



As a result of the Mid-Point Assessment, the Independent Assessor has developed recommendations for the PPS to address specific areas identified as deficiencies that could impact the PPS success in achieving the DSRIP goals.

For each group of recommendations under a specific organizational section or project included in the Mid-Point Assessment Report, the PPS has taken or plans to take the following corrective action(s).

**Mid-Point Assessment Recommendation:**

*Populate the recommendation as it appears in the final Mid-Point Assessment Report Recommendations that accompanies this template. These recommendations reflect the Project Approval and Oversight Panel modifications. An individual PPS Action Plan Narrative must be developed for each recommendation.*

## NYU Lutheran PPS

### Final Mid-Point Assessment Recommendations

#	PPS	Section	Focus Area	Final Recommendation
1	NYU Lutheran PPS	Project	3.d.ii.: Expansion of asthma home-based self-management program	The IA recommends the PPS develop an action plan to educate patients on the benefits of home-based asthma visits in order to engage patients in the project. The PPS must also create a plan to expedite the time needed to negotiate with vendors and integrate home visits into the infrastructure to engage partners in the project.
2	NYU Lutheran PPS	Organizational	Community Based Organization Contracting	The IA recommends the PPS create a plan and commit resources for the engagement of CBOs in all areas the PPS articulated in its Community Engagement Plan.
3	NYU Lutheran PPS	Organizational	Partner Engagement	The IA recommends that the PPS develop a strategy for ensuring partner engagement across all projects being implemented by the PPS.
4	NYU Lutheran PPS	Organizational	Primary Care Plans	The IA recommends the PPS develop an action plan to address the concerns related to sufficient primary care capacity in the Primary Care Plan.



### **PPS Action Plan Narrative:**

*Use this section to provide a narrative response outlining how the PPS has addressed or plans to address the particular Mid-Point Assessment Recommendation. This narrative should clearly articulate:*

- *Specific actions the PPS has taken or will take to remedy the deficiency noted in the recommendation,*
- *Timeline for actions,*
- *How the PPS will track progress in executing the actions, and*
- *How these actions reflect the PPS overall strategy for meeting its DSRIP goals.*

### **Mid-Point Assessment Recommendation #1:**

The IA recommends the PPS develop an action plan to educate patients on the benefits of home-based asthma visits in order to engage patients in the project. The PPS must also create a plan to expedite the time needed to negotiate with vendors and integrate home visits into the infrastructure to engage partners in the project. (*Focus Area: Expansion of asthma home-based self-management program – Project 3.d.ii*)

#### **PPS Narrative:**

The NYU Lutheran PPS will address the deficiency noted in the recommendation through a combination of short and long term strategies that are sustainable and appropriate to the community. In the short term, Americorp staff based at NYU Lutheran have been trained on an asthma home visit model. Leveraging asthma registries in place at NYU Lutheran, the Americorp staff will conduct phone outreach to patients with asthma. The outreach will provide basic health education regarding asthma and the importance of managing home based asthma triggers. Patients will then be offered free home based asthma assessments. To support this initiative, various home visit tools such as outreach scripts and patient educational materials will be developed. Additionally, a mechanism to document asthma care activities will be established so that performance can be tracked. The tools and best practices from this initiative will help inform the development of a sustainable asthma home assessment delivery model.

For the long term, the NYU Lutheran PPS will partner with community-based organizations (CBOs) and PPS primary care partners to implement asthma home visits. CBOs will be contracted to provide asthma home visit services in alignment with the communities with which they have experience and expertise. Contracted CBOs will be trained in the asthma home visit model. The PPS will collaborate with contracted CBOs to ensure that asthma home visit tools and workflows culturally and linguistically address the diverse needs of the community. The PPS will also work with contracted CBOs on a protocol to document asthma care activities.

PPS primary care partners will also be engaged to integrate asthma home visits into their organizational infrastructure as needed and appropriate. With respect to the individual situations and capacities of the PPS primary care partners, the PPS will evaluate the interest of the primary



care partners in providing asthma home visits. An appropriate model of asthma home visits will be established with interested primary care partners. The intent is to either have the PPS primary care partners refer to a CBO partner or train staff at the primary care site to conduct asthma home visits. Regardless of the model, the PPS will provide technical assistance so that patients with asthma can access home visit services. Technical assistance can take the form of establishing referral mechanisms to supporting development of documentation for asthma care activities.

The NYU Lutheran PPS will address the need for patient education on the benefits of home visits through multiple methods. By collaborating with CBO partners and engaging primary care partners in the delivery of asthma home visits, the PPS will leverage relationships and expertise within the community. PPS partner collaboration, particularly the involvement of Tier 1 CBOs, is key to the successful engagement of patients, particularly in situations in which there may be cultural and/or linguistic barriers to home visits. To support patient engagement, the PPS partners will collaboratively develop a patient education brochure. Key messages will be crafted to address common concerns about asthma home visits and to educate patients on the benefits of home visits in managing asthma triggers. NYU Lutheran PPS will work with its partners to determine linguistic needs for translation. PPS partners will then distribute these education brochures throughout their sites and utilize them as they interact with patients.

The timeline for this recommendation is January 1 to September 30, 2017. The PPS will use the following work stream to track progress for this recommendation:

- (i) The NYU Lutheran PPS regularly convenes a work group for the asthma project. CBOs and primary care partners participate in these meetings and will monitor implementation of these action items. As the action items are implemented, the work group will be able to make adjustments as needed to achieve the goal of engaging patients with respect to asthma home visits.

### **Mid-Point Assessment Recommendation #2:**

The IA recommends the PPS create a plan and commit resources for the engagement of CBOs in all areas the PPS articulated in its Community Engagement Plan. (*Focus Area: Community Based Organization Contracting*)

#### **PPS Narrative:**

The NYU Lutheran PPS will address the deficiency noted in this recommendation through a two-pronged approach. The first approach will include drafting a comprehensive PPS PMO staffing plan and gap analysis, to include one leadership and one supportive position each with responsibilities pertaining to CBO engagement. The PPS's staffing plan includes the addition of personnel to assist with the accomplishment of deliverables articulated in the PPS's Community Engagement Plan. The PPS will recruit, hire, and onboard an Assistant Director of DSRIP Partner Relations and Engagement, as well as a supporting Project manager to move forward in some of the areas articulated in the Community Engagement Plan. The second approach will encompass the PPS's intention to newly create and build upon pre-existing touchpoints between the PPS and CBO Partners, along with providing adequate support through communication



channels. One outlet for engagement will be a cloud-based platform to allow CBO partners to engage with the PPS. In addition, the PPS will engage in monthly meetings with CBO Partners and those meetings will provide CBOs the opportunity to learn and share information with PPS Partners. To further solidify CBO engagement, the PPS will schedule one-on-one meetings between CBOs and the NYU Lutheran PPS team, to include the Assistant Director of DSRIP Partnership Relations and Engagement, the supporting Project Manager and/or the DSRIP Director. To complement in-person meetings, the PPS will coordinate and collaborate with NYU Lutheran's Department of Public Relations to reestablish the process to create and distribute the PPS Partner newsletter which will provide DSRIP updates, Project Highlights and a Partner Spotlight. To further augment information sharing through meetings and the newsletter, the PPS will conduct DSRIP-related trainings as well as launch a resource hub to provide a robust and searchable database of CBOs for its PPS Partners.

The timeline of November 15, 2016 to September 30, 2017 will be applicable to the action items stated above for this recommendation. The PPS will use the following metrics to track progress for this recommendation:

- (i) The PPS will recruit, hire and onboard an Assistant Director of DSRIP Partner Relations and Engagement, as well as a supporting Project Manager.
- (ii) The Assistant Director of DSRIP Partner Relations and Engagement and supporting Project Manager will work closely with DSRIP leadership as well as utilize additional resources to engage CBOs in the areas articulated in the NYU Lutheran PPS Community Engagement Plan.

**Mid-Point Assessment Recommendation #3:**

The IA recommends that the PPS develop a strategy for ensuring partner engagement across all projects being implemented by the PPS. (*Focus Area: Partner Engagement*)

PPS Narrative:

The NYU Lutheran PPS will address the deficiency noted in this recommendation by utilizing a strategy that ensures partner engagement across projects being implemented by the PPS. The Assistant Director of DSRIP Partner Relations and Engagement in combination with the supporting Project Manager and additional committed PPS resources will continuously work towards ensuring that PPS Partners are engaged and involved. To support this, the PPS recently implemented a Partner Engagement Planning Workgroup in which PPS Partners have the opportunity to provide input and feedback on how they can contribute, collaborate or in some cases take a lead role in all areas of the PPS. This includes, but is not limited to all clinical projects, workforce role-based training, engaging unengaged patients and closing gaps in care, community outreach and education, and development of a Community Advisory Group. In addition, and similar to CBO-specific outreach, the PPS will use a cloud-based platform to allow PPS Partners to engage in bi-directional communication. The PPS will coordinate and collaborate with NYU Lutheran's Department of Public Relations to reestablish the process to create and distribute the PPS Partner newsletter which will provide DSRIP updates, Project



Highlights and a Partner Spotlight. The PPS will also accurately report the engagement of partners and providers participating in each DSRIP Project via the State's reporting mechanism.

The timeline of November 15, 2016 to September 30, 2017 will be applicable to the action items stated above for this recommendation. The NYU Lutheran PPS recognizes the importance of partner engagement in the development of the integrated delivery system and has already made significant efforts to improve relations and engagement with partners through these and other PPS-wide activities.

**Mid-Point Assessment Recommendation #4:**

The IA recommends the PPS develop an action plan to address the concerns related to sufficient primary care capacity in the Primary Care Plan (*Focus Area: Primary Care Plans*)

**PPS Narrative:**

The NYU Lutheran PPS will address the deficiency noted in this recommendation by having a two-pronged approach. The PPS has contracted and will continue to work with Primary Care Development Corporation (PCDC) to assess and develop opportunities for eligible primary care sites to obtain Patient Centered Medical Home (PCMH) certifications. Subsequent to the formal network analysis, the PPS will evaluate response findings and explore opportunities for expanding both access and capacity through transformational support to PPS Partners who are both eligible and willing to pursue the NCQA PCMH recognition. Furthermore, the PPS Project Management Office (PMO) in conjunction with DSRIP leadership will review the NYU Lutheran PPS Primary Care Plan regarding primary care capacity. Beyond evaluating, revising and updating the plan to address concerns related to sufficient primary care capacity, the PPS will work with its primary care partners to ensure that their plans for primary care expansion are included and reflected within the updated Primary Care Plan.

The timeline of January 1 to September 30, 2017 will be applicable to the action items stated above for this recommendation. The PPS will have two different work streams to track progress for this recommendation:

- (ii) The PPS will work jointly with PCDC, as well as with eligible and willing PPS Partners to achieve PCMH 2014 Level 3 recognition with a focus on creating open access, increased capacity and continuity in the primary care setting.
- (iii) The PPS PMO will work closely with DSRIP leadership and the PPS's primary care partners to ensure that plans for primary care expansion align with DSRIP goals and the impact of interventions for viable and sustainable improvement of access and capacity occurring across PPS partner sites.

**Partner Engagement**

*PPS are required to report the number of partners the PPS plans to engage, by project and by partner category, to support the PPS implementation strategy. Partners can be reported at the*





*individual NPI level and PPS are not held to reporting at the Entity ID roll-up level reflected in the PIT. PPS assign partners within the defined categories according to how they are being engaged by the PPS to provide services and may assign partners in multiple partner categories.*

**The NYU Lutheran PPS has completed this tab in the Excel spreadsheet per the Partner Engagement Recommendation received by the IA.**

#### Funds Flow

*PPS are required to report the actual amount of dollars distributed by partner category as of the DY2, Q3 PPS Quarterly Report and the expected dollar distributions through DY2, Q4, by the defined partner categories. PPS should report the planned percentage distributions across the partner categories for DY3 and DY4-5. The figures reflected in this table should be consistent with the funds flow strategy articulated in the narrative. In reporting the percentages for DY3, and DY4-5, the PPS must account for the distribution of all funds, including those distributed to the PPS PMO. The amounts reflected in this table should be inclusive of all DSRIP funds (DSRIP Performance, EPP, EIP, AHPP). Payments to partners may be split across categories consistent with the engagement of those partners, however the dollars can only be counted once.*

- *For example, if a PPS has engaged a single partner as both a billing Case Management partner and a CBO Tier 1 partner, the PPS can distribute funds to this partner under each of these categories, however, the payment would need to be split between the categories. A \$100 payment to the partner may be represented as \$50 under Case Management and \$50 under CBO Tier 1; a single \$100 payment cannot be reflected as \$100 under Case Management and \$100 under CBO Tier 1.*

**The NYU Lutheran PPS has NOT completed this tab in the Excel spreadsheet as the PPS did not receive any recommendations pertaining to funds flow.**

#### **Implementation Plan:**

*With regards to all Mid-Point Assessment recommendations calling for PPS to develop a plan for addressing a noted area for improvement, the PPS must also develop an implementation plan (aligned with the narrative provided) which defines the specific milestones, tasks, and proposed completion dates against which PPS progress in implementation may be measured.*

*Implementation plans must be completed using the attached template.*

*The approved implementation plan will be incorporated into the PPS Quarterly Reporting process and subject to IA review and remediation processes.*

#### **Implementation Date:**

*Provide the actual (for completed actions) or proposed (for planned actions) date for the completion of the Mid-Point Assessment Action Plan. All Mid-Point Assessment Action Plans should be fully implemented by no later than September 30, 2017.*



**Mid-Point Assessment Action Plan Due Date:**

Mid-Point Assessment Action Plans are due to the Independent Assessor by no later than March 10, 2017. These plans will be reviewed by the IA and by the Project Approval and Oversight Panel with final approval from the IA by no later than April 1, 2017.

**Non-Compliance with Mid-Point Assessment Action Plans:**

PPS that do not have an approved Mid-Point Action Plan by April 1, 2017 may be subject to additional oversight from the IA. Failure to complete the efforts documented in the approved Mid-Point Assessment Action Plan may result in a recommendation from the IA to implement structural changes to the PPS such as discontinuation of the PPS Project Plan, a change in the lead entity of the PPS, consolidation of the PPS with another PPS, or the discontinuation of a project within the PPS Project Plan.

**Attachments:**

- 1) Mid-Point Assessment Action Plan Template
  - a. MPA Implementation Plan Template
  - b. Partner Engagement
  - c. Funds Flow
- 2) Mid-Point Assessment Report - Final Recommendations

State of New York										
Department of Health										
Delivery System Reform Incentive Payment (DSRIP) Program										
Mid-Point Assessment Action Plan - Implementation Plan										
<b>Mid-Point Assessment Recommendation #1: The IA recommends the PPS develop an action plan to educate patients on the benefits of home-based asthma visits in order to engage patients in the project. The PPS must also create a plan to expedite the time needed to negotiate with vendors and integrate home visits into the infrastructure to engage partners in the project. (Focus Area: Expansion of asthma home-based self-management program - Project 3.d.ii)</b>										
<b>PPS Defined Milestones/Tasks</b>									<b>Target Completion Date</b>	
<b>Milestone 1: Implement home visits utilizing Americorp staff for NYU Lutheran patients</b>									5/15/2017	
<i>Task 1: Train Americorp staff members on asthma home visit model</i>									3/1/2017	
<i>Task 2: Establish asthma home visiting workflow for Americorp staff to provide home visits to NYU Lutheran patients</i>									3/31/2017	
<i>Task 3: Develop asthma home visit tools (e.g., outreach scripts, patient education materials, etc.)</i>									3/31/2017	
<i>Task 4: Establish documentation of activities in EHR or develop Excel tracking file</i>									3/31/2017	
<i>Task 5: Launch asthma home visiting outreach utilizing Americorp staff</i>									4/15/2017	
<i>Task 6: Evaluate referrals, outreach, and conversion based on one month's performance data and adjust model and workflow as necessary to meet the community's needs</i>									5/15/2017	
<b>Milestone 2: Partner with community-based organizations (CBOs) to implement asthma home visits</b>									9/30/2017	
<i>Task 1: Identify communities where CBOs can implement asthma home visits according to their experience and expertise</i>									4/15/2017	
<i>Task 2: Partner with CBOs to develop and establish process and workflow for asthma home visit</i>									6/30/2017	
<i>Task 3: Collaborate with CBOs to establish appropriate financial model and contractual terms for provision of asthma home visit services</i>									6/30/2017	
<i>Task 4: Train CBO staff on asthma home visit model</i>									7/31/2017	
<i>Task 5: Collaborate with CBOs to develop culturally competent and linguistically appropriate tools for the outreach and engagement of patients with asthma</i>									7/31/2017	
<i>Task 6: Collaborate with CBOs to establish appropriate documentation protocols</i>									7/31/2017	
<i>Task 7: Launch asthma home visiting outreach in accordance with CBO partnership</i>									8/15/2017	



<i>Task 8: In partnership with contracted CBOs, collaboratively evaluate referrals, outreach, and conversion based on one month's performance data and adjust model and workflow as necessary to meet the community's needs</i>	9/30/2017
<b>Milestone 3: Educate patients about the benefits of home visits</b>	7/31/2017
<i>Task 1: Collaborate with Tier 1 CBOs to draft culturally competent and linguistically appropriate content for patient education brochure regarding the benefits of home visits to address environmental triggers for asthma</i>	4/30/2017
<i>Task 2: Collaborate with NYU Langone communication specialists to develop layout and graphics for patient education brochure</i>	5/31/2017
<i>Task 3: Solicit and incorporate feedback from broader partner audience inclusive of primary care providers to finalize patient education brochure</i>	6/30/2017
<i>Task 4: Distribute patient education brochures throughout PPS partner locations including CBO partners and primary care provider sites</i>	7/31/2017
<b>Milestone 4: Engage NYU Lutheran PPS primary care providers to integrate home visits into their infrastructure</b>	9/30/2017
<i>Task 1: Determine needs and evaluate challenges of NYU Lutheran PPS primary care providers to integrate asthma home visits</i>	4/15/2017
<i>Task 2: Identify models of asthma home visit implementation appropriate to NYU Lutheran PPS primary care providers (e.g., referral to CBO vendor, training of primary care site staff to conduct asthma home visits, etc.)</i>	4/30/2017
<i>Task 3: Provide technical assistance to NYU Lutheran PPS primary care providers to implement their preferred model of asthma home visits (e.g., establish referral mechanism to CBO vendor, facilitate contracting for asthma home visit services, train staff on asthma home visit model, develop job descriptions, etc.)</i>	7/31/2017
<i>Task 4: In partnership with NYU Lutheran PPS primary care providers, collaboratively evaluate referrals, outreach, and conversion based on one month performance and adjust model and workflow as necessary to meet the community's needs</i>	9/30/2017
<b>Mid-Point Assessment Recommendation #2: The IA recommends the PPS create a plan and commit resources for the engagement of CBOs in all areas the PPS articulated in its Community Engagement Plan. (Focus Area: Community Based Organization Contracting)</b>	
<b>PPS Defined Milestones/Tasks</b>	<b>Target Completion Date</b>

<b>Milestone 1: The NYU Lutheran PPS will develop a staffing plan which will include dedicated positions accountable for overall partner engagement, however focused in particular on CBO engagement consistent with the PPS Community Engagement Plan.</b>	6/30/2017
<i>Task 1: Draft comprehensive PPS PMO staffing plan and gap analysis, including one leadership and one supportive position each with responsibilities pertaining to CBO engagement; Assistant Director of DSRIP Partner Relations and a supporting Project Manager</i>	10/14/2016
<i>Task 2: Obtain approval from PPS Finance Sub-Committee and PPS Executive Committee for comprehensive staffing plan, particularly two new DSRIP positions; Assistant Director of DSRIP Partner Relations and Engagement, and Project Manager</i>	12/31/2016
<i>Task 3: Create job description for Assistant Director of DSRIP Partner Relations and Engagement position in alignment with the experience and skills needed to increase the levels of engagement with CBOs as articulated in the PPS Community Engagement Plan</i>	1/15/2017
<i>Task 4: Submit job description for Assistant Director of DSRIP Partner Relations and Engagement position to the NYU Langone Human Resources Department for system review, compensation analysis and approval</i>	1/31/2017
<i>Task 5: Interview candidates for Assistant Director of DSRIP Partner Relations and Engagement, and Project Manager positions</i>	2/28/2017
<i>Task 6: Hire and onboard Assistant Director of DSRIP Partner Relations and Engagement</i>	3/31/2017
<i>Task 7: Hire and onboard Project Manager</i>	6/30/2017
<b>Milestone 2: Key NYU Lutheran PPS PMO leadership and stakeholders will actively work to engage CBOs in alignment with areas articulated in the NYU Lutheran PPS Community Engagement Plan per the tasks delineated below</b>	9/30/2017
<i>Task 1: Vet, acquire, customize and launch a cloud-based platform to allow CBO partners the capability to engage in bi-directional communication and to provide any applicable feedback to the PPS</i>	11/15/2016
<i>Task 2: Establish a process for hosting Monthly PPS CBO Partner meetings</i>	12/31/2016
<i>Task 3: Kick off Monthly CBO Meetings which will allow CBO representatives to present on behalf of their organizations. Open discussion during these meetings is intended to provide an environment for bi-directional learning, information sharing, and planning</i>	3/31/2017

<i>Task 4: Schedule one-on-one meeting(s) between CBOs and the NYU Lutheran PPS team (to include Assistant Director of DSRIP Partnership Relations and Engagement and/or Director, DSRIP) to discuss contracting, implementation plans, alignment with clinical projects, and other opportunities for DSRIP collaboration.</i>	6/30/2017
<i>Task 5: Coordinate and collaborate with NYU Lutheran Department of Public Relations to re-establish the process to create and distribute the PPS Partner newsletter which will provide DSRIP updates, Project Highlights and a Partner Spotlight</i>	6/30/2017
<i>Task 6: Identify a resource hub with which the PPS can contract to provide a robust and searchable database of CBOs to its PPS Partners</i>	6/30/2017
<i>Task 7: Complete the contracting process with the selected CBO resource hub</i>	8/31/2017
<i>Task 8: Launch CBO resource hub and demo platform capabilities to PPS Partners and CBOs</i>	9/30/2017
<i>Task 9: Complete contracting process with ArchCare, to include execution of the MSA and Schedule A</i>	9/30/2017
<i>Task 10: Complete contracting process with The Resource Training Center, to include execution of the MSA and Schedule A</i>	9/30/2017
<i>Task 11: Complete contracting process with Mixteca Organization, Inc., to include execution of the MSA and Schedule A</i>	9/30/2017
<i>Task 12: Complete contracting process with ArchCare, to include execution of the MSA and Schedule A</i>	9/30/2017
<i>Task 13: Complete contracting process with Fifth Avenue Committee to include execution of the MSA and Schedule A</i>	9/30/2017
<i>Task 14: Complete contracting process with ArchCare, to include execution of the MSA and Schedule A</i>	9/30/2017
<i>Task 15: Complete contracting process with Brooklyn Chinese-American Association, to include execution of the MSA and Schedule A</i>	9/30/2017
<i>Task 16: Complete contracting process with Arab American Association of New York, to include execution of the MSA and Schedule A</i>	9/30/2017
<i>Task 17: Complete contracting process with Arthur Ashe Institute for Urban Health to include execution of the MSA and Schedule A</i>	9/30/2017
<i>Task 18: Complete contracting process with Good Shepherd, to include execution of the MSA and Schedule A</i>	9/30/2017
<i>Task 19: Complete contracting process with CAMBA, to include execution of the MSA and Schedule A</i>	9/30/2017

<i>Task 20: Identify CBO lead for Cultural Competency and Health Literacy (CCHL) consistent with the NYU Lutheran PPS CCHL Training Strategy approved in July 2016</i>	4/30/2017
<i>Task 21: Establish scope of work within CCHL workstream and execute contract with CBO lead</i>	6/30/2017
<i>Task 22: Create an issue-focused Community Advisory Workgroup</i>	4/30/2017
<i>Task 23: Identify CBO(s) with capabilities and/or capacity to enter into secondary contractual arrangements to conduct outreach to engage unengaged patients and/or facilitate closing gaps in care</i>	6/30/2017
<i>Task 24: Establish scope of work and execute secondary contract(s) with CBO(s) to engage unengaged patients and/or facilitate closing gaps in care</i>	9/30/2017
<i>Task 25: PPS will convene a Partner Engagement Planning Workgroup comprised of key partner organizations, including CBOs and providers, as well as internal PPS stakeholders, for the purpose of</i>	4/30/2017
<i>Task 26: Establish and implement a consistent schedule and process for convening NYU Lutheran PPS All Partner Meetings to allow for information sharing, to provide updates to the PPS partners and to address any questions or concerns raised by the partners.</i>	6/30/2017
<i>Task 27: Establish a process for PPS partner and CBO collaboration and integration in the development and implementation of the DSRIP Training Strategy and role-based training road maps</i>	4/30/2017
<b>Mid-Point Assessment Recommendation #4: The IA recommends the PPS develop an action plan to address the concerns related to sufficient primary care capacity in the Primary Care Plan. (Focus Area: Primary Care Plans)</b>	
<b><i>PPS Defined Milestones/Tasks</i></b>	<b><i>Target Completion Date</i></b>
<b>Milestone 1: Work with Primary Care Development Corporation (PCDC) to assess and develop opportunities for eligible Primary Care sites to obtain NCQA 2014 Level 3 Patient Centered Medical Home (PCMH) recognition.</b>	9/30/2017
<i>Task 1: Meet with Primary Care Development Corporation (PCDC) to discuss contracting opportunity</i>	1/31/2017
<i>Task 2: Contract with PCDC to conduct a formal network analysis of PCMH recognition status and/or readiness levels of PCP sites in the PPS network</i>	2/28/2017
<i>Task 3: PCDC to conduct a formal network analysis of PCMH recognition status and/or readiness levels of PCP practices in the PPS network</i>	3/15/2017

<i>Task 4: Evaluate findings and opportunities for expanding both access and capacity through NCQA 2014 Level 3 PCMH recognition and target specific practices for transformation support</i>	3/31/2017
<i>Task 5: Provide eligible Primary Care sites with transformation support towards meeting NCQA 2014 Level 3 PCMH recognition</i>	9/30/2017
<b>Milestone 2: The PPS will utilize this Mid-Point Assessment Milestone as the plan (detailed by the tasks below) to address the concerns related to sufficient primary care capacity in the Primary Care Plan.</b>	8/31/2017
<i>Task 1: The PPS Project Management Office (PMO) in collaboration with DSRIP leadership and key PPS partners and stakeholders, will review the NYU Lutheran PPS Primary Care Plan and establish a process to update the document accordingly</i>	4/30/2017
<i>Task 2: The PPS will collaborate with its primary care partners to collect data and information pertaining to capacity, access and PCP types and counts across the PPS network</i>	6/30/2017
<i>Task 3: The PPS will evaluate, revise and update the PPS Primary Care Plan to address the concerns related to sufficient primary care capacity within the plan</i>	8/31/2017





**State of New York**  
**Department of Health**  
**Delivery System Reform Incentive Payment (DSRIP) Program**  
**Mid-Point Assessment Action Plan - Funds Flow**

	Funds Flow (all funds)			
	<i>Funds Flow through DY2, Q3</i>	<i>Projected Funds Flow through DY2</i>	<i>% of Earned Dollars Planned for Distribution DY3</i>	<i>% of Earned Dollars Planned for Distribution DY4 - DY5</i>
Partner Category				
Practitioner - Primary Care				
Practitioner - Non-Primary Care				
Hospital - Inpatient/ED				
Hospital - Ambulatory				
Clinic				
Mental Health				
Substance Abuse				
Case Management				
Health Home				
Community Based Organization (Tier 1)				
Nursing Home				
Pharmacy				
Hospice				
Home Care				
Other (Define)				
Other (Define)				
Other (Define)				
<b>Total</b>	\$ -	\$ -		