A Public Health Approach to Practice Facilitation for Success in Payment Reform

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Agenda

• Primary Care Information Project
• NYC Healthcare Landscape
• Practice Facilitation Approach
• Facilitation Example
• Lessons Learned
PCIP is a bureau of the New York City Department of Health and Mental Hygiene. NYC REACH, the Regional Extension Center for NYC, is housed within PCIP.

Our mission is to support and promote primary care for all New Yorkers.

Over 23,000 providers joined NYC REACH, representing 1400 independent practices, 114 community health centers and 68 hospitals.
NYC Healthcare Landscape

NYS health expenditures is 2nd highest in the US. Per capita spending is 20% higher than national average.

- 60% of primary care providers are in NYC. Many of them are in small practices with limited resources.

- 50% of the population is covered by Medicaid and Medicare.

- There is a lot of fragmentation - many organizations and payers.

- Shift to value-based payment is well underway.
Healthcare Reform

Reform is a key focus in NY. The shift from fee-for-service to value-based payments is well underway.

- NYS Medicaid Redesign
  - Delivery System Reform Incentive Payment (DSRIP) Program
  - New York State (NYS) Roadmap to Value-Based Payment

- Medicare Quality Payment Program

- Commercial Plan VBP arrangements
Our Practices

1,400

1,400 of NYC REACH providers work within Small Practices

CHCs

68

2,700 of NYC REACH providers work within Small Practices

Hospitals

114

4,900 of NYC REACH providers work within CHCs

14,000 of NYC REACH providers work within Hospitals
Our Structure

Through a partnership between FPHNYC and NYC DOHMH, we are able to acquire grants to provide practice facilitation support to primary care providers and to advance public health priorities.

DOHMH subsidizes overhead costs through City funds.

FPHNYC funds direct costs of practice facilitation through grants.
Our Approach

There are critical steps to building a foundation for population health.
Our Programs

We administer these programs through practice facilitation:

- On-site and Remote one-on-one support
- Learning Collaboratives
- Office Hours
Resources

As a part of the health department, we have a range of resources to draw upon.

• Data – we have access to different sources of data (EHR, MU, claims) and an informatics team that creates dashboards that we use for facilitation.

• EHR vendors— we partner with vendors to link practices to resources and to have a direct line for practices.

• Advisory Groups – we have access to internal DOHMH experts and external stakeholders to inform us of needs, interventions and plan/design future programs.
Facilitation Example

**Assessment**
- Gap Analysis of practice’s workflows and PCMH capabilities

**Site Visit #1**
- Assessment and work plan
- Standard 2: Team Based Care

**Site Visit #2**
- Standard 1 - Patient-Centered Access
- Standard 6C - Measuring Patient/Family Experience

**Site Visit #3**
- Check in and follow-up of Standard 1 & 2

**Site Visit #4**
- Standard 3 - Population Health Management
- Standard 6A - Measure Clinical Quality
- Meaningful use

**Site Visit #5**
- Standard 4 - Care Management and Support
- Standard 6A - Measure Clinical Quality

**Site Visit #6**
- Check in and follow-up of Standard 1, 2, 4 & 6

**Site Visit #7**
- Standard 5 - Care Coordination and Transitions
- Standard 6B - Measure Resource Use & Care Coordination

**Site Visit #8**
- Standard 6 - Performance and Quality Improvement

**Site Visit #9**
- Follow-up on all Standards
- Follow-up on meaningful use

**Site Visit #10**
- Submit application

**Site Visit #11**
- Sustainability Planning

**PCMH Training**
- Month 1
- Month 2
- Month 3
- Month 4
- Month 5
- Month 6
- Month 7
- Month 8
- Month 9
- Month 10
- Month 11
- Month 12

Remote Support is provided in between site visit via call, webinar or email
Lessons Learned

• Stay on top of key trends to align with practice strategic goals/priorities
• Create a roadmap for practices that align programs
• Build a long-term partnership with practices
• Use levers where you can or collaborate with others
Thank you!

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Our Structure

We have field teams that provide direct practice facilitation. Teams are divided by programs and provider intervention.
Our Approach

Our Approach

• View practices as long-term partners
• Integrate public health priorities
• Advocate for policy change
• Collaborate with stakeholders to link practices to resources

Strategic Approach

Operational Approach

• Align programs and measures
• Maximize billing opportunities
• Leverage data and technology
• Serve as policy translator/advisor to practice
• Create standardized process for implementing best practices

Implementation

• Start with getting leadership buy-in and commitment
• Assess practice capabilities
• Set goals and develop work plan
• Create a project charter
• Deliver technical assistance
• Work on a sustainability plan