

AHRQ Infrastructure for Maintaining Primary Care Transformation (IMPACT) Success Stories

Pennsylvania IMPACT: Catalyzing Primary Care Transformation in New York

A key goal of AHRQ's IMPACT grants is to learn strategies for spreading successful primary care transformation programs from State to State. Each IMPACT grantee State worked with three other States to share the models they developed and to support those States in launching improvement efforts. This story describes how Pennsylvania (an IMPACT model State) helped New York (a partner State) build and sustain momentum for primary care transformation.



The story at a glance:

- IMPACT funding provided New York the opportunity to interact with Pennsylvania and other States to gain fresh ideas for how to develop a sustainable statewide primary care transformation plan.
- Pennsylvania's regional primary care extension service concept was well suited to New York's diverse planning regions and enabled locally-tailored transformation support.
- The IMPACT learning sessions helped develop a statewide patient-centered medical home (PCMH) model augmented by behavioral health and community health integration, supported by State and Federal sources.

By 2018, New York envisions achieving health care's Triple Aim—improved health, better health care quality and consumer experience, and lower costs. Launched in December 2013, its State Health

“Our work on practice transformation in New York had begun to grow organically. But our involvement with IMPACT and what we learned about Pennsylvania’s primary care extension service ratified the concept and served as an exemplar of how to do something like that—even in a State as big, diverse, and complex as New York.”

—Greg Burke, MPA, Director of Innovations Strategies, United Hospital Fund

Innovation Plan is based on the belief that Advanced Primary Care (APC)—the PCMH model augmented by behavioral health and community health integration—is the foundation of a high-performing health system. The plan aims to have 80 percent of New Yorkers receiving care in an APC setting within 5 years.

Support for this bold vision comes from both State and Federal sources, including a \$100 million State Innovation Models (SIM) grant from the Center for Medicare & Medicaid Innovation, awarded in December 2014. However, New York's momentum

began building long ago, and its involvement as an IMPACT partner State was a key driver that helped it develop the foundation for the current effort.

From “scattershot” to coordinated effort: how IMPACT helped validate and accelerate New York's vision:

When New York began working with Pennsylvania as an IMPACT partner State in 2012, small PCMH pilot and demonstration projects were already taking place across the State—from western New York to the Adirondacks to the Hudson Valley. In addition, State Medicaid policy was squarely in support of the



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PCMH, with nearly 45 percent of primary care providers in New York’s Medicaid system serving as medical homes.

However, “the effort was scattershot,” explained Greg Burke, MPA, Director of Innovations Strategies at United Hospital Fund, a nonprofit whose mission is to change health care for the better for the people of New York. “It was one payer at a time, and there were different rules in each demonstration. But it showed a degree of intentionality.”

The partnership between New York and Pennsylvania developed when Mr. Burke’s reports on medical home uptake in New York caught the attention of Bob Gabbay, MD, PhD, the Principal Investigator of the Pennsylvania IMPaCT grant. New York was included as a partner State in the Pennsylvania IMPaCT application, and the resulting funding allowed Mr. Burke and his team to attend IMPaCT meetings in Oklahoma and Pennsylvania.

“IMPaCT gave our team the opportunity to interact with folks from the other States, and that was enormously valuable,” says Mr. Burke. “The knowledge that we were not the only ones out there working on this particular agenda was a remarkable ratification of what we aimed to do, and having a chance to exchange recipes was phenomenally important. The exposure was invigorating and boosted our energy around developing a statewide plan.”

Working with multiple health care ecosystems: how IMPaCT provided a model to sustain improvement:

Despite early progress in spreading the medical home in New York, by 2013 it became clear that uptake was dropping off. The momentum was slowest among small private practices that did not have the infrastructure or resources to invest in practice transformation.

Dr. Burke’s work with IMPaCT revealed a viable solution in the form of an extension service model that Pennsylvania termed a “general contractor” approach. The program acted as a hub for practices to help them access needed information and expertise, and connected practices with persons who could assist with, for example, electronic health record implementation, direct practice facilitation, or data needs.

“The regional primary care extension service concept that they used in Pennsylvania and other IMPaCT States made a lot of sense for New York,” he explains. “It’s an idea that mimics our reality because we have 11 health planning regions that really function as separate ecosystems. The practices, relationships, and payers are different from region to region. That means we need practice transformation support that we can deliver locally.”

By blending insights from Pennsylvania with existing statewide efforts, New York created a sophisticated primary care improvement approach. Two thirds of New York’s \$100 million SIM grant is allocated to regionally-based practice transformation support.

Five strategic pillars in New York’s State Health Innovation Plan:

1. Improving access to care for all New Yorkers without disparity.
2. Integrating care to meet consumer needs seamlessly.
3. Making health care cost and quality transparent to enhance consumer decisionmaking.
4. Paying for value, not volume.
5. Promoting population health by strengthening capacity as well as promoting linkages between primary care, community resources, and policies for health improvement.



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What's next for primary care transformation in New York?

The workgroup who put together New York's State Health Innovation Plan are working on three key next steps:

- Provide a solid, consistent definition of the APC that includes particular measures, attributes, and mechanics.
- Develop a plan to distribute the \$67 million in SIM grant funding on a regional basis to support regional practice transformation agents who will take responsibility for moving the practices in their regions.
- Devise a payment strategy that is multipayer and will pay practices differently if they have achieved APC.

Drawing on this approach, and building on the previously developed practice transformation support infrastructure, New York seeks to achieve improved health, better health care quality and consumer experience, and lower costs for the majority of the population by 2018.

