



**Department
of Health**

DSRIP Independent Assessor

Mid-Point Assessment Report

Final Report

Albany Medical Center Hospital

December 2016

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Prepared by the DSRIP
Independent Assessor

Albany Medical Center Hospital

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I. Introduction

Albany Medical Center Hospital serves five counties in the Capital Region of New York: Albany, Columbia, Greene, Saratoga, and Warren. The Medicaid population attributed to this PPS for performance totals 69,883. The Medicaid population attributed to this PPS for valuation was 107,781. Albany Medical Center was awarded a total valuation of \$141,430,548 in available DSRIP Performance Funds over the 5 year DSRIP project.

Albany Medical Center selected the following 11 projects from the DSRIP Toolkit:

Figure 1: Albany Medical Center DSRIP Project Selection

| Project | Project Description |
|---------|--|
| 2.a.i | Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management |
| 2.a.iii | Health home at-risk intervention program: proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services. |
| 2.a.v | Create a medical village/alternative housing using existing nursing home infrastructure |
| 2.b.iii | ED care triage for at-risk populations |
| 2.d.i | Implementation of patient activation activities to engage, educate and integrate the uninsured and low/non-utilizing Medicaid populations into community based care. |
| 3.a.i | Integration of primary care and behavioral health services |
| 3.a.ii | Behavioral health community crisis stabilization services |
| 3.b.i | Evidence-based strategies for disease management in high risk/affected populations (adult only) |
| 3.d.iii | Implementation of evidence- based medicine guidelines for asthma management |
| 4.b.i | Promote tobacco use cessation, especially among low socioeconomic status populations and those with poor mental health |
| 4.b.ii | Increase access to high quality chronic disease preventive care and management in both clinical and community settings |

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II. 360 Survey Results: Partners' Experience with the PPS

Survey Methodology and Overall PPS Average Results

The Independent Assessor (IA) developed a 360 survey to solicit feedback from the partners of each PPS regarding engagement, communication, and effectiveness. The survey consisted of 12 questions across four PPS organizational areas: Governance, Performance Management, Information Systems, and Contracting/Funds Flow. The IA selected a sample of PPS network partners to participate via a sample generator from the PPS Provider Import/Export Tool (PIT)¹ report. A stratified sampling methodology was used to ensure that each category of network partner was included in the surveyed population. This was done to ensure a cross-section of the partner types in the PPS network. The IA used 95% confidence interval and 5% error rate to pull each sample. For the 25 PPS the IA sent out a total of 1,010 surveys, for an average of 40 surveys per PPS partner. The response rate overall was 52%, or 523 total respondents, for an average of approximately 21 responses per PPS.

360 Survey by Partner Category for All PPS

An analysis of the average survey scores by partner category for all PPS identifies some key trends. The two most favorable survey results were from Hospitals and Nursing Homes. The least favorable survey results came from the Mental Health, Hospice, and Primary Care Providers. These results reflect (generally) a high approval rating of PPS' engagement, communication, and effectiveness by institutional providers and a low approval rating of PPS' engagement, communication, and effectiveness by non-institutional/community based providers. A more thorough review of the four PPS organizational areas demonstrated that all partners perceived that Contracting/Funds Flow and Information Systems as the least favorable rankings (compared to Governance and Performance Management).

Figure 2: All PPS 360 Survey Results by Partner Type and Organizational Area

| Partner Type | Average Score | Governance | Performance Management | IT Solutions | Funds Flow |
|-------------------------------|---------------|------------|------------------------|--------------|------------|
| Hospital | 3.32 | 3.42 | 3.39 | 3.04 | 3.28 |
| Nursing Home | 3.06 | 3.15 | 2.93 | 2.93 | 2.79 |
| Community Based Organization | 3.00 | 3.17 | 3.04 | 2.73 | 2.97 |
| Case Management / Health Home | 2.93 | 2.98 | 2.87 | 2.81 | 2.75 |
| Practitioner - Non-PCP | 2.93 | 3.03 | 2.80 | 2.64 | 2.40 |
| Clinic | 2.92 | 2.96 | 3.03 | 2.75 | 2.66 |
| Substance Abuse | 2.91 | 3.08 | 2.96 | 2.78 | 2.82 |
| Pharmacy | 2.87 | 3.00 | 2.84 | 2.31 | 2.25 |
| All Other | 2.84 | 2.92 | 2.83 | 2.63 | 2.69 |

¹ The Provider Import/Export Tool (PIT) is used to capture the PPS reporting of partner engagement, as well as funds flow for the PPS Quarterly Reports. All PPS network partners are included in the PIT and are categorized based on the same logic used in assigning the partner categorization for the Speed & Scale commitments made during the DSRIP Project Plan Application process.

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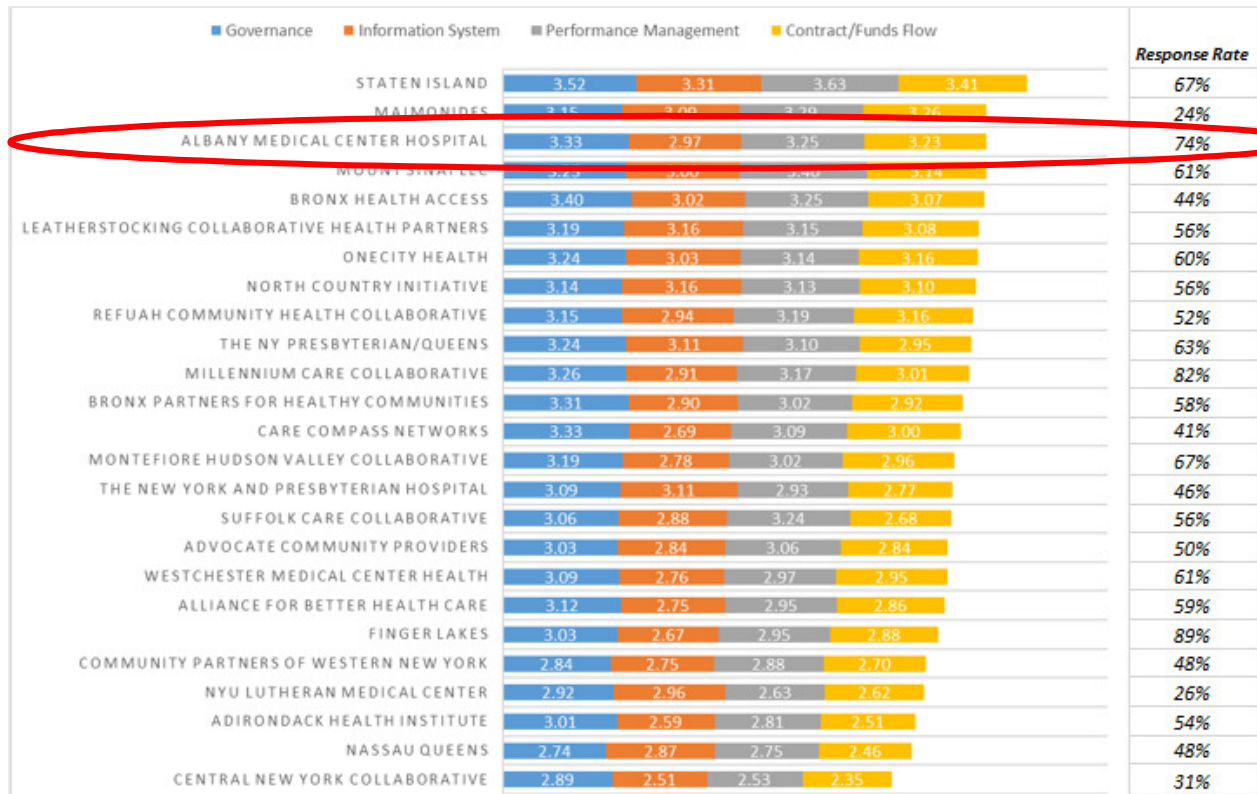
| | | | | | |
|---------------------------------------|-------------|-------------|-------------|-------------|-------------|
| Mental Health | 2.81 | 2.94 | 2.85 | 2.56 | 2.75 |
| Hospice | 2.74 | 2.93 | 2.75 | 2.41 | 2.41 |
| Practitioner - PCP | 2.66 | 2.68 | 2.66 | 2.61 | 2.31 |
| Average by Organizational Area | 2.90 | 3.00 | 2.89 | 2.70 | 2.67 |

Data Source: 360 Survey Results

Albany Medical Center 360 Survey Results²

The Albany Medical Center 360 survey sample included 19 participating network partner organizations identified in the PIT; 14 of those sampled (74%) returned a completed survey. This response rate was fairly high with the average across all PPS (52% completed). The Albany Medical Center aggregate 360 survey score ranked 3rd out of 25 PPS (Figure 2).

Figure 3: PPS 360 Survey Results by Organizational Area



Data Source: 360 Survey Data for all 25 PPS

Albany Medical Center PPS 360 Survey Results by Partner Type

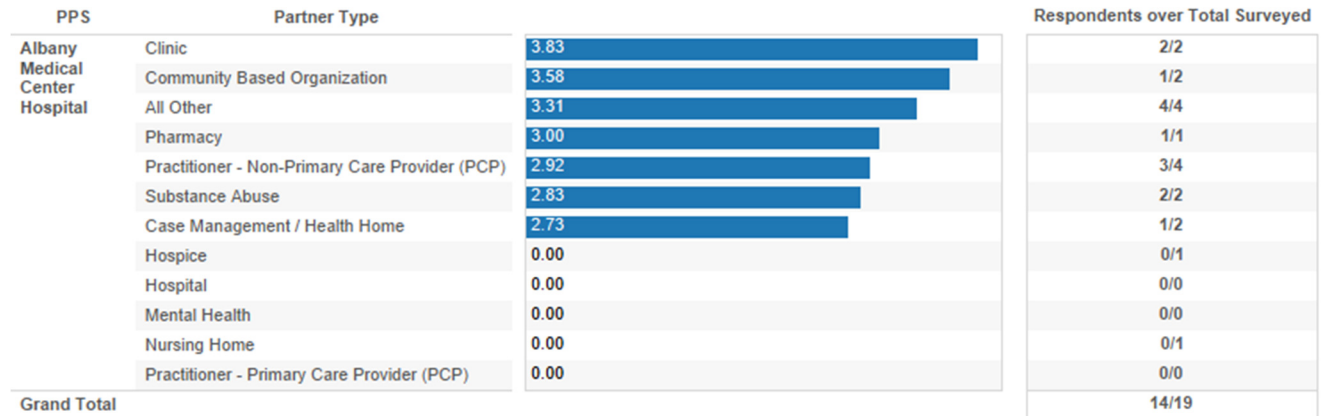
The IA then analyzed the survey response by partner category to identify any trends by partner type. Figure 4 below identifies and ranks the average survey responses. The Case Management/Health Home survey result was low (8th out of 12), which was unusual compared to all PPS' (4th out of 12). Mental Health and Practitioner – Primary Care Provider categories were

² PPS 360 Survey data and comments can be found in the "Appendix 360 Survey".

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also low, which was consistent with peer PPS responses. Most negative answers were for the Contracting / Funds Flow and the IT Solutions questions.

Figure 4: Albany Medical Center 360 Survey Results by Partner Type³



Data Source: Albany Medical Center 360 Survey Results

While the data from the 360 Survey alone does not substantiate any specific recommendations at this time, it serves as an important data element in the overall assessment of the PPS through the first five quarters of the DSRIP program and may guide the PPS in its efforts to engage its partners.

³ For the survey results, while the CBO category appears to have returned zero results, the IA found that CBO entities may have also been identified as part of the All Other partner category.

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III. Independent Assessor Analysis

The IA has reviewed every Quarterly Report submitted by the PPS covering DY1, Q1 through DY2, Q2⁴ and awarded the Achievement Values (AVs) for the successful completion of milestones, as appropriate.

- In DY1, Q2, Albany Medical Center **earned all available Organizational AVs and earned two of a possible seven Patient Engagement Speed AVs.**
- In DY1, Q4, Albany Medical Center **earned all available Organizational AVs and earned two of a possible eight Patient Engagement Speed AVs.**

In addition to the PPS Quarterly Reports the PPS were required to submit narratives for each of the projects the PPS is implementing and a narrative to highlight the PPS organizational status. These narratives were required specifically to support the Mid-Point Assessment and were intended to provide a more in depth update on the project implementation efforts of the PPS.

Lastly, the IA conducted site visits to each of the 25 PPS during October 2016. The site visits were intended to serve a dual purpose: as an audit of activities completed during DY1, including specific reviews of Funds Flow and Patient Engagement reporting and as an opportunity to obtain additional information to support the IA's efforts related to the Mid-Point Assessment. The IA focused on common topics across all 25 PPS including Governance, Cultural Competency and Health Literacy, Performance Reporting, Financial Sustainability, and Expanding Access to Primary Care.

The IA leveraged the data sources available to them, inclusive of all PPS Quarterly Reports, AV Scorecards, the PPS Narratives, and the On-Site Visits to conduct an in depth assessment of PPS organizational functions, PPS progress towards implementing their DSRIP projects and the likelihood of the PPS meeting the DSRIP goals. The following sections describe the analyses completed by the IA and the observations of the IA on the specific projects that have been identified as having varying levels of risk.

A. Organizational Assessment

The first component of the IA assessment focused on the overall PPS organizational capacity to support the successful implementation of DSRIP and in meeting the DSRIP goals. As part of the quarterly reports, the PPS are required to provide documentation to substantiate the successful completion of milestones across key organizational areas such as Governance, Cultural Competency and Health Literacy, Workforce, Financial Sustainability, and Funds Flow to PPS partners. Following the completion of the defined milestones in each of the key organizational areas, the PPS are expected to provide quarterly updates on any changes to the milestones already completed by the PPS. The following sections highlight the IA's assessment on the PPS

⁴ At the time of this report, the IA was reviewing the PPS Quarterly Report submissions for DY2, Q2 and had not issued final determinations on PPS progress. However, items not subject to remediation such as engagement numbers and funds flow data were necessary to provide for the most recent and comprehensive IA analysis.

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efforts in establishing the organizational infrastructure to support the successful implementation of the PPS DSRIP plan.

PPS Governance

The PPS governance structure includes a PPS Board of Directors which reports to the PPS lead, Albany Medical Center Hospital, Board of Directors. The PPS Board is comprised of 10 members solely affiliated with Albany Medical Center, the Project Management Office (PMO) and The Center for Health Systems Transformation. The PPS has recently filed an application to form a NewCo., Better Health of Northeast New York (BHNNY). The PPS anticipates receiving approval for BHNNY by DY2, Q3. The PAC Executive Committee is comprised of 19 members, including 10 of the largest organizations in the PPS region and nine of the committee chairs including Finance, Audit and Compliance, Cultural Competency and Health Literacy, Clinical and Quality Affairs, Consumer and Community Affairs, Technology and Data Management, and the Workforce Coordinating Council. PAC meetings are conducted monthly via webinars.

During the onsite visit, the IA expressed concerns regarding the PPS Board's ability to act on behalf of the PPS versus the lead entity, as all PPS Board members are affiliated with either Albany Medical Center Hospital or the PMO. The PMO representatives stated that they believe the NewCo, BHNNY, will have greater ability to consolidate and enhance services and implement changes on behalf of the PPS.

PPS Administration and Project Management Office (PMO)

The IA also reviewed the PPS spending through the DY2, Q2 PPS Quarterly Reports related to administrative costs and funds distributed to the PPS PMO. It should be noted that PPS administrative spending will vary due to speed of staffing up the PMO, size of the PMO, the type of centralized services provided and the degree of infrastructure investment, such as IT, that it may find necessary to support the PPS partners to achieve project goals.

In reviewing the PPS spending on administrative costs, the IA found that Albany Medical Center had reported spending of \$920,223.00 on administrative costs compared to an average spend of \$3,684,862.24 on administrative costs for all 25 PPS. As each PPS is operating under different budgets due to varying funding resources associated with the DSRIP valuations, the IA also looked at spending on administrative costs per attributed life⁵, relying on the PPS Attribution for Performance figures⁶. The IA found that Albany Medical Center spends \$13.17 per attributed life on administrative costs compared to a statewide average spend of \$23.93 per attributed life on administrative costs.

Looking further at the PPS fund distributions to the PPS PMO, Albany Medical Center distributed \$5,816,560.96 to the PPS PMO out of a total of \$7,652,276.96 in funds distributed across the PPS

⁵ Attribution for Performance was used as a measure of the relative size of each PPS to normalize the administrative spending across all 25 PPS.

⁶ The Attribution for Performance figures were based on the data included on the individual PPS pages on the NY DSRIP website.

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network, accounting for 76.01% of all funds distributed through DY2, Q2. Comparatively, the statewide average for PPS PMO distributions equaled \$5,966,502.64 or 42.85% of all funds distributed.

The data on the administrative costs and PMO funds flow distributions present a point of comparison across PPS, however do not alone provide enough information from which the IA can assess the organizational capacity of the PPS to support the implementation of DSRIP. It is important for the PPS to invest in the establishment and maintenance of an organizational infrastructure to support the PPS through the implementation of the DSRIP projects to ensure the PPS success in meeting its DSRIP goals.

Community Based Organization Contracting

As part of its Quarterly Reporting, Albany Medical Center has submitted a list of all Community Based Organizations (CBOs) in its PPS and whether they had completed contracts. The IA found that the PPS has contracted with some but not all the CBOs listed. In reviewing the Funds Flow distribution through DY2, Q2, the IA noted that of the funds distributed to network partners through DY2, Q2, the PPS has distributed only 0.26% to its CBO partners. During the onsite visit, the PPS indicated an intent to increase contracting with its partners, however a plan to accomplish this was not presented.

Cultural Competency and Health Literacy

The Albany Medical Center approach to Cultural Competency and Health Literacy (CCHL) was informed by the Community Needs Assessment (CNA) and a survey conducted in October 2015 which helped identify the current state of CCHL within their partner organizations and helped identify where gaps exist. Within the Governance structure of Albany Medical Center, there is a CCHL committee which reports to the PPS Board. In May 2015, the Consumer and Community Affairs committee was established to develop the community engagement plan and provide advocacy for CBO engagement in DSRIP. In Spring of 2016, 15 Medicaid beneficiary consumer listening sessions were conducted by network partners in four out of five PPS counties. In Fall of 2016, 11 additional listening sessions are scheduled.

In June 2016, the PPS developed its CCHL training strategy. The PPS has contracted with a vendor to provide a learning management system for DSRIP related online trainings. This training is informed by over 15 modules related to CCHL, including but not limited to, Health Literacy 101, Cultural Competence Background and Benefits, Providing Culturally Competent Care, etc. The PPS plans to develop additional content based upon feedback from CCHL champions from PPS partnering organizations.

With respect to outreach to the targeted population, the PPS has held and continues to schedule community outreach events on various topics. Examples include providing hypertension screenings at barbershops, conducted by Albany Medical Center medical school residents, and the LEAD (Law Enforcement Assisted Diversion) program, which aims to reduce low level arrests and recidivism. Under this program, officers are given discretion to refer individuals to a case

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manager rather than jail. Additionally, the IA noted that the PPS has incorporated the Health Leads model which provides training to the Albany Medical Center medical students on the social determinants of health.

Financial Sustainability and Value Based Purchasing (VBP)

The PPS established a Finance Committee which reports to the PPS Board of Directors. The Finance Committee meets monthly and in addition to providing financial oversight, the committee focuses on the PPS budget and funding distribution plan. Reporting to the Finance Committee are two subcommittees, Budget and the VBP workgroup. The PPS conducted an initial financial assessment in 2015 through a survey completed by 55 partners. The PPS is in the process of conducting a 2016 annual assessment to monitor the financial sustainability of its network partners.

Albany Medical Center established a VBP workgroup in 2016 which is comprised of 12 partner organizations and four MCOs. This workgroup meets monthly and provides education and guidance to its network partners. The PPS conducted a VBP assessment in September 2016. All contracted organizations were required to complete this survey. The assessment will be used to identify the current stated and develop future plans, educational needs, and identify any barrier towards achieving VBP.

Funds Flow

Through the DY2, Q2 PPS Quarterly Report, Albany Medical Center's funds flow reporting indicates they have distributed 36.63% (\$7,652,276.96) of the DSRIP funding it has earned (\$20,891,180.33) to date. In comparison to other PPS, the distribution of 36.6% of the funds earned ranks 21st among the 25 PPS compared to the statewide average of 56.2%.

Figure 5 below indicates the distribution of funds by Albany Medical Center across the various Partner Categories in its network.

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Figure 5: PPS Funds Flow (through DY2, Q2)

| Total Funds Available (DY1) | | \$21,214,481.87 | |
|---|-------------------|--|------------------------------------|
| Total Funds Earned (through DY1) | | \$20,891,180.33 (98.48% of Available Funds) | |
| Total Funds Distributed (through DY2, Q2) | | \$7,652,276.96 (36.63% of Earned Funds) | |
| Partner Type | Funds Distributed | Albany Medical Center (% of Funds Distributed) | Statewide (% of Funds Distributed) |
| Practitioner - Primary Care Physician (PCP) | \$53,676.00 | 0.70% | 3.89% |
| Practitioner - Non-Primary Care Physician (PCP) | \$0.00 | 0.00% | 0.73% |
| Hospital | \$937,796.00 | 12.26% | 30.41% |
| Clinic | \$64,927.00 | 0.85% | 7.54% |
| Case Management/Health Home | \$45,081.00 | 0.59% | 1.31% |
| Mental Health | \$80,944.00 | 1.06% | 2.43% |
| Substance Abuse | \$19,979.00 | 0.26% | 1.04% |
| Nursing Home | \$20,526.00 | 0.27% | 1.23% |
| Pharmacy | \$0.00 | 0.00% | 0.04% |
| Hospice | \$0.00 | 0.00% | 0.16% |
| Community Based Organizations ⁷ | \$20,259.00 | 0.26% | 2.30% |
| All Other | \$522,245.00 | 6.82% | 5.82% |
| Uncategorized | \$33,335.00 | 0.44% | 0.53% |
| Non-PIT Partners | \$36,948.00 | 0.48% | 0.58% |
| PMO | \$5,816,560.96 | 76.01% | 41.99% |

Data Source: PPS Quarterly Reports DY1, Q2 – DY2, Q2

In further reviewing the Albany Medical Center funds flow distributions, it is notable that the distributions it has made are heavily directed towards the PPS PMO and Hospital partner categories, with 88.27% of the funds being directed to these partner categories. The PPS PMO is the largest expenditure at 76.01% which greatly exceeds the statewide average of 41.99% for this category. The Albany Medical Center funds distribution to CBOs is low at .26%, compared to the statewide funding distribution of 2.30% for the same partner category.

⁷ Within the Partner Categorizations of the PPS Networks, Community Based Organizations are defined as those entities without a Medicaid billing ID. As such, there are a mix of health care and social determinant of health partners included in this category.

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While the PPS has distributed funds across many partner categories, the funding distributions to many of the key partners, such as PCPs and Behavioral Health (Mental Health and Substance Abuse), have received limited funding to date. It will be important for the PPS to distribute funds to these partners to ensure that they remain engaged in the successful implementation of the DSRIP projects.

Primary Care Plans

The IA reviewed the executive summaries of the Primary Care Plan submitted by DOH during the public comment period. The IA review focused on the completeness and the progress demonstrated by the PPS in the Primary Care Plan. DOH identified that the AMC Plan is not clear on what has been implemented and what might be implemented, but it appears many activities are still in the planning phase.

B. Project Assessment

In addition to the assessment of the overall organizational capacity of the PPS, the IA assessed the PPS progress towards implementing the DSRIP projects the PPS selected through the DSRIP Project Plan Application process. In assessing the PPS progress towards project implementation, the IA relied upon common data elements across various projects, including PPS progress towards completing the project milestones associated with each project as reported in the PPS Quarterly Reports, PPS efforts in meeting patient engagement targets, and PPS efforts in engaging network partners in the completion of project milestones. Based on these elements, the IA identified potential risks in the successful implementation of DSRIP projects. For each project identified as being at risk by the IA, this section will indicate the various data elements that support the determination of the IA and that will ultimately result in the development of the recommendations of the IA for each project.

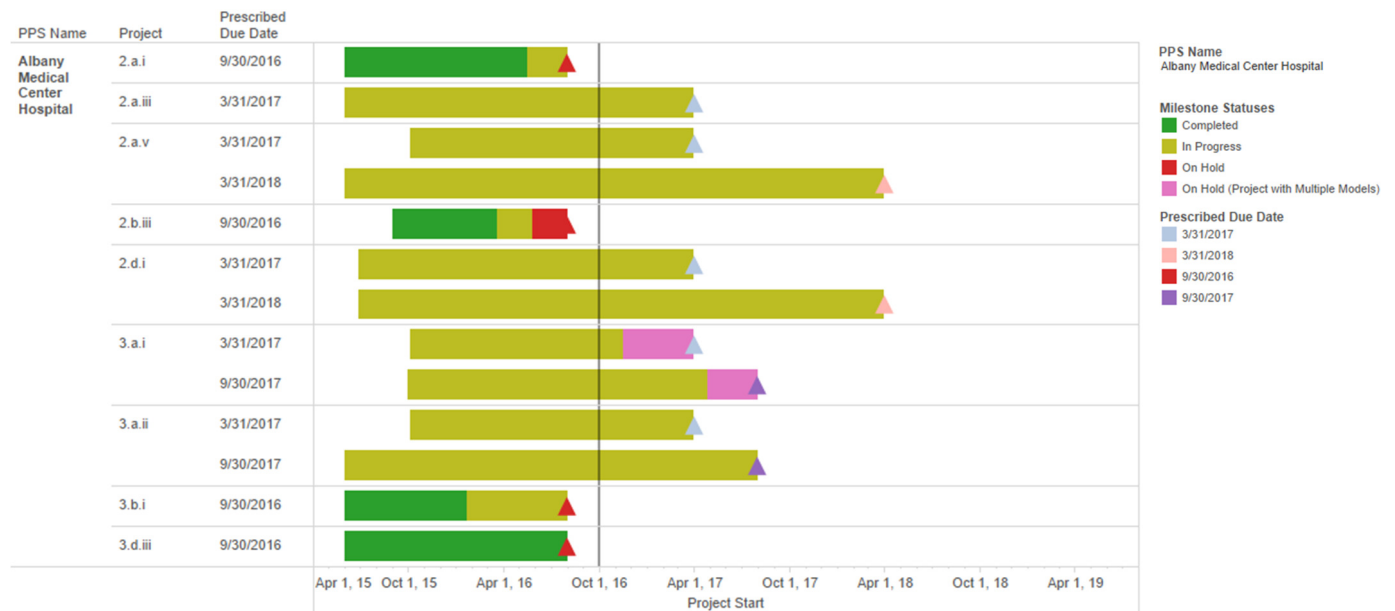
PPS Project Milestone Status

The first element that the IA evaluated was the current status of the PPS project implementation efforts as indicated through the DY2, Q2 PPS Quarterly Reports. For each of the prescribed milestones associated with each Domain 2 and Domain 3 project, the PPS must indicate a status of its efforts in completing the milestone. The status indicators range from 'Completed' to 'In Progress' to 'On Hold'. Figure 6 below illustrates Albany Medical Center's current status in completing the project milestones within each project. Figure 6 also indicates where the required completion dates are for the milestones.

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Figure 6: Albany Medical Center Project Milestone Status (through DY2, Q2)⁸

Project Milestones Over Time



Data Source: Albany Medical Center DY2, Q2 PPS Quarterly Report

The PPS committed to completing projects 2.a.i, 2.b.iii, 3.b.i, and 3.d.iii during DY2, Q2. These projects are under review by the IA and final adjudication for these projects will not be completed until December 30, 2016.

Based on the data in Figure 6 above, it appears that Projects 2.b.iii and 3.a.i may be at risk due to the current status of project implementation efforts being “On Hold”. This status indicates that the PPS has not begun efforts to complete these milestones by the required completion date and as such are at risk of losing a portion of the Project Implementation Speed AV for each project.

However, further assessment of the PPS project implementation status for project 3.a.i indicates that many of the project milestones with a status of ‘On Hold’ are related to the PPS not pursuing Model 3 for this project. Therefore, for the models the PPS is pursuing, there is no risk of project implementation meeting the required completion dates at this time.

Similarly, for project 2.b.iii, the PPS is set to complete this milestone by DY2, Q2 which is currently under review by the IA and will not be completed until December 31, 2016. The IA reserves the right to revise the IA report and recommendations based on the completion of the review.

⁸ Note that this graphic does not include Domain 4 projects as these projects do not have prescribed milestones and the PPS did not make Speed & Scale commitments related to the completion of these projects.

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Following the final review and adjudication of the DY2, Q2 PPS Quarterly Report, the IA found that Albany Medical Center did not successfully complete all project requirements for the four projects they had committed to complete by the end of DY2, Q2.

- For project 2.a.i., the IA determined that the PPS failed to successfully complete six out of ten project requirements.
- For project 2.b.iii., the IA determined that the PPS failed to successfully complete one out of four project requirements. The fifth project requirement for this project is optional.
- For project 3.b.i., the IA determined that the PPS failed to successfully complete 13 out of 20 project requirements.
- For project 3.d.iii., the IA determined that the PPS failed to successfully complete three out of five project requirements.

The IA notes that the PPS has the ability to appeal the determinations of the IA on these project requirements, however the significant number of requirements that were not successfully completed by the PPS Speed & Scale commitment date is a significant risk to the PPS' ability to meet the goals associated with these projects.

Patient Engagement AVs

In addition to the analysis of the current project implementation status, the IA reviewed Albany Medical Center performance in meeting the Patient Engagement targets through the PPS Quarterly Reports. The IA identified five projects where the PPS has missed the Patient Engagement targets in at least one PPS Quarterly Report. Figures 7 through 11 below highlight those projects where Albany Medical Center has missed the patient Engagement target for at least one quarter.

Figure 7: 2.a.iii (Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services) Patient Engagement

| Quarter | Committed Amount | Engaged Amount | Percent Engaged |
|---------|------------------|----------------|-----------------|
| DY1, Q2 | 7,522 | 175 | 2.33% |
| DY1, Q4 | 14,252 | 963 | 6.76% |
| DY2, Q2 | 9,977 | 225 | 2.26% |

Data Source: Albany Medical Center PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 8: 2.d.i (Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care) Patient Engagement

| Quarter | Committed Amount | Engaged Amount | Percent Engaged |
|---------|------------------|----------------|-----------------|
| DY1, Q2 | 4,461 | 0 | 0.00% |
| DY1, Q4 | 11,333 | 4,830 | 42.62% |
| DY2, Q2 | 15,946 | 9,014 | 56.53 |

Data Source: Albany Medical Center PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

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Figure 9: 3.a.ii (Behavioral health community crisis stabilization services) Patient Engagement

| Quarter | Committed Amount | Engaged Amount | Percent Engaged |
|---------|------------------|----------------|-----------------|
| DY1, Q2 | 1,506 | 0 | 0.00% |
| DY1, Q4 | 1,883 | 366 | 19.44% |
| DY2, Q2 | 2,277 | 2,119 | 93.06% |

Data Source: Albany Medical Center PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 10: 3.b.i (Evidence-based strategies for disease management in high risk/affected populations (adult only)) Patient Engagement

| Quarter | Committed Amount | Engaged Amount | Percent Engaged |
|---------|------------------|----------------|-----------------|
| DY1, Q4 | 5,025 | 2,228 | 44.34% |

Data Source: Albany Medical Center PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 11: 3.d.iii (Implementation of evidence-based medicine guidelines for asthma management) Patient Engagement

| Quarter | Committed Amount | Engaged Amount | Percent Engaged |
|---------|------------------|----------------|-----------------|
| DY1, Q2 | 1,940 | 33 | 1.70% |
| DY1, Q4 | 3,450 | 360 | 10.43% |
| DY2, Q2 | 4,312 | 324 | 7.51% |

Data Source: Albany Medical Center PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

The missed Patient Engagement targets for these projects do not alone place these projects at risk, however these are an important data element in assessing the overall potential for the successful implementation of these projects.

Partner Engagement

The widespread engagement of network partners throughout the PPS service area is important to the overall success of DSRIP across New York State. Engagement of partners in isolated portions of the PPS service area will not support the statewide system transformation, improvement in the quality of care, and reduction in costs that are expected as a result of this effort. It is therefore important to the success of the PPS and to the overall DSRIP program that the PPS engage network partners throughout their identified service area.

In continuing to further assess the project implementation efforts of the PPS and to identify the potential risks associated with project implementation, the IA also assessed the efforts of the PPS in engaging their network partners for project implementation relative to the Speed & Scale commitments made for partner engagement as part of the DSRIP Project Plan Application.

The IA paid particular attention to the PPS engagement of Practitioner – Primary Care Provider (PCP) and of behavioral health (Mental Health and Substance Abuse) partners given the

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important role these partners will play in helping the PPS to meet the quality improvement goals tied to the Pay for Performance (P4P) funding. The engagement of PCPs and behavioral health partners is especially important across Domain 3a projects where six out of ten High Performance Funding eligible measures fall.

As part of this effort, the IA reviewed all projects with a specific focus on those projects that were identified as potential risks due to Project Milestone Status and/or Patient Engagement performance.

The data presented in the partner engagement tables in the following pages includes the partner engagement across all defined partner types for all projects where the PPS is lagging in partner engagement. The PPS reporting of partner engagement, as well as funds flow, is done through the Provider Import Tool (PIT) of the PPS Quarterly Reports. All PPS network partners are included in the PIT and are categorized based on the same logic used in assigning the partner categorization for the Speed & Scale commitments made during the DSRIP Project Plan Application process.

The IA notes that while the PPS indicates it has engaged its partners across all partner categories and projects, there are concerns about the level of engagement with these partners as evidenced by the limited Patient Engagement reporting by the PPS as well as limited funds flow across the partner type categories.

PPS Narratives for Projects at Risk

2.a.i (Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management)

The PPS acknowledged that they set an aggressive speed and scale timeline for completion of this project. As such, the PPS has encountered challenges in meeting their deadlines. However, the PMO believes that excellent progress has been made in integrating a complex regional health care system. One major challenge identified by the PPS is the absence of EHR connectivity between partners in its network. Another challenge is developing its workforce, particularly in the area of community navigators and care coordination.

2.b.iii (ED care triage for at-risk populations)

The PPS acknowledged that they set an aggressive speed and scale timeline for completion of this project. As such, the PPS has encountered challenges in meeting their deadlines. The PPS cites challenges of IT connectivity between health and social services partners. The PPS states partners are concerned by EMTALA rules and as such the PPS is in the process of developing an alternative to its initial diversion model.

3.b.i (Evidence-based strategies for disease management in high risk/affected populations (adult only))

The PPS acknowledged that they set an aggressive speed and scale timeline for completion of this project. As such, the PPS has encountered challenges in meeting their deadlines. One of the

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major challenges faced by the PPS is that only 20% of the PCPs currently in the network meet the PCMH 2011 standards. Another major challenge identified by the PPS is the absence of EHR connectivity between partners in its network. Finally, the PPS identified the lack of a centralized care management / care coordination service as a challenge to identify the target population and limits their ability to refer the population to the appropriate PCMH providers.

3.d.iii (Implementation of evidence- based medicine guidelines for asthma management)

The PPS acknowledged that they set an aggressive speed and scale timeline for completion of this project. As such, the PPS has encountered challenges in meeting their deadlines. The PPS indicates an intention to use telemedicine as a means to succeed in this project. Where telemedicine exists, there is a challenge with the consistency of various technologies used by the partners. The PPS has faced additional challenges with reimbursement by MCOs for home based services for asthma as well as inconsistent data available in EHRs. The subcommittee for this project has found it difficult to engage specialists to assist with this project.

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IV. Overall Project Assessment

The PPS committed to completing projects 2.a.i, 2.b.iii, 3.b.i, and 3.d.iii during DY2, Q2. The PPS acknowledged that they set an aggressive speed and scale timeline for completion of these projects and has encountered challenges in meeting their deadlines. The IA completed the final adjudication for these four projects and determined that the PPS failed to complete all project requirements by the DY2, Q2 commitment date associated with these projects.

Figure 12 below summarizes the IA’s overall assessment of the project implementation efforts of Albany Medical Center based on the analyses described in the previous sections. The ‘X’ in a column indicates an area where the IA identified a potential risk to the PPS’ successful implementation of a project.

Figure 12: Overall Project Assessment

| Project | Project Description | Patient Engagement | Project Milestone Status | Partner Engagement |
|----------|--|--------------------|--------------------------|--------------------|
| 2.a.i. | Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management | | X | |
| 2.a.iii. | Health home at-risk intervention program: proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services. | X | | |
| 2.a.v. | Create a medical village/alternative housing using existing nursing home infrastructure | X | | |
| 2.b.iii. | ED care triage for at-risk populations | | X | |
| 2.d.i. | Implementation of patient activation activities to engage, educate and integrate the uninsured and low/non-utilizing Medicaid populations into community based care. | X | | |

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| | | | | |
|----------|---|---|---|--|
| 3.a.i. | Integration of primary care and behavioral health services | | | |
| 3.a.ii. | Behavioral health community crisis stabilization services | X | | |
| 3.b.i. | Evidence-based strategies for disease management in high risk/affected populations (adult only) | X | X | |
| 3.d.iii. | Implementation of evidence- based medicine guidelines for asthma management | X | X | |

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V. Project Risk Scores

Based on the analyses presented in the previous pages the IA has assigned risk scores to each of the projects chosen for implementation by the PPS. The risk scores range from a score of 1, indicating the Project is on Track to a score of 5, indicating the Project is Off Track.

Figure 13: Project Risk Scores

| Project | Project Description | Risk Score | Reasoning |
|----------|--|------------|---|
| 2.a.i. | Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management | 4 | This is a high risk score indicating the project may fail to meet intended goals without significant modifications or performance improvements. The PPS failed to complete six out of ten project requirements by the committed due date. |
| 2.a.iii. | Health home at-risk intervention program: proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services. | 2 | This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome. |
| 2.a.v. | Create a medical village/alternative housing using existing nursing home infrastructure | 2 | This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome. |
| 2.b.iii. | ED care triage for at-risk populations | 3 | This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges. The PPS failed to complete one of four project requirements by the committed due date. |
| 2.d.i. | Implementation of patient activation activities to engage, educate and integrate the uninsured and low/non-utilizing Medicaid populations into community based care. | 2 | This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome. |
| 3.a.i. | Integration of primary care and behavioral health services | 1 | This the lowest risk score indicating the project is more than likely to meet intended goals. |

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| | | | |
|----------|---|---|--|
| 3.a.ii. | Behavioral health community crisis stabilization services | 2 | This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome. |
| 3.b.i. | Evidence-based strategies for disease management in high risk/affected populations (adult only) | 4 | This is a high risk score indicating the project may fail to meet intended goals without significant modifications or performance improvements. The PPS failed to successfully complete 13 out of 20 project requirements by the committed due date. |
| 3.d.iii. | Implementation of evidence- based medicine guidelines for asthma management | 4 | This is a high risk score indicating the project may fail to meet intended goals without significant modifications or performance improvements. The PPS failed to successfully complete three out of 5 project requirements by the committed due date. |

****Projects with a risk score of 3 or above will receive a recommendation.***

The IA has increased the risk scores associated with projects 2.a.i., 3.b.i., and 3.d.iii. as a result of the significant failure to complete multiple project requirements for each of these projects. The incomplete project requirements by the committed completion date presents a risk to the PPS' ability to meet the DSRIP goals for these projects.

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VI. IA Recommendations

The IA's review of the Albany Medical Center Hospital covered the PPS' organizational capacity to support the successful implementation of DSRIP and the ability of the PPS to successfully implement the projects the PPS selected through the DSRIP Project Plan Application process. The IA did not identify any significant organizational concerns. Also, the IA's assessment of Albany Medical Center's project implementation efforts indicated that the PPS has had challenges in meeting Patient Engagement targets across multiple projects, even though the Project Milestone Status and Partner Engagement data indicate that the PPS is on track for meeting the defined project milestones. This will be further tested as the IA completes its review of the DY2, Q2 PPS Quarterly Report for Albany Medical Center as the PPS committed to completing the implementation for four of its DSRIP projects by the end of that quarter. Based on the assessment of the PPS' completion of those projects, the IA may provide additional recommendations specific to those projects.

Following the IA's review and adjudication of the four projects Albany Medical Center PPS committed to completing by DY2, Q2, the IA determined that the PPS did not complete all project requirements for these four projects by this commitment date. The extent of the incomplete milestones range from one missed out of four project requirements for project 2.b.iii. to six out of ten project requirements for project 2.a.i. and 13 out of 20 project requirements for project 3.b.i. These missed project requirements represent incomplete project implementation efforts for these projects and a risk to the PPS ability to meet the DSRIP performance goals associated with them.

The following recommendations have been developed based on the IA's assessment of the PPS progress and performance towards meeting the DSRIP goals. For each recommendation, it is expected that the PPS will develop a Mid-Point Assessment Action Plan (Action Plan) by no later than March 2, 2017. The Action Plan will be subject to IA review and approval and will be part of the ongoing PPS Quarterly Reports until the Action Plan has been successfully completed.

A. Organizational Recommendations

Community Based Organization Contracting

Recommendation 1: The IA recommends that the PPS develop a clear strategy of contracting with CBOs.

Recommendation 2: The IA recommends that the PPS finalize contracts with partnering CBOs.

Cultural Competency and Health Literacy

Recommendation 1: The IA recommends that the PPS develop an action plan to implement its CCHL trainings to partners.

Primary Care Plans

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Recommendation 1: The IA recommends that the PPS develop a detailed action plan to articulate what parts of the current Primary Care Plan have been implemented. The IA also recommends that this plan defines the planning phase and implementation phase discretely.

B. Project Recommendations

Following the IA's review and adjudication of the DY2, Q2 PPS Quarterly Report in which Albany Medical Center PPS was expected to have completed all project requirements for four of the projects being implemented by the PPS, the IA determined that the PPS failed to complete all project requirements for each of these four projects. As a result the IA has developed recommendations for these four projects.

Project 2.a.i.: Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management

Recommendation 1: The IA recommends that the PPS develop a corrective action plan to successfully complete the project requirements that the IA determined were not completed by the PPS Speed & Scale commitment date for this project. The PPS must provide a revised timeline for the completion of the six project requirements that were not completed by DY2, Q2 as part of this action plan.

Project 2.b.iii.: ED care triage for at-risk populations

Recommendation 1: The IA recommends that the PPS develop a corrective action plan to successfully complete the project requirement that the IA determined was not completed by the PPS Speed & Scale commitment date for this project. The PPS must provide a revised timeline for the completion of the one project requirement that was not completed by DY2, Q2 as part of this action plan.

Project 3.b.i.: Evidence-based strategies for disease management in high risk/affected populations (adult only)

Recommendation 1: The IA recommends that the PPS develop a corrective action plan to successfully complete the project requirements that the IA determined were not completed by the PPS Speed & Scale commitment date for this project. The PPS must provide a revised timeline for the completion of the 13 project requirements that were not completed by DY2, Q2 as part of this action plan.

Project 3.d.iii.: Implementation of evidence-based medicine guidelines for asthma management

Recommendation 1: The IA recommends that the PPS develop a corrective action plan to successfully complete the project requirements that the IA determined were not completed by the PPS Speed & Scale commitment date for this project. The PPS must provide a revised timeline for the completion of the three project requirements that were not completed by DY2, Q2 as part of this action plan.