

CONNECTIONS

Interconnecting Regional Healthcare

Issue 02

Clinical Integration and Interdependence

Steve Lyndaker, M.D. | *Medical Director*

I think most of us would agree that the practice of medicine is changing rapidly. More has changed in the last few years than in my first 20 years of practice—for better and worse and likely some of each. The days of the staunchly independent physician who just has to practice “good medicine” in order to be professionally and financially successful are over. The choice is fairly straightforward, either stay in our silos or become interdependent. From my perspective, we can either lead or be coerced and manipulated in the new reality of P4P, population health management, capitated contracts, bundled payments, risk contracting etc.... We all ask fundamentally the same question: How do we deliver better care and value to our patients while getting paid reasonably for our efforts? I think the way to answer this question is through active participation in a Clinically Integrated Network.



The North Country Initiative and Healthcare Partners of the North Country have been established as a forum and governance structure, a vehicle if you will, that allow us to collectively work together to problem solve and coordinate our resources. Hospitals bring to the table financial resources, administrative expertise and “systems” thinking while providers bring the clinical knowledge to develop guidelines, establish and deliver quality metrics and guide resources like HIT. This mutual dependency allows our region to be stronger in the marketplace while satisfying some of the legal requirements to avoid issues with restraint of trade, Stark regulations and anti-kickback concerns. Ultimately, our efforts should lead to joint contracting which from my perspective is the ultimate function of a Clinically Integrated Network.

Strap in – it’s likely to be a fast and sometimes bumpy ride!
Nevertheless, I am convinced that we will be successful both in terms delivering (and proving) better health outcomes and improving financial stability as a region. We have the most important, valuable and elusive resource needed to be successful—Trust—among our Board members and providers. With this, we can move mountains.

Steve Lyndaker | sslynpalm@fdrhpo.org

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- Dear Dr. Reform

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the eHealth Tidbits](#)



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INITIATIVE | DSRIP
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FIND US ON:





The **North Country Initiative** is a partnership of hospitals, independent physicians and community providers working together to reform the healthcare system in the Tug Hill Seaway Region. (Jefferson, Lewis, St. Lawrence Counties)

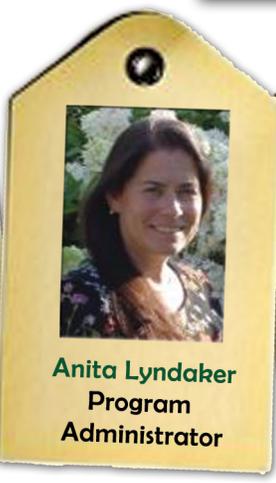
Inside the North Country Initiative office in Watertown, NY there is a full time team dedicated to supporting this partnership that is focused on improving the health of the community, reducing the cost of healthcare, and improving the care for patients.

MEET THE NCI TEAM

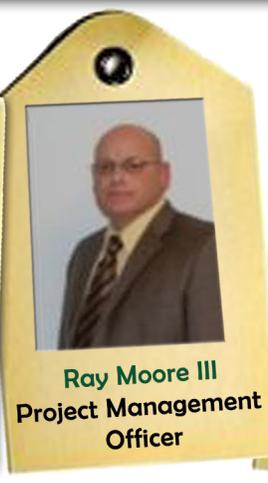
Next Issue:
Meet the Project Team



Brian Marcolini
NCI Director



Anita Lyndaker
Program Administrator



Ray Moore III
Project Management Officer



Celia Cook
Program Manager



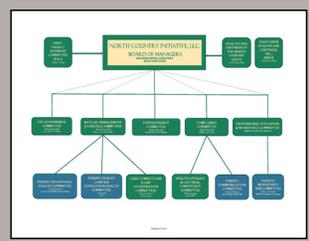
Lindsay Knowlton
Finance Officer



Jeff Bazinet
Data Analyst

Committees that make a difference

The North Country Initiative DSRIP application and program are the result of the hard working committees formed by representatives of partnering organizations. Each committee must complete individual goals and collaborate with other committees to reach the required milestones.



Click on the chart to view the North Country Initiative DSRIP committees & sub-committees



Click on the calendar to view the NCI DSRIP public website and view the upcoming calendar

Tentative MRT Waiver/DSRIP Key Dates Year 1*





TRAINING

Patient Activation Measurement, PAM Training

- **When:** June 2015

Organizations with employees that have completed PAM training:

- ACR Health
- Carthage Hospital
- Children's Home of Jefferson County
- Claxton-Hepburn Medical Center
- Community Clinic of Jefferson County
- Dept. of Social Services of Jefferson County
- Fort Drum Regional Health Planning Organization
- Health Initiative
- Jefferson County Public Health Services
- Massena Memorial Hospital
- Mental Health Assoc. of Jefferson County
- North Country Family Health Center
- North Country Initiative
- North Country Prenatal and Perinatal Council
- Northern Regional Center for Independent Living
- Pivot
- Planned Parenthood of North Country NY
- River Hospital
- Samaritan Medical Center
- St. Lawrence County Public Health
- St. Lawrence Psychiatric Center
- Step By Step, Inc.
- Transitional Living Services
- United Helpers

Screening, Brief Intervention, and Referral to Treatment (SBIRT) -Train the Trainer

- **When:** Sept 2015

For More Information: Contact Heather Lupia at hlupia@nocofamilyhealth.org or
Call 782-9450 / www.jeffcountymentalhealtheducation.weebly.com/

Organizations with employees that have completed SBIRT training:

- North Country Prenatal and Perinatal Council
- ACR Health
- North Country Family Health Center
- Seaway Valley Prevention Council
- Mental Health Assoc. of Jefferson County
- Samaritan Medical Center
- Transitional Living Services
- Children's Home of Jefferson County
- CNY Health Home
- Neighbors of Watertown
- St. Lawrence County Public Health
- CREDO
- Jeff County Probation
- Resolution Center

North Country Care Coordination Certificate Program

- **When:** Wednesdays, Sept 16 - Dec. 16 (SUNY Canton)
Thursdays, Sept. 17 - Dec. 10 (SUNY Jefferson)

The program is full (40 students) and will begin September 2015

[Click Here to view the Care Coordination Flyer for more information](#)

See recruitment video for the program: <https://youtu.be/fNdTZPUYMow>

Chronic Care Professional (CCP) and Depression Care Manager Trainings

- **When:** The program will commence on September 14, 2015 and must be completed no later than December 31, 2015
- **About:** This model sets a framework for integration that will help practices build in-house capacity to better manage behavioral and physical health conditions. Additionally, this training can lead to improved care, better patient outcomes, better patient and provider satisfaction, improved functioning, and reductions in healthcare costs.
- **More information about the programs can be found here:**
 - Chronic Care Professional:
<http://www.healthsciences.org/chronic-care-professional-ccp-program>
 - Depression Care Manager:
<http://impact-uw.org/training/onlinetraining.html>

Questions? Contact tleonard@fdrhpo.org or (315) 755-2020 ext. 13.



HealthCare Partners of the North Country

A Collaborative Vision - A Single Voice

Healthcare Partners of the North Country (HPNC), our regional ACO, has been formed to improve healthcare for the Medicare population.

Provider Resource:

Do you know the Medicare Shared Savings Program 2015 Quality Measures?



**2015 QM
Benchmarks
Click Here**



**UNDERSTANDING HIERARCHICAL
CONDITION CATEGORY (HCC)
CODING VIDEO**

WHAT'S NEXT:

HealthCare Partners of the North Country has selected RMS Healthcare to perform mandatory consumer assessments of Healthcare providers & Systems, CAHPS Survey. [Click Here for RMS Fact Sheet](#)



Delivery System Reform Incentive Payment Program

DSRIP

Finance Committee Update: The North Country Initiative DSRIP Finance Committee currently meets twice a month to discuss and review finance materials and expenditures, audits, milestone payments, financial sustainability plans and Value Based Payment contracting.

This committee is made up of individuals nominated by our PPS partners, who met the criteria set forth by North Country Initiative, to steer the policies and finances related to DSRIP in a direction that follows protocol and is audible by the DOH to best incentivize the healthcare landscape of the Tughill Seaway Region.

Announcements:

- DOH hosted the first PPS Statewide Learning Symposium **September 17-18, 2015** at the Hilton Westchester in Rye Brook, NY. (12 people attended this symposium from our region's PPS including hospital, behavioral health and CBO representation)
- The NCI Team has worked hard to prepare the quarterly reports of the region's achieved tasks outlined in the Implementation Plan that was submitted for the end of **DY1 Q2 (September 30)**. DSRIP DY1 Q3 begins Oct. 01
- **Statewide DSRIP Medical Record Review:** Lead PPS agencies across New York State received this letter containing guidance for the upcoming, statewide, DSRIP-mandated medical record review. One of two companies, MedReview and Verisk Health, may be contacting your organization to schedule appointments for medical record abstraction. The information they collect will be used to compute NCI's PPS-wide baseline values for two outcome measures: like controlling high blood pressure (HEDIS), Screening for clinical depression. [For more information, click here to view the DSRIP Measure Specification and Reporting Manual.](#) If you have any questions about this process please email Brian Marcolini (bmarcolini@northcountryinitiative.org) and he will advance all related questions to the State.



NYS Department of Health
www.health.ny.gov

NYS DSRIP
Glossary

[CLICK HERE](#)



**Tentative MRT Waiver/
DSRIP Key Dates Year 1**



DEAR DR. REFORM



Dear Dr. Reform,

I am a registered nurse in a small doctor's office and I am hearing a lot of buzz about value-based payment. Can you help me understand what this is about, how it will affect my office and when will it happen?

Signed,
Nurse that needs to know

FROM DR. REFORM

Dear Nurse that Needs to Know,

I'm glad that Value-Based Payment (VBP) is starting to create a buzz in your office, it definitely should be.

What value-based payment is, is a strategy used to promote quality and value of healthcare services. The goal of a VBP program is to shift from pure volume-based payment to payments tied to performance and improving care for patients.

Value-Based Payment in the healthcare setting provides a financial incentive to clinicians for improved patient health outcomes. This payment model rewards physicians, hospitals, medical groups, and other healthcare providers for meeting identified performance measures for quality and efficiency of the care they provide.

This strategy is the basis for our Delivery Systems Reform Incentive Payment (DSRIP) program. The implementation of DSRIP began April 1, 2015 across New York State. So we are officially underway in shifting our healthcare system to one that is a valued based payment model.

The video below by Jason Helgerson, NYS Medicaid Director, gives a great overview of how VBP will impact our region and the state.

To your good health,

Dr. Reform

Check out NYS DSRIP Whiteboard:

