



The purpose of the New York State Department of Health's Delivery System Reform Incentive Payment (DSRIP) Program is to restructure the healthcare delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. In partnership with hospitals, public health agencies, physicians and community-based organizations, the North Country Initiative is advancing state-wide projects to transform the healthcare system, coordinate care, and improve the health and wellness for our population.

2.a.iv

Create a Medical Village Using Existing Hospital Infrastructure

Project Objective:

To reduce excess bed capacity and repurpose unneeded inpatient hospital infrastructure into "medical villages" by creating integrated outpatient service centers to provide emergency/urgent care as well as access to the range of outpatient medicine needed within the community.

Project Description:

This project will convert outdated or unneeded hospital capacity into a stand-alone emergency department/urgent care center. This reconfiguration, referred to as a "medical village," will allow for the new space to be utilized as the center of a neighborhood's coordinated health network, supporting service integration and providing a platform for primary care/behavioral health integration. The proposed medical villages should be part of an "integrated delivery system" and be seen by the community as a "one-stop-shop" for health and health care.

Patient Population:

All Medicaid patients or recipients

Identified Community Need:

The region served by the PPS exceeds both Upstate and NYS on every single adult composite for avoidable hospitalization. As the objectives of the DSRIP are realized and these hospitalizations are in fact avoided due to increased utilization and quality of outpatient services, there is a need to consider future services and infrastructure. To this end the hospitals of the NCI PPS have recognized the need to reconfigure service structure and supporting infrastructure to meet the new care delivery model. This varies by hospital service site and will include, urgent care where none exists, on-site integration of primary care and behavioral health, expanded tele medical capacity and care management.



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Project Milestones	
1	Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.
2	Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or “staffed” beds.
3	Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of Demonstration Year (DY) 3.
4	Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.
5	Use EHRs and other technical platforms to track all patients engaged in the project.
6	Ensure that EHR systems used in Medical Villages must meet Meaningful Use Stage 2
7	Ensure that services that migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.