FLHSA
The community health fulcrum.

Finger Lakes Health Systems Agency

Presentation to the League of Women Voters

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FLHSA: Vision, Mission & Strategy

Vision: We envision being America's healthiest community with health equity for all people in our region, while serving as a national model for continuous improvement in community health and healthcare cost and quality.

Mission: We bring focus to community health issues via data analysis, community engagement, and solution implementation through community collaboration and partnership..

System Performance	Capacity Management	Community Health
Quality and efficiency—Making the best use of health-system resources	*Infrastructure optimization*—Achieving the right number and type of facilities	*Patient responsibility*—Educating and engaging consumers to improve their own health and require less care
The right care.	**In the right place.**	**At the right time.**

Benefits of Regional Health Planning

- Stakeholders have an open forum to discuss and resolve health issues
- Consumers obtain better information about their own health and health care
- Local health departments can make sure underserved populations aren't left behind.
- Policymakers can establish policies solidly based on local information and local needs

Disclaimer and other important information from our funder

- “The project described was supported by Funding Opportunity Number CMS-1C1-12-0001 from Centers for Medicare and Medicaid Services, Center for Medicare and Medicaid Innovation.”
- “Its contents are solely the responsibility of the authors and do not necessarily represent the official view of HHS or any of its agencies.”

CMMI Innovations Grant

- CMMI Healthcare Innovation Challenge announced November 2011
  - Initiative that “will fund applicants who propose compelling new models of service delivery/payment improvements that hold the promise of delivering the three part aim of better health, better health care, and lower costs through improved quality for Medicare, Medicaid, and CHIP enrollees.”

Genesis of the Application

- FLHSA convened the Rochester Healthcare Innovation Collaborative after the ACA passed to evaluate opportunities for our community to take advantage of federal funding opportunities
- Composed of the leadership of providers, payers, business, government, health systems, community agencies, community advocacy groups, faith based organizations, minority coalitions, and patients/families
- After analysis of several prior grant opportunities the group unanimously endorsed pursuit of this grant as a community with a focus on Primary Care
- Charged the FLHSA and design team with submission

CMMI Innovation Challenge Grant

- Scope:
  - Three year $26.6 million Innovation Grant to transform the provision of primary care to a PCMH model
  - 6 county: Livingston, Monroe, Ontario, Wayne, Seneca, Yates
  - 65 Practices, 650 office staff
- Practice Participation
  - First cohort - 15 practices, January 2013- December 2014
  - Second cohort – 26 practices, July 2013-June 2015
  - Third cohort - 24 practices, July 2014- June 2015

The PCMH Promise

- Quality improvement
- Greater responsiveness to the needs of all patients, enhancing preventive care
- Improved outcomes for patients with chronic illnesses
- System enhancements that “hard wire” care processes
- Improve the practice environment in primary care

Grant Overview

Goals:

- Reduce PQI (avoidable) admissions and hospital readmissions and avoidable ED visits
- Improve quality measures, the patient care experience at a lower per capita cost

Methods:

- Primary care practice transformation to a patient-centered, coordinated, and efficient model
- Development of a community wide outcome based payment model that supports PCMH model
- Integrate community services with primary care practices to better address the social and behavioral determinants of health

Practice Participation

- 41 practices participating
- 20 system practices (7 Unity, 5 RGH, 5 Thompson Health, 3 URMC)
- 21 independent practices
- 9 practices with a focus on low income patient panel
- 18 practices from rural areas
- 2 geriatric practices

CMMI Project Activities

- Program Implementation and Management
- Practice Transformation
- Data - Systems Development/ Evaluation
- Training
- Payment Reform

FLHSA-CMMI Benefits of Participation

- Grant funded Care Manager
- Care management training/skill development
- Payment to compensate for time spent on practice transformation and practice activities not funded in the FFS payment model
- Practice Improvement Advisor to assist with transformation
- Community Resource Coordinator to work with the practice on integration with services related to the social and behavioral determinants of health
- Learning collaborative for participants to share challenges and successes
- Assistance in creating reports for grant purposes that are steps toward meeting PCMH requirements
- Opportunity to influence national health reform agenda

Expectations of Practices

- Integrate care management for at-risk patients into the practice
- Participate in learning collaboratives
- Work with Practice Improvement Advisors on workflow transition to PCMH
- Qualify for NCQA certification by the end of the grant timeframe
- Provide data on activities and results
- Spend Transformation Stipend on supporting change in the practice
- Work on improved access

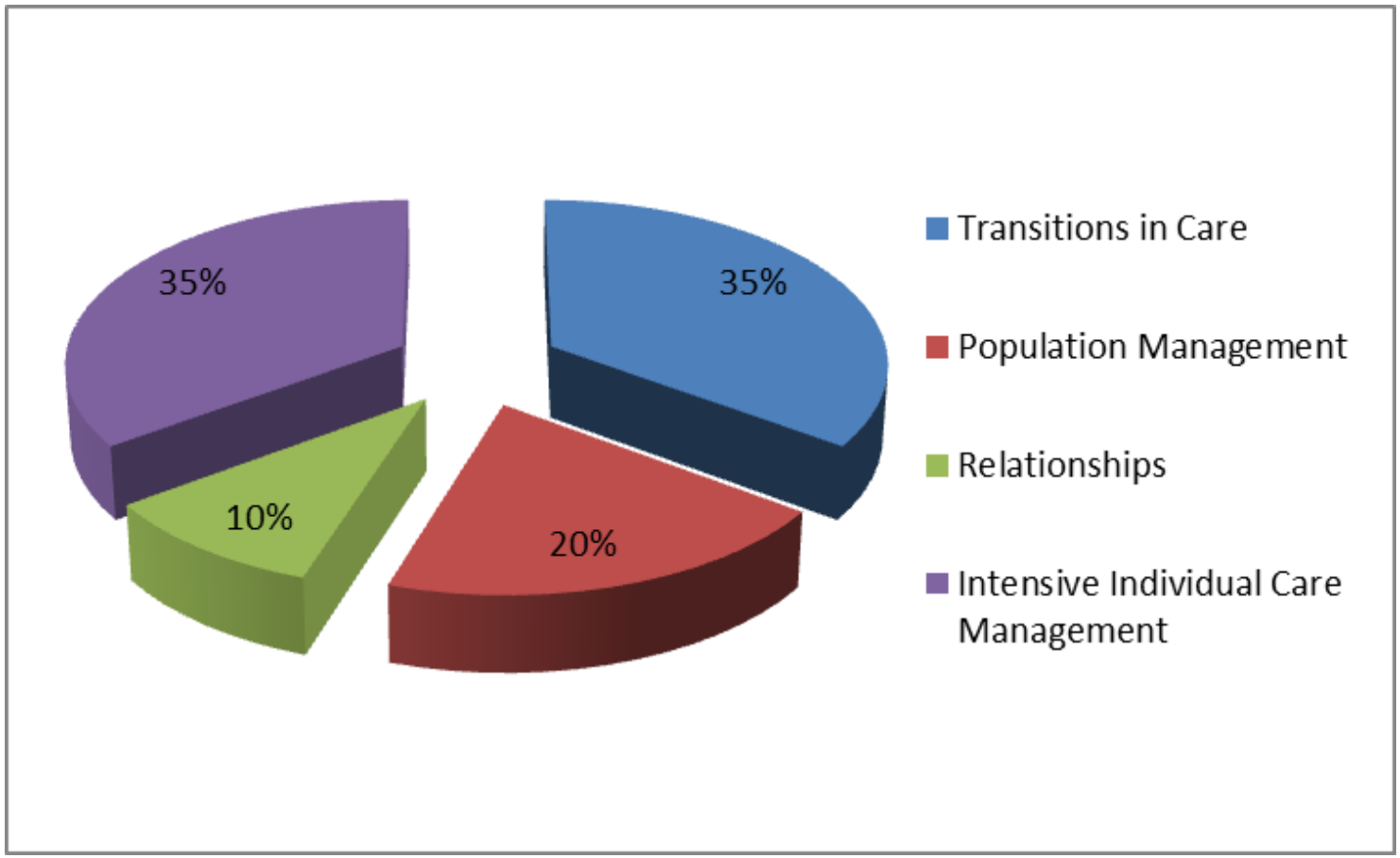
Tools/Competencies - Practices

- PDSA's (Plan, Do, Study, Act)
- Functioning as a team, providing team based care
  - Care team meetings
  - Huddles
  - Top of License
- Data mining/EMR Reports
- Learning collaborative for the practice champions
- Internet based information sharing and communication site
- Functioning/living as a Patient Centered Medical Home

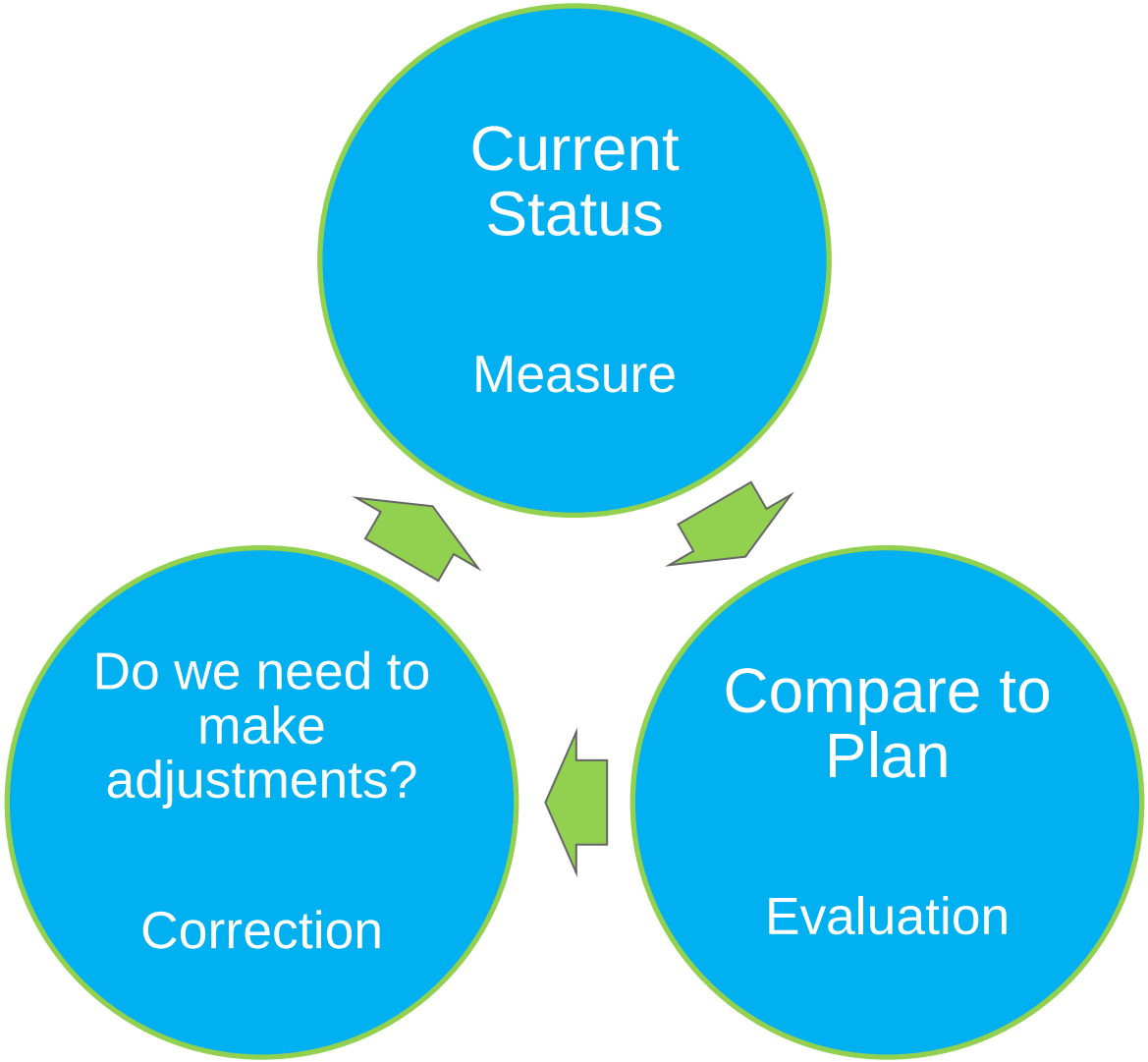
Tools – Care Mangers

- Motivational interviewing
- Shared decision making
- Teach back
- Population management
- Home and community based services connections
- Transitions
- Care Planning/Intensive care management
- Relationships
- A how to resource manual and training videos
- Learning collaborative for care mangers
- Internet based information sharing and communication site

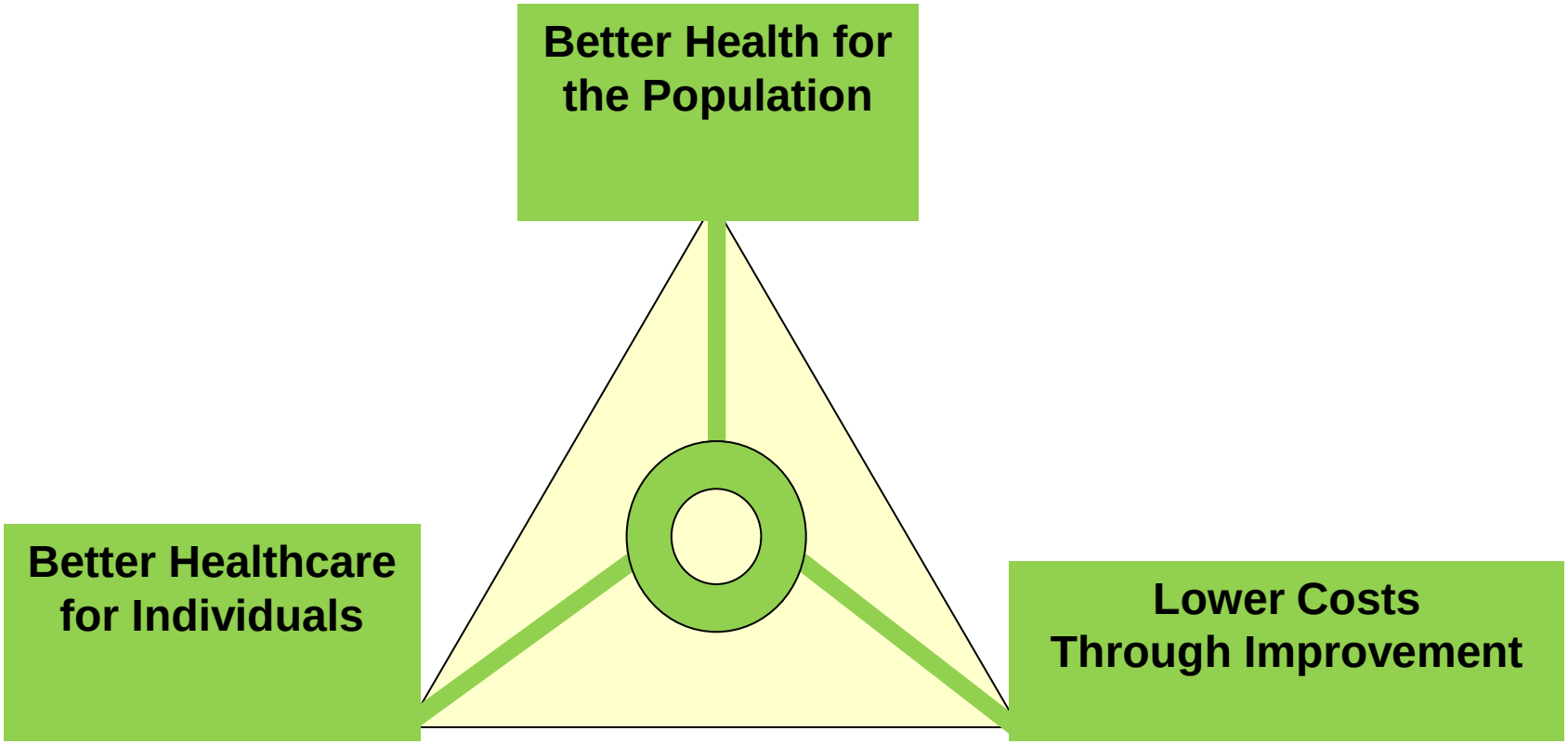
Balancing Care Management



Project Management Cycles



We are on the way to achieving the Three-Part Aim



Joe McCannon
Center for Medicare and Medicaid Innovation
Centers for Medicare and Medicaid Services
January 23, 2012

Finger Lakes Health Systems Agency

The triangle represents our agency's role as a fulcrum—the point on which a lever pivots—boosting the community's health by leveraging the strengths of all stakeholders. The fulcrum is also a point of equilibrium, reflecting our ability to balance the needs of consumers, providers and payers on complex health matters. The inner triangle also evokes the Greek letter delta—used in medical and mathematical contexts to represent change—with a forward lean as we work with our community to achieve positive changes in health care.

**Give me a lever long enough and a fulcrum on which to place it,
and I shall move the world. —Archimedes**

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