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March 2024

Who we are...

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

This Month's Priorities

NEW IHANY Virtual AWW Program (Traditional Medicare Patients)

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

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

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

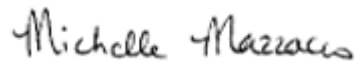
Aside from our commitment to help improve the health of our community members, this program will increase engagement with patients and increase AWW performance and PCP enrollment for IHANY practices, among other benefits to our network. We will be evaluating the program to see if we may be able to expand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

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

Thank you,



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



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



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

ACO Performance: A Continued Call to Action

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

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

Specialty Providers: The Importance of the AWW

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

Scheduling AWVs

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

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

IHANY Primary Care Providers:

Ellis Medicine

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

St. Mary's Healthcare Amsterdam

St. Peter's Health Partners Medical Associates

Wynantskill Family Medicine

CNYAIM Primary Care Providers:

Christian Health Service of Syracuse

Fairground Family Physicians 315-682-6165

Lewis County General Hospital 315-376-5086

Oneida Health Systems

Oneida Medical Associates

Rome Health Primary Care

Slocum-Dickson Medical Group

St. Joseph's Physicians

Top Five Annual Wellness Visit (AWV) Performers

We would like to congratulate the "Top AWV Providers" on a job well done.

IHANY

AWV Top Five Performers > 35 Beneficiaries		
(Claims 1/1/23 -12/1/23)		
Organization	Provider's Name	% with AWV
St. Peter's Health Partners Medical Associates	Kimberly Saunders, DO	89.09%
Samaritan Hospital	Olai V. Sam, M.D.	87.88%
Samaritan Hospital	Mary K. Dyer-Martin, DO	85.25%
Samaritan Hospital	Matthew J. Brennan M.D.	84.75%
St. Peter's Health Partners Medical Associates	Stefan A. Swicker, M.D.	83.18%
* Data Source: THIC Medicare Shared Savings Program		
(Claims closed through Dec. 2023)		
AWV Top Five Performers ≤ 35 Beneficiaries		
(Claims 1/1/23 - 12/1/23)		
Organization	Provider's Name	% with AWV
St. Peter's Health Partners Medical Associates	Ada Regan, NP	83.33%
St. Peter's Health Partners Medical Associates	Kathy M. Herren, PA	81.25%
Samaritan Hospital	Patricia Bradt, NP	80.00%
St. Peter's Health Partners Medical Associates	Kristin Taniguchi, NP	75.00%
St. Mary's Healthcare	Melissa A. Patillo, NP	74.19%
* Data Source: THIC Medicare Shared Savings Program		
(Claims closed through December, 2023)		

CNYAIM

AWV Top Five Performers > 50 Beneficiaries		
(Claims 1/1/23 -12/1/23)		
Organization	Provider's Name	% with AWV
Slocum-Dickson Medical Group	Thomas John, MD..	88.28%
Slocum-Dickson Medical Group	Michelle L. Chambrone, NP	87.14%
Slocum-Dickson Medical Group	Amela Thompson, NP	81.82%
Rome Medical Group	Vivienne E. Taylor, M.D.	80.23%
Slocum-Dickson Medical Group	Celesta M. Hunsiker, M.D.	78.99%
* Data Source: THIC Medicare Shared Savings Program		
(Claims closed through Dec. 2023)		
AWV Top Five Performers ≤ 50 Beneficiaries		
(Claims 1/1/23 - 1/1/23)		
Organization	Provider's Name	% with AWV
Rome Medical Group	Diane P. Clute, NP	93.02%
Lewis County General Hospital	Stacey Walton, NP	91.67%
Rome Memorial Hospital	Nataliya Andranovich, NP	77.42%
Slocum-Dickson Medical Group	Shannon Lee, NP	75.68%
Rome Memorial Hospital	Lwin Win, M.D.	75.51%
* Data Source: THIC Medicare Shared Savings Program		
(Claims closed through Dec. 2023)		

Other AWW Educational Materials

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

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

(IHANY) [Medicare AWW Patient Education poster](#)

(CNYAIM) [Medicare AWW Patient Education Poster](#)

To get copies of these flyers, contact [Brian Pinga](#) for IHANY and [Jason Decker](#) for CNYAIM.

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



Crowded Emergency Departments - Making Your Patients Part of the Solution

Our emergency departments (EDs) continue to need your help! The high patient volumes combined with already low staffing levels are extremely challenging to staff and patients.

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

If your office is offering after-hours appointments, please make your patients aware. To help with ED avoidance, we have created [a consolidated list of urgent care facilities within the IHANY network](#) to share with your patients.

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

HCC Coding Catch-Up: Reminders for HCC Coding

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

- Risk adjustment scores reset every year on Jan. 1. Practices need to report active diagnoses annually, even chronic conditions.
- The annual wellness visit is a good opportunity to capture all appropriate diagnoses. Preventive screenings, such as screening of risk factors for depression, aid in identifying additional diagnoses that contribute to a patient's risk.
- HCCs are additive so it is important to code all conditions that coexist at the time of the encounter, affect patient care or treatment, or whose disease interaction may describe a higher level of severity of illness with a corresponding higher risk score.
- Conditions that were previously treated and no longer exist should not be coded. History codes may be used as secondary codes if the condition or family history impacts current care or influences treatment.
- Documentation must support the diagnoses reported. A good rule of thumb is to document the MEAT principles: a diagnosis should be **monitored**, **evaluated**, **assessed**, or **treated** (MEAT). Diagnoses that are not supported by documentation will not be upheld in the event of an audit. Coding should comply with the [ICD-10-CM coding guidelines](#).
- The medical record must contain a legible signature with credentials.
- Code to the highest level of specificity and ensure the diagnoses are properly sequenced on the claim. Some things to consider when selecting the appropriate diagnosis code:
 - Type and underlying cause (e.g., diabetes Type 1 or 2, due to underlying condition, post-procedural or due to genetic defects, etc.)
 - Control status
 - Severity
 - Site, location, or laterality
 - Associated co-morbid conditions
 - Substance use/exposure

HCC Resources from *FPM* Journal

1. [HCC Coding, Risk Adjustment, and Physician Income: What You Need to Know](#)
2. [Is Your Diagnosis Coding Ready for Risk Adjustment?](#)
3. [Understanding and Improving Risk Adjustment in Team-Based Care](#)

Source: Hierarchical Condition Category Coding | AAFP

DON'T FORGET!

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

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

[Michelle Sebastian](#), IHANY/CNYAIM Regional Manager

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

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

[Erin Gallelli](#), CNYAIM

Specialty Spotlight

IHANY & CNYAIM Network Specialty & Primary Care Practices:



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

March is Colorectal Cancer Awareness Month, observed to highlight the importance of screening for colorectal cancer and to promote healthy lifestyle habits that can decrease a person's risk of developing cancer. Colorectal cancer includes cancers of the colon, rectum, or anus.

The importance of health screenings cannot be stressed enough and should be discussed with patients. Early intervention can save lives. St. Peter's Health Partners is featuring colleagues who want to share their experiences to hopefully encourage fellow colleagues to see their doctors regularly and have appropriate screenings done.

Today, we reintroduce you to Nora Jackson, supervisor of the Mercy Me Gift Shop at St. Peter's Hospital, who says, "Had my primary doctor not questioned the blood work results and urged me to get the colonoscopy done, who knows what would have happened down the line."

Click [here](#) to watch her story.



We heard from other colleagues in January and February and would like to share their powerful stories again as well.

Lance Smith, director of Compliance, SPHPMA, talks about why he's thankful he had a colon cancer screening – "Now that I know my family history, I believe it's even more important than ever. "

Click [here](#) to watch his story.

Tamara Wanchisen, a pharmacist at Samaritan Hospital, talks about her family history of colon cancer and the importance of preventative screenings that lead to success stories, like hers.

Click [here](#) to watch her story.

Below are participating colon cancer screening providers within our clinically integrated networks:

IHANY Participating Providers:

Albany Gastroenterology Consultants
Capital District Colon & Rectal Surgery Associates
St. Mary's Gastroenterology Health Center

CNYAIM Participating Providers:

Ajay Goel Physician, P.C.
Associated Gastroenterologists of Central New York
Colon Rectal Associates of Central New York
Gastroenterology & Hepatology of Central New York
Oneida Health
Slocum-Dickson Medical Group

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

Colon, Breast, and Cervical Cancer Screenings/At-Home Tests for Uninsured Population

The New York State Cancer Services Program provides colorectal, breast, and cervical cancer screenings at NO COST to eligible women and men. These services are provided in local clinics, health centers, doctors' offices and hospitals in every county and borough in New York state, funded by the New York State Department of Health.

Eligible Patients:

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

IHANY Region

To find screening events and at-home screening test distribution locations in the greater Capital Region, call the Cancer Services Program of the Greater Capital Region at 518-525-8680.

For Fulton, Montgomery & Schenectady Counties, click [here](#) to see screening events for breast, cervical, and colon cancer and at-home colon cancer screening test distribution locations.

CNYAIM Region

In Onondaga County, call 315-435-3653.

For all other areas, call 1-866-442-CANCER (2262).

National Traumatic Brain Injury Awareness Month

March is also National Traumatic Brain Injury (TBI) Awareness Month. According to the Brain Injury Association of America, there are more than 5.3 million individuals in the United States who are living with a permanent brain injury-related disability. That's one in every 60 people. At least 2.8 million Americans sustain TBIs in the United States every year.



Healing from a TBI takes time and requires specialized care. Sunnyview Rehabilitation Hospital, a member of St. Peter's Health Partners and Trinity Health, is a Brain Injury Center of Excellence, drawing patients from great distances.

The hospital has earned national recognition from the Commission on Accreditation of Rehabilitation Facilities (CARF®) for its commitment to rehabilitation excellence. It is among a small number of facilities in New York state with this designation.



It was also named one of *U.S. News & World Report's* Best Rehab Hospitals (2021-2024). It ranked Sunnyview Rehabilitation Hospital in the top 35 in the country for rehabilitation out of 4,523 hospitals for the past two years in row.

Sunnyview's doctors have vast experience treating the most complex brain injury cases. They use leading techniques that help maximize each patient's abilities.

To learn more about Sunnyview's Brain Injury Center of Excellence, call 518-382-4516 or visit their [website](#).

Pharmacy Corner

Pharmacy Focus on Preventable Hospitalizations: Reminders and Updates in COPD Management

There have been changes in recent updates of the Chronic Obstructive Pulmonary Disease (COPD) GOLD report pertaining to pharmacologic management. In the 2023 Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines, the initial pharmacologic treatment of COPD was updated. This major change indicates monotherapy only for Group A, combination treatment for Group B and a Group E, which combined previous Groups C and D¹. This differs from 2022 guidelines where Group B was also monotherapy, and different therapy for Group C and Group D was recommended². The 2023 updated categorization remained in the 2024 update (Figure 3.7)³. (There is a link below to review noted figures.) Figure 3.9: Follow-up Pharmacological Treatment may be useful to review for recommendations to incorporate into current patients' regimens with COPD to ensure they are receiving appropriate therapy³.



Figure 3.6: Vaccination for Stable COPD highlights updated vaccine recommendations for patients with COPD. In addition to influenza, COVID-19, pneumococcal, zoster, and Tdap vaccine recommendations in past updates, the guidelines now include the CDC- recommended respiratory syncytial virus (RSV) vaccine for appropriate patients³.

Adherence to pharmacological treatment remains a concern, along with inappropriate use of inhalation devices. As mentioned in the guidelines, more than two-thirds of patients make one or more errors when using inhalers³. Many factors contribute to the patient's success with inhalers, including, but not limited to, cognition, dexterity, cost, etc. Figure 3.11: Basic Principles for Appropriate Inhalation Device Choice has useful information when determining the best option for patients³. Checking device technique often will help ensure they are using it properly or if a change should be made.

For a quick review on these updates and the guidelines as a whole, you can view the [2024 GOLD Pocket Guide](#)⁴.

References:

1. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global Strategy for Prevention, Diagnosis and Management of COPD: 2023 Report. Bethesda: GOLD; 2023.
2. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global Strategy for Prevention, Diagnosis and Management of COPD: 2022 Report. Bethesda: GOLD; 2022.
3. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global Strategy for Prevention, Diagnosis and Management of COPD: 2024 Report. Bethesda: GOLD; 2024.
4. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global Strategy for Prevention, Diagnosis and Management of COPD: 2024 Pocket Guide. Bethesda: GOLD; 2024.

New Initiative Roll-Out: Optimization of SGLT-2 Inhibitors in Patients with Heart Failure and Type 2 Diabetes

As clinically integrated networks, we are focusing on reducing hospitalizations across all patient populations within IHANY and CNYAIM. We have started an initiative to help decrease hospitalizations related to heart failure (HF) by reviewing patients with heart failure and Type 2 diabetes (T2DM) and the utilization of sodium-glucose cotransporter 2 inhibitors (SGLT2i). **Each practice with opportunities for this initiative will receive provider-specific communications quarterly, as this is an ongoing initiative.**

Read the full details [here](#). You can also access it on the [IHANY website](#) or the [CNYAIM website](#).

If you have questions, contact [Sara Linnertz, Pharm.D., BCACP](#), regional Population Health pharmacist.

Patient Safety Awareness Week
March 10-16

Patient Safety Public Webinar

In recognition of Patient Safety Awareness Week, the Centers for Medicare & Medicaid Services (CMS) is holding a free public webinar: **"Quality Counts, Safety Matters: Prioritizing Patient Safety Through Quality Measurement."** The session will explore how quality measures and policies are being implemented to improve the patient experience. There are two opportunities to attend this webinar and participate in a question-and-answer session.

Please register for the event that best fits your schedule.

Wednesday, March 6, Noon - 1 p.m.

Thursday, March 21, 2 - 3:00 p.m.

Don't Get Stuck! Pay Attention to Sharps Safety



Health care workers are trained to use sharps in a safe manner to avoid injuries. However, it remains the number one reported safety issue among colleagues across Trinity Health. These incidents are dangerous for health care workers because the sharp could contain a bloodborne pathogen like hepatitis B, hepatitis C or HIV. While the risk of transmission of these pathogens is low, it is not zero. That is why Trinity Health is bringing awareness to sharps prevention, so you don't get stuck.

Each year in the United States, an estimated 600,000 to 800,000 sharps injuries occur among health care personnel. Disposable syringes are responsible for nearly 27% of all sharps injuries. In Fiscal Year 23 (FY23), Trinity Health reported more than 1,300 sharps injuries that met the Occupational Safety and Health Administration (OSHA) recordable definition.

Beyond injury to a colleague or patient, the economic cost of a sharps injury can be huge. Treatment alone may cost nearly \$5,000 per incident. In fact, just one sharps injury can cause several direct and indirect costs for our health system. Trinity Health, St. Joseph's Health and St. Peter's Health Partners are committed to safety and preventing sharps injuries. A safe workplace requires all colleagues to take part in safety behaviors.

Colleagues of any medical facility can prevent sharps injuries. They should:

- Avoid distractions and multitasking
- Call out "Sharp in use" when handling
- Not rush: Use STAR (Stop, Think, Act, Review)
- Avoid hand to hand passing of sharps
- Never recap dirty needles
- Dispose with care in a nearby sharps container; replace if 75% full

Health care organizations can also help to prevent sharps injuries. They can:

- Provide training to colleagues on how to prevent sharps injuries
- Create a culture of safety in which employees feel comfortable reporting sharps injuries

By taking these steps, health care providers and organizations can help to reduce the risk of needlestick injuries.

Trinity colleagues can learn more about preventing sharps injuries by visiting the [TogetherSafe page](#) on OneSource. Non-Trinity colleagues, please check your office's sharps safety protocols.

Education

Medical/Medicine Grand Rounds

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

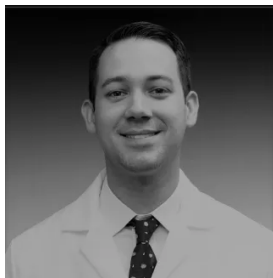
Offered by St. Peter's Health Partners Colleagues and Affiliated Providers:

Meetings are virtual via Teams and are held Noon - 12:30 p.m. on the third Wednesday of each month. Details are available at <https://www.sphp.com/colleagues/continuing-medical-education>. The Microsoft Teams meeting link is displayed at the bottom of the page the morning of the event (and also below). Recordings will be posted 30 days after the event.

Click [here](#) to join the meeting on your computer, mobile app, or room device.

Meeting ID: 276 992 093 819

Passcode: pcu4aj



Wednesday, March 20, Noon - 12:30 p.m.

"Updates in Colon Cancer Screening"

Presented by: Neil R. Volk, M.D.

Albany Gastroenterology Consultants, PLLC

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

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

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

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

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

Wednesday, March 27, Noon - 1 p.m.

"Endobariatrics"

Presenters: Dr. DeAnn Cummings and Dr. Rohit Dhingra

Contact [Sutira Srakhao](#), Medical Education coordinator, with questions.

MediGold Provider Update

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

The **February Provider Update** includes information on:

- Annual Wellness Visits (AWV) and In-Home Assessments (IHA)
- Best Practices for Coding/Documentation
- Important Updates to Our Prior Authorization List
- Medicare Advantage 30-day Readmission Claim Submission Guidance
- And more!

Provider UPDATE

MediGold

How MediGold benefits your patients and your practice

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

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

Other ways the MediGold helps simplify Medicare:

- No referrals needed for in-network providers.

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

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

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

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

(continue next page)

WE'RE HERE TO SERVE YOU.

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

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

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

Clinician Wellness & Resilience

Cognitive restructuring technique: When feeling upset or stressed about yourself, another person or a situation, there are structured steps to examine and explore what is really going on.

- Identify automatic thoughts – What do you think automatically about yourself, another person, or a situation? What are you assuming about the situation? What has a “charge” to it where you automatically react with the same thought process? Is there self-criticism, judgement?
- Identify the cognitive distortion – Intentionally take a step back. Are those automatic thoughts 100% true? Based on observing neutrally, are your thoughts on point? If a colleague or friend was observing the same thing, do you think they would come to the same conclusion? Read about some common distortions in this [Harvard Health Publishing blog](#).
- Dispute or question thoughts – Do they sound familiar (meaning – have you heard family members think/say the same thing)? Are these thoughts based in the past or are they truly from the current situation?
- Replace thoughts – Once we acknowledge that our thoughts have some distortions, we can fill in with the truth. We will feel more neutral about the situation. We will have radical acceptance and compassion for ourselves.
- Daily practice – How can we look at things differently (see a different perspective) for ourselves, our colleagues, and our patients?

Resources:

[Introduction to Cognitive Restructuring for Medical Students - PMC](#): Click to read a summary of this study with medical students using a cognitive restructuring technique. In one part of the study, faculty facilitators led their group in a 20-minute self-reflection/application exercise. Students and faculty spent five minutes writing five examples of their own recent distorted thoughts and attempted to label the cognitive distortion categories to examine patterns. Eighty percent of medical student respondents rated the session either good or excellent. Open-ended feedback from students was overwhelmingly positive.

[American Psychological Association \(APA\) worksheet](#)

UMass Medical School - [Cognitive Restructuring Techniques](#)

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

Other Timely Regional News

CMS Launches NEW Value-Based Care Spotlight Website

The Center for Medicare & Medicaid Services (CMS) Innovation Center has launched a new **Value-Based Care Spotlight** website. The new site aims to enhance understanding of value-based care (VBC) as a cornerstone of transforming health care with helpful information for both the public and health care providers.

In VBC, doctors and other health care providers work together to manage a person's overall health, while considering an individual's personal health goals. The "value" in VBC refers to what an individual values most.

VBC Spotlight features patient and provider voices with real-world stories showing the meaningful impact VBC has had, such as:

- **[Aligning Care to Patient Goals: Lamont's Story](#)**
- **[Dialysis from the Comfort of Home: Letisha's Story](#)**

Visit the **[VBC Spotlight website](#)** regularly for new content to be added in 2024.



St. Peter's Hospital Named One of America's Best Maternity Hospitals

St. Peter's Hospital has been recognized on Newsweek's list of America's Best Maternity Hospitals 2023. Read the full story **[here](#)**.



National Doctor's Day

Saturday, March 30, is National Doctor's Day, a day to celebrate our remarkable physicians who excel in their field and contribute to a positive work environment. Take time to recognize your fellow physician colleagues who go above and beyond, whether through their compassionate patient care, mentorship of colleagues, or simply their supportive presence in the workplace. We all thank you!



Physician Resilience - New Website Resources

The NY Regional Clinical Integration and Quality Committee has been working to collect resources addressing physician resilience and burnout, bringing this important topic to the forefront of provider wellness and education. [The IHANY website](#)* has been updated with some of these resources which can be viewed by all IHANY-CNYAIM members. Our intention is for these materials to be meaningful, evidence-based, and practical.

Moving forward, we will include this information in the "Clinician Wellness & Resilience" section of this newsletter. If you have questions, or if you have topics to suggest, please contact [Brian Pinga](#), executive director/administrator CIN/ACO, or [Rachelle Lando](#), program coordinator, Well-Being lead, St. Joseph's Health.

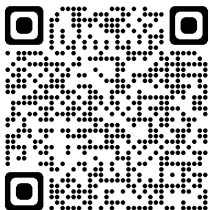
***The IHANY website is now mobile-friendly!**

Trinity Advocacy Update: We Need Your Support

The Trinity Health Action Center highlights important advocacy campaigns that have the potential to impact all health care workers in New York state and beyond; not only those employed by Trinity Health.

The current campaigns are focused on:

- **The health care staffing shortage:** Congress must protect the health care workforce and ensure access to timely care by increasing the workforce pipeline, funding innovative care delivery models, and eliminating workplace violence.
- **Gun safety:** Gun violence is a public health emergency. Every day, health systems respond to trauma caused by gun violence. We need support of gun violence prevention.
- **Fair payments to sustain our Mission:** Medicare reimbursements have not kept up with inflation and labor costs and drug companies are refusing to comply with the law that provides hospitals discounts on prescription drugs. These issues contribute to patients waiting longer to receive emergency, surgical, imaging, diagnostic, and preventive care while hospitals make tough decisions about the viability of critical service lines.



Take Action Now using this link or by scanning the QR code!

You do not have to be a Trinity Health colleague to make your voice heard as these issues affect all health care institutions. Simply change the language in the message body.

IHANY-Specific News


Emergency and Ambulance Services for SPHP Colleagues

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

Spring Mammogram Days for SPHP Colleagues

The Spring SPHP Employee Mammogram Days schedule has been released. [The flyer](#) includes all locations within the IHANY network that are Tier 1 for SPHP employees. Programs include breast and colon cancer screening locations. Appointments are necessary and all participants MUST HAVE a prescription as required by law to participate. If you have questions, call 518-525-5649 or email

[Jennifer Dougherty, SW, SPHP.](#)



Early detection
saved my life.

Melissa Zapotocki
Regional Director, SPHP Community Health & Well-Being
Received first mammogram at an Employee Mammogram event in February 2017.
Just two months after her 40th birthday, she received a breast cancer diagnosis.
Melissa is now seven years cancer free.

**SPHP EMPLOYEE SPRING 2024
MAMMOGRAM DAYS**

St. Peter's Breast Center
317 S. Manning Blvd., Suite 305, Albany
To schedule an appointment,
call Sarah at 518-525-6416
March 13: Noon - 4 pm

St. Peter's Breast Center
Samaritan Hospital - St. Mary's Campus
1300 Massachusetts Ave., Troy
To schedule an appointment,
call Rosemary at 518-268-5106
April 18: Noon - 4 pm

Albany Advanced Imaging
3 Atrium Drive, Suite 160, Albany
To schedule an appointment,
call Darlene at 518-486-8710
**March 21, April 23, May 15:
8 am - Noon**

SPHP Welcomes Latest PET/CT Technology to St. Peter's Hospital

St. Peter's Health Partners leadership, staff of St. Peter's Medical Imaging, and representatives from GE HealthCare enjoyed a February ribbon-cutting ceremony to welcome the installation of a new PET/CT scanner at St. Peter's Hospital.

The GE Omni Legend, located in the 317 Building in Suite 150, offers the latest in scanning capabilities, with state-of-the-art digital detectors for high sensitivity and resolution of very small lesions. Because it is capable of executing scans at high speeds, that means reduced time spent in the scanner for patients, as well as reduced radiation exposure for both the patient and the colleague performing the scan.



IHANY Connected Care: Community Pharmacy No Cost A1c Testing Program

As part of a joint project with IHANY, St. Peter's Health Partners Medical Associates (SPHPMA), and Price Chopper/Market 32 Pharmacy, four Capital District pharmacy locations will be offering free supervised, self-administered Hb A1c testing for eligible patients. Results will be communicated by the pharmacy to the primary care provider and/or endocrinologist identified by the patient via fax to the provider's EMR. Patients with an A1c that is identified as pre-diabetic or diabetic will get a direct connection to a member of IHANY's care coordination team at St. Peter's Health Partners Medical Associates or Ellis Medicine. This team will support follow-up care and testing for the patient to track improvement.

ACO patients with an active diagnosis of diabetes and no A1c test completed within the past six months are eligible. Testing is currently available at the following locations. Patients can be scheduled by staff or call the pharmacies below to be scheduled. Details noted below.

Market 32 Pharmacy 111
501 Columbia Turnpike
Rensselaer, NY 12144
518-479-4388

Price Chopper Pharmacy 175
1879 Altamont Ave.
Schenectady, NY 12303
518-357-4297

Market 32 Pharmacy 003
716 Hoosick Road
Troy, NY 12183
518-266-9947

Price Chopper Pharmacy 138
873 New Loudon Road
Latham, NY 12110
518-782-0227

The slide below explains how to schedule a patient. To view the entire job aid, [click here](#). If you have questions, contact **Brian Pinga**.

Scheduling Link: <https://book.securedatatrans.com/d5spvlqe/#/book-appointment/select-a-location>

MARKET 32 PHARMACY 111	501 Columbia Turnpike	Rensselaer	NY	12144	518-479-4388
PRICE CHOPPER PHARMACY 175	1879 Allamont Avenue	Schenectady	NY	12303	518-357-4297
MARKET 32 PHARMACY 003	716 Hoosick Road	Troy	NY	12180	518-266-9947
PRICE CHOPPER PHARMACY 138	873 New Loudon Road	Latham	NY	12110	518-782-0227

Option 1: Patient facing colleagues (providers, CM/SW, CHW, etc.) can go online and schedule the patient at one of the locations above.

- Click above link, select one of the locations participating above and then select SPHP Health Screening.

Option 2: If a provider is informing an eligible patient to self refer the patient can call once of the pharmacy locations above and the staff will schedule them.

SELECT APPOINTMENT TYPE

- Flu Vaccine
- 65+Flu Vaccine
- Pfizer COVID-19 Vaccine Ages 12+
For individuals 12 and older who are unvaccinated or whose last COVID-19 dose was July 2023 or earlier.
- Moderna COVID-19 Vaccine Ages 12+
For individuals 12+ who have never received a COVID-19 vaccine or whose last dose was July 2023 or earlier.
- Pneumonia
- Shingrix Vaccination
Shingles Vaccine for individuals 50 and older or 18 and older who are immunocompromised.
- RSV Vaccine
For individuals 60 and older with medical conditions that put them at risk for severe RSV disease.
- SPHP Health Screening**
For SPHP Healthcare Provider Use Only.

Explore the SPHP "Care for Colleagues Program"

MEMO

To: SPHP Colleagues

From: Brian Pinga, CPHQ, CPhT, Executive Director/Administrator CIN/ACO

Date: Feb. 12, 2024

Re: Care for Colleagues: Fast-Tracking Health Services for Colleagues

While millions of people may be celebrating loved ones his Valentine's Day, don't forget the importance of celebrating yourself and making sure your health is a priority every day.

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

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

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

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

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

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

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

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

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

I would also like to recognize the leaders who have helped develop and support these programs:

Kathy Derosa, Chief Mission Officer and VP, Community Health & Well-Being and Mission Services
Bernie Godfrey, Director, Medical Imaging
Deborah House, Clinical Executive, Integrated Care Coordination System (ICCS)
IHANY Board and Committee members
Kimberly Ingoldsby, Albany GI, Director of Practice Operations
Integrated Care Coordination System (ICCS) Team
Wendy Meehan, Director, Albany Advanced Imaging (AAI)
Kristen Mucitelli-Heath, Senior VP, Population Health, Advocacy
Kristen Seaburg, Executive Director, Therapy Services
Dr. Matthew Sonagere, CMO, Sunnyview Rehabilitation Services
SPHP Colleague Care Team
SPHP Corporate Communications
Lynn Sutton, Supervisor, Diabetes Education
Carmen Walker, Manager, Medical Imaging
Melissa Zapotocki, Regional Director, Community Health & Well-Being

CNYAIM-Specific News

Family Care Medical Group, PC, Joins CNYAIM

We are excited to announce that Family Care Medical Group, PC, (FCMG) has joined CNYAIM. FCMG is a multispecialty medical group providing:

- Family Practice
- General Internal Medicine
- Endocrinology
- Infectious Disease
- Gynecology
- Otolaryngology
- Sleep Medicine
- Ophthalmology
- Pulmonology
- Sports Medicine

FCMG has 28 locations covering Onondaga, Cayuga, Cortland, and Oswego counties. More information on FCMG can be found on their website at www.fcmg.org

CNYAIM Care Management News

In January 2024, 4.3% of eligible ACO-attributed patients engaged in Longitudinal/High Risk Care Management, with the goal of at least 3%.

In January 2024, 5.7% of eligible ACO-attributed patients engaged in some form of care management, with the goal being 5%.

Twenty-one patients have graduated from our Community Health Worker Congestive Heart Failure (CHF) program in the last 10 months.

In 2023, our team made 1,650 Emergency Department follow-up calls.

Referrals to St. Joseph's Health Cancer Care

St. Joseph's Health Cancer Care is accepting referrals for new patients. In January, we shared the announcement of a new partnership with Roswell Park Comprehensive Care Center in Buffalo, bringing exceptional oncology services to Central New York. The initiative reinforces the Hospital's commitment to providing personalized, patient-centric cancer care close to home. The newly established Cancer Care service line at St. Joseph's Health aims to redefine the landscape of cancer treatment, offering a holistic approach to care that integrates advanced therapies, personalized treatment plans, and a collaborative team of experts.

Click [here](#) to read the press release. Click [here](#) to access the referrals page for both St. Joseph's Health physicians and providers, as well as patients.

The American Heart Association's annual Heart Walk Campaign is underway in Syracuse



Join your friends, family and co-workers to be a relentless force for a world of longer, healthier lives. By registering for the Heart Walk today, you are taking the first step to save lives. Every walker who joins, every dollar donated means more research, more people trained in lifesaving CPR, more medical breakthroughs, and more champions for equitable health.

This year's Heart Walk is Sunday, April 14, at OCC's SRC Arena and St. Joseph's Health has grouped all employees into four teams by director. Ask your supervisor to help you find your team, then click [here](#) to sign up. If you are employed with a different organization in the region and looking to join a team, visit the [American Heart Association website](#).

Important Reminders!

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

Mandatory Posting of CMS Posters and Letters for All ACO Practices

Due to unforeseen circumstances, the Centers for Medicare & Medicaid Services (CMS) has revised the Medicare Beneficiary Letter and Poster for 2024. **To be in compliance, all participating ACO practices are required to display their CMS ACO participation poster in each primary and specialty care office location, immediately.** The poster explains the practice's participation in the ACO and offers written notices (the letter referenced below) to beneficiaries upon request.

- Most practices opt to display the **poster** where most of their patient notifications are exhibited.
 - [English Poster](#)
 - [Spanish Poster](#)
- The **beneficiary letter** should be available and displayed at all access points within the practice. This can be a paper or laminated copy.
 - [English Letter](#)
 - [Spanish Letter](#)
- Our policy for compliance around these posters can be read [here](#).

If you or your patients have any questions, please do not hesitate to contact [Anne Bosco](#) at 315-458-6556 x473.

SPHPMA Home-Based Primary Care

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

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

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

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

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

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

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

SPHPMA Palliative Care Partners at Home Can Take New Referrals

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

Criteria:

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

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

Hospice: Did You Know?

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

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

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

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

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

The Community Hospice

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

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

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

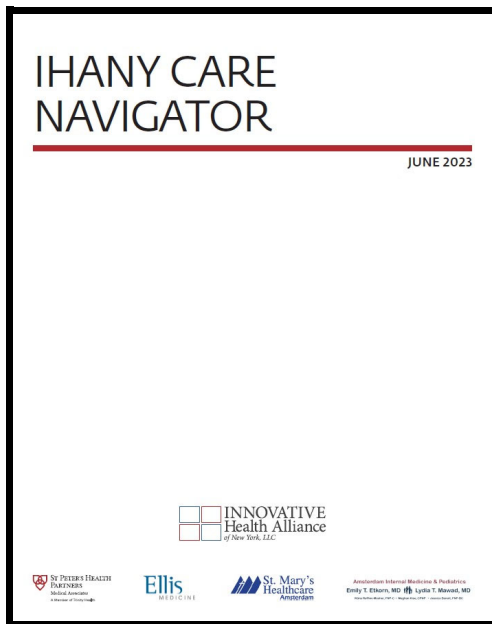
¹National Hospice and Palliative Care Organization (NHPCO)

²National Opinion Research Center (NORC) University of Chicago

All-Inclusive IHANY Care Navigator Directory and Website Update

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

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



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

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

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

Engaging Patients - Voice of the Beneficiary

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

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

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

We Are Here to Support You

CIN Websites

You can find educational materials and resources on our websites: www.ihany.org and cnyaim.org

Your Teams

Your IHANY Support Team:

Brian Pinga, Executive Director/Administrator CIN/ACO

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

Anne Bosco, Regional Coordinator ACO/CIN

Ashley Zapp, Manager, Care Coordination

Catrina Little, Risk Adjustment Coding Specialist

Emily Smith, Risk Adjustment Coding Specialist

Jamila Daily, Risk Adjustment Coding Specialist

Jency Wright, Patient Navigator

Laura Graham, Quality Improvement Specialist

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

Megan Helin, Post-Acute Care Coordinator

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

Sara Linnertz, Regional Population Health Pharmacist

Your CNYAIM Support Team:

Jason Decker, Executive Director/Administrator CIN/ACO

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

Aida Custodio, Patient Navigator

Anne Bosco, Regional Coordinator ACO/CIN

Brenda Ko, Manager Post-Acute Operations

Danay Romero Rivera, Patient Navigator CIN/ACO

Jeanette Loftus-Hart, Program Coordinator CIN/ACO

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

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

Sara Linnertz, Regional Population Health Pharmacist

Sarah Connolly, Manager, Care Management Network

Stephanie Restani, Health Coach Supervisor

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kim.kendrick@sphp.com is signed up to receive emails from Innovative Health Alliance of New York (IHANY)
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