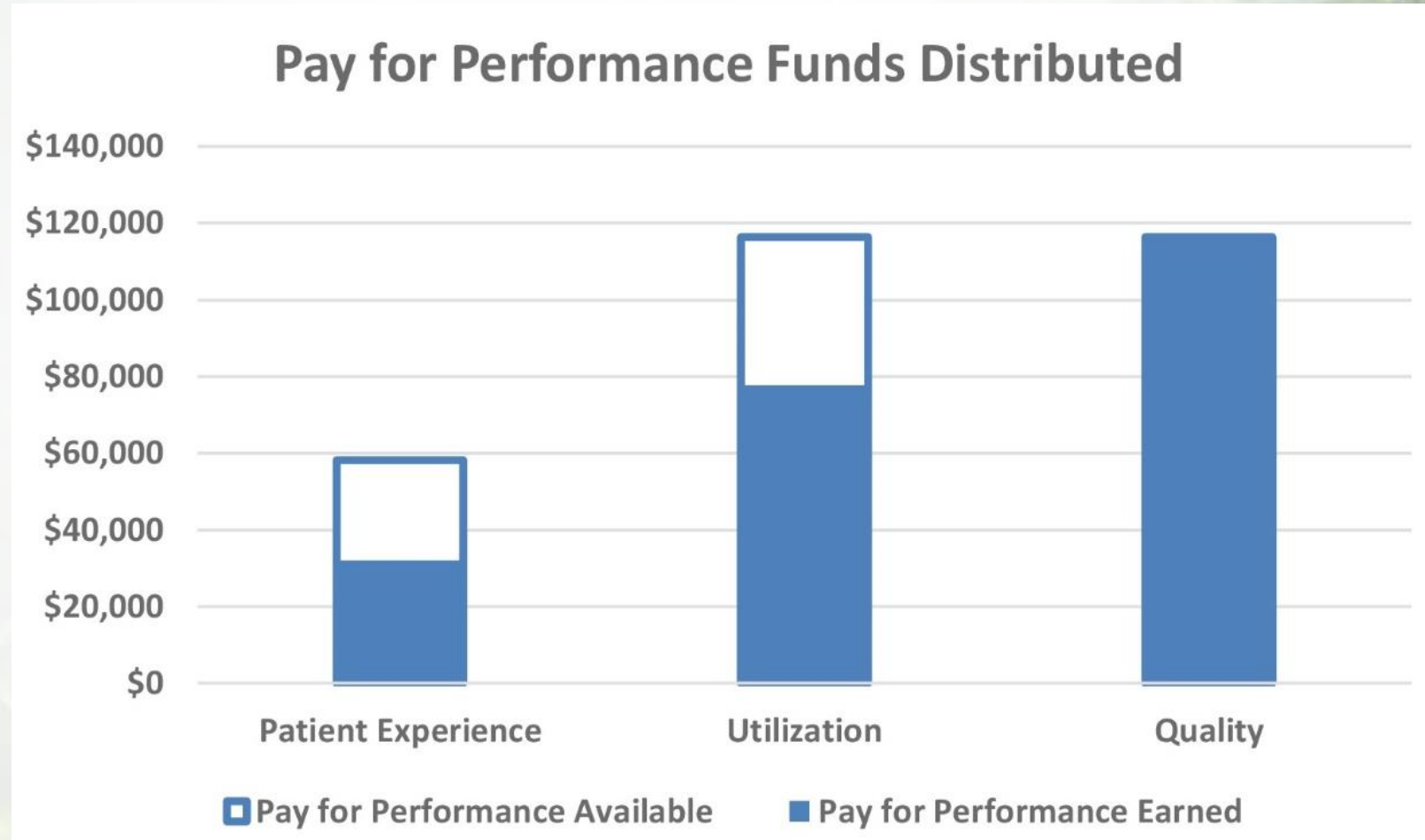
# PAYMENT REFORM

“Everybody Knows”

...that the world (at least the United States) is moving away from fee-for-service to value based reimbursement



# Linking Payment to Outcomes



# North Country Health Stems Redesign Commission Recommendations



The work of the NCHSRC represents New York States first systematic effort to articulate state wide policy at the regional level



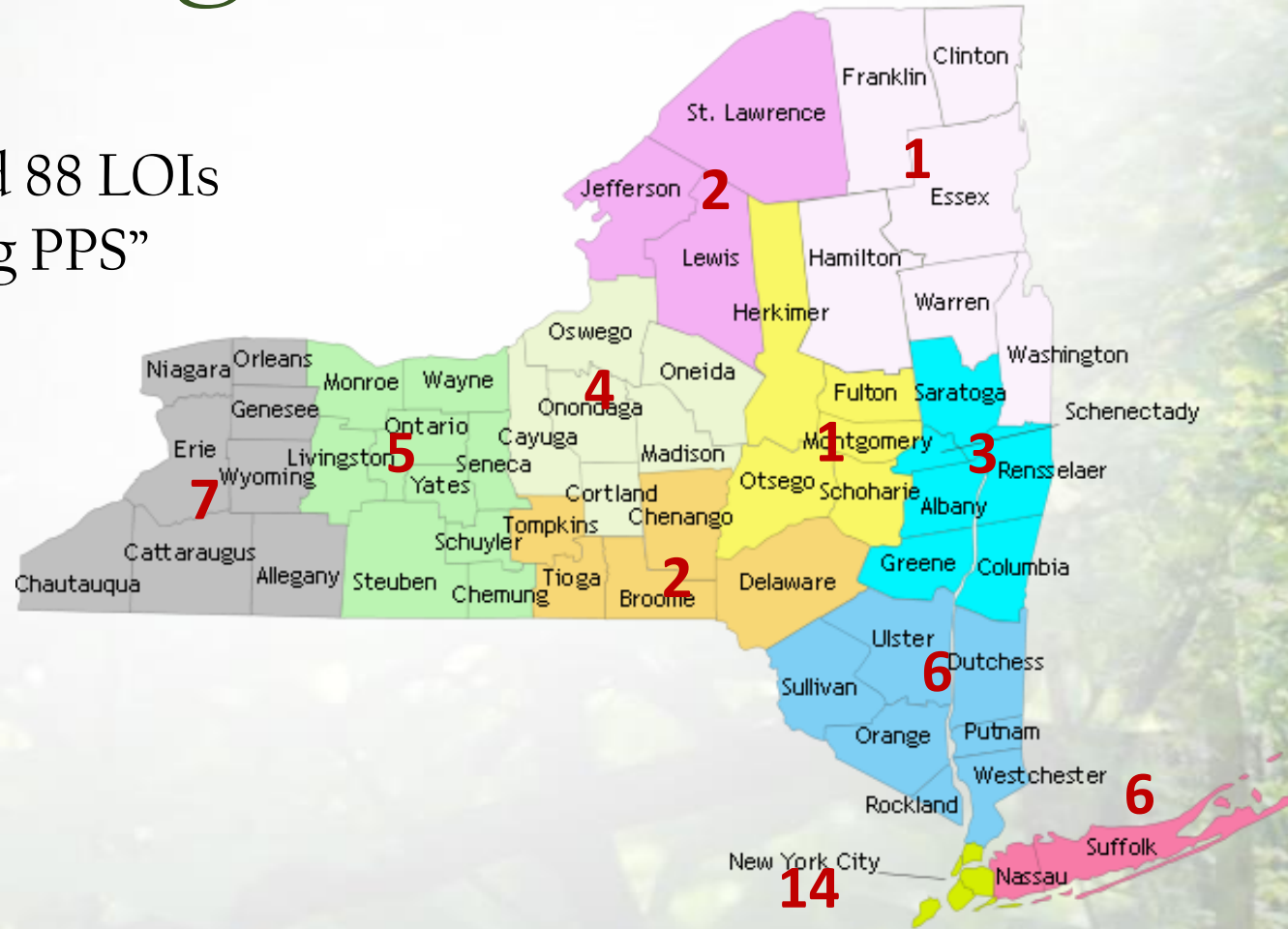
# State Health Innovation Plan

- Build upon the experience of regional health care innovation models including those of AHI (Adirondack Medical Home Pilot, Health Home) that have made significant contributions toward achieving the “Triple Aim” for all New Yorkers.
- Empower regional entities that are best equipped to set local priorities, convene local stakeholders and support mechanisms of regional implementation to lead Plan implementation



# DSRIP Regions

- DOH received 88 LOIs
- 51 = “Emerging PPS”



[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip\\_loi\\_received/emerging\\_pps/](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip_loi_received/emerging_pps/)

# Regional “Population” Health Improvement Program

## Connecting Primary Care to Population Health

- Performance Measurement
- Payment and Delivery System Reform
- Training and Assistance in Performance Improvement
- Patient Education and Engagement
- Strategic Planning and Coordination
- Prepare Workforce

# Relationships, Resources, and Expertise

- Collaborative relationships for the improvement of health in the Adirondack Region and New York State
- Resources for our community partners as they expand coverage to this underserved region while also addressing rapid changes in the healthcare system.
- Programs designed to help communities make their neighborhoods healthy places to live and work



[www.adirondackhealthinstitute.org](http://www.adirondackhealthinstitute.org)

# For More Information:

[www.adirondackhealthinstitute.org](http://www.adirondackhealthinstitute.org)

[www.adkmedicalhome.org](http://www.adkmedicalhome.org)

Cathy Homkey,  
Chief Executive Officer  
[chomkey@adkhi.org](mailto:chomkey@adkhi.org)

Bob Cawley  
Director of Medical Home Initiatives  
[bcawley@adkhi.org](mailto:bcawley@adkhi.org)

Colleen Florio, PhD,  
Director of Care Management  
Initiatives & Evaluation  
[cflorio@adkhi.org](mailto:cflorio@adkhi.org)

Lottie Jameson  
Director of Regional  
Planning and Development  
[ljameson@adkhi.org](mailto:ljameson@adkhi.org)

