

## Our Project Areas:

Value-Based Contracting (ACO/IPA)

Mental, Emotional & Behavioral Health

Population Health

Health Information Technology

Emergency Medical Services (EMS)

Telemedicine

Clinically Integrated Network

Health Data & Analytics

Healthcare Workforce

For more  
information:

Call — (315) 755-2020  
Visit — [www.fdrhpo.org](http://www.fdrhpo.org)



**FDRHPO**

# Fort Drum Regional Health Planning Organization

"Building a Patient-Focused System For Health"

Agency Overview: 2023-24



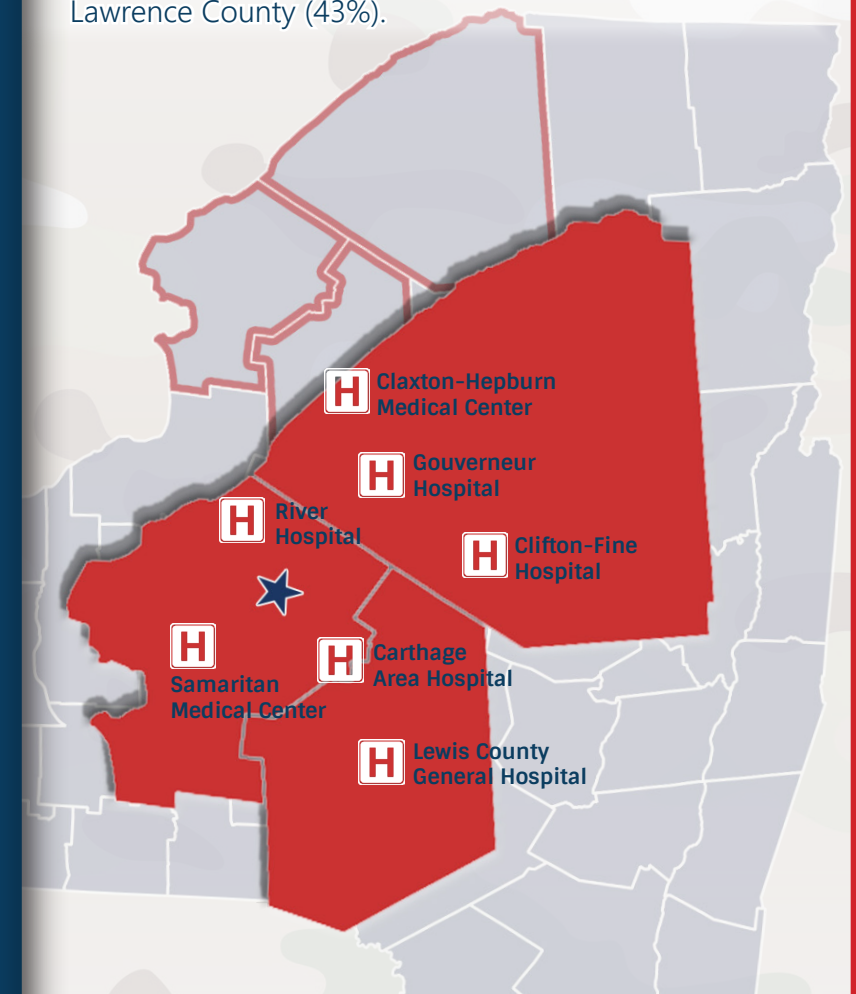
## Our Region

Our region, which we proudly call the “North Country,” encompasses New York’s Jefferson, Lewis, and St. Lawrence counties.

Starting from the northwest on the picturesque waterfront of Lake Ontario and the St. Lawrence River, our region stretches southeast across the rolling landscape of the Tug Hill Plateau and into the rugged beauty of the Adirondack Mountains. Scattered throughout the tri-county area are small waterways perfect for fishing and kayaking; forests for hiking, hunting, and observing nature; and rural communities with friendly neighbors, historic buildings, and safe schools for children.

Also in our region lies Fort Drum, home to the 10th Mountain Division of the U.S. Army. As a close-knit member of our community for around 40 years, Fort Drum is home to over 30,000 Soldiers and their family members — many of whom receive their healthcare in the community.

As of 2021, our region’s population included 253,151 people of whom 117,634 lived in Jefferson County (46%), 26,681 lived in Lewis County (11%), and 108,836 lived in St. Lawrence County (43%).



## Who We Are

When most North Country residents hear about the Fort Drum Regional Health Planning Organization (FDRHPO), they naturally think about Soldiers, military families, or the Army base in Jefferson County, New York.

### A Brief History ...

- mid-1980s** U.S. Army decides to integrate Soldier healthcare within the community, rather than build a hospital on Fort Drum.
- 2005** FDRHPO is formed, bringing together community healthcare partners and Fort Drum medical leaders to respond to an influx of Soldiers as the 3rd Brigade Combat Team moves into Fort Drum.
- 2007** FDRHPO receives \$400,000 from Department of Defense 721 pilot program, securing its role in the North Country.
- 2008-present** FDRHPO continues to secure private, state, and federal resources to fill gaps in the North Country healthcare system and improve health for all.

Fort Drum is the only Army installation with a division that does not have a hospital; therefore, it relies on the collaborative work of community hospitals to provide inpatient, specialty, and select outpatient services for its Soldiers and their families. FDRHPO was founded almost two decades ago to bring together those community healthcare providers and Fort Drum medical leaders to ensure Soldiers and their families have access to high quality healthcare in the North Country. Some of the hospital services most utilized by our Fort Drum population include emergency department, inpatient and surgical care, and maternal/baby care (approximately half of local hospital births are to Fort Drum families). However, our work extends beyond Fort Drum, as ***we work to improve the health of all*** individuals living in Jefferson, Lewis and St. Lawrence counties — civilians and Soldiers alike.

FDRHPO works as a clinically integrated network to strengthen this unique military-civilian healthcare model by leveraging resources and addressing identified gaps. Our network includes local hospitals, primary care offices, behavioral healthcare providers, EMS agencies, and a variety of community-based organizations who work collaboratively to ensure a high quality, patient-centric regional healthcare system.

Our projects span the healthcare spectrum. Our focus areas include Emergency Medical Services, Population Health, Behavioral Health/Substance Use, Health Workforce, Health Information Technology, and Telemedicine.

Whatever we are involved in, we are thinking about the future. ***We are committed to strengthening our region's patient-focused System for Health.***

### ... A Lasting Impact

- Since 2010, coordinated more than **\$18.2M** in savings — a 76% discount — for local providers to access two expansive, fiber-optic networks (NCTP and ACTION)
- Over **\$1.5M** to improve coordination of Emergency Medical Services, including air medical services
- At least **\$5.4M** in population health investment to conduct community health assessment and improvement activities
- More than **\$7M** for health workforce support yielding several new health education programs and hundreds of new healthcare professionals
- At least **\$4.2M** for behavioral health initiatives like suicide and substance abuse prevention
- Tricare beneficiaries rely on our region's hospitals for their maternity, labor, and delivery services, accounting for a significant portion of local births





# FDRHPO

## Fort Drum Regional Health Planning Organization

[www.fdrhpo.org](http://www.fdrhpo.org)

### The "Fort Drum Model" of Healthcare

Fort Drum is the only Army installation with a division without a hospital on post; therefore, it relies on the collaborative work of community hospitals to provide inpatient, specialty, and select outpatient capabilities for its Soldiers and their families. FDRHPO was founded in 2005 and has continually worked to strengthen this unique military-civilian integrated healthcare system, focusing on population health, mental/emotional/behavioral health, health information technology, health workforce, telemedicine, and emergency medical services.



## NORTH COUNTRY INITIATIVE

North Country Initiative — or NCI for short — is a partnership of hospitals, independent physicians, and other clinical and social partners working together in value-based care across northern New York's Jefferson, Lewis, and St. Lawrence counties.

NCI is a **Clinically Integrated Network** with a clinician-led board of directors. It is also an **Accountable Care Organization** and an **Independent Practice Association**, bringing together local providers to work as a team to improve quality of care and curb the rising cost of healthcare.

NCI was our region's lead applicant for the 2015-2020 **DSRIP Program**, working with hospitals, health centers, private practices, and community-based organizations to reform healthcare delivery.

For more information about NCI, visit [northcountryinitiative.org](http://northcountryinitiative.org).

### Our Projects

#### Population Health

##### FOCUS AREAS:

- Data collection & analysis
- Stakeholder engagement
- Infrastructure development & support
- Health messaging

Conduct quantitative & qualitative research & analysis

Advance chronic disease & self-management programs

Develop & conduct annual Community Health Survey

Provide professional development training to stakeholders

Promote healthy behaviors & available healthcare resources

Support the development of NYS Community Health Assessments & Community Health Improvement Plans

Promote health literacy & cultural competency

#### Mental, Emotional, & Behavioral Health

Integration of primary care & behavioral health services

Mental health & substance use support

Enhance suicide prevention through evidence-based strategies

Promote prevention, early intervention & treatment

Reduce overdoses & overdose deaths

Reduce stigma

Offer free mental health awareness trainings to community-at-large:

- Adult Mental Health First Aid
- Youth Mental Health First Aid
- Mental Health First Aid Training for Teens
- QPR (Question, Persuade, Refer)
- Train-the-Trainer

#### Health Information Technology (HIT)

Interoperability — link providers' EHRs through a health information exchange

Practice Transformation — change healthcare delivery to ensure patients' needs are met in a convenient, timely manner, including by providing patient-centered medical home recognition support

Analytics Resource Group — gather & analyze clinical data and claims to improve quality and reduce unnecessary costs

IT Services—ensure partners across the healthcare spectrum have strong IT infrastructure

Telemedicine & Fiber Network—450,000+ patient encounters region-wide since 2014

Privacy, Security & Compliance

#### Health Workforce

Maintain a robust healthcare workforce pipeline through classroom presentations and career exploration opportunities, such as MASH Camp, job shadowing, and career fairs

Leverage connections with healthcare partners to develop and support career exploration opportunities.

Support the military population:

- One-on-one career readiness sessions
- Resume & cover letter support
- Workforce networking opportunities
- Job shadow placements

Facilitate collaboration with academic institutions to expand local educational & training opportunities

Offer professional development to the healthcare workforce

#### Emergency Medical Services (EMS)

As our region's NYS EMS Program Agency, FDRHPO is responsible for the general oversight of close to 200 EMS agencies throughout an eight-county region in Northern New York.

Improve pre-hospital coordination between EMS agencies, hospitals, and 911 dispatch centers; ensure air medical transport for region

Ensure all EMS agencies have access to electronic medical records

Provide continuous quality improvement, policy and regulatory guidance, technical support, and more

Develop & maintain learning management system to assist EMS providers in maintaining their certification

# Population Health

**W**hat is population health? According to the American Journal of Public Health, population health is “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.” Groups can be determined by geography, gender, race/ethnicity, socio-economic status, sexual orientation, or health status to name a few. Our work in population health includes data research, health and wellness promotions, trainings, and interventions aimed at improving the physical and mental wellness of our communities.

Since 2007, FDRHPO has provided our healthcare partners with research and analytic support needed to improve regional health outcomes. We remain committed to supporting our partners as they enact meaningful change, enhance the system of care, remove barriers to care, and improve overall health. Our population health services include:

- **Data collection & analysis**
- **Stakeholder engagement**
- **Infrastructure development & support**
- **Health messaging & promotion**
- **Assessment of needs & health planning development**
- **Implementation of health improvement strategies**

## Our Partners in Population Health

In 2013, FDRHPO was awarded a NYSDOH Rural Health Network Development Program grant to facilitate collaboration among healthcare stakeholders and work collaboratively to enhance the healthcare delivery system through research, planning, and implementation of health improvement strategies. More than a decade later, we continue to serve the region as one of 30 NYS Rural Health Network Development Programs. A collaborative of local hospitals, healthcare organizations, public health agencies, and community-based organizations — **North Country Health Compass Partners** — was formed to advise and guide work in this area. They provide mutual support and guidance for planning and implementation of population health initiatives, including the NYS Community Health Assessments (CHAs), NYS Community Health Improvement Plans (CHIP), local health research, health promotions, and an annual regional community health survey, which is our longest-standing collaborative initiative.



## North Country Community Health Survey

Each year since 2016, FDRHPO has conducted an community health survey, with guidance from the North Country Health Compass Partners, to identify self-reported outcomes for overall population health. Approximately, 1,500 surveys, on average, are completed annually with adult residents from Jefferson, Lewis, and St. Lawrence counties. The data obtained helps to inform our healthcare partners as they implement data-driven strategies, track progress, and engage community members.

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## Using Data to Improve Community Health

Using data, resources, and expertise provided by FDRHPO's data analytics team, the North Country Health Compass Partners continuously collaborate to develop community-facing, educational messaging aimed at improving patient engagement, community awareness, and overall population health. On a bi-weekly basis, we provide the community with digital health-related **"Regional Health In-Focus"** messages tailored to the local community and posted on social media to help inform, educate, and engage local residents. The messages include pertinent information about a health-related topic, relevant local data, and a call-to-action with recommendations for remaining healthy and safe. Topics range from nutrition, exercise, prevention programs, health-related events, best health practices, chronic disease self-management, vaccine recommendations, oral health reminders, social connectedness, and healthy aging, to name a few.

## Our prior work, made possible by NYSDOH, includes:

### POPULATION HEALTH IMPROVEMENT PROGRAM (PHIP)

PHIP was a five-year project that began in 2015 to supplement and enhance initiatives implemented through the NYS Rural Health Network Development Program. FDRHPO was one of eleven PHIPs in NYS. Implementing a sustainable program structure enabled us to continue providing population health support to partners after the conclusion of the grant period. Noteworthy accomplishments include: online public-facing, local health and wellness data/information resource; online chronic disease management program resource site; annual regional community health survey; ongoing data analytic support; development of the NYS CHAs; and implementation/monitoring of NYS CHIP/CHA strategies.

### LINKING INTERVENTION FOR TOTAL POPULATION HEALTH (LIFT)

The LIFT program was a two-year project that began in 2017 to address obesity and diabetes in our three-county region. FDRHPO was one of six recipients of the LIFT grant, awarded by NYSDOH. LIFT health and wellness campaigns contributed to the following accomplishments: increased number of prevention and self-management programs in the region; advancement of school wellness policies across the region; and increased adoption of policies, plans, and practices that promote Complete Streets.

## Our Impact

Through our population health work, FDRHPO has assisted local partners in...



...acquiring millions of dollars in local, state, and federal grant funding by demonstrating proof of need through reliable data and information.



...identifying, developing, and expanding programs tailored to the needs of the region.



...increasing access to needed healthcare providers and health improvement resources.



...identifying patient needs, raising community awareness, and promoting health literacy through sound, evidence-based messaging.



# Mental, Emotional & Behavioral Health

According to the Centers for Medicare and Medicaid (CMS), behavioral health includes the emotions and behaviors that affect overall well-being. Behavioral health is sometimes called mental health and often includes substance use. Mental and physical health are remarkably integrated. The state of our physical health impacts our mood and emotions, as well as our thoughts. In turn, our body responds to various mental states, such as anxiety, depression, and stress, all of which can have an impact on overall physical health.

All of FDRHPO's work around mental, emotional, and behavioral health is grounded in one key idea:

***The mind is part of the body, and we should treat it as such.***



With this in mind, FDRHPO is committed to promoting a comprehensive, fully integrated system of services and resources toward optimal overall health and wellness by supporting a healthcare system that cares for the whole person — mind and body. An integrated healthcare system enhances the care continuum, reduces gaps in care, and supports stakeholder collaboration.

FDRHPO's Behavioral Health Committee works to ensure optimal mental health and wellness for residents of Jefferson, Lewis, and St. Lawrence counties by maintaining a robust workforce, improving access to necessary treatment and support, and empowering the community through education in prevention and wellness.

## Our Behavioral Health Committee has wide representation from...

- Community-Based Organizations
- State Psychiatric Center
- Prevention Councils & Coalitions
- County Community Service Departments
- Veteran Service Centers
- Fort Drum's Behavioral Health Department
- Local Hospitals & Health Centers
- Primary Care Practices
- Federally Qualified Health Centers
- Behavioral Health Clinics
- Substance Abuse Providers
- State Department of Health Offices
- TRICARE

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## Mental Health & Substance Use Support

FDRHPO continues to work with behavioral health stakeholders to develop and enhance the behavioral health infrastructure, promote existing services and resources, improve access to mental health and substance abuse services, implement prevention initiatives, advance the use of telemedicine, and reduce the stigma associated with mental illness and substance use disorder. This is accomplished through research, data analytic support, community education and outreach, stakeholder trainings, healthcare staff recruitment, and much more.

FDRHPO supports drug-free coalitions across Jefferson, Lewis, and St. Lawrence counties, including the Massena Drug Free Coalition, Lewis County United Prevention Coalition, and the Alliance for Better Communities. Since 2017, we have helped to distribute more than 10,000 biodegradable medication disposal bags and more than 250 prescription lockboxes throughout the region to mitigate medication diversion.

## Mental Health Awareness Training (MHAT)

FDRHPO promotes the use of evidence-based mental health and substance use screening tools, such as the Patient Health Questionnaire (PHQ) and Screening, Brief Intervention, and Referral to Treatment (SBIRT) through education and training. We also offer mental health awareness training to healthcare stakeholders, educators, first-responders, law enforcement, the military, and the community-at-large.

FDRHPO provides trainings at no cost and prepares individuals to respond to persons with mental health challenges and disorders. Trainees receive the knowledge, skills, confidence, and resources to recognize certain signs and symptoms and to safely respond to individuals with mental illness, particularly serious mental illness and/or serious emotional disturbances. Individuals trained might use these skills and resources to help others access needed mental health support from within their own families, their places of employment, their communities, or their places of worship.

Our mental health awareness trainings include:

- **Adult Mental Health First Aid**
- **Youth Mental Health First Aid**
- **Mental Health First Aid Training for Teens**
- **QPR (Question, Persuade, Refer)**
- **Train-the-Trainer: opportunities to become a trainer in each of the above categories**

Visit our website for a complete listing and description of each of these trainings.

[\*\*fdrhpo.org/mhat\*\*](http://fdrhpo.org/mhat)

## Suicide Prevention

In addition to providing gatekeeper training through the MHAT program, FDRHPO continues to support county and regional suicide prevention efforts.

In 2016, FDRHPO facilitated the formation of a regional presence among the three county coalitions, allowing them to partner together and strengthen prevention efforts by promoting region-wide campaign messages and leveraging available resources. Since then, the coalitions have worked together to organize regional awareness and prevention campaigns, suicide prevention summits, community forums, community surveys, public outreach events, bereavement support groups, and community resource guides.





# Health Information Technology (HIT)

Every time a patient visits a hospital, doctor's office, dentist or other health care provider, information about that patient's health is recorded and saved to maintain an accurate record of their medical history. Most often, this information is stored electronically, in what is called an **Electronic Health Record**, or "EHR" for short.



To make sure all patients in the North Country receive high-quality care both locally and across the state, FDRHPO has implemented Electronic Health Records in medical offices region-wide and connected them through a **Health Information Exchange**. Our strategy fosters collaboration among local hospitals, primary care practices, and other care providers, as well as use of data tools to systematically uncover trends and opportunities for care improvement.

## Our Health Information Exchange...

In a complex system like our Regional Health Information Exchange, **interoperability is key**. We want our healthcare providers to be able to communicate effectively and share information so they can coordinate the best care possible for North Country patients.

To achieve these goals, FDRHPO has partnered with HealtheConnections, a Health Information Exchange in Syracuse, New York. Through this partnership, our region's physicians, hospitals, public health departments, behavioral health providers and other medical offices are able to securely share Electronic Health Records along with relevant medical imaging.



In August 2016, our Health Information Exchange expanded to include the Electronic Health Records of Fort Drum soldiers, their families, and veterans through a unique partnership with the U.S. Department of Defense and the Department of Veterans Affairs. This integration allows for seamless care throughout the North Country.

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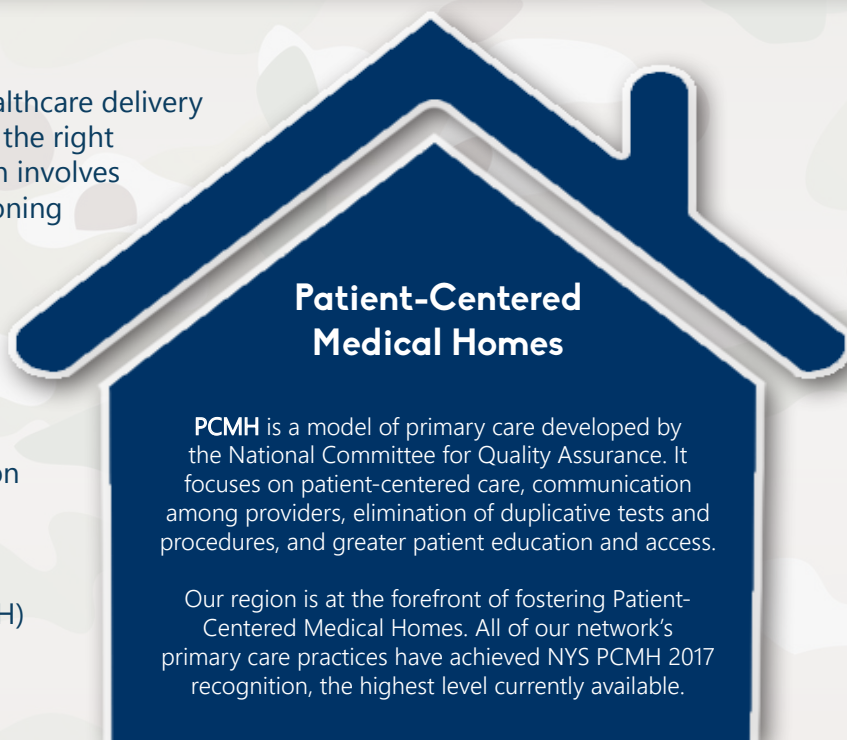




## Practice Transformation...

At the heart of practice transformation is changing healthcare delivery to ensure patients' needs are met in the right place, at the right time, and in a patient-centered manner. Transformation involves critical examination of all aspects of a practice's functioning in order to achieve greater efficiency in workflows, optimize use of HIT, and improve quality measure performance, among others. Importantly, practice transformation is not a "one-time" event but an ongoing process involving continuous data-driven improvement.

FDRHPO supports partner practices with transformation efforts, including quality measure tracking and reporting, EHR implementation and optimization, efforts supporting specific value-based contracts, and achievement of Patient-Centered Medical Home (PCMH) recognition (see graphic to right).



## Analytics Resource Group...

At the vanguard of Health Information Technology in a value-based healthcare environment, FDRHPO's Analytics Resource Group (ARG) has emerged as a resource to guide and develop population health management strategies for the region. ARG's approach includes use of an internationally-recognized population health and risk stratification tool that incorporates claims data, as well as development of a free point-of-care software for partners to pull curated metrics for their patients. More about ARG and how to engage its services is available on the FDRHPO website. This endeavor supports our region's participation in value-based payment contracting, and current and future practice transformation incentive programs.

## IT Services...

IT services offered by FDRHPO are tailored to meet our partners' specific needs and requirements. We offer full managed services, project-based services, and other custom support solutions. FDRHPO is working to support the need for experienced and cost-effective IT services in our community. Our experienced team specializes in healthcare information services and can support IP Telephony, Networking, VPN, Wireless, Desktop, Server, Active Directory, and much more.

## Privacy & Security...

FDRHPO has a robust compliance program to ensure secure and confidential exchange of information. FDRHPO requires that Business Associate Agreements are in place with all contracted partners prior to exchange of Protected Health Information (PHI). In addition, FDRHPO utilizes an OASAS-approved template for a Qualified Service Organization Agreement (QSOA) for the exchange of 42 CFR data. Furthermore, FDRHPO staff utilizes HealtheConnections' secure messaging, as well as a VPN secure exchanged data. Finally, FDRHPO contracts with North Country Initiative, the region's clinically-integrated network (CIN) to provide privacy and security support to partners of the CIN, IPA, and ACO.

**Regardless of project, the privacy and security of our region's patients is paramount to all of FDRHPO's Health IT initiatives.**

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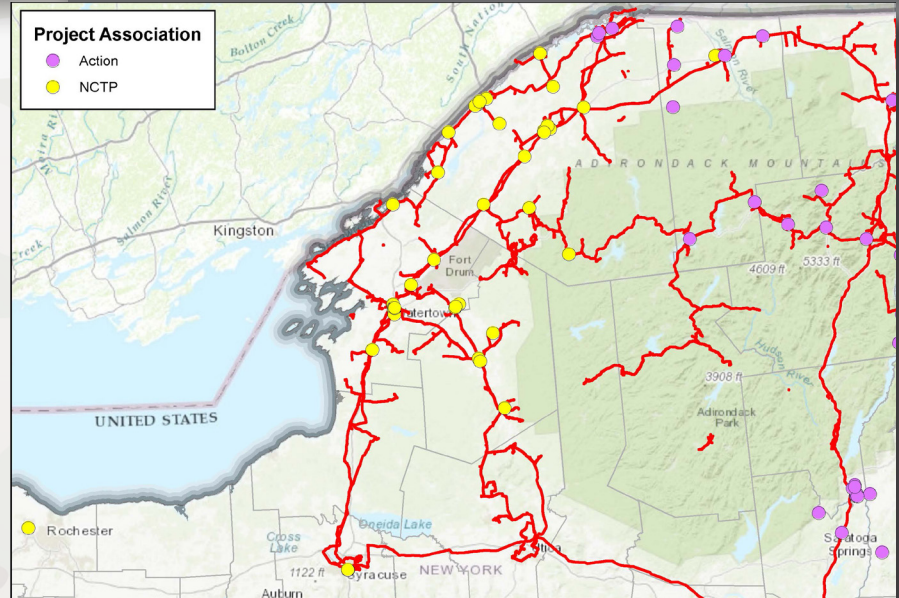
# Telemedicine & Fiber Network

Of all our project areas, perhaps the fastest growing is our regional telemedicine initiative.

Work began in early 2009, when FDRHPO created the **North Country Telemedicine Project (NCTP)**, an extensive fiber-optic network that connected more than 25 healthcare facilities in Jefferson, Lewis, Oneida, Onondaga, and St. Lawrence counties, including Fort Drum's Guthrie Ambulatory Health Care Clinic. This network expanded in 2011, when FDRHPO partnered with the **Adirondack-Champlain Telemedicine Information Network (ACTION)** to create a second network encompassing sites in Clinton, Essex, Franklin, Rensselaer, Saratoga, Warren, and Washington counties, and Chittenden County in Vermont.

Initial funding for these programs came from the Federal Communication Commission's "Rural Health Care Pilot Program" and the NYS Department of Health's "HEAL 21" grant. Today, FDRHPO's telemedicine program remains funded by the Department of Health, as one of its Rural Health Development Programs.

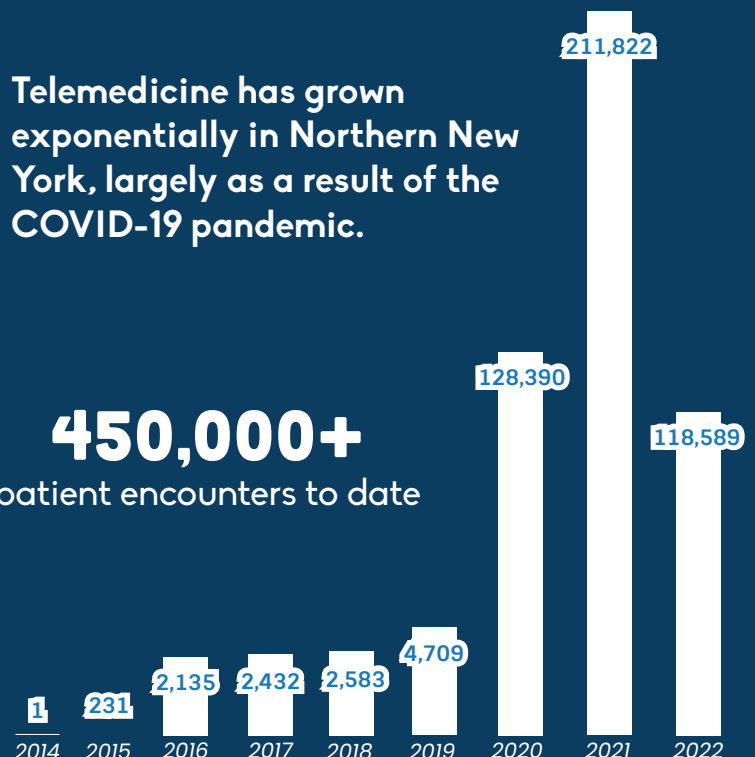
In 2015, FDRHPO began a collaboration with Adirondack Health Institute (AHI) to form the **North Country Telehealth Partnership** — a unified effort to plan and implement telemedicine throughout a 12-county catchment area, covering northern and central New York. This collaborative quickly has become Northern New York's leading agency focused on increasing access to healthcare through the innovative use of telehealth and telemedicine technology.



**Our telemedicine and fiber-optic network spans 12 counties across northern and central New York.**

**Telemedicine has grown exponentially in Northern New York, largely as a result of the COVID-19 pandemic.**

**450,000+**  
patient encounters to date





## Our Telemedicine Projects

Using technology and resources made available by the North Country Telehealth Partnership, providers throughout Northern New York have applied telemedicine across the healthcare spectrum. Clinical applications range from dermatology to psychiatry, and innovations are constantly being made to expand the reach of telemedicine.

**At our partner locations throughout the North Country, telemedicine is currently being used for:**



### Child, Adolescent & Adult Telespsychiatry/ Telepsychology

In our region, we have a tremendous need for psychiatric services — especially for children. Telemedicine increases access to care for these patients by removing the barriers of distance and transportation.

### Telestroke

Time is of the essence when caring for patients experiencing stroke symptoms. Telemedicine allows for fast access to care from Central New York's Comprehensive Stroke Center at Upstate Medical University in Syracuse, giving our rural hospitals and patients the very best in stroke care.



### Remote Patient Monitoring

Patients answer health-related questions on a tablet, computer or smart phone, which are monitored daily for red flags indicating a need for intervention.

This helps establish good self-monitoring routines and gain a deeper understanding of one's disease signs and symptoms.

### Diabetic TeleRetinopathy

Diabetic TeleRetinopathy is one of the more recent services added to our region. With portable retina cameras embedded in primary care offices, medical staff are able to capture a detailed image of a patient's retina and securely send it to a participating ophthalmologist or optometrist for assessment.



### TeleWoundCare

When it comes to healing chronic wounds, TeleWoundCare gives patients more access to a wound care specialist, more quickly than they normally would. This translates into faster healing times, enhanced quality of life for patients, and a lower cost of care. Many of our region's TeleWoundCare appointments involve Samaritan Medical Center's Wound Care Center in Watertown.

### Teleneurology

In addition to stroke care, telemedicine can be used to treat other neurological conditions like headaches, dementia, epilepsy, movement disorders, and multiple sclerosis.

## Our Partners

To keep our community informed and help answer their questions about telemedicine, we bring together key stakeholders from across the state for a bi-monthly videoconference. This group, called the **Telehealth Learning Collaborative**, includes more than 130 individuals from upwards of 90 organizations. They represent the following site types:

Hospitals

Health Centers

Telemedicine Associations

Public Health Agencies

Legislative/Political Bodies

Insurance Agencies

Independent Physicians

Educational Institutions

...and more!



# Health Workforce

Due to our region's rural location in the far northern corner of New York State, recruiting and retaining an adequate supply of healthcare professionals has always been a challenge for our local providers. However, for years, FDRHPO has been committed to assisting with this process through the work of its long-term Regional Recruitment Program.



*We "grow our own" workforce by building interest and engaging students as early as middle and high school!*

Whether it's in local middle or high schools, at career fairs, or through partnerships with colleges, vocational schools, and adult education programs, FDRHPO is working across the community to ensure our region's healthcare workforce is strong now and into the future. We also are committed to helping to reduce barriers with regard to accessible and convenient course work, licensure/certification requirements, and more!

Initiatives like Health Career Army Pathways Program (HCAPP) for military spouses and dependents (over 18), Reservists, and transitioning Soldiers leaving active duty; Medical Academy of Science and Health (MASH) Camp for students in grades 8-12; career exploration opportunities, such as job shadowing; and other regional efforts help foster a robust pipeline of medical professionals to our area.

... supported over **50** individuals through the HCAPP program.

... placed over **800** students in MASH Camp experiences since the program's inception in 2013.

... helped **250+** students through our job shadow programs.

... continually participate in numerous school presentations and community outreach initiatives, such as career fairs, to educate about various healthcare career opportunities.

Continued on back...

If you're looking for a healthcare career and are unsure where to go...

**...look North and find home!**





# NORTH COUNTRY HEALTH CAREERS PIPELINE

## STAGE 1: Middle & High School



M.A.S.H. Camp is a 3-day interactive workshop that exposes students in grades 8-12 to various career opportunities in a hospital setting.

FDRHPO's workforce team is available for ongoing workforce outreach and awareness initiatives, including: school presentations; career fairs; Career Close-up brochures & flyers; and other opportunities that are geared toward an organization's, school's, or event's unique needs.

FDRHPO offers high school & post-secondary students the opportunity to job shadow in a healthcare setting to help them shape future career choices & network with healthcare professionals.

Whether your post-secondary education lasts 2 or 4 years, there are a variety of opportunities that await you in the healthcare industry. These undergraduate programs also serve as a great pathway to continuing your education and further your career. For a list of higher education programs, visit [healthcareersinfo.net](http://healthcareersinfo.net)

## STAGE 2: Post- Secondary Education

## STAGE 3: Graduate School/Enter the Workforce

ENTER THE  
WORKFORCE

GRADUATE SCHOOL

FDRHPO can forward your resume and connect you with dozens of healthcare employers in the north country!

EXIT TO:

## HEALTH CAREER CLOSE-UPS

To make it easier for students and other job-seekers to learn more about the wide variety of healthcare careers available today, FDRHPO has created a series of brochures, flyers, and social media posts. **Health Career Close-ups** provide detailed information about in-demand jobs, including descriptions of each, educational requirements, salary ranges, licensure/certification requirements, work environments, and more. They include:

- Certified Nursing Assistant
- Community Health Worker
- Dental Assistant
- EMT
- Home Health Aide
- Licensed Practical Nurse
- Medical Assistant
- Occupational Therapist
- Physical Therapist
- Registered Nurse
- Social Worker
- Surgical Technologist
- ... and many MORE!



These materials are available at no cost, and can be branded, to our healthcare partners to assist in their recruitment efforts.

# A HEALTHCARE CAREER IN THE NORTH COUNTRY!

# Emergency Medical Services

**N**ot all healthcare takes place inside doctors' offices, hospitals or health centers. When a community member needs care as fast as possible, Emergency Medical Service (EMS) providers are the first to respond, providing critical care at the scene, in the back of an ambulance, or even aboard a rescue boat, helicopter, or other emergency vehicle.

Because of their role on the front line of healthcare, EMS operations require a great deal of planning to ensure consistency, quality and seamless cooperation with local hospitals, 911 centers and other agencies. In the North Country, FDRHPO assists with this planning and facilitation through its partnership with the region's **EMS Program Agency**.



## Our latest initiatives include:



Ensure all EMS agencies have access to electronic medical records



Improve pre-hospital coordination between EMS agencies, hospitals, and 911 dispatch centers



Develop & maintain a learning management system to assist EMS providers in maintaining their certification



Maintain an "Opioid Overdose Center" offering Narcan to all first responder agencies



Advocate for a stronger, more sustainable EMS system



Provide our EMS agencies with continuous quality improvement, policy & regulatory guidance, technical support & more

As one of 17 program agencies across New York State, the FDRHPO EMS Program Agency oversees operations of close to 200 EMS organizations in an eight-county region in Northern New York, including the counties of Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence, Warren, and Washington — most of which are staffed by volunteers from their communities.

For all of these EMS organizations, the program agency provides...

**Continuous Quality Improvement  
Policy & Regulatory Guidance  
EMS Training & Credentialing  
Technical Support**

....and more!

Through the guidance of the Regional Emergency Medical Services Council (REMSCO) and the Regional Emergency Medical Advisory Committee (REMAC), the program agency also works with educational institutions, 911 centers, hospital emergency departments, law enforcement officials and other stakeholders to ensure the entire EMS system runs smoothly. These two regulatory bodies are comprised of regional experts who meet quarterly to discuss current policies and procedures.

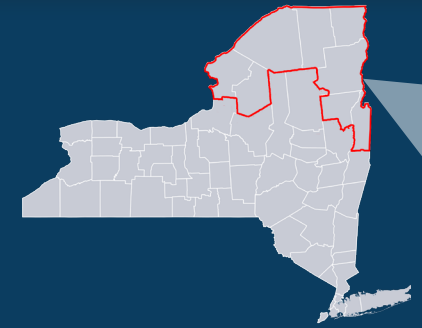
In addition to all this, the FDRHPO EMS Program Agency has hosted an educational EMS conference in the region for over 20 years.

Meet our EMS Providers...

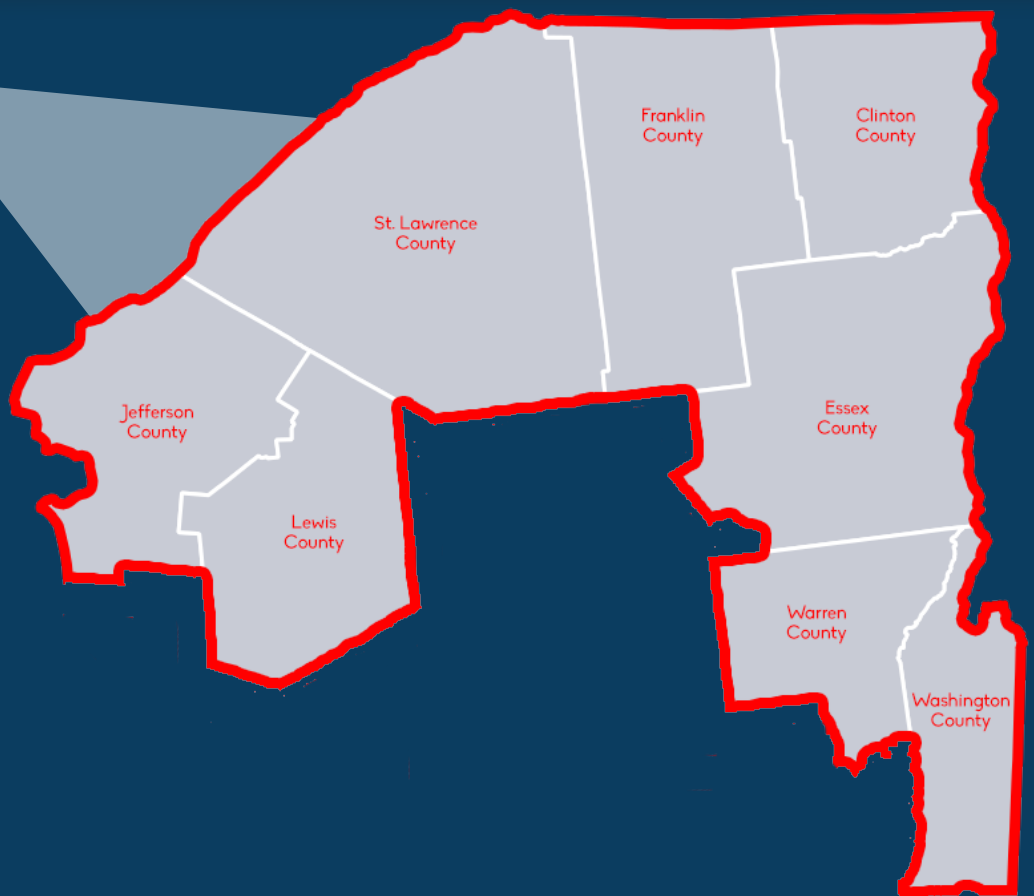




# Our EMS Agencies



Scan this QR code for an interactive map of our EMS agencies and contacts for each.



Until merging with Mountain Lakes EMS Program Agency in July 2022, the FDRHPO EMS Program Agency provided oversight and support to the three counties of Jefferson, Lewis, and St. Lawrence. After the merger, its footprint expanded to eight counties, more than doubling the number of agencies in its coverage area. Here's how it breaks down:

**Clinton County — 23**

**Lewis County — 8**

**Essex County — 17**

**St. Lawrence County — 36**

**Franklin County — 25**

**Warren County — 22**

**Jefferson County — 35**

**Washington County — 20**



## NORTH COUNTRY INITIATIVE

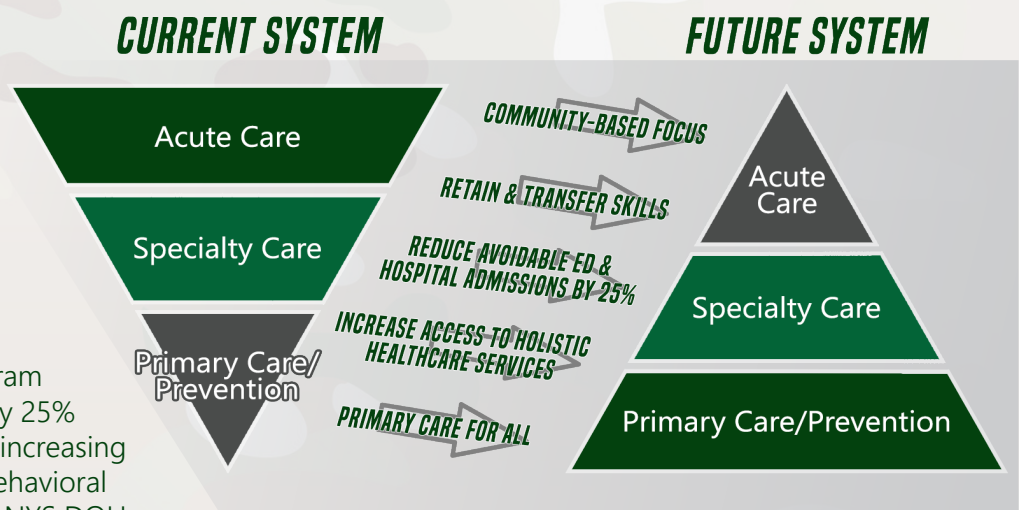
The North Country Initiative — or “NCI” for short — is a clinically-integrated network with nearly 150 sites among over 80 partners from across the clinical and social care continuum working together in value-based care across northern New York’s Jefferson, Lewis and St. Lawrence counties. NCI works closely with FDRHPO, sharing office space and resources to achieve common goals.

NCI and its partners continually work to align incentives, standardize clinical protocols, and harness health technology infrastructure in the context of an evolving and dynamic state and national healthcare system. Foundational to these strategies is the overarching goal of improving access to healthcare for all while improving the health of our community, reducing the cost of healthcare, and improving the quality of care for patients.

### Value-Based Care & the DSRIP Program

NCI served as one of 25 “Performing Provider Systems” (PPS) formed as part of New York’s **Delivery System Reform Incentive Payment (DSRIP) Program**. This program was a five-year initiative that transformed and improved healthcare for New York’s Medicaid population.

The overarching goal of the DSRIP program was to reduce avoidable hospital visits by 25% utilizing preventive health methods and increasing access to integrated primary care and behavioral health services in the outpatient setting. NYS DOH data as of October 22, 2019 illustrates that NCI reduced potentially preventable admissions by 25% and potentially preventable readmissions by 27.3%.



DSRIP impacted the way care is delivered in the region, improving our system of health for the patient and community. Much of the DSRIP investment resulted in standardization and improvement in workflow, clinical protocols, connectivity, and enhanced workforce, all contributing to improved quality of care and organizational infrastructure that will be sustainable long-term. For example, improved clinical workflows resulted in a 108% improvement in follow-up after a mental health hospitalization within seven days of discharge; a 65% improvement within 30 days of discharge; and a 45% increase in the number of comprehensive diabetes screenings. In addition, 100% of participating partners developed HIPAA compliance plans, HIPAA privacy policies, security policies, and adopted care transition protocols. Furthermore, DSRIP efforts live on through the work of the Independent Practice Association (IPA) with the goal of comprehensive payment reform.

For more information about the successes of the NCI PPS, a comprehensive DSRIP overview document can be found by visiting [northcountryinitiative.org/dsrp](http://northcountryinitiative.org/dsrp).

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## Accountable Care Organization (ACO)

NCI also oversees our region's **Accountable Care Organization (ACO)** — Healthcare Partners of the North Country. An ACO is a system in which partners jointly contract with the Centers for Medicare and Medicaid Services (CMS) in a Medicare Shared Savings Program arrangement. Partners must meet quality and cost benchmarks to achieve shared savings.

NCI's ACO partners include hospitals, a Federally-Qualified Health Center, and independent primary care providers, covering approximately 11,000 Medicare patients in Jefferson, Lewis, and St. Lawrence counties.



**HealthCare Partners  
of the North Country**

A Collaborative Vision - A Single Voice

To achieve contract benchmarks, Healthcare Partners of the North Country supports its partners with strategies to thrive in a value-based payment (VBP) system. Unlike the fee-for-service-only healthcare system of the last several decades, emerging value-based payment models reward providers for keeping their patients healthy and costs low.

Some of the ACO's current initiatives include: annual wellness visits, care management of high-need patients, transitional care management for patients recently discharged from an inpatient setting, and collaboration with skilled nursing facilities, hospice, and palliative care partners. In addition, ACO partners work together to meet quality measures to improve patient satisfaction and care. For more about ACOs and the HealthCare Partners of the North Country, visit [northcountryinitiative.org/accountable-care-organization](http://northcountryinitiative.org/accountable-care-organization).

## North Country IPA

NCI's second value-based contracting entity is its **Independent Practice Association (IPA)**, called the North Country IPA. This program uses the "messenger model," in which participants can jointly contract with one or more payers, such as Managed Medicaid, Managed Medicare, or commercial insurers.

### ***NORTH COUNTRY IPA: WHO IS INVOLVED?***



**INDEPENDENT PRIMARY  
CARE PROVIDERS**



**FEDERALLY-QUALIFIED  
HEALTH CENTERS**



**HOSPITALS**



**BEHAVIORAL HEALTH  
PROVIDERS**



**COMMUNITY-BASED SOCIAL  
CARE ORGANIZATIONS**



**PAYERS**

Participants in the North Country IPA include hospitals, Federally-Qualified Health Centers, behavioral health providers, independent primary care providers, and community-based social care organizations across Jefferson, Lewis, and St. Lawrence counties.

Much like with the ACO, the IPA pursues value-based contracts that require partners to collaboratively meet specified cost and quality benchmarks for their assigned patient population. The IPA supported partners in reaching the DSRIP and NYS VBP Roadmap goal to have 80-90% of Medicaid Managed Care payments to providers using at least Level 1 value-based payment methodologies by March 31, 2020.

The IPA currently contracts with the region's two largest Medicaid Managed Care Organizations (MCOs) — United Healthcare and Fidelis Care — for total cost of care arrangements, in which the IPA partners assume responsibility for the outcomes and costs of their members. Additional opportunities with Managed Medicare and commercial payers are also being pursued for value-based contracting.