



Regional Commission on Community Health Improvement

Charter

Background

Over the past three years, the FLHSA 2020 Performance and Sage Commissions and CMS Care Transition Intervention initiatives have evolved to highlight the need for a better patient-centered, coordinated and integrated system of care that addresses the patients' medical, social, and behavioral needs.

Similarly, efforts initiated by New York State including Health Homes (HH), Regional Behavioral Health Organizations (BHO) and Developmental Disabilities Individual Services and Supports Coordination Organizations (DISCO), and at the Federal level Accountable Care Organizations (ACO) stress the importance and need for coordinating and integrating services to optimize resources and improve care.

As a community, we recognize and value the need for a well – coordinated, integrated system of care that delivers person – centered care, at the right time and in the right place. Our Center for Medicare & Medicaid Innovation grant Transforming Primary Care is actively advancing the Triple Aim as the community addresses the social and behavioral effects on health and rewarding outcomes through a new payment model. Our region is prepared to further this collaborative progress and assure the community based care connection incorporates all domains of health.

Community stakeholders and service providers across the spectrum of care have begun planning for the common purpose of creating a regional vision for a coordinated, person-centered care delivery model that addresses the complex medical, behavioral, developmental, and social needs of an individual. The aim is to ensure that all individuals receive the care and services necessary to optimize health, healthcare and cost-effective outcomes.

The Finger Lakes region is well poised to improve coordination of care for all age, ethnic and disability groups, in addition to those with multiple and complex chronic illnesses. This focus will establish a model for an integrated approach (that includes services such as prevention, access to care and housing) throughout the nine-county Finger Lakes region that includes behavioral health, developmental disabilities and primary care systems. Our work will incorporate strategies aimed to reduce health and health care disparities, whether racial, ethnic, socioeconomic, disability related or geographic.

It is in this context that the next phase of work begins.

Purpose

The purpose of this multi-stakeholder Commission is to improve health outcomes by facilitating the integration and coordination of care. The Commission will address the complex medical, behavioral, developmental and social needs of individuals of all ages; regardless of payer source, in the nine-county Finger Lakes region. In doing so, we will advance the goals of the Triple Aim: improve community health, healthcare experience, and affordability.

July 8, 2013 FLHSA Board of Directors

Principles of the Commission

The Commission will convene stakeholders across the nine county region to:

1. Measure and advance each dimension of the Triple Aim: providing better health for populations, better care, and appropriate lower per capita cost of care
2. Involve consumers of care as full participants in the Commission
3. Integrate prevention and public health to improve quality of life
4. Develop a mechanism for identifying persons in need, gaps in care and services, to address the barriers to access and care
5. Help to coordinate and integrate services in care; leveraging community strengths and innovations already underway
6. Identify redundancy and waste in order to reduce duplicative costs
7. Identify and focus initial attention on common themes among populations to efficiently prioritize activities
8. Model and build the business case for sustained funding from within the community, among current payers, from New York State, and from the federal government

Process Measures

- The Commission will develop metrics designed to measure progress across age/disability groups, and include measures of patient centered experience of care.
- The Commission will incorporate the work of the FLHSA's 2020 Performance and SAGE commissions, the CMS Care Transition Intervention and CMMI initiatives incorporating strategies aimed to improve the patient's experience and reduce health care disparities.
- The Commission will facilitate the implementation of a person-centered, regional model of care to address people's complex medical, behavioral, developmental and social needs.
- The Commission will develop regional consensus on service delivery models that leverage and maximize existing resources to efficiently integrate and coordinate care and become sustainable and viable care models that assure appropriate capacity.
- The Commission will recommend enhancements to the regional HIT infrastructure to improve care coordination among service providers for timely and effective information sharing.
- Patient experience will be measured subjectively and in accordance with the Institute of Medicine six domains: care that is safe, timely, effective, efficient, equitable, and patient centered.

Assessment will include continued monitoring and reporting on selected measures to promote continuous quality improvement among all socio demographic groups.

Anticipated Activities

1. Recruit Commission members that includes diverse representation from our nine-county region, and specifically includes consumers.
2. FLHSA Staff will conduct a literature search to identify evidence-based best practices that support excellence in care coordination, and develop strategies to disseminate appropriate approaches within the region.
3. Formulate and disseminate definitions for care coordination that are accepted region-wide.
4. Conduct a needs assessment to identify common improvement themes across our diverse populations.
5. Create an inventory of existing Care Management and allied programs in the nine county Finger Lakes region, and a methodology to keep the inventory up-to-date.
6. Evaluate current care management programs' effectiveness and identify existing and potential collaborations.
7. Develop protocols and/or guidelines that improve efficiency and effectiveness of care coordination when multiple care managers or agencies are involved.
8. Develop strategies to Identify and address barriers to effective care coordination.
9. Create a process for meaningful input by consumers, including those who might usually be under represented because of socio demographics or geography.
10. Develop an ongoing process of evaluating the patient/family/care giver's engagement and experience of care.
11. Recommend and facilitate improvements that will enhance the regional use of HIT infrastructure to foster timely and effective information sharing among service providers.

System Redesign Commission

The Commission will be comprised of 20-30 individuals who are committed to the best interests of the community, and who can be independent, objective, and can discuss the issues before the Commission with integrity. These should include regional representatives from business, insurers, providers, public health, government, consumers, and other community constituencies who will set priorities with respect to goals, targets and innovative care models.

July 8, 2013 FLHSA Board of Directors

Roles & Accountability

FLHSA Board of Directors

Approves Charter, Commission composition; receives from the Commission projected interim and ultimate milestones, timeline for accomplishing them, and regular reports of progress, successes and challenges; where appropriate, works with Commission leaders to refine charter goals and implementation; and accepts the Commission's interim and final reports.

FLHSA Staff

Provides project coordination and technical support.
Melissa Wendland - Lead Staff.

Commission

Within Charter, establishes ground rules for its work; within its first six months, establish a timeline, with periodic milestones related to interim and ultimate accomplishments, and reports these to the FLHSA Board of Directors; identifies topics for research, review and discussion; within its allotted budget, charges FLHSA staff, technical experts and consultants to acquire data and conduct specific research and analysis of project-related data and related materials; selects consultant(s) as needed; deliberates on study findings and issues; directs staff in development of draft reports; provides periodic reports of its progress, successes and challenges to the FLHSA Board and to the community at large; accepts and approves, as appropriate, any consultants' reports commissioned in the course of the project; approves all interim and final reports with recommendations.

Technical Experts

Invited as needed by the Commission to provide subject matter expertise, its work groups and staff in the course of the Commission's work; may also be invited to take part in the work groups.

Consultants

Selected, engaged and charged by the Commission to provide analyses and research to support its work; consultants may also be selected and engaged by FLHSA staff to assist in their technical support activities for the Commission.

Critical Success Factors

- Leadership support of all stakeholders.
- Regular, active participation by all Commission members.
- Full participation in work groups by all health care stakeholders.
- Data to provide feedback, measure and monitor trends.

Work Groups TBD.

July 8, 2013 FLHSA Board of Directors