Healthfirst’s Provider Symposia
Working with Our Network
Towards a Common Goal
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We believe that close working relationships with our providers are essential to ensuring coordinated, high-quality healthcare for our members. We launched the Healthfirst Provider Symposia series to strengthen clinical partnerships and to offer a forum for sharing innovative and emerging care models. We’ve discovered that—whether they are participating as presenters or as attendees—our providers are incredibly eager to partner with Healthfirst and with each other to implement best practices that will improve care for our members.

—Dr. Susan Beane

Provider Engagement
An Evolving Strategy

Healthfirst has been at the forefront of efforts to improve the health of local communities for more than twenty years. However, educating our members and encouraging them to take an active role in their health is just one part of the equation. Provider education and engagement is another major priority. As the main link between our members and their healthcare providers, we are continually developing provider resources to help improve the quality of care and service that our members receive. Among these are new or improved online provider resources, cultural competency podcasts, comprehensive information on the Affordable Care Act, and the Spectrum of Health program.

At the heart of our provider engagement strategy are the twice-yearly Healthfirst Provider Symposia, developed by Healthfirst’s Medical Director, Dr. Susan Beane. Begun shortly after the rollout of the Affordable Care Act in 2010, the symposia are designed to help our network providers and other clinical partners successfully adapt to significant ongoing changes in the U.S. healthcare system and to address the growing need for more integrated and coordinated models of care. The symposia keep professionals in our network up to speed on the most important emerging health issues, highlight and reinforce best practices, and provide opportunities to build alliances. With the healthcare environment moving towards a Population Health...
approach, we at Healthfirst find that it is more important than ever to align with our network providers and other clinical partners as colleagues and collaborators working towards a common goal: improving the health and lives of our members.

**Format of the Symposia**

In the fall of 2010, a small group of about fifty providers and other healthcare professionals gathered in an auditorium at City College for the inaugural Healthfirst Provider Symposium. The theme was Making Care Accountable: Innovations in Quality and Care Coordination. Since that time, interest and attendance has grown steadily, with the event outgrowing three separate venues. The 2014 Spring Provider Symposium on Innovations in Population Health Management (the most recent as of this writing) was held at Battery Gardens restaurant in lower Manhattan in order to accommodate more than 155 attendees.

The symposia typically feature two panels of three to four presentations, with a Q&A session after each one. Beginning with the Spring 2013 Symposium, a keynote address was incorporated as a means to frame the conversation for the day. The speakers are selected from among our clinical partners and other health professionals based on their expertise and because they are currently engaged in important, interesting, or innovative work on a topic with relevance for our providers and members. Invited speakers have delivered solo talks and have also presented together with one or more specialists from their teams when appropriate to their project. A pre-program breakfast and a break after the first panel give attendees a chance to network with each other in a relaxed environment. The Spring 2014 Symposium included lunch after the final panel, providing attendees with additional time to debrief.
Professionals from across all sectors of the healthcare system are represented at each symposium. Clinicians attend alongside Medical Directors, hospital executives, public health researchers, and representatives of foundations, community organizations, and the Department of Health at the state, city, and district levels. The diversity of the audience in terms of their roles in the medical field stems in part from word of mouth. Initial invitations go out to providers in the Healthfirst network and to individuals at state and city foundations. The initial invitees often will forward the information to others in their own professional network with expertise in the particular topic being covered in a given symposium. These individuals may then request an invitation. Another reason for the high level of interest is that health insurance plans (particularly those within the sphere of Medicaid Managed Care) typically do not host this type of program, which more often is presented by institutions like hospitals, university medical programs, and private organizations. This gives us a unique angle from which to speak to our providers as collaborators.

Dr. Beane and her Clinical Partnerships team select each symposium’s theme after careful consideration of current major health issues, topics of particular interest to individuals and groups in the medical community, and feedback from providers and community organizations. The fact that invited speakers accept almost without exception speaks to the enthusiasm of our partners for the opportunity to share their work and insights with peers in the medical field. The presentations give them an opportunity to speak about the positive outcomes of their projects, as well as to discuss elements that did not progress as anticipated or for which they have already planned adjustments. In essence, the audience is invited to view works in progress, creating an environment that values learning, promotes trust, and encourages the risk-taking that inherently accompanies innovation.

**Symposia Themes**

*through the years*

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<th>Fall 2010</th>
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<th>Spring 2012</th>
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<th>Fall 2013</th>
<th>Spring 2014</th>
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<td><strong>Making Care Accountable:</strong> Innovations in Quality and Care Coordination</td>
<td><strong>Integrating Healthcare:</strong> Planning and Systems to Improve Health Outcomes</td>
<td><strong>Optimizing Health Outcomes for Children:</strong> Innovative Approaches and Best Practices</td>
<td><strong>Innovations in the Integration of Primary and Behavioral Healthcare</strong></td>
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<td><strong>Making Care Accountable:</strong> Innovative Best Practices in Ambulatory Care</td>
<td><strong>Innovative Best Practices in Effective Care for Older Adults</strong></td>
<td><strong>The Patient-Centered Medical Home:</strong> Building Healthy Communities</td>
<td><strong>Innovations in Population Health Management</strong></td>
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The Value of the Symposia for Our Members

The particular value of the symposia rests on their focus on projects and models being led by professionals from within the Healthfirst network. Healthfirst serves an urban, low-income, and ethnically and culturally diverse membership. As such, our providers face a unique set of challenges in providing care to our members. Historically, lower-income individuals and families have been less likely to seek regular primary care, and as a result come to the emergency room more often for non-acute conditions and symptoms. Certain chronic conditions, such as heart disease and diabetes, are also more prevalent in the communities that we serve. The health disparities and subsequent poorer health outcomes can be directly correlated with socioeconomic status. Some social and environmental factors that affect our membership are:

- Limited access to nutritious foods
- Crime and unsafe neighborhoods
- Housing instability and homelessness
- Addiction and behavioral health issues
- Physical and psychological stress due to life circumstances

To support the particular challenges of providing care to low-income populations, the provider symposia have included speakers who share their experience with providing care to the homeless, the mentally ill, adolescents, and the elderly. It means a great deal to be able to include these topics as the focus of a panel and, in some cases, an entire symposium. By taking an integrated approach to improving the health of the communities our members live in, we can more efficiently reach our goal. The next few pages contain a sample set of the topics presented at the symposia over the past couple of years.

AIMS of the Symposia

FOSTER INNOVATION
Providing a forum for innovators in the medical field to showcase their work allows us to not only educate our network on the most important emerging health issues, but also to expose them to fresh, original approaches to persistent problems and issues.

CULTIVATE ENGAGEMENT
Continual engagement of our partners in our shared mission lets us work with greater efficiency towards meeting our goal of increased quality. Engagement improves the flow of communication within our network, which leads to better-quality care and follow-up and ultimately contributes to improved health outcomes.

REINFORCE BEST PRACTICES
For our providers to help our members effectively, they must be familiar with the best ways to handle the health issues and chronic conditions affecting many of the communities we work with. Reinforcing best practices helps to achieve consistent high-quality care.

BUILD ALLIANCES
The symposia draw individuals and groups out from their individual institutions and organizations for an alliance-building exercise designed to ignite dialogue and spark new ideas. Attendees have the chance to network and learn from colleagues who face similar challenges.
During the Spring 2012 Symposium on *Innovative Best Practices in Effective Care for Older Adults*, Dr. Emanuel, of the Isabella Geriatric Center in northern Manhattan, delivered a presentation that focused on one particular response to the need to connect caregivers to services that can alleviate the pressure that comes with the often overwhelming task of providing care for an older adult. Many caregivers report negative health effects such as stress, anxiety, and depression. As Dr. Emanuel pointed out in his presentation, the main issue is that limited resources are devoted to supporting caregivers that come from the ranks of family, friends, and neighbors, even though they provide an estimated 80% of long-term care.

Funded by the Harry and Jeanette Weinberg Foundation, Inc., the Caregiver Ombudsman Outreach Program (“the Co-Op”) was designed to complement and bolster the existing Upper Manhattan Partnership for Senior Independence. The program provided referrals, counseling, and advocacy, and connected caregivers to services such as case management, meal delivery and shopping, extended in-home services, and social day care.

Feedback from participants demonstrated a significant reduction in self-reported sense of burden. The results revealed that caregivers are very receptive to the outreach efforts and made clear that the challenge lies in helping them understand the limited nature of the service interventions. Professional Social Workers (MSWs) were the most effective at connecting caregivers to services [respite, training, counseling] and are appropriate for facilitating long-term care planning.

The NYC Department for the Aging (DFTA) will continue to support engagement and training of current case managers in understanding and supporting the needs of caregivers and ongoing engagement with providers on this topic. Plans include ongoing aide training to support caregivers and including caregivers in developing the service intervention. There are also plans for onsite caregiver support groups that will run in collaboration with the DFTA Caregiver Program.
New York State Vision for the Patient-Centered Medical Home

Foster C. Gesten, MD, FACP, Medical Director at the Office of Quality and Patient Safety at the NYS Department of Health

The Spring 2013 Symposium convened around the theme of The Patient-Centered Medical Home as a key to building healthy communities. Dr. Gesten delivered the first keynote address in the history of Healthfirst’s Provider Symposia. He discussed major milestones on the path to making the patient-centered medical home the gold standard of patient care, as well as what still needs to happen to achieve what can be considered real systemic transformation.

Among the major findings surrounding the implementation of patient-centered medical homes (PCMHs) is the promising conclusion that compared to non-PCMHs this model produces better management of chronic disease and supports improvements in primary preventive care. Dr. Gesten informed the audience that as of March 2013, there were 4,742 providers in New York State recognized as PCMH providers by the National Committee for Quality Assurance (NCQA). Thirteen percent of these providers are recognized under the more stringent standards instituted in 2011, while the rest (87%) are recognized under the 2008 standards. With 42% of Medicaid Managed Care (MMC) and 43% of Child Health Plus (CHP) members assigned to a PCMH-recognized Primary Care Provider (PCP) as of 2012, a push for more providers to meet the tougher standards will play a big role in improving the effectiveness of this model.

One of the initiatives Dr. Gesten profiled was the Hospital Medical Home Demonstration in 2010. Its goal was improved care for Medicaid members seen in primary care teaching settings, where a large number of Medicaid members receive their primary care. Sixty-three hospitals across New York State (including thirty-two in New York City) were awarded $350 million to transform their primary care training sites to meet the 2011 standards for PCMHs. At the same time, they had to implement patient safety and quality improvement projects and one “care integration” project taken from the following four categories: Care Transitions and Medication Reconciliation; Integration of Physical and Behavioral Healthcare; Improved Access and Coordination Between Primary and Specialty Care; and Enhanced Interpretation Services and Culturally Competent Care. Work in these categories and improvement in the most common clinical performance measures (such as diabetes outcomes and high blood pressure control) have a direct impact on the individuals and families that make up our membership.

<table>
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<th>PCMHs Recognized by NCQA (as of March 2013)</th>
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<tr>
<td>87% 2008 Standards</td>
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<td>13% 2011 Standards</td>
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Being There—Integrating Behavioral Development into Pediatric Primary Care

Harris Huberman, MD, MPH, and Director & Neelima Nayyar-Gujral, RN and Nurse Coordinator, Division of Child Development, SUNY Downstate Medical Center

At the Fall 2013 Symposium on *Innovations in the Integration of Primary and Behavioral Healthcare*, speakers discussed strategies and solutions for people living with co-occurring physical, mental, and substance abuse disorders. Along with his colleague, Dr. Huberman gave a presentation that specifically addressed the care gap in mental and behavioral health in pediatric primary care. They began by outlining for the audience the issues that PCPs face in the community that SUNY Downstate serves, which is predominantly poor, urban, and Afro-Caribbean.

The following were identified as the main factors affecting the ability to provide adequate and effective pediatric mental healthcare in this community.

— Haphazard identification of children with developmental problems
— Challenges of care coordination for these children
— Need for better (and more systematic) *preventive* guidance

The goal of the project was to support PCPs in providing developmental care coordination, with an emphasis on early identification of mental health or behavioral issues. The approach taken was to put developmental staff directly into the primary care setting by providing a “Developmental Care Manager” (DCM) staffed by the Division of Child Development. The DCM oversaw and coordinated developmental screening and worked directly with the PCP to provide care coordination.

The model resulted in an increase in developmental screenings and appropriate follow-up. Dr. Huberman highlighted a number of cases of children who could have easily fallen through the cracks. These children were identified and have been referred to or were receiving the appropriate follow-up care and therapies (speech, physical therapy, occupational therapy, and others) by the time of the presentation. Children with borderline scores on the developmental screenings are being followed for continued assessment.
Case Study

A Family in Crisis

When seven-year-old Anshul’s family brought him in to the clinic, they were overwhelmed by trying to handle his severe behavioral problems on their own. They realized they desperately needed help. At the time, Anshul was not in school due to the severity of his issues. He was also receiving no services, possibly due to a lack of access to any authority that might have referred him. The family was connected to the appropriate offices for assistance with getting him into school, for obtaining family support and home health aide services, and for starting the Medicaid waiver services process. Anshul was also referred to neurology to investigate the possibility of a previous seizure. Eight weeks later Anshul was in school, had seen the neurologist and been given an EEG, and was confirmed for both ASD and ADHD by the Development Clinic. Options for medication and additional services are being explored.

Overall, the project was well received and was successful in raising awareness about early childhood development among the clinic staff. The actual long-term impact will be examined over the next few years. What is clear is that for the model to work on a larger scale there needs to be a buy-in by all stakeholders, including front desk staff, nursing, PCPs, and lead partners. The key to making the model sustainable, as is the case for many emerging models of integrated care, lies in fundamental systemic change.
Symposia Feedback

Since its launch in 2010, Healthfirst’s Symposium Series has continued to grow, attracting more providers to each successive offering. The last few symposia have offered us the opportunity to continue molding and shaping this initiative, with the benefit of feedback from the attendees themselves. The fact that so many Healthfirst providers continue to devote nearly a full day to attending the symposia, coupled with the symposia’s growing popularity, suggests that attending providers find that the symposia offer relevant, actionable information that they can use in their daily practices. Surveys of symposia participants reinforce this finding, with attendees consistently reporting very high levels of satisfaction with the symposia topics, speakers, and material.

Attendees’ consistently high scores for symposia topics suggest that they believe the symposia offer valuable, pertinent information that helps them stay in the vanguard of emerging trends in healthcare. Respondents also give the Symposium Series high marks on organization, efficiency, and administration.

In addition to providing feedback, post-event surveys also give attendees a forum to identify topics they’d like to be covered in future symposia. Soliciting ideas from attendees helps ensure that future symposia will continue to focus on the issues, challenges, and new opportunities that are most top-of-mind for Healthfirst’s providers and most relevant for the communities we serve.

Spring 2014 Symposium Satisfaction Survey Respondents Results

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<tr>
<th>95%</th>
<th>92%</th>
<th>91%</th>
<th>92%</th>
<th>97%</th>
<th>94%</th>
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<tr>
<td>The topic was well chosen and timely</td>
<td>Presentations were informative</td>
<td>Speakers were right for the topic</td>
<td>Rated the registration process as simple and efficient</td>
<td>Rated Healthfirst staff as good or excellent in helpfulness</td>
<td>Plan to attend future Healthfirst Provider Symposia</td>
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Sept 2014 | Healthfirst’s Provider Symposia  Working with Our Network Towards a Common Goal
Expanding Impacts of the Provider Symposium Series

In addition to sharing best practices, the symposia also uncover new opportunities for collaborative projects to implement evidence-based quality improvement programs. Past symposia have served as launching points for two collaborative workgroups comprising Healthfirst clinical quality experts and senior physicians from our provider network. These workgroups use Healthfirst data to improve care quality by focusing on specific populations and individual metrics that offer opportunities for clinical quality improvement. Healthfirst’s close working relationships with our clinical partners ensure that actionable insights and best practices are shared throughout our provider network, resulting in better-quality care for all Healthfirst members.

The Care for Older Adults Workgroup was formed following the Spring 2012 Symposium, which focused on issues related to care for older adults. Facilitated by senior Healthfirst medical professionals who are experts in care management and quality, the workgroup aims to help primary care providers and caregivers integrate evidence-based assessment and management strategies into care for older adults. The group emphasizes self-management and a team-based approach to improving members’ quality of life and maximizing their functional performance. Participants include key leaders from Healthfirst’s provider network. The group convenes several times a year to review clinical quality data, to plan programming, and to evaluate results. Topics this workgroup has focused on include:

**The Senior in the Community**  How to assess, manage, and, when possible, prevent functional decline

**The Frail Senior Transitioning from Homebound to Residential**  Pragmatic ways to optimize health for members who are frail

### Integrated Care

Innovative ways to address the needs of home-based members with long-term care who are frail and have complex health needs

The Care for Older Adults Workgroup synthesized their insights into a set of Five Senior Healthcare and Management Domains and Primary Care Practices, best practices in care for seniors. These practices have been disseminated to all Healthfirst physicians and clinical quality managers through Healthfirst’s Spectrum of Care program.

1. **IDENTIFICATION OF PATIENT’S HEALTH GOALS AND ADVANCE CARE PLANNING**
   - Start the annual assessment visit with a conversation about the member’s current health goals and plans for the future

2. **FUNCTIONAL ASSESSMENT AND MANAGEMENT OF COGNITIVE AND PHYSICAL DEBILITY**
   - Catalog the member’s ability to care for themselves day-to-day, as well as any memory or psychological impairments

3. **PAIN SCREENING AND MANAGEMENT**
   - Screen the member for chronic pain

4. **MEDICATION REVIEW AND RECONCILIATION TO ADDRESS HIGH-RISK MEDICINES AND ADHERENCE**
   - Ensure that the member understands their daily medications and identify any medications that pose a risk to older patients

5. **PREVENTION SCREENING AND SERVICES TO ENSURE THAT THE PHYSICIAN AND THE MEMBER AGREE ON KEY HEALTH SCREENINGS, SELF-MANAGEMENT, AND MAINTENANCE CARE**
   - Ensure that physician and patient collaborate to address the many preventive goals and services areas that should be addressed each calendar year
Expanding Impacts of the Provider Symposium Series (continued)

A second quality-focused workgroup that was formed as a result of the Provider Symposium Series is the Care for Children Workgroup. Formed to coincide with the Fall 2012 Provider Symposium, which focused on pediatric clinical quality, the Care for Children Workgroup aims to improve care delivery and health outcomes among Healthfirst members who are 17 and under. Facilitated by a Healthfirst Performance Improvement Specialist, the workgroup's goals are to identify performance gaps in delivery of care for children and to implement programs to improve care delivery and health outcomes.

The Care for Children Workgroup has focused on preventive screenings and counseling adolescents on relevant topics, including depression; physical activity and nutrition; the risks associated with alcohol, tobacco, and drug use; and preventive actions associated with sexual activity. By monitoring improvements on these and other quality metrics associated with clinical care for children and adolescents, the workgroup has contributed to Healthfirst's continuous improvements in these areas.

In September 2014, Healthfirst entered new territory by inviting a select group of Healthfirst providers to a provider symposium in the Dominican Republic. The event, called “Ready, Set, Go: In Pursuit of the Triple Aim,” drew several dozen Healthfirst providers to Punta Cana for two full days of presentations and workshops led by senior leaders at Healthfirst. The learning objectives for the symposium were for participants to:

— learn about new, integrated models of healthcare delivery and how they can be employed

— implement the current standards for medication adherence and management for members with complex needs

— analyze workflows and performance to address critical elements

— use strategies to improve performance and reporting of evidence-based clinical care as measured against national and New York State standards, and to reduce gaps in care

Similar to those of past provider symposia, presentations focused on best practices for quality improvement on a variety of topics, including patient experience, medication adherence, care coordination, primary care and behavioral health needs, and documentation and coding. What differentiated this symposium from previous offerings were both the scope and the depth of topics covered. The longer format of this symposium allowed Healthfirst to lead presentations on many more topics than have been covered in previous symposia. Additionally, because most attendees came from a single provider network, presenters were able to focus on specific areas most relevant to this particular provider group and to tailor their presentations accordingly. Attendees earned 13 continuing education credits from the Icahn School of Medicine at Mt. Sinai for participating.

The Dominican Republic symposium marked the first time that Healthfirst has offered customized provider education on such a large scale. Positive feedback among symposium attendees indicates that participants appreciated how the presentations gave concise, specific information that they can use to immediately begin improving clinical quality in their practices across an array of metrics. We expect that future clinical-quality results will show significant improvements following this symposium as well. The success of this event underscores the value of Healthfirst’s close clinical partnerships with our providers. By working and learning together, we can continue raising the bar in quality for all Healthfirst members.
Looking Ahead

To further capitalize on the successes realized through clinical partnerships, Healthfirst plans to continue expanding the Provider Symposium Series to allow more of our valued providers to take advantage of learning happening across the Healthfirst network. As Healthfirst continues to grow and our providers become increasingly interested in finding new approaches and care models to support a population health–based approach to service delivery, we expect that the symposia will continue growing in size and scope.

The Fall 2014 Provider Symposium, to be held at the end of November, will be on the topic of The Patient Experience, an important component of patient-centered care that has until recently received less attention. Challenges that may be explored include how to quantify the patient experience and utilize that data to restructure current models. For more information about Healthfirst’s Symposium Series and other Clinical Partnerships, please visit www.healthfirst.org/providerservices. Healthfirst welcomes feedback for use in planning future symposia. Please contact Dr. Susan J. Beane, VP and Medical Director, at sbeane@healthfirst.org with ideas and suggestions.