CARE COMPASS NETWORK

Cohort Management Program:
Approved Networks

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Networks Approved for Planning Phase

VLC	**General Description of Cohort Population**
Addiction Center of Broome County, Inc	Adult women with substance use disorder & trauma
CASA-Trinity	Substance use disorder + High Emergency department usage
Catholic Charities of Chenango County	Behavioral health with 1 or more Emergency department visits
Cayuga Medical Center at Ithaca (1)	High Emergency department usage
Cayuga Medical Center at Ithaca (2)	Behavioral health inpatient
Cayuga Medical Center at Ithaca (3)	Opioid use disorder and homeless
Children's Home of Wyoming Conference	Childhood obesity
Cortland Regional Medical Center	Congestive heart failure/heart disease
Family Counseling Services	Childhood trauma
Family Health Network of Central NY	Obesity and diabetes
Family Planning for South Central New York	Women of reproductive age who have not had an annual exam
Gerould's Professional Pharmacy	COPD/Asthma adults
Guthrie Corning Hospital	Adult Diabetes
Our Lady of Lourdes Memorial Hospital (1)	Opioid use disorder adults
Our Lady of Lourdes Memorial Hospital (2)	High Emergency department - Community Health Worker
Schuyler Hospital, Inc	High Emergency department
Springbrook NY Inc	OPWDD avoidable Emergency department
Visiting Nurse Service of Ithaca and Tompkins County	Low income housing authority residents with chronic conditions

Networks Approved for Milestone 1 – Clinical Design

	Addiction Center of Broome County
General Description of Cohort Population	Adult women with SUD & trauma
Goals	Increase 'show' rate of those in MAT appointments Increase retention rate of those in substance use-related treatment Decrease PCL-C score from baseline Successfully place or arrange housing for cohort members Cohort members will be referred to health home services for proactive care management 50% of members will establish care with a physician, nurse practitioner, or physician assistant (non-SUD care)
SDoH Interventions	Childcare assistance Financial assistance Rx assistance Housing assistance Nutrition assistance Transportation assistance Environment-Substandard Home care support Adult vaccination Provider cultural competency Patient self-management skills Access to primary care Criminal justice services Family/community support services Trauma services
DSRIP High Performance Metrics	Adult Access to Preventive Care Antidepressant Med Management - Effective Acute Phase Antidepressant Med Management - Effective Continuation Phase Antipsychotic Medication Adherence – Schizophrenia Cardiovascular Disease (CVD) Test - CVD and Schizophrenia Diabetes Mellitus (DM) Test - Schizophrenia and DM Diabetes Mellitus (DM) Test - Schizophrenia, Bipolar, Antipsychotic Rx Non-Use of Primary Care Services Potentially Preventable ER Visits Potentially Preventable Readmissions PQI 90 - Adult Composite (Avoidable Hospitalizations

Cayuga Medical Center at Ithaca (1)	
General Description of Cohort Population	Medicaid patients with 3 or more ED or urgent care visits in a 6-month timeframe.
Goals	Engage patients in follow-up care, enhancing their primary care relationship Increase patient self-management in the outpatient setting
SDoH Interventions	Childcare assistance Rx assistance Housing assistance Transportation assistance Medical directives Patient self-management skills Patient health literacy skills Access to primary care Family/community support services
DSRIP High Performance Metrics	Adult Access to Preventive Care Non-Use of Primary Care Services Potentially Preventable ER Visits

Cayuga Medical Center at Ithaca (2)	
General Description of Cohort Population	Medicaid patients experiencing a discharge from inpatient behavioral services unit at Cayuga medical Center.
Goals	Engage patients in outpatient follow-up care at Tompkins County Mental Health after discharge from Behavioral Services Unit. Increase patient behavioral health self-management in the outpatient setting.
SDoH Interventions	Childcare assistance Rx assistance Transportation assistance Medical directives Patient self-management skills Patient health literacy skills Access to primary care Family/community support services Patient stigma support Provider stigma training Trauma services
DSRIP High Performance Metrics	Antidepressant Med Management - Effective Acute Phase Antidepressant Med Management - Effective Continuation Phase Antipsychotic Medication Adherence - Schizophrenia Follow Up after MH Hospitalization – 30 Days Follow Up after MH Hospitalization – 7 Days

	Cayuga Medical Center at Ithaca (3)
General Description of Cohort Population	Medicaid patients who have experienced an ED visit related to overdose or those who have a history of opioid use and are not engaged in primary care.
Goals	Increase engagement in primary care Maximize the number of patients who have stable housing Increase patient self-management
SDoH Interventions	Financial assistance Rx assistance Housing assistance Nutrition assistance Transportation assistance Home remediation Environment-Structural Environment-Substandard Medical directives Patient self-management skills Patient health literacy skills Access to primary care Family/community support services Patient stigma support Provider stigma training Trauma services
DSRIP High Performance Metrics	Adult Access to Preventive Care Potentially Preventable ER Visits Potentially Preventable Readmissions

Networks Approved for Milestone 1 & 2 – Clinical Design and Network Build

	Our Lady of Lourdes Memorial Hospital, Inc (1)
General Description of Cohort Population	Opioid use disorder adults
Goals	Lower the number of ED visits for the identified population by 10% from the baseline. Increase patient engagement with primary care provider and available resources by 10 % from the baseline. Increase patient engagement with community health worker and available resources. Lower the number of hospitalizations by 10% from the baseline. Increase provider and community education regarding how to best engage the target population. Creating acceptance and remove the stigma associated with OUD patients Increase the number of providers who are waiver trained and have DEA X license.
SDoH Interventions	Financial assistance Housing assistance Nutrition assistance Transportation assistance Stigma training
DSRIP High Performance Metrics	Adult Access to Preventive Care Non-Use of Primary Care Services Potentially Preventable ER Visits Potentially Preventable Readmissions
Network Name	Lourdes Opioid Use Disorder (OUD) Cohort
Network Partners	Our Lady of Lourdes Memorial Hospital, Inc. REACH Medical Rural Health Network Addictions Center of Broome County Truth Pharm Southern Tier AIDS Program

	Visiting Nurse Service of Ithaca and Tompkins County
General Description of Cohort Population	Low income housing authority residents with chronic conditions
Goals	Decrease hospitalization Decrease ER utilization Increase medication compliance Increase understanding of self-care protocols Increase understanding/follow through of discharge orders Increase utilization of use of personal health record Increase # of pts that attend follow up apt. with PCP within 7 days of ER or hospital visit
SDoH Interventions	Patient health literacy skills Transportation assistance
DSRIP High Performance Metrics	Adult Access to Preventive Care Diabetes Mellitus (DM) Test - Schizophrenia, Bipolar, Antipsychotic Rx Heart Failure Hospitalization Rate (PQI - 8) Non-Use of Primary Care Services Potentially Preventable ER Visits Potentially Preventable Readmissions PQI 90 - Adult Composite (Avoidable Hospitalizations
Network Name	Housing Authority Cohort
Network Partners	Visiting Nurse Service of Ithaca and Tompkins Ithaca Housing Authority, Titus Towers Binghamton Housing Authority Metro Plaza SEPP Management Cortland Housing Authority Community Health and Home Care