



Robert (Dr. Bob) Paeglow, MD CEO & Founder

Koinonia Primary Care
553 Clinton Avenue,
Albany, NY



Practice Baseline

Practice Description	Non-Profit, Article 28 Diagnostic and Treatment Center
Number of Annual Patients	2,300
Number of PCP and BH Providers	1.4 FTE, Family Medicine PCP 1.0 FTE, Physician Assistant 1.0 FTE, Psychologist (Ph.D.) 0.75 FTE, Behavioral Health Specialist 1.0 FTE, Social Worker (LCSW-R, volunteer)
Payer Mix	46% Medicaid Managed Care 23% Commercial 10% Medicare 9% Commercial Medicare 6% each: Medicaid and uninsured/unidentified
Ethnicity	42% Black or African American 40% White 15% Other 2% Asian or Pacific Islander 1% Native American or Alaska Native 2% <i>Latino/Hispanic, of total population</i>



Background and Project Motivations

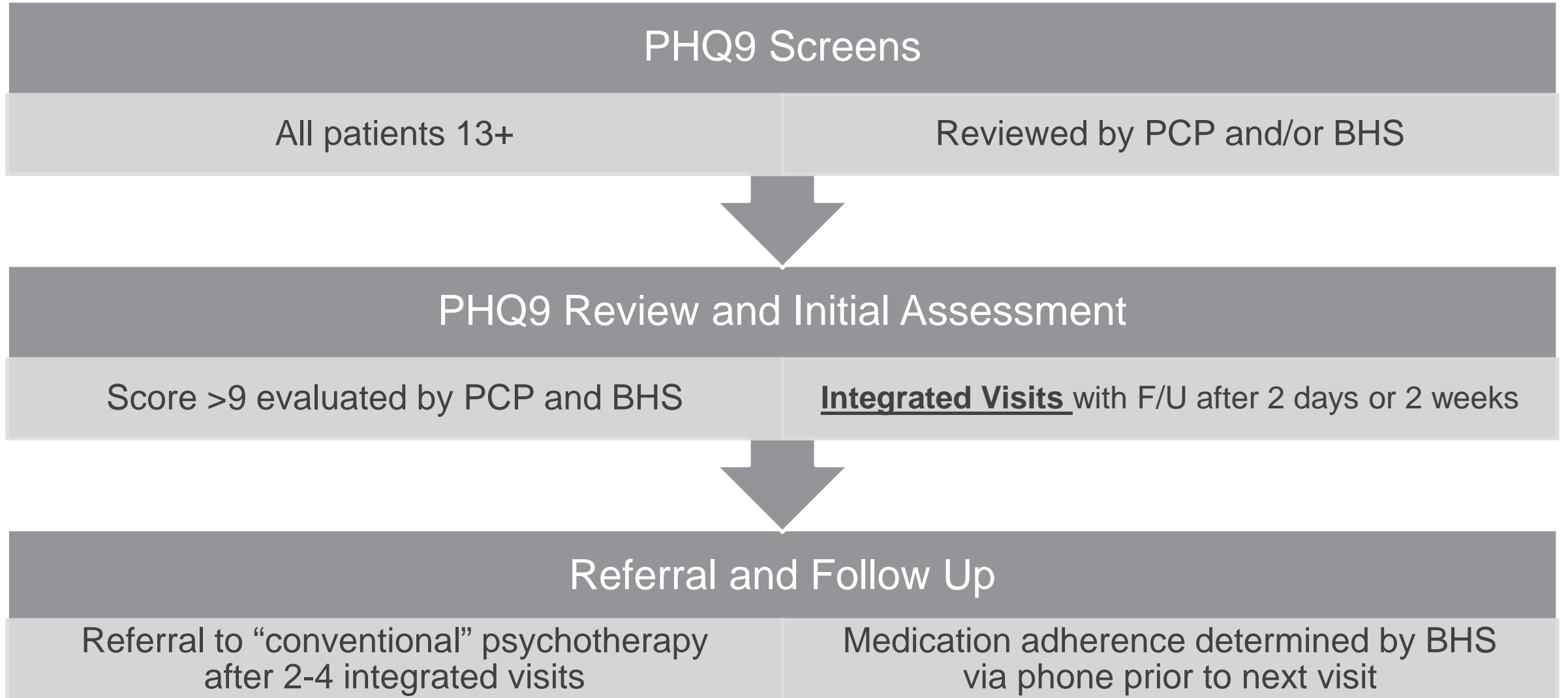
- Grew up poor in West Hill, with a mother who was mentally ill, led to start practice in home neighborhood, for poorest patients
 - We aim “*to live by beholding the glory in one another*” and focus on healing by treating the body, soul and spirit
- Multi-disciplinary team, including Anna Leung, PhD, brings hope to community
- Forced to “*go it alone*” with lack of resources and no salary
- BH project provides encouragement, organization, resources and legitimacy

Target Domains Progress Update

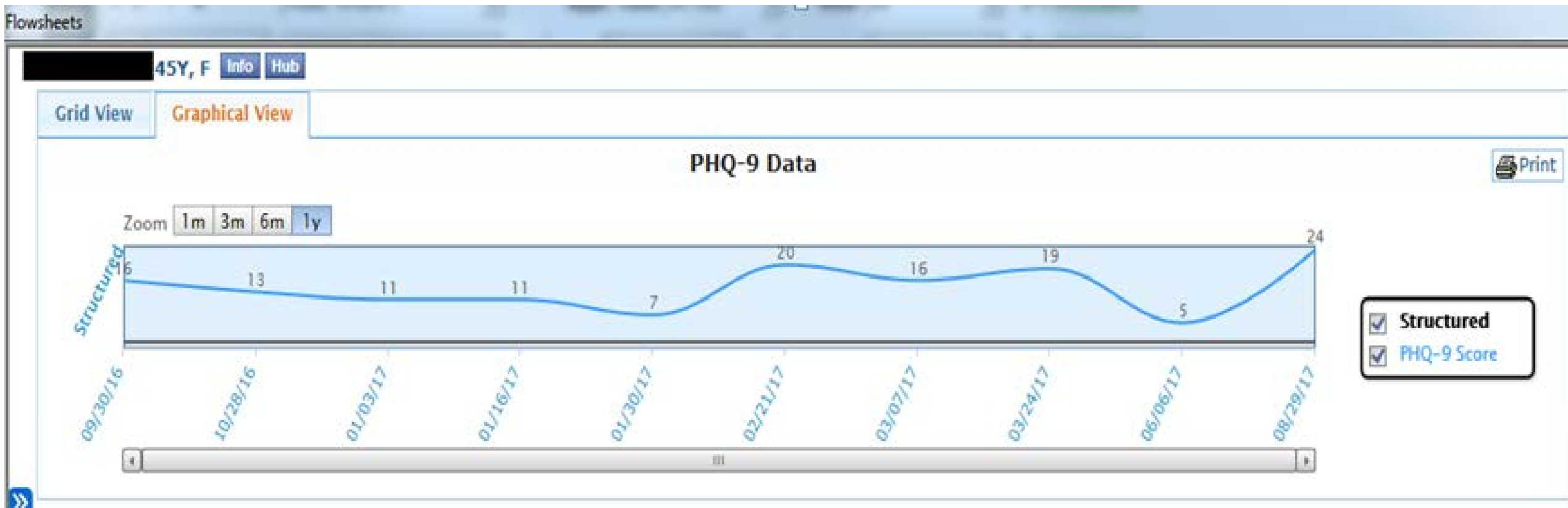
Domains targeted in continuum framework

#	Domain	State at start of project	Six-Month Goal State: April - September '17
1	Case Finding, Screening, and Referral to Care	Intermediate	Advanced
2	Multi-disciplinary Team (including patients) Used to Provide Care	Intermediate	Advanced
3	Ongoing Care Management	Preliminary	Intermediate
4	Systematic Quality Improvement (PRIORITY DOMAIN)	Preliminary	Intermediate
5	Decision Support for Measurement-based, Stepped Care	Preliminary/ Intermediate	Intermediate/ Advanced
6	Self-Management Support that is Culturally Adapted	Preliminary	Intermediate
7	Information Tracking and Exchange among Providers	Preliminary	Advanced
8	Linkages with Community and Social Services	Preliminary	Intermediate

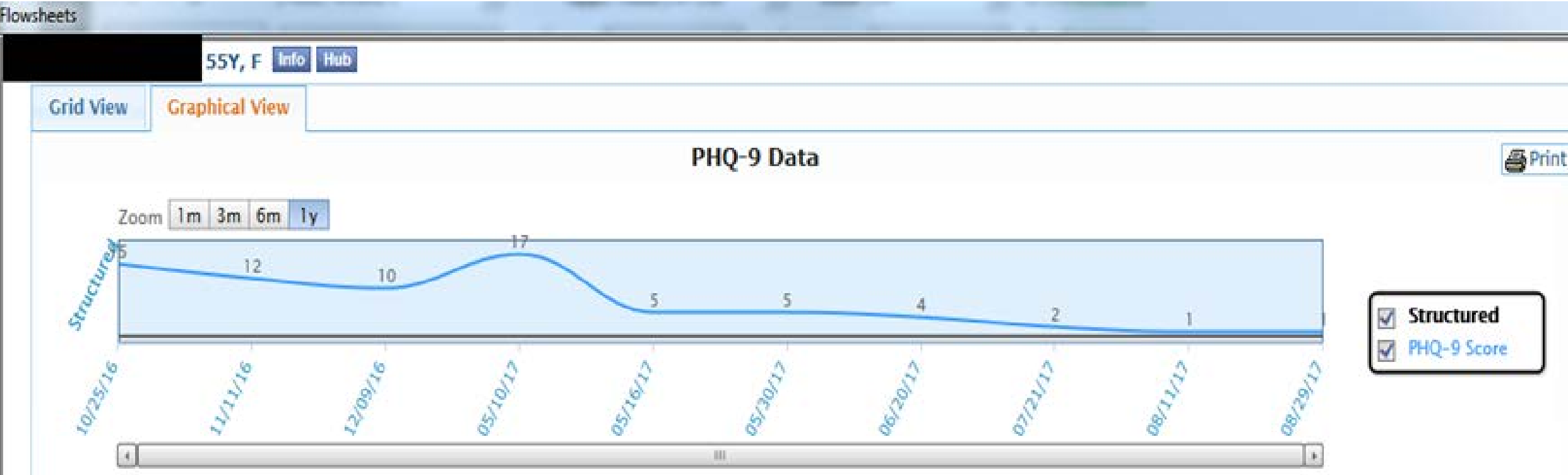
PHQ9 Workflow and Integrated Visits



PHQ-9 Values Flowchart - Patient A



PHQ-9 Values Flowchart - Patient B



Lessons Learned

- PHQ9 seen as BH vital sign
- Case Conferences and QI Discussions
- Hired Psychiatric NP
- DSRIP and NYS-OMH CCI support staff expansion and Registry (CMTN) Tool adoption
- Framework built around practice efforts
- Knowledge exchange among practices drives innovation

Identified Barriers

- Time: Dr. Bob sees 25-35 patients per day
- Money
- Staff turnover
- Hiring staff compatible with mission, culture, and rate of pay
- Fear of DSRIP and CCI programs nearing an end
- Utilizing technology optimally