

Issue 7: March 2017

Connections

Interconnecting Regional Healthcare



+ FEATURE STORY:

Solving Problems and Improving Health

Lowville Nurse Gains Certification
in 'Problem Solving Treatment'

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**NCI Receives
'Stellar Reviews'
from State Panel**

Jennifer Meny, RN

EDUCATION DAY WAS A SUCCESS!

On March 11, NCI hosted "Education Day" at the 1000 Islands Harbor Hotel in Clayton, and more than 60 clinicians from across the region attended!

We are very grateful to these doctors, nurses, care managers and other local health care professionals for dedicating their Saturday to learn about and discuss ideas for improving care in the north country.

Local speakers included: Dr. Vojtech Slezka, who spoke about cardiovascular disease; Dr. David Antecol, who gave an overview of hypertension guidelines, and Dr. Steve Fogelman and Dr. Mike Woznicki, who together shared "Psychiatric Pearls" for primary care providers.

Dr. Raymond Fabius, a national thought leader and co-founder of HealthNEXT, finished off the day with a comprehensive overview of population health. To view slides from each of the presenters and other information shared at NCI's Education Day, visit www.northcountryinitiative.org.



TOP: DR. RAYMOND FABIUS, A NATIONAL THOUGHT LEADER AND CO-FOUNDER OF HEALTHNEXT, SPEAKS TO GUESTS ABOUT POPULATION HEALTH AT NCI EDUCATION DAY IN CLAYTON.

LEFT: DR. STEVE FOGELMAN, A CONSULTING PSYCHIATRIST FOR NCI, SHARES "PSYCHIATRIC PEARLS" WITH GUESTS AT NCI EDUCATION DAY.

TOP RIGHT: EACH GUEST AT NCI EDUCATION DAY ENJOYED A COMPLIMENTARY LUNCH, DESSERT AND REFRESHMENTS, AND EDUCATION MATERIALS WERE PROVIDED FOR CLINICIANS TO TAKE HOME.

BOTTOM RIGHT: MORE THAN 60 CLINICIANS FROM ACROSS THE NORTH COUNTRY DEDICATED THEIR SATURDAY TO LEARNING ABOUT AND DISCUSSING A VARIETY OF HEALTH CARE ISSUES, INCLUDING: CARDIOVASCULAR DISEASE, HYPERTENSION, PSYCHIATRY AND POPULATION HEALTH.



Improving Care for 'Multi-Visit Patients'

As the end of DSRIP Year 2 approaches, our PPS continues to work toward providing better care and improving the health of our region's population.

We have made tremendous strides as a region in changing the health care delivery system; however, we recognize there is still work to be done, particularly with a subset of the population referred to as "multi-visit patients."

The multi-visit population is a small proportion of patients who account for a disproportionate amount of utilization and cost. Often, these are the patients who have the most difficult time navigating the health care system and are unfortunately labeled as being "complex," "difficult" or "non-adherent."

NCI and Samaritan Medical Center have been offered the opportunity to take part in the Medicaid Accelerated eXchange (MAX) Series Program, sponsored by the New York State Department of Health and Dr. Amy Boutwell of Collaborative Healthcare

Strategies.

The MAX Series is a Rapid Cycle Continuous Improvement program that brings frontline care providers from across the care continuum together with a focus on hospital in-patient stays among the multi-visit population.

The multidisciplinary MAX Action Team is committed to developing, testing and measuring innovative solutions that will result in better care for our region's most vulnerable population.

As we move forward with the MAX Series, we will provide updates, lessons learned and best practices to our partners. If there's one thing we've learned thus

far, it's that we need to **do something different.**

I would encourage all of you to look beyond the diagnosis. Often, the patient's frequent utilization is a symptom of an unmet or unaddressed need.



Erin Shustack
ACO Project Coordinator



DR. AMY BOUTWELL SPEAKS TO SAMARITAN MEDICAL CENTER AND NCI STAFF AT A MAX WORKSHOP ON MARCH 20.

YOUR WORK HAS PAID OFF!

We know it might not always feel like it, but the work we do each and every day to reform our region's health care system is important and it makes an impact.

We were reminded of this when we presented DSRIP updates to the state's Project Approval and Oversight Panel (PAOP) in Albany on February 3rd and received stellar reviews!

In response to NCI's presentation, Medicaid Director Jason A. Helgerson said our performing provider system is doing exceptionally well.

"You can feel a sense of confidence in their presentations," he said. "The fact that you are advanced as you are puts you in a really great position."

Without your commitment as our partner, none of this would be possible. We commend you for a job well done, and we're exciting to continue working with you. If you'd like to take a look at a summary of PAOP Meeting Proceedings, please [click here.](#)

Thank you,



Brian Marcolini
NCI Director

Want to be featured in our newsletter?

If you have a success story or upcoming event to share with the health care community, there's a good chance we can help you. Send your idea, draft, photos or other materials to Eli Anderson, Communications Coordinator, at eanderson@fdrhpo.org to get started.

Solving Problems

& Improving Health

Working at a private family practice in Lowville, Jennifer Meny wears a lot of hats.

She's a registered nurse, a chronic care manager and a depression care manager; but she recently added one more hat to her wardrobe. On February 23rd, Mrs. Meny gained her certification in Problem-Solving Treatment, a form of psychotherapy designed to be used in an office setting.

As a practitioner of Problem-Solving Treatment, Mrs. Meny primarily treats adults with depression or anxiety. However, she said, the therapy can be tailored to patients of all ages and for those who have other mental health diagnoses, such as addiction or bipolar disorder.

"The purpose is to help the patient learn to make up a problem list," she said. "To identify problems within their life — whether it's family, financial, or otherwise — and with that problem list we work together to establish a goal of how we would like to solve

those problems, one by one."

Then, after coming up with a list of solutions for a specific problem and weighing the pros and cons together, Mrs. Meny and her patient will develop an action plan.

"That's the part that helps us achieve the goal, and it is totally patient-centered," she said. "Then we close the Problem-Solving Treatment session by coming up with some ideas for the patient to do some positive activities. This could be meditation, exercise, or just taking a bath. It's something strictly for that patient to do that will help them alleviate some of their depression symptoms."

Since starting her Problem-Solving Treatment training with the University of Washington AIMS Center, Mrs. Meny has worked with eight patients at her workplace — a family practice owned by her husband, Dr. Howard T. Meny.

Weekly sessions are about an hour in length and a typical patient is

in treatment for roughly four to eight weeks — sometimes 12 depending on the gravity of their issues.

"It's a great tool to have in your toolbox," Mrs. Meny said. "For more than half of the patients I've used Problem Solving Treatment with, a lightbulb has gone off and they begin applying the problem-solving skills to other areas of their life."

For example, Mrs. Meny said, one patient she worked with came to her with a blend of financial and family issues. The patient had recently lost a job, was struggling to make ends meet and daily life was becoming overwhelming and overly stressful.

"What we did was, we focused on the financial problems," she said. "We really took this problem and pulled it apart, because it had many layers to it."

"We were finally able to start with one goal, which was to get



paperwork together so this patient could go to social services, and with that success, we built on it to the point where the patient was put in touch with other local agencies and received help."

"It was amazing to watch this patient progress through," Mrs. Meny said.

Problem-Solving Treatment is brand new to the north country region, and Mrs. Meny said she is one of only a few certified practitioners. However, she hopes it will become more commonplace in primary care offices, as it benefits many aspects of a patient's life.

"It gives them back the power to handle their life," she said. "It's a great skill to have and I think it's going to help a lot of people."

To learn more about Problem-Solving Treatment, visit www.aims.uw.edu/resource-library/problem-solving-treatment-pst.

Care Management is a crucial part of improving care and reducing fragmentation within the healthcare delivery system. The North Country Initiative is committed to creating an effective, sustainable care management platform across Jefferson, Lewis and St. Lawrence counties. The first step in promoting team-based care is the creation of NCI's Care Coordination Collaborative, which provides education, resources and a platform to build strong partnerships between PCP Care Managers and Community-Based Organizations.

The Jefferson-Lewis Care Coordination Collaborative began in March, and the next meeting is scheduled for April 5th.

The St. Lawrence county Care Coordination Collaborative is being developed.

If you would like more information or are interested in attending the Care Coordination Collaborative, please contact Erin Shustack at (315) 755-2020, ext. 32 or Sue Raso at ext. 35.

Care Teams:

NCI is assisting the region with the development of primary care teams to improve health literacy, patient self-efficacy, and patient chronic disease self-management. The care teams consist of the primary care care managers, community health workers/patient navigators, behavioral health peer supports, certified diabetes educators and health home care management. Below are the designated member agencies of the care teams:

Community Health Workers/Patient Navigators

North Country Prenatal/Perinatal Council
315-788-8533

Behavioral Health Peer Supports

Northern Regional Center for Independent Living (NRCIL)
315-785-8703

Health Home Care Management

North Country Health Home
315-948-3410

Certified Diabetes Educators

Carthage Area Hospital
Contact: Carly Draper at 315-519-5648

Samaritan Medical Center
Contact: Teresa Intorcio at 315-785-4667

Claxton-Hepburn Medical Center
Contact: Karen Cole at 315-713-5181

"IT GIVES THEM BACK THE POWER TO HANDLE THEIR LIFE..."

-Jennifer Meny, Problem Solving Treatment Practitioner

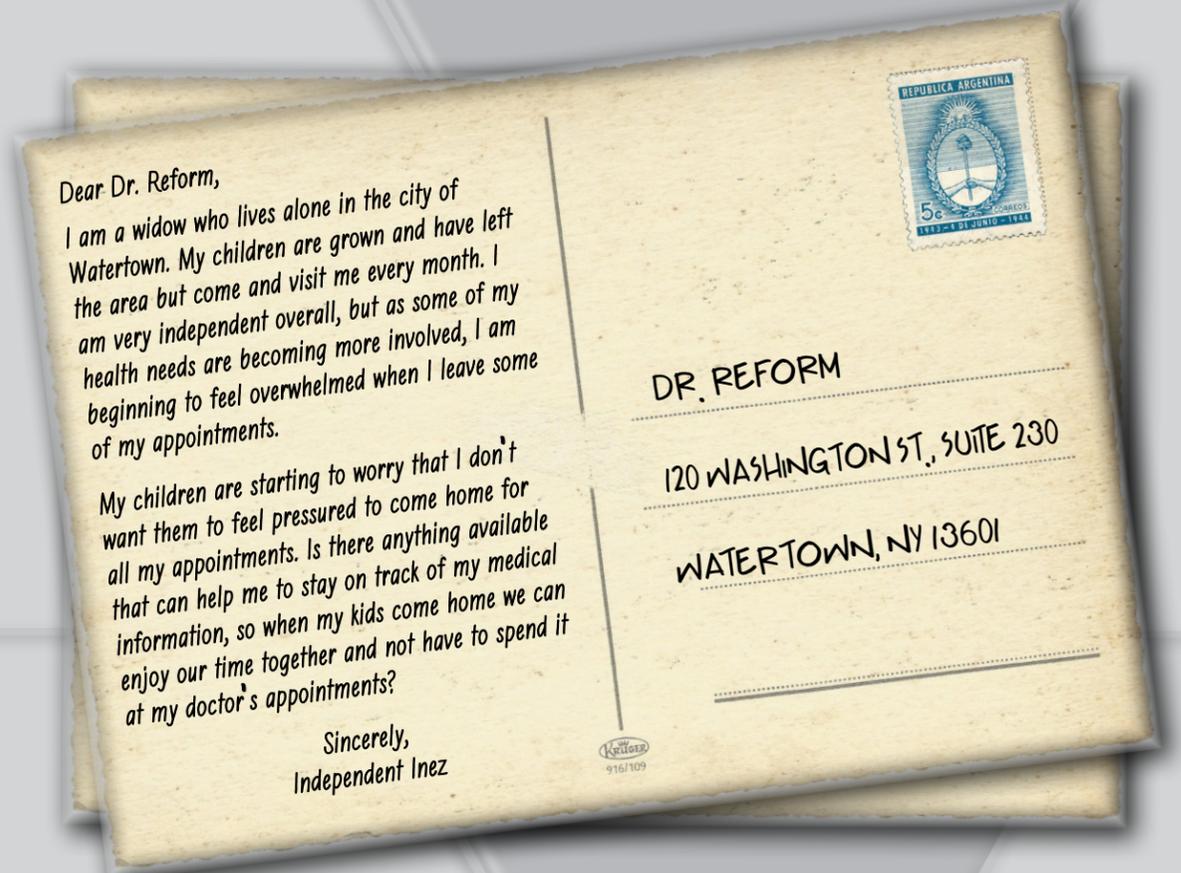
HEALTHCARE PARTNERS OF THE NORTH COUNTRY SUCCESSFULLY SUBMITS GPRO QUALITY MEASURES

Healthcare professionals providing services to Medicare beneficiaries are subject to several CMS quality reporting requirements and initiatives. Being a member of an ACO allows eligible professionals the opportunity to avoid the Physician Quality Reporting System (PQRS) downward payment adjustment, as well as take part in the Value Modifier adjustment based on the ACO's quality performance. If you would like more information regarding the 2017 Value Modifier, please [CLICK HERE](#).

On March 15, 2017, HealthCare Partners of the North Country, our region's ACO, successfully submitted Group Practice Reporting Option (GPRO) Web Interface quality measures for performance year 2016. As part of its contract with CMS, ACO participants must track and report on 17 quality measures, including: Screening for Future Fall Risk, Breast Cancer Screening, Colorectal Cancer Screening, Influenza Immunization and others.

We would like to take this opportunity to thank all the ACO partners for their assistance with quality reporting. Your dedication to improving care for patients in the north country is invaluable. Once CMS has released the quality measure results, we will share this information with our partners.

If you would like more information regarding GPRO Quality Measures, please contact Erin Shustack, ACO Project Coordinator at eshustack@northcountryinitiative.org or 315-755-2020 ext. 32, or visit: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/PQRS-FAQs.pdf>.



HAVE A QUESTION FOR DR. REFORM?

Email it to ccook@northcountryinitiative.org. She'll make sure it gets passed along to the doctor.

Dear Inez,

It's great that you are so independent and have a great family support system. Maintaining these things are crucial to a good quality of life.

Understandably, there are times when one's medical needs can become a bit overwhelming and typically those are the times when it can be very important to follow through with referrals, medications, diet or exercise recommendations, etc. Nevertheless, I have great news for you! There is a perfect solution that will allow you to make sure your health is in check so you can enjoy time with your family — a Community Health Worker!

A community health worker serves as a liaison between health and social services and the community, helping patients access the services and support they need to stay in good health.

Linking up with a community health worker is easy. You can either talk to your doctor about getting a referral or contact the North Country Prenatal/Perinatal Council at 315-788-8533. The Northern Regional Center for Independent Living also offers these services for people with behavioral health concerns. They can be reached at 315-785-8703.

Thanks for your question and I'm sure you will find this resource to be very helpful!

To Your Health,
Dr. Reform