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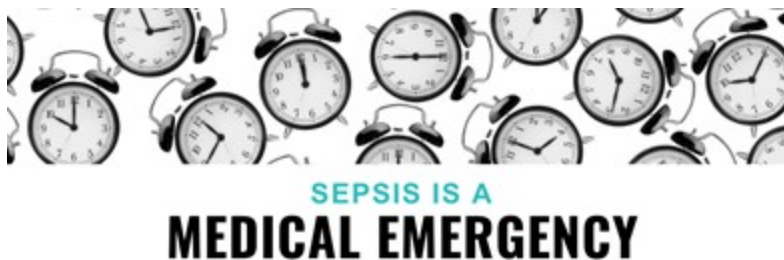
September 2024

## Who we are...

**The Innovative Health Alliance of New York (IHANY)** and **Central New York Accountable Integrated Medicine (CNYAIM)** are collaborations among doctors, health systems, and health care providers in the Albany and Syracuse regions. These clinically integrated networks (CINs) aim to improve the health of communities we serve by working together in new, more coordinated ways. In today's evolving health care landscape, clinical integration is essential to achieving better health for the community, better care for individuals, and lower costs of health care.

## This Month's Priorities

### September is Sepsis Awareness Month



The Sepsis Alliance designated September as Sepsis Awareness Month in 2011. As the number of cases continue to rise, it's more important than ever to educate yourself and your patients about Sepsis.

Sepsis is the body's life-threatening response to infection that affects 1.7 million people and takes 350,000 adult lives in the U.S. every year, according to the Sepsis Alliance. This September, remember: "Infection Prevention is Sepsis Prevention!™"

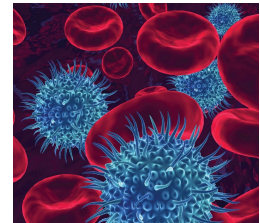


**Mortality from sepsis increases by 8% for every hour that appropriate treatment is delayed.**

**Early identification and treatment are the keys to improved outcomes!**

**Below are resources you can leverage to enhance your team's ability to rapidly identify sepsis in its early stages, preventing escalation to life-threatening conditions. Early recognition and appropriate interventions are critical for minimizing the devastating consequences of sepsis.**

- 1) Click to review resources from the IPRO QIN-QIO [STOP Sepsis Now Campaign](#).
- 2) Click to read about infection control training designed for all health care workers as part of [CDC's Project Firstline: Cutting-Edge Infection Control Training](#)
- 3) Watch this video: ["What you Need to Know to Save a Life."](#)
- 4) Additional sepsis training resources [here](#).
- 5) **NEW!** [Read this LiveSmart article](#) by Dr. Khyber Khan from Ellis Primary Care - Glenville, reviewing the warning signs of this life-threatening blood infection.



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## **Specialty Providers: The Importance of the AWW**

Specialty providers can help support the Trinity Health Annual Wellness Visit (AWV) strategy by referring patients back to primary care services to obtain the AWW. Engaging in conversation to educate patients about the importance of completing an AWW is an essential contribution to the strategy of providing whole patient care as an organization. This can be especially impactful for patients who do not have an established relationship with a primary care provider. Posters and brochures about the AWW (see below in this section) are available to support that conversation and to encourage patients in multiple ways to access this important service.

# Scheduling AWVs

**For primary care providers**, Trinity Health has developed a tip guide for providing **Telehealth Annual Wellness Visits**. Members of the IHANY/CNYAIM Quality Team (**Adriana Quiroga-Garcia** and **Laura Graham**) are available to walk through this guide with you and support you in any way possible to help integrate the AWV into your practice. IHANY and CNYAIM also have educational materials for your exam rooms and patients.

**For specialty care providers**, if you have a Medicare beneficiary patient who does not have a PCP, please direct them to any of these practices within the IHANY/CNYAIM networks to set up a primary care appointment and ask specifically for an Annual Wellness Visit:

## **IHANY Primary Care Providers:**

### **Ellis Medicine**

**Emily T. Etzkorn, M.D., at Amsterdam Internal Medicine & Pediatrics**

**St. Mary's Healthcare Amsterdam**

**St. Peter's Health Partners Medical Associates**

**Wynantskill Family Medicine**

## **CNYAIM Primary Care Providers:**

**Christian Health Service of Syracuse**

**Fairground Family Physicians**

**FamilyCare Medical Group**

**Lewis County General Hospital**

**Oneida Health Systems**

**Oneida Medical Associates**

**Rome Health Primary Care**

**Slocum-Dickson Medical Group**

**St. Joseph's Physicians**

## **Top Five Annual Wellness Visit (AWV) Performers**

### **IHANY**

<b>AWV Top Five Performers &gt; 32 Members</b>		
<b>(Claims 1/1/2024 - 6/1/2024)</b>		
<b>Organization</b>	<b>Provider's Name</b>	<b>% with AWV</b>
St. Peter's Health Partners	David D. Kandath, M.D.	41%
Samaritan Hospital	Luke Nightingale, M.D.	41%
Samaritan Hospital	Victoria Angert, M.D.	41%
St. Peter's Health Partners	Hiromi K. Mahon, M.D.	39%
St. Mary's Healthcare	Joseph R. Sinchak, M.D.	38%
<b>* Data Source: THIC Medicare Shared Savings Program</b>		
<b>(Claims closed through June 2024)</b>		
<b>AWV Top Five Performers ≤ 32 Members</b>		
<b>(Claims 1/1/2024- 6/1/2024)</b>		
<b>Organization</b>	<b>Provider's Name</b>	<b>% with AWV</b>
Ellis Hospital	Dana Penik, NP	44%
Carondelet Regional Medical PC	Jeri L. Savoie, NP	44%
St. Mary's Healthcare	Randie R. Salmon, NP	40%
Samaritan Hospital	Virginia L. Bourdeau, NP	40%
St. Peter's Health Partners Medical Associates	Amanda K. O'Malley, NP	40%
<b>* Data Source: THIC Medicare Shared Savings Program</b>		
<b>(Claims closed through June 2024)</b>		

## CNYAIM

<b>AWV Top Five Performers ≥ 48 Members</b>		
<b>(Claims 1/1/2024 - 6/1/2024)</b>		
<b>Organization</b>	<b>Provider's Name</b>	<b>% with AWV</b>
St. Joseph's Medical PC	Kristen A. McNamara, M.D.	42%
St. Joseph's Medical PC	Dennis J. Nave, M.D.	42%
St. Joseph's Medical PC	Nadine Khouzam, M.D.	40%
Slocum-Dickson Medical Group PLLC	Celesta M. Hunsiker, M.D.	38%
Slocum-Dickson Medical Group PLLC	Michelle L. Chambrone, NP	38%
<b>* Data Source: THIC Medicare Shared Savings Program</b>		
<b>(Claims closed through June 2024)</b>		
<b>AWV Top Five Performers ≤ 48 Members</b>		
<b>(Claims 1/1/2024 - 6/1/2024)</b>		
<b>Organization</b>	<b>Provider's Name</b>	<b>% with AWV</b>
St Josephs Medical PC	Stephen D. Hoag, M.D.	45%
Slocum Dickson Medical Group PLLC	Shawna Lee, NP	41%
Slocum Dickson Medical Group PLLC	Timothy E. Kendrick, PA	39%
Slocum Dickson Medical Group PLLC	Shannon Lee, NP	39%
St Josephs Medical PC	Abigail McCarthy, PA	38%
<b>* Data Source: THIC Medicare Shared Savings Program</b>		
<b>(Claims closed through June 2024)</b>		

# Other AWW Educational Materials - Check Your Supply

The IHANY/CNYAIM team is providing a **Trinity Health Medicare AWW Quickstart Toolkit** for provider education you can utilize for outreach and education. If you would like copies, please reach out to **Adriana Quiroga-Garcia**.

Providers may also use **Medicare AWW Patient Education posters** for patient outreach and education.

(IHANY) **Medicare AWW Patient Education poster**

(CNYAIM) **Medicare AWW Patient Education Poster**

**Please check your exam rooms to ensure each one has a posted AWW poster.**

To get copies of these flyers, contact **Brian Pinga** for IHANY and **Jason Decker** for CNYAIM.

(IHANY also has a brochure version to hand out.)



# Health Advisory: Increase in Human Parvovirus B19 Activity in the U.S.

## SUMMARY:

The advisory below from the Centers for Disease Control and Prevention (CDC) alerts health care providers of current increases in human parvovirus B19 activity in the United States.

- Parvovirus B19 is a seasonal respiratory virus that is transmitted through respiratory droplets by people with symptomatic or asymptomatic infection.
- In the first quarter of 2024, public health authorities in 14 European countries observed unusually high numbers of cases of parvovirus B19.
- In the United States, there is no routine surveillance for parvovirus B19, and it is not a notifiable condition.
- Recently, the CDC has received reports indicating increased parvovirus B19 activity in the United States. Data include increased test positivity for parvovirus B19 in clinical specimens and pooled plasma from a large commercial laboratory, and reports of clusters of parvovirus B19-associated complications among pregnant people and people with sickle cell disease.
- The proportion of people with IgM antibodies, an indicator of recent infection, increased among all ages from <3% during 2022 to 10% in June 2024; the greatest increase was observed among children aged 5-9 years, from 15% during 2022 to 40% in June 2024. Among plasma donors, the prevalence of pooled samples with parvovirus B19 DNA >104 IU/mL increased from 1.5% in December 2023 to 19.9% in June 2024.
- Health care providers are therefore reminded to:
  - Have increased suspicion for parvovirus B19 among people presenting with compatible symptoms (i.e., fever, rash, arthropathy, or unexplained anemia with low reticulocyte count).
  - Provide preventive counseling and have a low threshold to test people who present with compatible signs and symptoms if they are at higher risk of severe parvovirus B19 disease, including:
    - Pregnant people
    - People with severely immunocompromising conditions, including leukemia or other cancers, organ transplant, HIV infection, or who are receiving chemotherapy.
    - People with chronic hemolytic blood disorders, including sickle cell disease, thalassemia, and hereditary spherocytosis.
- When treating people with suspected or confirmed parvovirus B19, inform them or their caregivers about high-risk groups and advise any exposed contacts in those groups (e.g., who may be pregnant) to consult with their health care providers.
- Follow standard of care (e.g., professional society guidelines) for testing pregnant people reporting exposure to parvovirus B19 infection or who present with compatible signs and symptoms of maternal or fetal parvovirus B19 disease.
- Promote CDC recommendations for core prevention strategies to prevent respiratory illness, including practicing good hand hygiene and taking steps for cleaner air to reduce spread of parvovirus B19 and other respiratory viruses.
- People at higher risk of severe outcomes or complications who work in settings with higher risk of parvovirus B19 exposure should practice hand hygiene, avoid sharing food or drinks, and consider wearing a respirator or mask while at work. There is no proven benefit to removing someone from work in settings with higher risk of parvovirus B19 exposure.
- Follow recommended infection control precautions for persons with parvovirus B19 in healthcare settings.

Read the full advisory [here](#). For questions, send an e-mail to [bcdc@health.ny.gov](mailto:bcdc@health.ny.gov).

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# Crowded Emergency Departments - COVID-19 Cases on the Rise

## Making Your Patients Part of the Solution

Our emergency departments (EDs) continue to need your help! We are seeing an increase in COVID-19 cases across the country including New York state and in our local communities. Test positivity, ED visits, and hospitalizations are increasing as well as colleague exposures. Coupled with high patient volumes from summer injuries and emergencies and already low staffing levels, it is a challenging mix for both staff and patients.

**Please take time to educate all of your patients**, reminding them that treatment for non-life- or limb-threatening injuries or illnesses can be provided more quickly at urgent care centers and primary care offices, some of which have after-hours appointments and virtual care appointments. Inform them of extremely long wait times in EDs for non-emergencies. **Also, EDs are NEVER to be used as COVID/flu testing sites.**

**If your office is offering after-hours appointments, please make your patients aware.** To help with ED avoidance, we have created [a consolidated list of urgent care facilities within the IHANY network](#) to share with your patients. Trinity Health has also shared this [Where to Seek Care](#) flyer.

Patients experiencing serious symptoms like a high fever, trouble breathing, chest pain, or other serious symptoms should still call 9-1-1 or immediately go to the ED for care.

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## HCC Coding Catch-Up: Breast Cancer

Breast cancer is coded differently depending on present or past illness. Click the link to read the Risk Adjustment Coding and Documentation Guide, "[Breast Cancer –Active/Current vs. History Of.](#)"

### **DON'T FORGET!**

We have coders specializing in risk adjustment and documentation improvement – reach out with questions.

We're here to help YOU! If you have questions, please contact our risk adjustment team:

[Michelle Sebastian](#), IHANY/CNYAIM regional manager

[Emily \(Smith\) Walsh](#), IHANY, CDPHP

[Catrina Little](#) or [Jamila Daily](#), IHANY

[Erin Gallelli](#) or [Van Mazzanti](#), CNYAIM

*Documentation, coding, and submission of each patient's diagnoses or Hierarchical Condition Category (HCCs) is required at least once per calendar year, restarting every Jan. 1.*

## Specialty Spotlight

### **IHANY & CNYAIM Network Specialty & Primary Care Practices:**



*As Clinically Integrated Networks, continuing to promote in-network referrals will allow for IHANY and CNYAIM to provide better health to the populations we serve. With that in mind, we will have feature spotlights on our CIN partners and affiliates within this newsletter to ensure we keep you informed of our diverse resources.*

September is Prostate Cancer Awareness Month, a great time to educate your male patients about symptoms, testing and treatment. The American Cancer Society estimates there will be approximately 299,000 new cases of prostate cancer in 2024, with more than 35,000 deaths.

The American Urological Association suggests people ages 45-69 with an average risk for prostate cancer talk to their provider about whether testing is right for them. This should begin at 40 for people with a higher risk of having prostate cancer, including African American men or those with a family history of cancer. Screening tests include the prostate-specific antigen (PSA) blood test and/or a biopsy. *(Please scroll to the CNYAIM section of the newsletter to watch a podcast about prostate cancer screening and other men's health issues.)*

Possible early warning signs of prostate cancer include:

- Blood in urine or semen
- Difficulty urinating
- Pelvic pain
- Frequent urination
- Weak urine stream

**If you have a patient who needs to see a specialist to discuss prostate cancer, urinary tract infections, or other urological conditions, consider sending them to one of the providers in our clinically integrated network.**

#### **IHANY Urology Providers**

**Ellis Medicine**

**St. Mary's Healthcare Amsterdam**

**St. Peter's Health Partners**

#### **CNYAIM Urology Providers**

**AMP Urology**

**Oneida Health**

**Rome Health**

**St. Joseph's Health**

*If you are an IHANY or CNYAIM Network specialty practice and would like your location featured in a future regional newsletter, please email **Brian Pinga**.*

## **Pharmacy Corner**

### ***Focus on Preventable Hospitalizations***



# Naloxone Prescribing

National Opioid Awareness Day is Saturday, Sept. 21, 2024. This day promotes awareness surrounding opioid overdose and the associated stigma<sup>1</sup>. When prescribing medications to patients, it is important to think about the efficacy and safety of the drug. According to the Centers for Disease Control and Prevention (CDC), close to 9-million prescriptions for naloxone could have been dispensed in 2018 if each patient who received high dose opioids was prescribed naloxone<sup>2</sup>. A prescription is considered "high dose" if the dose is 50 morphine milligram equivalents or more a day<sup>2</sup>.



Other risk factors for opioid overdose include, but are not limited to, age, history of overdose or substance use disorder, some medical conditions (such as sleep apnea), and using benzodiazepines along with opioids<sup>3</sup>. The importance of naloxone should be discussed with patients to identify if naloxone is recommended, and which product is best for them. Naloxone comes in two dosage forms, nasal sprays and injectables. A [product comparison](#) can be found on the Prescribe to Prevent website, as there are many products on the market.

Listed below are a few resources that may be helpful for your practice regarding opioid prescribing and naloxone use.

**CDC's Naloxone Toolkit:** fact sheets and trainings

**CDC's Clinical Practice Guide for Prescribing Opioids for Pain**

**Prescribe to Prevent:** resources for providers and patients

**New York State's Opioid Overdose Prevention Program:** resources for providers and patients

## References:

1. **National Opioid Awareness Day.** National Today. Accessed August 5, 2024.
2. **Life-saving naloxone from pharmacies.** Centers for Disease Control and Prevention. August 6, 2019. Accessed August 5, 2024.
3. **Risks and How to Reduce Them.** Centers for Disease Control and Prevention. May 8, 2024. Accessed August 9, 2024.

If you have questions, [Sara Linnertz](#), Pharm.D., BCACP.

## Education

# CDC Recommendations for 2024 Flu Season

The Centers for Disease Control and Prevention (CDC) recommendations for the upcoming flu season have been released. Flu vaccines are trivalent and will protect against an H1N1, H3N2 and a B/Victoria lineage virus.

The Advisory Committee on Immunization Practices (ACIP) recommends that all persons aged  $\geq 6$  months who do not have contraindications receive a licensed and age-appropriate seasonal influenza vaccine.

Vaccination should ideally be offered during September or October. However, vaccination should continue after October and throughout the season as long as influenza viruses are circulating and unexpired vaccine is available.

Flu vaccination in July and August is not recommended for most people, but there are several considerations regarding vaccination during those months for specific groups:

- Pregnant people who are in their third trimester can get a flu vaccine in July or August to protect their babies from flu after birth, when they are too young to get vaccinated.
- Children who need two doses of the flu vaccine should get their first dose of vaccine as soon as it becomes available. The second dose should be given at least four weeks after the first.
- Vaccination in July or August can be considered for children who have health care visits during those months if there might not be another opportunity to vaccinate them.

For adults (especially those 65 years old and older) and pregnant people in the first and second trimester, vaccination in July and August should be avoided unless it won't be possible to vaccinate in September or October.

**Learn more from the CDC website.**

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## Vaccine Basics: Q&A

IPro's August newsletter focused on vaccination strategies and education. Two snippets are below.

### **Can influenza viruses circulate at the same time as SARS-CoV-2, the virus that causes COVID-19?**

Yes, both viruses can circulate simultaneously, and it's possible for an individual to be infected with both at once. It's important to note that co-infection with influenza and SARS-CoV-2 is more likely to result in severe illness compared to infection with either virus alone.

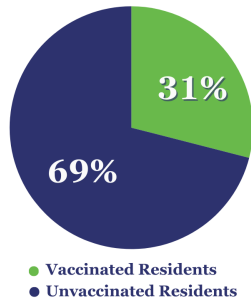
### **Does RSV (Respiratory Syncytial Virus) have a typical season?**

In most temperate regions of the continental United States and areas with similar climates, RSV follows a seasonal pattern:

- Typical season: fall to early spring
- Peak: winter months
- General circulation: October through March
- However, it's crucial to understand that the timing and severity of RSV season can vary from year to year and differ between communities

For more vaccine FAQs, visit [immunize.org](https://www.immunize.org).

# CDC Highlights Vaccination Gaps in Nursing Home Populations



Nursing home residents continue to be disproportionately affected by COVID-19, with confirmed cases at 6.9 per 1,000 residents. Yet, as of July 28, only 31% of these residents are up-to-date with their COVID-19 vaccines.

To better protect older adults, the CDC now recommends an additional updated 2023-2024 COVID-19 vaccine dose for those aged 65 and older. This dose should be administered at least four months after the previous one to enhance protection against severe illness.

You can make a difference in your community! Assess and offer vaccines at every encounter to help keep your community safe and healthy. Ask "What about vaccines?" every time. Working together, we can increase vaccination rates and protect our most vulnerable populations.

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## Medicine Grand Rounds

These Medicine Grand Rounds opportunities are open to all IHANY and CNYAIM providers. CME credits are available for live events.

### **Offered by St. Joseph's Health Colleagues and Affiliated Providers:**

Meetings are both in person and virtual and are held noon-1 p.m. on the fourth Wednesday of each month. In-person events are held in the DeFuria Room, L100A, which is the main conference room in the main lobby of the hospital.

[Click here](#) to join the meeting.

Teams meeting ID: 273 147 435 897/Passcode: wZJ6jx

Call-in (audio only): +1 989-341-4467/Phone Conference ID: 607167521

Wednesday, Sept. 25, Noon-1 p.m.

"Choosing Inpatient Labs Wisely"

Speakers/Panelists: Dr. DeAnn Cummings, Dr. Russ Firman, Dr. Gurinder Kaur, and Dr. Matthew Picone

Contact **Sutira Srakhao**, Medical Education coordinator, with questions.

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# Medigold Will Soon Have a New Name:

## Trinity Health Plan New York

**New name, same strong commitment to the well-being of our members.**

Dear Trinity Health New York Colleagues:

Thank you for being a dedicated supporter of the Health Plan. We're excited to announce that our name is changing from MediGold to Trinity Health Plan New York, starting January 1, 2025.

All the plan benefits and extra perks will stay the same through the end of the year — only the name of the Health Plan is changing. During Medicare Open Enrollment (October 15-December 7), members can review potential benefit changes to their plan in 2025.

### **Why the name change?**

As a not-for-profit, faith-based plan owned by Trinity Health, our new name better reflects our deep connection to Trinity Health's Mission: to be a compassionate, transforming healing presence in our communities.

You can count on our commitment to:

- Serve our members with excellence.
- Provide affordable, outstanding coverage from doctors and health care providers, like you.
- Simplify Medicare and maximize benefits.

### **If patients, members, or prospective members ask about the name change you can inform them that ...**

- Only the name of the plan is changing.
- Members will keep their same coverage through 2024.
- During Open Enrollment, members and prospective members can review changes to plan benefits which will be under the new name Trinity Health Plan New York.

Our plan will continue to connect members with high-quality doctors and providers from top health care systems across New York, including St. Peter's Health Partners and St. Joseph's Health.

Thank you again for your support of the plan. We look forward to supporting the well-being of the community as Trinity Health Plan New York!

For questions about the name change, please reach out to [Jason Decker](#).

## **MediGold Provider Update**

For all the important updates you need from MediGold to help with your practice, visit the latest edition and archives of the **MediGold Provider Update**. In the Updates, you'll find coding tips, news about Centers for Medicare & Medicaid Services (CMS) guidelines, seasonal information, and best practices suggestions to help in attending to your patients.

The August **Provider Update** focuses on Mental Health Awareness Month and new resources to improve your patients' overall well-being. The August issue includes:

- SS&C Technologies mailroom move
- Utilization Management (UM) elective procedure prior authorization reminder
- UM request for review of inpatient status clarification
- Diabetes with complications
- And more!



## How MediGold benefits your patients and your practice

Our shared mission calls us to be a transforming healing presence in the communities we serve. To help realize this mission and achieve the best possible outcomes, we believe we must also work to transform the health care experience itself. As part of this commitment, in 2022, Trinity Health launched its own not-for-profit Medicare Advantage (MA) plan for New York: **MediGold**. We continue to enhance and refine the plan each year.

Our MA plan helps simplify Medicare for your patients and your staff. It requires only a fraction of the prior authorizations that other MA plans do, and working side by side with our own payer helps promote the best possible coordination of care.

Other ways the MediGold helps simplify Medicare:

- No referrals needed for in-network providers.

- 99.7% of claims paid under 30 days.
- No site of service requirement.
- No step therapy.
- No third-party vendor requesting medical records to data mine or retract previously paid claims.

This approach brings significant value to patients, your practice, and MediGold – and it's why in the upcoming year, growing MediGold membership is one of our primary strategic initiatives.

### Why MediGold is a win-win for you and your patients

Unlike other MA plans, MediGold was carefully designed from the ground up **by doctors** who know firsthand the needs of both patients and providers. Your patients can count on a high-quality plan that puts their well-being, savings, and peace of mind first.

*(continue next page)*

## WE'RE HERE TO SERVE YOU.

[MediGold.com/For-Providers](https://www.MediGold.com/For-Providers)

Provider Service Center  
1-800-991-9907 (TTY 711)

MediGold is a Medicare Advantage plan, fully owned by Trinity Health. It's designed to provide our members with a more seamless health care experience, while also making it easier for health care teams coordinate and deliver the best possible care.

# Clinician Wellness & Resilience

## Citrus Boost = Serotonin Boost!

The scent of lemon, orange, or grapefruit\* can boost your body's production of serotonin, the feel-happy hormone. In addition, it reduces levels of cortisol, making you feel energized and calm.

Lemon might be the most powerful; research shows that taking in the smell of lemons can increase mental stimulation.

How might you incorporate the scent of citrus into your day?

- Sip lemon water; add lemon wedge to your drinks.
- Have a citrus midday snack – and take a sniff!
- Put 1-2 drops of essential oil on a tissue (at your desk or in your car).

Use a citrus pick-me-up when you need it to stay alert and awake!

**Serotonin is a natural mood enhancer. In the body, serotonin is a chemical that helps nerve cells “talk” to each other by sending signals that can positively impact mood, sleep habits, hunger cues, and stress responses.** Eating foods high in tryptophan, and vitamins B6, B12 and folate, helps in the production of serotonin. Including foods high in healthy carbohydrates helps to move these serotonin-building nutrients to the brain while delivering long-lasting energy.

**Tryptophan:** Chicken, turkey, fish, beef, pork, nuts, seeds, tofu, cheese, eggs, oats, beans, lentils, spinach, dates, bananas, and dark chocolate (70-85% cocoa)

**Vitamin B6:** Chicken, fish, pork, eggs, bananas, non-citrus fruits, and starchy vegetables

**Vitamin B12:** Chicken, turkey, fish, beef, pork, cheese, milk, and yogurt

**Folate:** Beef liver, asparagus, brussels sprouts, dark green leafy vegetables, fruits and fruit juices (especially citrus), nuts, beans, peanuts, black-eyed peas, and kidney beans

**Omega-3 Fatty Acids:** Found naturally in salmon, trout, mackerel, walnuts, flaxseeds, chia seeds, and soybeans

**Healthy carbohydrates:** quinoa, oats, buckwheat, whole grains, beans, peas, lentils, and whole fruit

Pre-packaged foods, sweets, and fast foods (typically high in refined sugars and simple carbohydrates or protein), can overload the system with quick-acting, but short-lived energy. Too much protein can crowd out tryptophan and healthy B vitamins, resulting in lower serotonin levels.

If serotonin is low, it triggers us to eat again via a craving and we typically reach for something sugary, fatty, or salty with the hopes of returning to high serotonin levels to quickly improve our mood. Understanding that this is a quick fix can motivate us to bring food/ snacks to impact our health in a positive way.

Keep your mood stable; plan to eat a moderate amount of protein at each meal (the size of the palm of your hand) and with each snack (the size of your thumb) in combination with a healthy carbohydrate. This will raise serotonin levels slowly, and for a longer period, which will result in a better and more stable mood, restful sleep, less anxiety, and decreased cravings.

\*Check with your provider on any contraindications with your medications.

If you have questions, contact [Rachelle Lando](#), program coordinator, Well-Being lead, St. Joseph's Health.

# Other Timely Regional News

## National Breast Cancer Awareness Month

October is National Breast Cancer Awareness Month and Oct. 20 is National Mammography Day. According to the American Cancer Society, breast cancer is the second most common cancer in women, accounting for 30 percent of all new female cancers each year. Many women with breast cancer have no symptoms which is why regular breast cancer screening, including mammograms and ultrasounds, is so important for early detection when cancers are most treatable.

At this time, there are more than 3.8 million breast cancer survivors in the United States. If you, your colleagues, or your patients need encouragement to get screened, [watch the story](#) of our brave SPHP colleague, Melissa Zapotocki, who is a breast cancer survivor, thanks to early detection. Visit [cancer.org](http://cancer.org) to review the American Cancer Society's early screening recommendations.



### St. Peter's Health Partners (SPHP) Fall Mammogram Days

SPHP will continue to host a series of [Fall Mammogram Days](#) for colleagues and spouses, by appointment, in September/October. A prescription is required. Assistance with transportation, interpreter services, referrals, and prescriptions is available.

### New York State Cancer Services Program

The New York State Cancer Services Program (CSP) provides breast, cervical, and colorectal cancer screenings and diagnostic services at NO COST to people who:

- Live in New York State
- Do not have health insurance
- Have health insurance with a cost share that may prevent a person from obtaining screening and/or diagnostic services
- Meet income eligibility requirements
- Meet age requirements

For mammogram and clinical breast exam, age requirements are 40 and older, or under 40 at high risk for breast cancer.

**Call 1-866-442-CANCER (2262) to be connected to a Cancer Services Program near you. The call is free and operators take calls 24 hours a day, seven days a week.**

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# Case Examples of Patients Who Could Have Had Hospice Referrals

**DID YOU KNOW?** New York state is ranked **LAST** out of 50 states in the utilization of hospice care. **WE CAN DO BETTER!** *Our goal is to extend the amount of time we provide support to caregivers and patients through earlier referrals.*

Each month, we will be sharing case examples of patients who might have benefitted from a referral to Community Hospice.

*A 96-year-old man was taken to the emergency department for falls five times within ten months: four times last year and one time earlier this year. He was admitted to the hospital twice and sent to rehab twice, where he ended up dying. Among other things, he had chronic kidney disease, hypertension, heart failure, coronary artery disease, peripheral vascular disease and a history of myocardial infarctions and atrioventricular blocks. On his second-to-last ED visit, it was noted that he was "chronically ill appearing." There is no indication in the record that there was ever any "goals of care" discussion and he had no advance directives or Medical Orders for Life-Sustaining Treatment (MOLST).*

*This patient was never referred to Community Hospice or for a palliative care consult.*

Considered to be the model for quality, compassionate care for people facing a serious or life-limiting illness or injury, hospice care involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well.<sup>1</sup>

At any length of stay, hospice care benefits patients, family members, and caregivers, including increased satisfaction and quality of life, improved pain control, reduced physical and emotional distress, and reduced prolonged grief and other emotional distress.<sup>2</sup>

**Currently one-third of referrals to Community Hospice are made within seven days of death.** Hospice is a Medicare-covered benefit designed to help support patients and their caregivers for six months. That means 30 percent of patients and caregivers referred could have benefitted from almost six additional months of help and support at home. According to the National Opinion Research Center (NORC) at the University of Chicago, of the families that accepted Hospice services, 95% wished they had started services sooner, and 96% would recommend The Community Hospice to others.

The NORC also found the total costs of care for Medicare beneficiaries who used hospice was 3.1 percent lower than those who did not, and that earlier enrollment in hospice and longer lengths of stay likely reduce overall Medicare spending.

## **The Community Hospice**

**The Community Hospice, a member of St. Peter's Health Partners, serves patients and families in eight Capital Region counties (Albany, Rensselaer, Schenectady, Columbia, Greene, Saratoga, Montgomery, and Washington).** We admit 4,000 patients a year and care for an average daily census of 615 patients at home and in nursing homes, adult living facilities, hospitals, our hospice inpatient unit at St. Peter's Hospital, and three community "comfort care" homes. Patients are admitted seven days a week, 365 days a year.

- Each patient is assigned a multidisciplinary care team: RN, aides, social worker, spiritual counselors, volunteers, complementary therapists (e.g., massage, music) and hospice physicians that create a comprehensive plan of care in conjunction with their primary care physician.
- Hospice care, including bereavement services, is of no cost to patients and families.
- Hospice provides all medications pertaining to the hospice diagnosis and related conditions, all equipment and necessary ancillary services in addition to all hospice staff visits, and also provides 24/7 on-call coverage as part of the hospice benefit.
- Hospice care helps patients avoid unwanted, unnecessary, and nonbeneficial hospitalizations, treatments, and interventions in accordance with the patient's goals, wishes, and advance directives.



We are here to help, including having conversations with patients and families. **To learn more or to make a referral to The Community Hospice, call 518-724-0242.**

<sup>1</sup>National Hospice and Palliative Care Organization (NHPCO)

<sup>2</sup>National Opinion Research Center (NORC) University of Chicago

## IHANY-Specific News

### St. Peter's Health Partners Relationship with UnitedHealthcare

St. Peter's Health Partners is working hard to reach a fair agreement with UnitedHealthcare that covers the true cost of the care we provide to patients.

**Unfortunately, UnitedHealthcare has forced St. Peter's Health Partners out of its network, effective July 1, 2024. This impacts patients who are covered by UnitedHealthcare employer sponsored commercial (excluding the New York State Empire Plan), Medicare Advantage, Medicaid and Essential Plan health plans. UnitedHealthcare has disrupted your access to St. Peter's Health Partners hospitals, facilities, and physicians.**

New York law provided continued access to our hospitals through August 31, 2024, for fully insured employer sponsored commercial, Medicaid and Essential Plan health plans. ***We agreed to extend in-network access to all St. Peter's Health Partners providers and services for Medicaid and Essential Plan health plans through August 31. As of September 1, 2024, patients with employer sponsored commercial, Medicaid and Essential Plan health plans no longer have in-network access to St. Peter's Health Partners providers and services.*** If you choose to continue care with St. Peter's Health Partners providers or services while we remain out of UnitedHealthcare's network, your out-of-pocket costs may increase.

St. Peter's Health Partners will continue participation in behavioral health coverage administered by Optum.

You can follow any updates [here](#).

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### Summer Support Group Series – Offerings by St. Peter's Crime Victim Services

St. Peter's Crime Victim Services is offering free, confidential, voluntary support groups for survivors of crime this summer. Individuals 18 and older are welcome to join.

Upcoming Support Group:  
**Living An Authentic Life**

This is a group for survivors of crime, people of all backgrounds are welcome

**Weekly in Person | 5 - 6 PM**  
Each Monday starting July 15

Authenticity is the daily practice of letting go of who we think we're supposed to be and embracing who we are. This group will focus on cultivating the courage to be imperfect, to have boundaries, and to be vulnerable.

To discuss confidentiality for the group, please contact:  
Dr. Caroline Lohr,  
Assistant Clinical Supervisor  
(970) 527-4887

**St Peter's CrimeVictim Services**  
An Equal Opportunity Employer

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Upcoming Support Group:  
**Speaking the Unspoken**

This is a group for survivors of crime, people of all backgrounds are welcome

**Weekly in Person | 4 PM**  
Each Wednesday starting July 17

The 8 week group will provide participants a safe space to reflect, connect, and express emotions through letter writing. Participants will engage in writing activities that will increase their self-awareness and their ability to express the impact of positive and difficult emotions. Participants will learn the importance of self-reflection as better understanding oneself, as well as a means of learning to express your feelings and needs to others.

To discuss confidentiality for the group, please contact:  
Angela Smith-Barnes, PhD, PhD,  
Assistant Clinical Supervisor

**St Peter's CrimeVictim Services**  
An Equal Opportunity Employer

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Join for our upcoming  
**Summer Support Group Series**

- Living An Authentic Life
- Speaking the Unspoken

**FREE | CONFIDENTIAL | VOLUNTARY**

A brief intake interview is required to participate

Participants are also required to engage in individual therapy services at St. Peter's CrimeVictim Services (PACS) on a bi-weekly basis.

If elsewhere, a signed release will be necessary for consultation with your medical health provider.

Please contact us if you have questions!  
Thank you!

## Living an Authentic Life

**Weekly in Person, Mondays | 5 - 6 PM | July 15 - September 16**

Authenticity is the daily practice of letting go of who we think we're supposed to be and embracing who we are. This group will focus on cultivating the courage to be imperfect, to have boundaries, and to be vulnerable. People of all genders are welcome.

## Speaking the Unspoken

**Weekly on Zoom, Wednesdays | 4 - 5 PM | July 17 - September 11**

This 8-week group will provide participants a safe space to reflect, connect, and express emotions through letter writing. Participants will engage in writing activities that will increase their self-awareness and their ability to express the impact of positive and difficult emotions. Participants will learn the importance of self-reflection to better understand oneself, as well as a means of learning to express your feelings and needs to others. Participation in this group is confidential, voluntary and no cost.

**Click the blue links for more information, including requirements for participation.**

# The IHANY High-Performing Post-Acute Network: A Success Story

The IHANY High-Performing Network is a formal network of skilled nursing facilities (SNFs) working collaboratively to ensure quality care, appropriate care transitions, and the reduction of readmissions. The facilities within the network include St. Peter's Nursing and Rehab, Our Lady of Mercy Life Center, Schuyler Ridge, Eddy Heritage House, Daughters of Sarah, Ellis Rehab, Wilkinson Nursing and Rehab, Schenectady Center, Fulton Center, and Evergreen Commons.

The post-acute care coordinator, **Megan Helin, RN**, has many years of experience within the acute and post-acute setting. Megan utilizes a standard approach to implement best practices and to ensure the Integrated Care Coordination System (ICCS) is implemented. She works closely with the Acute-Care coordinator, **Lisa Cairns, PT**, who is a new addition to the team. Lisa works very closely with the inpatient case management team and acute care physical therapy department to help facilitate clinically appropriate next sites of care.

**Ashley Zapp, LCSW**, is the manager of network development and works with SNFs in the community to provide a collaborative and integrated approach to the care delivery model. An added benefit of a formalized Post-Acute Care (PAC) network is that under the CMS Medicare Shared Savings Program, certain SNFs who maintain an overall rating of three stars or above are eligible to accept patients under the SNF 3-Day Rule Waiver. The benefit of the waiver is that it waives the need for a 3-day inpatient qualifying hospitalization to access the rehab benefit. Utilizing the waiver allows those who would historically have not been able to access their rehab benefit the ability to admit to a SNF for restorative services from the community, Emergency Department, or observation/outpatient status. Megan and team have successfully completed dozens of waivers year to date.

## A Success Story:

Patient: 68-year-old male with PMH: A-fib, hyperlipidemia, hypertension, COPD, DMII, GERD, CAD, colon & metastatic non-small cell lung cancer; currently receiving chemotherapy.

- Presented to hospital on June 29 with complaint of weakness, abdominal pain, and diarrhea.
- LOS inpatient 15 days. One rapid response resulting in four days in ICU.
- PT discharge recommendation was originally home care however, it was changed to inpatient rehab after ICU stay.
- Patient would not be able to receive chemotherapy in SAR and would risk pausing his treatments to receive sub-acute rehab in a SNF. Patient verbalized wanting to go home.
- Supplemental therapy began in conjunction with primary therapists. Patient received a total of four supplemental therapy sessions.
- Patient was able to increase his functional mobility and discharged to home with home care and was able to continue his chemotherapy.
- No readmissions to date.

[Click here](#) to review the Skilled Nursing Facility Provider Profile.

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## St. Peter's Laboratory Draw Site Phone Numbers are Changing

As part of a Trinity Health cost-saving initiative and to better serve our patients, we will be consolidating the phone numbers for ALL our draw sites to one main number.

**As of Tuesday, Sept. 3, 2024, all draw sites will be using the main laboratory phone number, 518-525-1475.**

Current phone numbers will be disconnected Oct. 1.

Please read [this memo](#) from Jose Halder, manager, Central Receiving and Patient Service Centers, SPHP.

[Click here](#) for a flyer listing all lab draw locations in the IHANY clinically integrated network.

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## **Emergency and Ambulance Services for SPHP Colleagues**

If you have an accidental injury or medical emergency that could result in permanent damage to your health if not immediately diagnosed and treated, visit the emergency department (ED). For a qualified medical emergency, an ED visit or ambulance ride will be subject to Tier 1 cost share regardless of the tier in which you seek care, and the ED co-pay will be waived if you are admitted. It's important to note that you should wait for an explanation of benefits (EOB) before paying any bills. If you receive a bill first without an EOB for an ambulance ride, reach out to your medical plan administrator for next steps. Additionally, non-emergent use of the ED will be subject to the applicable cost share of your medical plan. Refer to your [medical plan summary](#) for more information. (You must be on the Trinity Health network to access this file.)

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# SPHPMA Home-Based Primary Care

St. Peter's Health Partners Medical Associates (SPHPMA) is bringing primary care services into patient homes to help those with chronic illnesses manage their conditions when they are unable to get to a medical office. **Referrals to SPHPMA Home-Based Primary Care can now be made through EPIC at SPHP and through Cerner for Ellis Medicine.** (See job aids below.)

**[A new practice brochure is available here.](#)**

With recent enhancements in technology, SPHPMA's team of advanced practitioners and collaborating physicians deliver the same high-quality primary medical care in patient homes as they do in a traditional medical office. They specialize in caring for people with chronic conditions, such as:

- Respiratory issues, including COPD and pneumonia
- Cardiac issues, including congestive heart failure
- Diabetes
- Dementia

Short-term or long-term Home-Based Primary Care is available in the immediate Capital Region. Services can be used for just a few months to help patients get back on track after frequent emergency department visits/hospitalizations. Individuals who regularly require in-home services or have a physical condition which makes it difficult for them to leave the home may qualify to receive their services on an ongoing basis.

SPHPMA is a Medicare and Medicaid provider. They accept most private health insurance plans. The cost of Home-Based Primary Care is the same as an office visit. The patient may pay a copay if their insurance requires them to do so. Initial funding for this program was provided by the New York State Health Foundation. The Eddy Memorial Geriatric Center Foundation is currently funding the uncovered costs of this program to ensure homebound patients have access to primary care.

SPHPMA's regular office hours are Monday - Friday, 8 a.m. - 4 p.m. Nurse practitioners are on call after hours, including weekends and holidays.

**Referrals to SPHPMA Home-Based Primary Care can now be made through [EPIC at SPHP](#) and through [Cerner for Ellis Medicine](#).** (Click on the links for job aids.) **For other IHANY practices, please call 518-279-5700 or email [Brooke Vautrin](#), [Kimberly Ryan](#), AND [Alice Brown](#).** (Please include all three emails in the event one of the coordinators is out of the office.)

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## Explore the SPHP "Care for Colleagues Program"

The St. Peter's Health Partners (SPHP) "Care for Colleagues" program has been created through a collaboration of SPHP and IHANY, our clinically integrated network, to help support our colleagues with direct access to services and fast-tracked appointments within our vast network.

We have recently expanded the Care for Colleagues program to include additional care opportunities available for you to take advantage of.

**Diabetes Education:** St. Peter's Diabetes and Endocrine Care offers diabetes education and medical nutrition therapy to help colleagues diagnosed with diabetes. The program is designed to help you manage diabetes with important self-care behaviors taught by certified diabetes care and education specialists.

**St. Peter's Sports & Spine (previously known as St. Peter's Musculoskeletal Medicine:)** If you are living with pain and limited function, the physiatrists at our musculoskeletal medicine practice can help treat joint, soft tissue, muscle, and nerve issues with non-surgical modalities.

**Outpatient Therapy Clinics:** If you need outpatient physical therapy, occupational therapy, or speech therapy, we have 12 locations across the Capital Region with easy access from work and home.

**Direct Access Colonoscopy:** Colleagues and immediate family members can direct refer or be referred into Albany Gastroenterology Consultants and receive their colonoscopy in four to six weeks instead of waiting months.

**Colleague Mammograms:** Our breast centers and imaging sites offer employees and spouses (age 40+) easy access to mammograms and can also assist with transportation, prescriptions, and referrals.

As a reminder, Spring Health, Trinity Health's mental well-being benefit, provides colleagues and their family members (age 6+) FREE access to high-quality support with personalized care, diverse providers, self-guided wellness exercises, coaching, medication management, work-life services, and more. Colleagues have access to six free therapy sessions per calendar year (which renewed on Jan. 1, 2024).

We encourage you to take charge of your health and take advantage of these wonderful programs created to help maintain a healthy workforce and healthy families. To learn more details about these programs, visit our [Care for Colleagues webpage](#). If you have questions, contact [Brian Pinga](#).

## CNYAIM-Specific News

### CNYAIM Member Highlight

This month, CNYAIM would like to highlight and acknowledge **Ajay Goel Physician P.C.** as a valued participant in our clinically integrated network.

Since joining CNYAIM in 2016, The Gastroenterology Clinic of Ajay Goal Physician P.C. in Rome, NY, has recognized the importance of working together to improve the quality, efficiency, and delivery of care to patients while reducing health care costs. Dr. Goal and his staff strive to provide their patients with effective and up-to-date medical care, deliver accurate diagnoses, and establish an effective treatment plan for all diseases related to the GI tract. To learn more, **visit their website** .

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# CNYAIM High-Performing Post-Acute Network: Success Story

## What We Do

The CNYAIM Transitions of Care team provides care management and support for members experiencing transitions from the acute care setting to the next site of care – whether it be to one of our High-Performing Network Skilled Nursing Facilities (SNFs), or a return home with Home Care or independently. Specifically related to SNF, our Post-Acute Care Coordination colleagues at CNYAIM work collaboratively with our SNF partners in real time to ensure a clinically appropriate next site of care, address barriers to progression, reduce readmissions back to acute care, and to optimize SNF lengths of stay.

## Our PACC Team

- **Brenda Ko, PT, RN** – System Manager for Post-Acute Care Transitions
- **Megan Kosmoski, RN, MSN** - Post-Acute Operations Supervisor
- **Mary Saya, RN, BSN, CCMC** and **Tina Boncella, RN, BSN** - Post-Acute Care Coordinators
- **Jane Hunter, LPN** and **Kristen Kelly, LPN** – LPN Care Coordinators

## Accountable Care Organization (ACO) SNF 3-Day Rule Waiver

Additionally, our Post-Acute Care Coordination Team supports use of the Medicare Shared Savings Program SNF 3-Day Rule Waiver which allows the waiver of the qualifying 3-day inpatient stay required for admission to short-term rehabilitation under Medicare. Through collaboration with our Emergency Department and, in some cases, ACO primary care offices, we have successfully served close to 30 patients through use of this Centers for Medicare and Medicaid Services waiver. We work closely with our designated SNF affiliates who have met and maintained the criteria for participation – working with patients toward reducing unnecessary utilization of acute care services and placing patients in the most clinically appropriate site of care to meet their needs in the safest way possible.

## Success Story: Utilization of ACO SNF 3 Day Rule Waiver to Avoid Unnecessary ED/Inpatient Stay

Patient: 93-year-old with PMH: spinal stenosis, osteoporosis, osteoarthritis, IBS; living independently in own home with worsening/severe pain due to progressive spinal stenosis. Eventually unable to ambulate, perform ADLs, etc. Supportive but elderly adult children having great difficulty providing care for patient.

- Presented to PCP office following unsuccessful attempts to manage pain with spinal injections and oral medications (patient unable to tolerate most traditional pain medications). It was determined that patient's acute episode was due to worsening spinal stenosis and inability to manage pain at home.
- PCP identified that patient did not require emergency care, but would likely benefit from Short Term Rehabilitation (STR) at a Skilled Nursing Facility (SNF) for pain management and rehabilitation therapy to regain a degree of independence – ED visit/possible hospitalization avoided!
- Process to utilize ACO SNF 3 Day Rule Waiver implemented – PCP, CNY AIM Care Manager, and SNF affiliate collaboration culminated in patient being admitted to STR at one of the ACO's SNF Affiliate agencies within the week.
- PCP performed warm hand off to SNF Medical Director upon admission to SNF – providing insight on diagnoses, previous interventions prescribed to manage severe pain, etc.
- SNF Team with support of ACO Care Manager developed and implemented safe discharge plan and patient's ability to function improved during her rehabilitation stay.
- Patient remained at STR facility for total of 28 days – although unable to return to living by self, patient successfully discharged to assisted living facility where she continues to live with support.

## High-Performing SNF Post-Acute Network

Our High-Performing SNF Post-Acute Network is a collaborative effort between CNYAIM and our SNF partners to ensure the best possible outcomes for our members. We work closely with our SNF partners to ensure a clinically appropriate next site of care, address barriers to progression, reduce readmissions back to acute care, and to optimize SNF lengths of stay.

Spanning across five counties in Central NY, our 13 CNYAIM Post-Acute Network SNFs can be found [here](#). The SNF Quality of Care Profile lists CMS star ratings, including those designated as ACO 3-DAY WAIVER SNF AFFILIATES.

Please don't hesitate to reach out to [Brenda Ko](#) or [Megan Kosmoski](#) if you have any specific questions about Post-Acute Care Coordination with SNFs for one of your patients. For information about the ACO 3-Day Rule Waiver, call 315-726-0762.

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## St. Joseph's Health MedCast Podcasts - Men's Health and Prostate Cancer Screenings

When it comes to health care, women are much more likely than men to see their doctors regularly. Delayed visits can result in an array of health issues, including missing serious illnesses in the early stages when they are most treatable. In this month's featured podcast, Dr. Angelo DeRosalia, chief of Urology Services at St. Joseph's Health Hospital, discusses the importance of men's health issues, with a special focus on prostate cancer screening.

### "Men's Health: Attention Needed"

Featuring Angelo DeRosalia, M.D., Chief of Urology Services, St. Joseph's Health Hospital

Other St. Joseph's Health MedCasts can be listened to [here](#).

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## Important Reminders!

The following content has been shared previously. We are including as a reminder in this month's newsletter.

## Health Informatics Update: Medicare Wellness Scheduling Changes for Epic Users

Health Informatics previously distributed a tip sheet for a workaround when trying to schedule a Medicare Wellness Visit that was sooner than 366 days but the payer allowed it to be every calendar year. Please discard this tip sheet. Updates have been made in Epic to allow for Medicare Wellness visits to be scheduled every calendar year based on those approved payers listed below.

*Options you will now see when scheduling using the Decision tree:*

Payers that require every 366 days or greater:

**Have you had a Medicare Annual Wellness Visit in the last 12 months?**

Payers that allow scheduling every calendar year:

**Have you had a Medicare Annual Wellness Visit this calendar year?**

Aetna Medicare  
Blue Cross - MI Medicare Advantage  
CDPHP Medicare  
Empire Blue Cross/Blue Shield  
HAP Medicare Advantage  
Highmark/Blue Shield NENY Medicare  
Humana Medicare  
MVP Medicare  
United HealthCare Medicare



# ACO Performance: A Continued Call to Action

Please continue to check your "utilization" folder in ShareFile for updated versions of high ED and IP utilizers in your respective organizations. The ask is to review these patients and identify them for additional support services such care management, primary care engagement, and possible enrollment in Home-Based Primary Care (Albany). Newly identified patients will be highlighted to make the process as efficient as possible.

If you have questions, please reach out to [Brian Pinga](#) (Albany/IHANY), [Jason Decker](#) (Syracuse/CNYAIM), or [Kristen Mucitelli-Heath](#). We appreciate your continued efforts around this ask.

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## IHANY Virtual AWV Program for Traditional Medicare Patients Seeking Primary Care

IHANY, with the support of our Home-Based Primary Care (HBPC) group, is happy to offer a new program in an effort to connect our **traditional Medicare patients (ACO and non-ACO)** with a primary care provider (PCP).

The HBPC team is now accepting referrals for traditional Medicare patients to get a virtual annual wellness visit (AWV) and then be connected with an office-based PCP of their choice within the IHANY network (SPHP, Ellis, St. Mary's Health of Amsterdam, Wynantskill Family Medicine, and Dr. Etkorn) in the months after the AWV.

Please review the [job aid](#) to learn more about the program, including workflow and referral instructions.

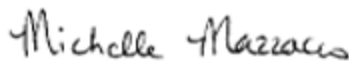
Aside from our commitment to help improve the health of our community members, this program will increase engagement with patients and increase AWV performance and PCP enrollment for IHANY practices, among other benefits to our network. We will be evaluating the program to see if we may be able to expand to Medicare Advantage patients in the near future.

Thank you, as always, to our IHANY Board and Committee members for their ongoing support in championing our work. If you have any questions after reviewing the materials, please direct them to [Brian.Pinga@sphp.com](mailto:Brian.Pinga@sphp.com).

Thank you,



Brian M. Pinga, CPHQ, CPhT  
Executive Director/Administrator  
CIN/ACO  
Operations Lead, Home-Based Primary  
Care (HBPC)



Michelle T. Mazzacco  
Executive Vice President, Continuing  
Care Network  
St. Peter's Health Partners



Kristen Mucitelli-Heath  
Senior Vice President, Population Health,  
Advocacy  
St. Joseph's Health and St. Peter's  
Health Partners

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# SPHPMA Palliative Care Partners at Home Can Take New Referrals

SPHPMA Palliative Care Partners at Home is excited to announce the addition of two nurse practitioners to our community-based team, allowing us to serve more patients with serious illness. Please send us your referrals!

Criteria:

- Presence of a serious illness such as cancer, heart failure, lung disease, liver disease, dementia, or end-stage renal disease
- One- to two-year prognosis
- Patient lives at home or an assisted living facility in certain zip codes within Albany, Rensselaer, Saratoga, and Schenectady counties (exact zip codes can be provided on request)

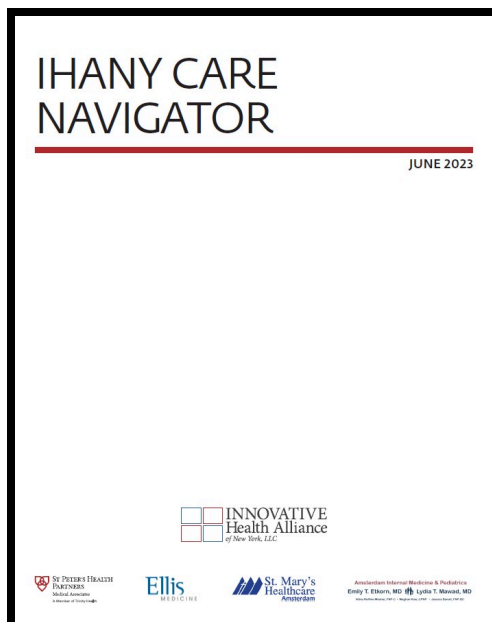
If you would like more information, brochures, or education, please contact [Kelly Leonard](#), MSN, RN, CHPN, manager, Palliative Care Partners, at 518-525-5064; or [Katie Adams](#), M.D., Ph.D., medical director, Palliative Care Partners, at 518-525-5064.

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## All-Inclusive IHANY Care Navigator Directory and Website Update

Over the last few months, we've unveiled new flyers directing providers and patients to various services within the clinically integrated network. **Now, they can all be found in one convenient directory.** It includes:

- Information about Annual Wellness Visits and primary care contacts
- Urgent Care locations (See important message below about temporary closures of some urgent care facilities.)
- Laboratory Services locations
- Cancer Screening locations



[Click here](#) to view this new, all-inclusive directory.

If you would like to view/download/print a flyer separately, visit the [IHANY Care Navigator page](#).

We have also updated that website page with a list of primary care providers within the network.

# Engaging Patients - Voice of the Beneficiary

Trinity Health and IHANY have a unique opportunity for patients to share their perspectives and help others.

- IHANY is looking for a **Medicaid or Uninsured beneficiary to join its board**. This volunteer position is asked to represent the voice of the beneficiary by bringing the unique perspective of a consumer of services. The volunteer may also be included in relevant clinical committees and/or task forces related to quality, utilization, and patient experience. IHANY meeting requirement would be on a quarterly basis (four times per year) in the evening.

You can read the job description [here](#). Please forward interested candidates for either role to **Brian Pinga**, CPHQ, CPhT, Executive Director, for consideration.

## We Are Here to Support You

### CIN Websites

You can find educational materials and resources on our websites: [www.ihany.org](http://www.ihany.org) and [cnyaim.org](http://cnyaim.org)

# Your Teams

## Your IHANY Support Team:

**Brian Pinga**, Executive Director/Administrator CIN/ACO

**Adriana Quiroga-Garcia**, Regional Director, Population Health Quality & Performance

**Anne Bosco**, Regional Coordinator ACO/CIN

**Ashley Zapp**, Manager, Care Coordination

**Catrina Little**, Risk Adjustment Coding Specialist

**Cynthia Pinkney**, CMO, IHANY

**Danay Romero Rivera**, Patient Navigator CIN/ACO

**Emily Walsh**, Risk Adjustment Coding Specialist

**Jamila Daily**, Risk Adjustment Coding Specialist

**Jency Wright**, Quality Improvement Specialist

**Laura Graham**, Regional Manager, Population Health Quality Performance

**Lisa Kelly-Armstrong**, Regional Manager, ACO/CIN Network Operations

**Megan Helin**, Post-Acute Care Coordinator

**Michelle Sebastian**, Regional Manager, Risk Adjustment Coding & Audit, St. Joseph's Health and St. Peter's Health Partners

**Sara Linnertz**, Regional Population Health Pharmacist

## Your CNYAIM Support Team:

**Jason Decker**, Executive Director/Administrator CIN/ACO

**Adriana Quiroga-Garcia**, Regional Director, Population Health Quality & Performance

**Aida Custodio**, Patient Navigator

**Anne Bosco**, Regional Coordinator ACO/CIN

**Brenda Ko**, Manager Post-Acute Operations

**Christian Andrade**, M.D., Medical Director

**Jeanette Loftus-Hart**, Program Coordinator CIN/ACO

**Jency Wright**, Quality Improvement Specialist

**Laura Graham**, Regional Manager, Population Health Quality Performance

**Lisa Kelly-Armstrong**, Regional Manager, ACO/CIN Network Operations

**Megan Kosmoski**, Post-Acute Operations Manager

**Michelle Sebastian**, Regional Manager, Risk Adjustment Coding & Audit, St. Joseph's Health and St. Peter's Health Partners

**Sara Linnertz**, Regional Population Health Pharmacist

**Sarah Connolly**, Manager, Care Management Network

**Stephanie Restani**, Health Coach Supervisor

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