

# Our Project Areas:



**FDRHPO**

# Fort Drum Regional Health Planning Organization

*"Building a Patient-Focused System For Health"*

## For more information:

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

Agency Overview: 2026-27

# Our Region

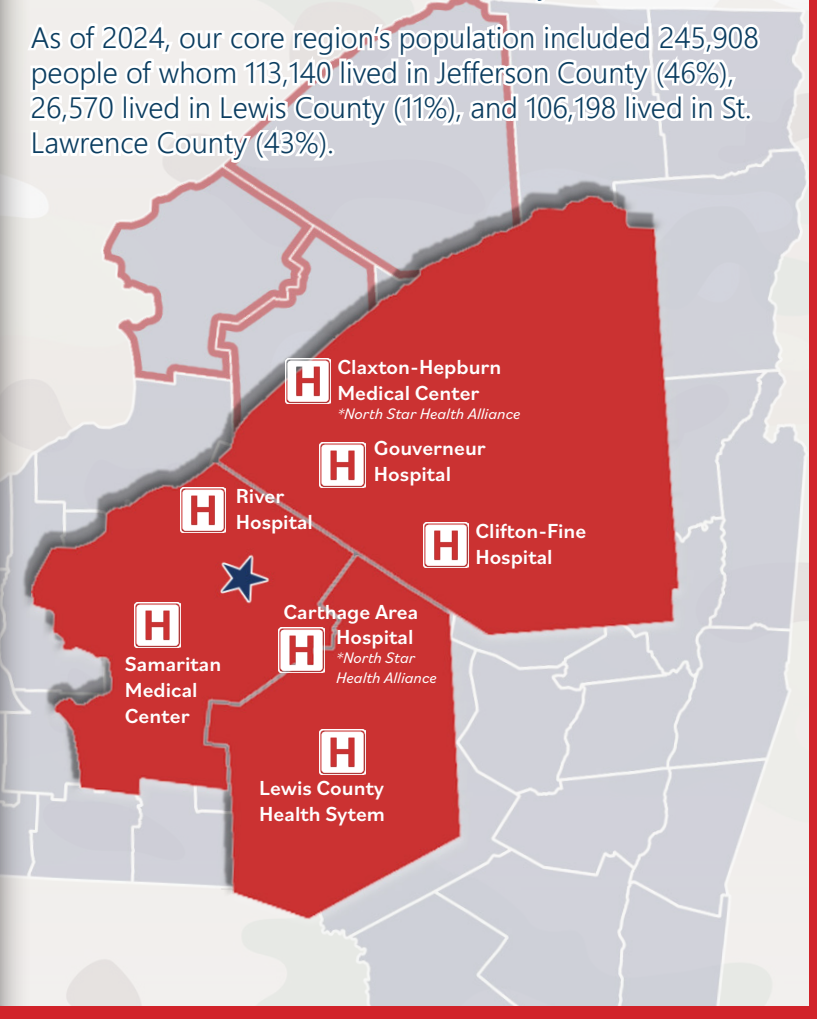
Our region, which we proudly call the “North Country,” encompasses New York’s Jefferson, Lewis, and St. Lawrence counties.

Beginning along the northwestern shoreline of Lake Ontario and the St. Lawrence River, our region extends southeast across the Tug Hill Plateau and for some project areas and partnerships into the Adirondack region.

The core region is served by an integrated healthcare system that includes hospitals, primary care practices, specialty providers, long-term care facilities, and community-based health and human service organizations. Together, these providers deliver essential medical, behavioral health, and preventive services across a largely rural geography, ensuring residents have access to coordinated care close to home.

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 37,000 Soldiers and their family members — many of whom receive their healthcare in the community.

As of 2024, our core region’s population included 245,908 people of whom 113,140 lived in Jefferson County (46%), 26,570 lived in Lewis County (11%), and 106,198 lived in St. Lawrence County (43%).



# Who We Are

Fort Drum is the only Army installation with a division that does not have a hospital on post; therefore, it relies on the collaborative work of community hospitals to provide inpatient, urgent, emergency and select speciality and outpatient services for its Soldiers and their families. FDRHPO was founded in 2005 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. Within this unique military–civilian healthcare model, FDRHPO’s mission is to strengthen the regional healthcare system for Fort Drum soldiers and the surrounding North Country communities by analyzing needs and leveraging resources to fill gaps by fostering collaboration, and developing innovative solutions in areas like population health, workforce, and technology to create a more integrated, patient-centered system for health.

As a clinically integrated network, FDRHPO’s partners include local hospitals, primary care offices, behavioral healthcare providers, public health departments, healthcare higher education institutions, EMS agencies, and a variety of community-based organizations who work collaboratively to ensure a high quality, patient-centric regional healthcare system. 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 — civilians and Soldiers alike.

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 **\$24M** in savings — a 74% discount — for local providers to access two expansive, fiber-optic networks (NCTP and ACTION)
- Approximately **\$2.8M** to improve coordination of Emergency Medical Services, including air medical services
- At least **\$7.4M** in population health investment to conduct community health assessment and improvement activities
- More than **\$7.8M** for health workforce support yielding several new health education programs and hundreds of new healthcare professionals
- Over **\$4.5M** for behavioral health initiatives like suicide and substance abuse prevention
- FDRHPO partners with Fort Drum MEDDEC to strengthen healthcare by filling gaps. Fort Drum MEDDAC provides outpatient services, runs 27 facilities, and employs 797 staff. In 2024, it impacted the economy with \$6.4M in supplies, \$59.6M from Tricare, and \$73.9M in payroll.

# 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.



# 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, urgent and emergency, and select specialty 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

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, behavioral, and social care continuum working together in value-based care in 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 oversees our region's **Accountable Care Organization (ACO)** 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 second **value-based contracting** entity is its Independent Practice Association (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.

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

## Our Projects

### Population Health

#### KEY POPULATION HEALTH STRATEGIES:

Provide on-demand and project-based research, data analysis, and reporting for healthcare partners

Design and administer the annual Regional Community Health Survey

Identify care gaps and implement regional strategies to improve health through partnerships in the NYS's Rural Health Network Development Program

Provide patient-centered professional development and training for community stakeholders

Promote best practices that support healthy behaviors and increase awareness of healthcare resources through Population Health Initiatives that include, cancer screening, health literacy, cultural competency, maternal & infant health, suicide prevention, oral health and more

Support development and implementation of NYS CHA/CHIP/CSP

### Mental, Emotional, & Behavioral Health

Integration of primary care & behavioral health services

Increase access to mental health & substance use support

Enhance suicide prevention through evidence-based strategies

Promote prevention, early intervention & treatment

Reduce overdoses

Reduce stigma

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

- Tending The Roots Training
- Adult Mental Health First Aid
- Youth Mental Health First Aid
- Mental Health First Aid Training for Teens
- QPR (Question, Persuade, Refer)
- Train-the-Trainer - Mental health awareness trainings to increase certified trainers

### Health Information Technology (HIT)

**Interoperability** — link providers' EHRs through a health information exchange. This includes PowerShare that streamlines patient imaging digitally without direct transport

**Practice Transformation** — Ensure healthcare delivery meets patients' needs in a convenient, timely manner, including by providing patient-centered medical home recognition support

**Fiber-optic Network** — Two fiber-optic networks, spanning more than 12 counties across Northern and Central NY, as well as Chittenden County in Vermont, connecting more than 50 healthcare facilities.

**IT Services**— ensure partners across the healthcare spectrum have optimal and secure IT

**Telemedicine & Fiber Network**— 844,542+ patient encounters region-wide since 2014

**Enhance Privacy, Security, Telemedicine & Compliance**

### Health Workforce

#### MAINTAIN A ROBUST HEALTHCARE WORKFORCE PIPELINE THROUGH:

Classroom presentations and educational career closeups

Career exploration through Scrubs Club, MASH Camp, job shadowing, career fairs, and more

Leverage healthcare employer and stakeholder partnerships to strengthen recruitment and career pathways for the North Country

Support the military-connected population with career readiness opportunities, job shadow placements, and connections to higher education and training

Collaborate with academic and training partners to expand healthcare education and career opportunities

Provide workforce case management to connect individuals to training, credentialing, and job placement supports

Offer professional development and support to the healthcare workforce

### Emergency Medical Services (EMS)

Regional NYS EMS Program Agency, responsible for the general oversight of close to 200 EMS agencies throughout an eight-county region

Provide overdose resources to regional emergency departments/personnel

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

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



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, behavioral, and social care continuum working together in value-based care in 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

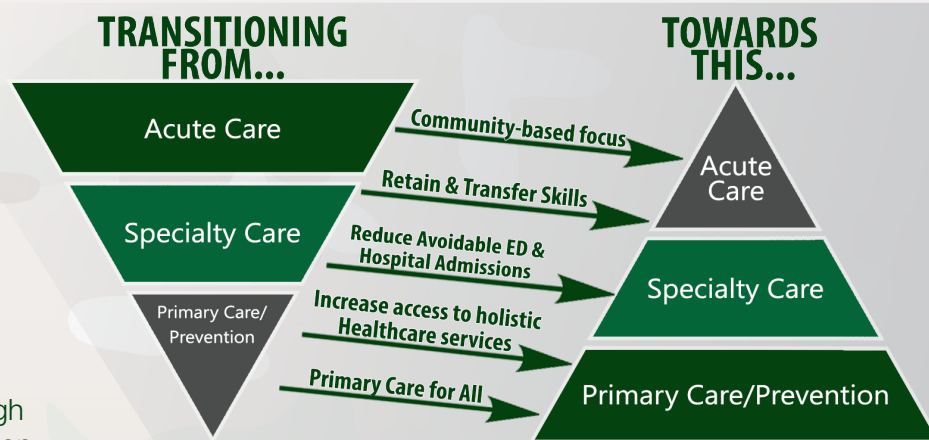
Previously, NCI served as one of 25 “Performing Provider Systems” (PPS) formed as part of New York’s **Delivery System Reform Incentive Payment (DSRIP) Program**. This program was a five-year initiative (2015-2020) that transformed and improved healthcare for New York’s Medicaid population. To learn more about the detail and successes of our region’s DSRIP work, visit [www.northcountryinitiative.org/dsrp](http://www.northcountryinitiative.org/dsrp).

Today, NCI continues to build upon the transformational work supported by DSRIP through its efforts to promote value-based care in the region.

Value-based care shifts the focus from quantity (volumes of visits or procedures) to quality of care, with success being measured in terms of improved patient health outcomes, patient experience, and well-managed healthcare costs. Value-based care emphasizes **prevention and early detection** (e.g., annual wellness visits, cancer screenings, lifestyle education and supports); **care coordination** between clinical, behavioral, and social care teams; **care management** services (for patients who have chronic conditions or who experience a hospital stay or emergency department visit); and **patient-centered** approaches (in which care is provided conveniently and accessibly to patients, takes into account patients’ social needs, and considers individuals’ own goals and preferences).

NCI supports value-based care among regional partners through numerous initiatives. We provide NCQA Patient-Centered Medical Home recognition support services to primary care practices (see FDRHPO’s Health Initiative Technology fact sheet for more details). We convene a Medical Management Committee in which clinical staff across the region track health outcome data and collaboratively identify and implement initiatives to promote value-based care. We work with FDRHPO to leverage and coordinate resources, including grants, to support aligned initiatives (such as to promote chronic care management, transitional care management, breast and colorectal cancer screenings, patient-centered training for staff, and more). We also host a data warehouse to ingest claims and discharge data for the patients included in our value-based contracts, empowering our partners to provide their patients with the right care, at the right place, at the right time. A huge part of our work lies in implementing these value-based contracts –

*Continue on the next page to learn more...*



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# Accountable Care Organization (ACO)

NCI 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 9,000 Medicare patients in Jefferson, Lewis, and St. Lawrence counties.



## HealthCare Partners of the North Country

A Collaborative Vision - A Single Voice

Healthcare Partners of the North Country supports its partners with strategies to thrive in a value-based payment (VBP) system that rewards 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 comprehensive chronic condition documentation. 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.

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

### North Country IPA: Who is involved?



Independent Primary Care Providers



Federally-Qualified Health Centers



Hospitals



Behavioral Health Providers



Community-Based Social Care Organizations



Payers

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 currently contracts with the region's two most prevalent Medicaid Managed Care Organizations (MCOs) for total cost of care arrangements, in which the IPA partners assume responsibility for the outcomes and costs of their members. In 2025, the IPA entered a third arrangement focused on individuals with BH needs and the BH care teams who serve them. This innovative contract is the culmination of Behavioral Healthcare collaborative efforts that began during DSRIP. In it, BH teams work to proactively manage individuals' treatment and medication, avoid acute inpatient BH stays when feasible, and quickly follow up with individuals after BH-related inpatient or emergency department visits. Additional opportunities with Managed Medicare and commercial payers are also being pursued for value-based contracting.

# Population Health

What 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**
- **Research & needs assessments**
- **Stakeholder engagement**
- **Health improvement planning**
- **Health messaging & promotion**
- **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 approximately 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 conducts a 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.

## Using Data to Improve Community Health

FDRHPO also supports regional hospitals and local health departments with their Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and Community Service Plan (CSP) requirements. Every three years, hospitals and health departments must evaluate the health of their communities, identify priority needs, choose evidence-based interventions, and submit their plans to New York State. FDRHPO helps partners meet these requirements by conducting community surveys, key informant interviews, and focus groups, and by researching and analyzing secondary data from national, state, and local sources. We also coordinate stakeholder input and assist with the development of each county’s assessment and improvement plan. This support helps partners meet state expectations and ensures that local health priorities are identified and addressed through a coordinated regional approach.

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## Patient-Centered Trainings & Initiatives

FDRHPO provides patient-centered training and other supports to care team members across the healthcare continuum, inclusive of primary, behavioral, and social care. Examples of trainings include health literacy, cultural competency, and “Bridges to Health & Healthcare” (part of the Bridges out of Poverty body of work). Together, they seek to bolster our partners’ understanding of poverty, literacy, and other forms of patient diversity present in the region, and to provide strategies to foster enhanced and impactful relationships with patients of all backgrounds. This work has led to partners adopting various patient-centered action plans, such as screening patients & conducting referrals for their social needs, expanding appointment hours, allowing walk-ins, incorporating Community Health Workers, streamlining patient paperwork, and more.

### Prior initiatives made possible by NYSDOH:

With funding from the New York State Department of Health (NYSDOH), FDRHPO advanced regional population health through two key initiatives. The Population Health Improvement Program (PHIP), launched in 2015, established a sustainable infrastructure to support population health efforts, including public-facing health data resources, chronic disease management tools, annual community health surveys, data analytics support, and leadership in New York State Community Health Assessments and Improvement Plans. Building on this work, FDRHPO was one of six recipients of the NYSDOH-funded Linking Intervention for Total Population Health (LIFT) program, beginning in 2017. LIFT focused on reducing obesity and diabetes by expanding prevention and self-management programs, strengthening school wellness policies, and promoting Complete Streets policies to improve safe, equitable access for all users.

## Population Health Initiatives

- **Colorectal Cancer Screening**
- **Mammography Screening**
- **Health Literacy**
- **Cultural Competency**
- **Maternal & Infant Health**
- **Suicide Prevention**
- **Nicotine Use**
- **Diabetes Prevention & Management**
- **Oral Health**
- **Mental & Physical Wellness**

## 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.



Together with the New York State Office of Mental Health (OMH), through dialogue with Jefferson and Lewis County leadership, a coordinated behavioral health crisis response system was created in 2025 and available to all community members. The crisis response system goals are to maintain people safely in the community, reduce unnecessary emergency room visits and inpatient hospitalizations, and to reduce the risk of future crises.

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. In addition, they use locally identified solutions to improve timely and appropriate access to inpatient and ambulatory services for individuals in need of a higher level of care.

## Our Behavioral Health Committee has wide representation

- 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
- Educational Organizations (BOCES)
- 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, improve transitions in care, 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, obtaining funding for identified solutions, regular collaborative communication, 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.

## Medication for Addiction Treatment & Electronic Referrals (MATTERS)

The MATTERS Network is a collection of resources to initiate care, increase access to medication, and efficiently link individuals to appropriate treatment - all without making a single phone call. It utilizes a rapid referral platform to efficiently refer individuals with opioid use disorder to community-based, high-quality treatment organizations.

Fort Drum Regional Health Planning Organization has partnered with MATTERS to provide professional training, distribute harm-reduction kits through regional Opioid Overdose Prevention Programs in the North Country, and create awareness of treatment options.

## 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:

- Tending the Roots - Trauma Informed Care Training
- 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.

## 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)

FDRHPO collaborate with numerous partners across the healthcare spectrum to enhance health and wellness for residents of Jefferson, Lewis, and St. Lawrence Counties through **Health Information Technology (HIT)**. Together, they ensure a streamlined, secure, informative, and cooperative delivery system by employing Electronic Health Records (EHRs), Health Information Exchanges, Practice Transformation, IT Services, and more, that safeguard the privacy and security of shared health data.

## Electronic Health Records...

In 2009, FDRHPO provided funding and technical support to implement EHRs



in medical offices across the region. Every time a patient visits a hospital, doctor's office, dentist or other healthcare 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. EHRs and other health information tools support patient care by facilitating the storing, securing, and exchange of health information within and across patients' sites of care; increasing patients' access to their own data (for

example, through patient portals); supporting telemedicine visits; incorporating clinical decision making tools (for example, features that alert care teams that a patient is due for one or more preventive services); enabling care teams to track and improve their patients' health outcomes through quality measures; and more.



## Health Information Exchanges...

It's critical that healthcare providers throughout the region are able to communicate effectively and share information so they can coordinate the best care possible for North Country patients. To that end, over the last 10+ years, FDRHPO has supported its partner network to connect with Regional Health Information Exchanges.

In 2010, New York State established the statewide framework to support Regional Health Information Exchanges, through which physicians, hospitals, public health departments, behavioral health providers and other care providers are able to securely share Electronic Health Records. Examples of this in action include alerting a primary care provider when their patient is admitted to a hospital, empowering them to provide tailored care management support after their discharge; electronically providing laboratory test results to a provider so they can follow up with the patient on next steps; relaying a patient's past medical history when establishing them within a new practice, and more.

## PowerShare Collaborative Streamlines Diagnostic Imaging...

In a joint effort with the North Country Initiative (NCI) and regional hospital partners, FDRHPO has streamlined patient imaging through the cloud-based platform Nuance PowerShare. The need for such a sharing platform was identified with patients and providers, leading to regional healthcare partners entering into the new agreement in November 2023. PowerShare allows for medical professionals and patients to securely share medical images and reports instantaneously; diagnostic quality imaging is directly imported between medical facilities without the need to arrange and transport physical media such as DVDs or digital files.

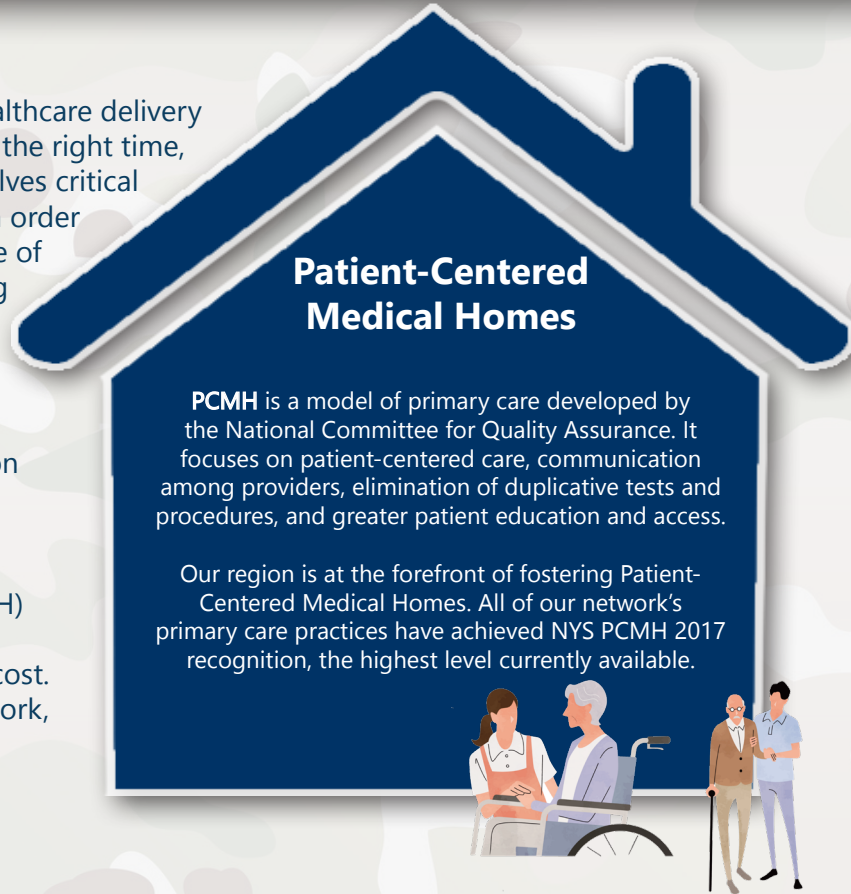
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## Practice Transformation...

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). In many cases, this support is provided to FDRHPO & NCI partners at no cost. For primary care practices that are not within our network, we offer contracted PCMH recognition and practice transformation services; contact us for more details.



## 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, a regional Health Information Exchange (HIE), for secure communication, leveraging both its built-in secure messaging for patient/provider or provider-to-provider chat and a Virtual Private Network (VPN) for encrypted data exchange, ensuring HIPAA-compliant, coordinated care for military families and the North Country community. 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, Independent Practice Associations (IPA), and Accountable Care Organizations (ACO).

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

# Health Workforce

In rural northern New York, recruiting and retaining an adequate supply of healthcare professionals has long been a challenge for local providers. For years, FDRHPO has helped address this need through its longstanding Regional Recruitment Program.

FDRHPO supports the healthcare workforce pipeline across the region by engaging students from early education through adulthood. We partner with K–12 schools, and collaborate with colleges, vocational programs, adult education centers, and healthcare organizations to help build a strong and sustainable healthcare workforce. Our work also includes reducing barriers for individuals entering healthcare careers by improving access to educational opportunities, providing case management support, and guiding individuals as they navigate licensure and certification requirements.



We “grow our own” workforce by building interest and engaging students as early as elementary school!

Beginning in elementary school, FDRHPO partners with regional school districts to offer Scrubs Club for students in kindergarten through 12th grade. Designed to spark early interest in healthcare, Scrubs Club gives students hands-on exposure and firsthand insight into the roles, responsibilities, and rewards of working in this field.



Students in grades 8 – 12 also have the opportunity to participate in MASH (Medical Academy of Science & Health) Camp, a multi-day, hands-on, interactive career exploration experience in a hospital setting, offered twice a year in partnership with local hospitals and educational institutions. MASH Camp introduces students to a variety of healthcare professions, the skills they require, and the educational pathways needed to pursue them.

As students progress through the pipeline, they can participate in job shadowing with local healthcare providers. Job shadowing offers meaningful opportunities to observe real-world healthcare roles and settings, explore potential career interests, and build relationships with professionals in the field. These opportunities are available to high school students as well as post-secondary students and adults.

FDRHPO also supports adults through the Health Career Pathways Program (HCPP) and the Caring Gene Program. HCPP provides career exploration opportunities, job shadowing, and individualized support such as career mapping, and professional resume development. Through the Caring Gene initiative, FDRHPO provides ongoing guidance and non-academic support to individuals pursuing education in high-need healthcare fields. This support includes tuition assistance, workforce and educational case management services, and support identifying and securing employment once their training is complete.

## SINCE 2008, OUR REGIONAL RECRUITMENT PROGRAM HAS:

... supported over **73** individuals through the HCPP program.

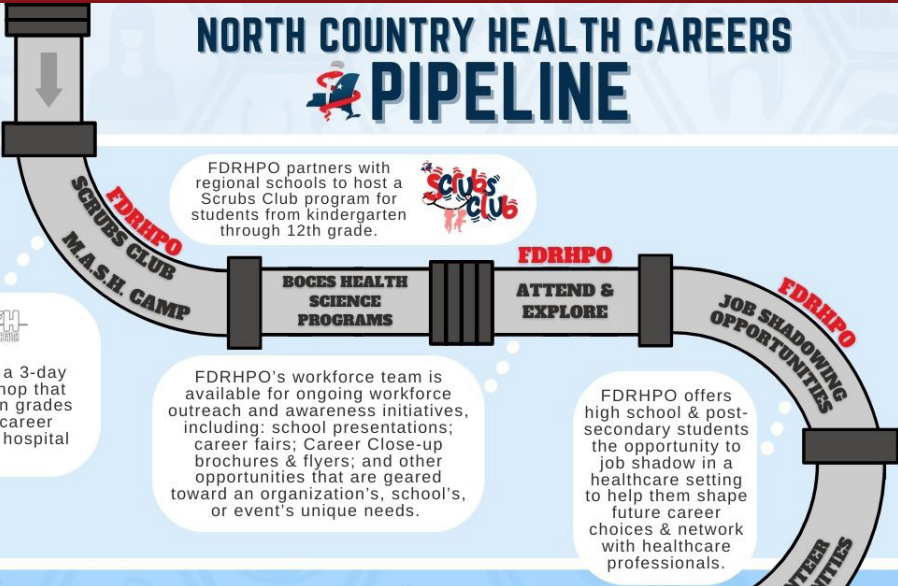
... supported over **149** individuals through the Caring Gene Program.

... exposed **1044** students with MASH Camp career exploration.

... provided more than **380** students with job shadow opportunities.

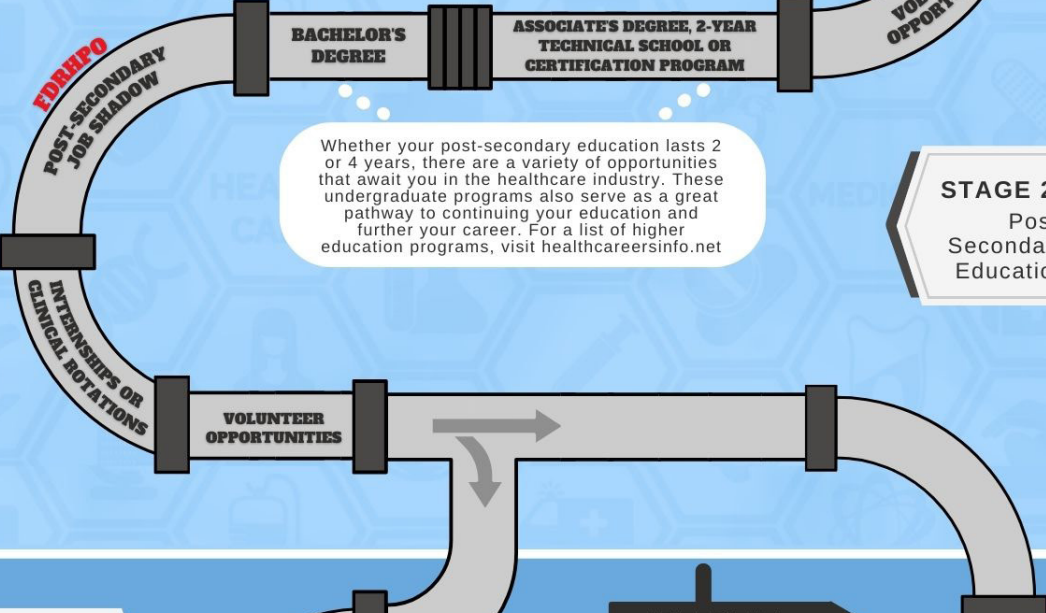
# NORTH COUNTRY HEALTH CAREERS PIPELINE

**STAGE 1:**  
Elementary,  
Middle &  
High School

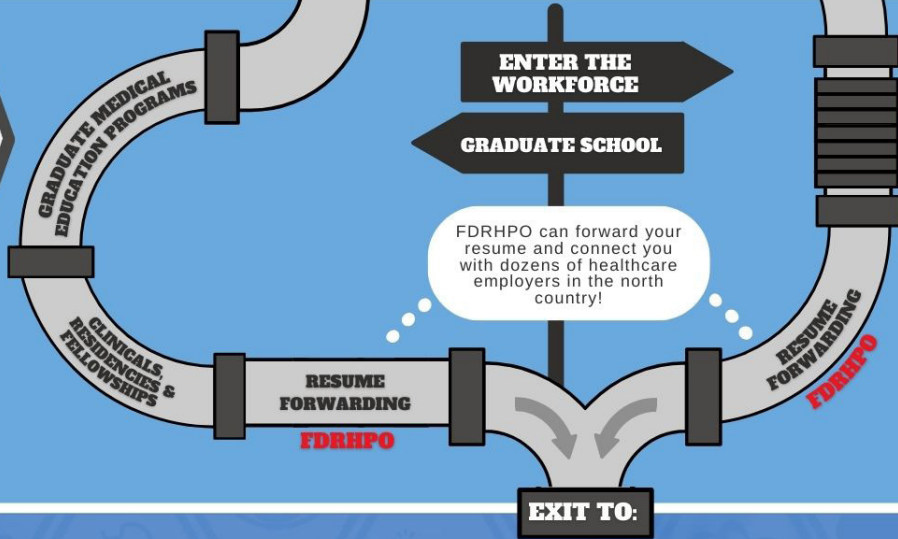


Whether your post-secondary education lasts 2 or 4 years, there are a variety of opportunities that await you in the healthcare industry. These undergraduate programs also serve as a great pathway to continuing your education and further your career. For a list of higher education programs, visit [healthcareersinfo.net](http://healthcareersinfo.net)

**STAGE 2:**  
Post-Secondary Education



**STAGE 3:**  
Graduate School/Enter the Workforce



## 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/Paramedic
- Healthcare Administration
- Home Health Aide
- Lab Technologist
- Licensed Practical Nurse
- Medical Assistant
- Occupational Therapist
- Pharmacy Technologist
- 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

Not 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**.

As one of 16 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**  
**EMS Recruitment & Educational Outreach**  
**Pre-hospital Coordination**  
**Technical Support**

....and more!



## 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. Partners with MATTERS Program to provide behavioral health and substance abuse and overdose resources to regional organizations and emergency departments. Advocate for a stronger, more sustainable EMS system



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 assisted North Country REMSCO with an annual educational EMS conference in the region for over 25 years.

### Commitment to Providers...

The Fort Drum Regional Health Planning Organization's EMS Program Agency is committed to delivering ongoing medical education (CME) to all providers across our eight-county region. We offer multiple opportunities each year for providers to earn CME credits, including our annual Fort Drum EMS Education Day, the fall EMS Education Day in Saranac Lake, and regular additions of educational content on our Learning Management Site.

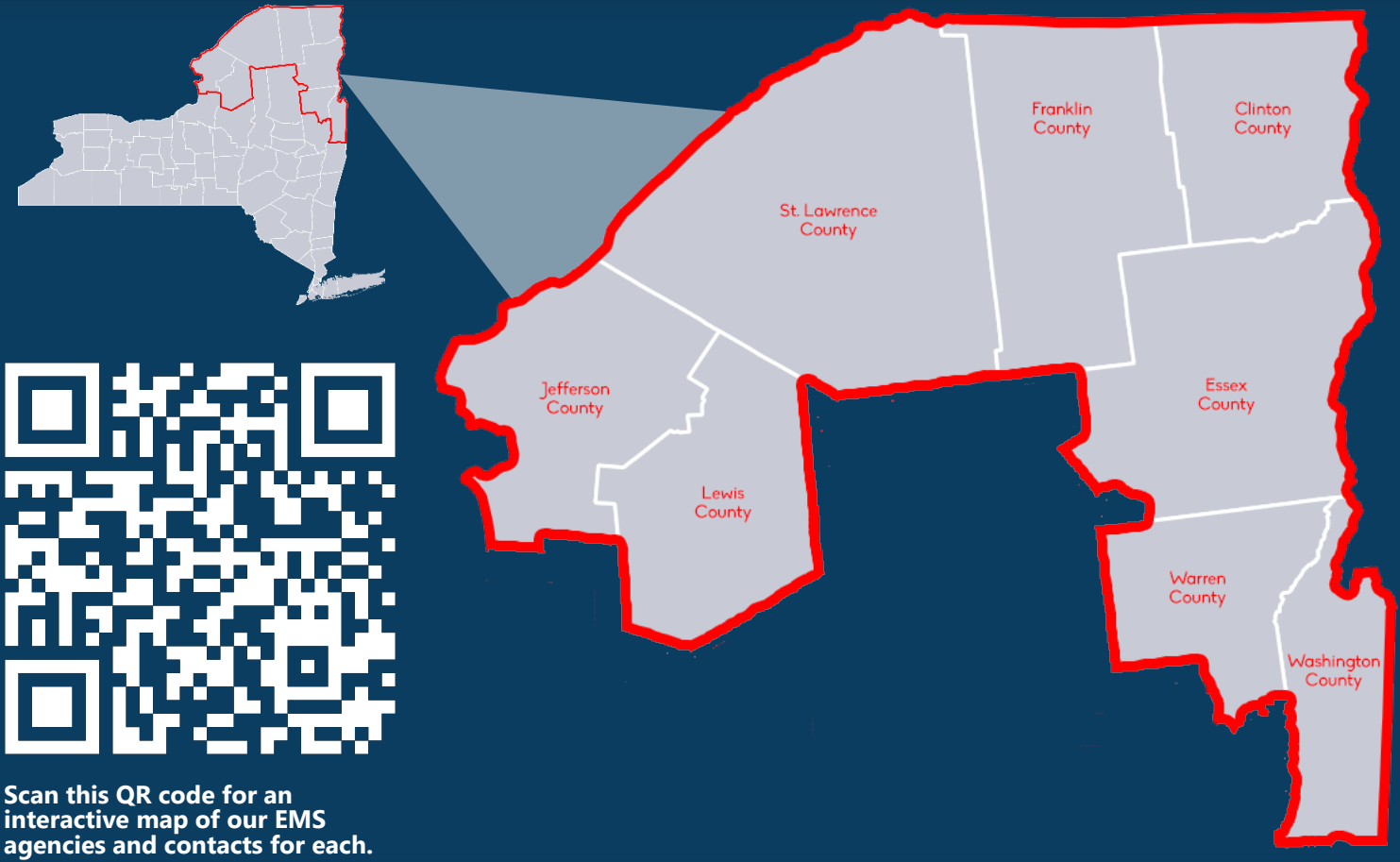
In addition to CME offerings for EMS providers, we also offer community courses such as Stop the Bleed and CPR/First Aid upon request.

To further enhance care quality, the program agency has launched a Continuing Quality Improvement (CQI) Initiative. This initiative aims to provide educational feedback to agencies and providers, helping to improve documentation practices and overall patient care.

Meet our EMS Providers...



# Our EMS Agencies



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:

<b>Clinton County — 22</b>	<b>Lewis County — 7</b>
<b>Essex County — 17</b>	<b>St. Lawrence County — 36</b>
<b>Franklin County — 21</b>	<b>Warren County — 20</b>
<b>Jefferson County — 33</b>	<b>Washington County — 19</b>