NEW YORK STATE | Department of Health

# DSRIP Independent Assessor

# Mid-Point Assessment Report

## Redline (following 1st Public Comment)

Nassau Queens PPS

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Prepared by the DSRIP Independent Assessor

# Nassau Queens Performing Provider System, LLC

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# Nassau Queens Performing Provider System, LLC

## I. Introduction

Nassau Queens Performing Provider System, LLC (Nassau Queens) (Nassau University Medical Center lead entity) serves two counties: Nassau and Queens. The Medicaid population attributed to this PPS for performance totals 417,162. The Medicaid population attributed to this PPS for valuation was 1,030,400. Nassau Queens was awarded a total valuation of $535,396,603 in available DSRIP Performance Funds over the 5 year DSRIP project.

Nassau Queens selected the following 11 projects from the DSRIP Toolkit:

Figure 1: Nassau Queens DSRIP Project Selection

| Project | Project Description |
|---|---|
| 2.a.i. | Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management |
| 2.b.ii. | Development of co-located primary care services in the emergency department (ED) |
| 2.b.iv. | Care transitions intervention model to reduce 30 day readmissions for chronic health conditions |
| 2.b.vii. | Implementing the INTERACT project (inpatient transfer avoidance program for SNF) |
| 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) (Cardiovascular Health) |
| 3.c.i. | Evidence-based strategies for disease management in high risk/affected populations (adults only) (Diabetes Care) |
| 4.a.iii. | Strengthen Mental Health and Substance Abuse Infrastructure across Systems |
| 4.b.i. | Promote tobacco use cessation, especially among low SES populations and those with poor mental health. |

## 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 partners 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.

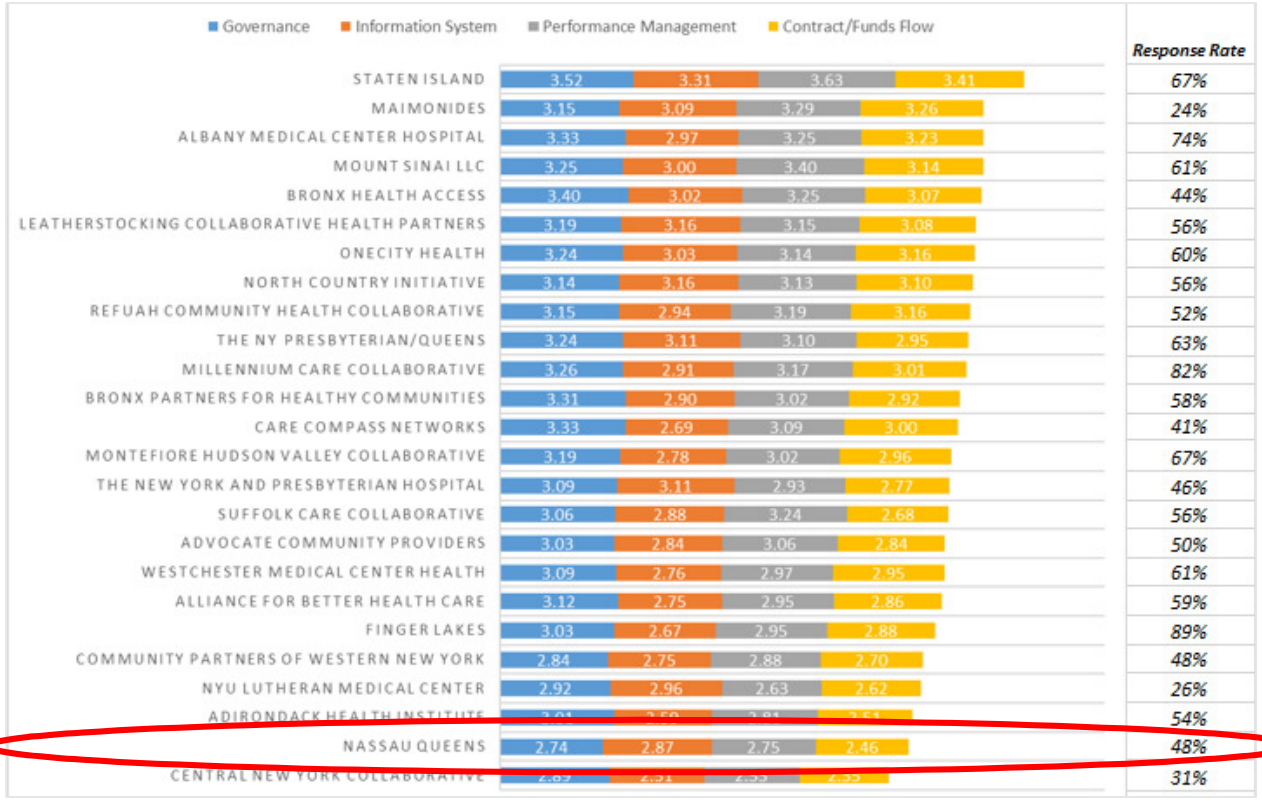
| | | | | | | |
|---|---|---|---|---|---|---|
| Mental Health | *2.81* | | 2.94 | 2.85 | 2.56 | 2.75 |
| Hospice | *2.74* | | 2.93 | 2.75 | 2.41 | 2.41 |
| Practitioner - PCP | *2.66* | | 2.68 | 2.66 | 2.61 | 2.31 |
| **Average by Organizational Area** | ***2.90*** | | **3.00** | **2.89** | **2.70**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

Data Source: 360 Survey Results

Nassau Queens Performing Provider System 360 Survey Results[2]

The Nassau Queens 360 survey sample included 62 participating network partner organizations identified in the PIT; 30 of those sampled (48%) returned a completed survey. This response rate was fairly consistent with the average across all PPS (52% completed). The Nassau Queens aggregate 360 survey score ranked 24th out of 25 PPS (Figure 3).

Figure 3: PPS 360 Survey Results by Organizational Area




Data Source: 360 Survey Data for all 25 PPS

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

Nassau Queens 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 Nursing Home survey result was low (5th out of 12), which was unusual compared to all PPS' (2nd out 12). Hospice and Practitioner – Primary Care Provider categories were also low, which was consistent with peer PPS responses. Most negative answers were for the Contracting / Funds Flow and the Governance questions.

### Figure 4: Nassau Queens 360 Survey Results by Partner Type[3]

| PPS | Partner Type | | Respondents over Total Surveyed |
|---|---|---|---|
| Nassau Queens | Hospital | 3.06 | 3/3 |
| | Case Management / Health Home | 3.00 | 1/2 |
| | Clinic | 3.00 | 1/2 |
| | Practitioner - Non-Primary Care Provider (PCP) | 2.83 | 2/7 |
| | Nursing Home | 2.80 | 4/4 |
| | Mental Health | 2.58 | 1/2 |
| | Practitioner - Primary Care Provider (PCP) | 2.34 | 15/21 |
| | All Other | 2.04 | 2/11 |
| | Hospice | 2.00 | 1/2 |
| | Community Based Organization | 0.00 | 0/3 |
| | Pharmacy | 0.00 | 0/2 |
| | Substance Abuse | 0.00 | 0/3 |
| Grand Total | | | 30/62 |

Data Source: Nassau Queens 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.

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

## III. Independent Assessor Analysis

The IA has reviewed every Quarterly Report submitted by the PPS covering DY1, Q1 through DY2, Q2[4] and awarded the Achievement Values (AVs) for the successful completion of milestones, as appropriate.

- In DY1, Q2 Nassau Queens **earned all available Organizational AVs and earned zero of a possible eight Patient Engagement Speed AVs.**
- In DY1, Q4, Nassau Queens **earned all available Organizational AVs and earned four 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 submit 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.

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

**PPS Governance**

Nassau Queens' lead entity has had many new hires, with shifts in positions and responsibilities over the past six months. The PPS is structured as a Hub model consisting of three main hubs: the lead entity Nassau University Medical Center; Long Island Jewish Medical Center of Northwell Health Systems; and Catholic Health Services of Long Island. The governance structure consists of many layers within the lead component as well as between three hubs. There is a Project Advisory Council (PAC) and separate Executive Committee, which provides general oversight of all activities. Members of the Executive Committee are individuals appointed by the lead entity. Presently, there are 21 members and it includes representation from the PPS' hubs: Catholic Health Services (CHS), Nassau University Medical Center (NUMC), and Long Island Jewish Medical Center (LIJ). NUMC represents the majority (11) of the members of the Executive Committee.

The other ten members' seats are equally divided between the other two hubs. Typically, the voting structure requires that all three hubs are represented for a majority vote. There are also committees for Finance, IT, Workforce, and Clinical Quality, as well as multiple sub-committees that have cross representation from each hub. Hub leads report to the various committees, which then reports to the Executive Committee. The Project Management Office (PMO) office also reports separately to the Executive Committee.

The IA notes that this PPS' structure lends itself to independent behavior within individual hub structures. Implementation and execution of project activities are also fairly autonomous, akin to individual PPS functionality. While the IA does not have concerns related to the hub structure, there are concerns about the role of the PPS as the entity responsible for the oversight and monitoring of the activities for each of the hubs. The PPS indicated that the various committee reporting and compliance requirements are in place to enable consistency with end goals and meeting overall expectations.

***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 Nassau Queens had reported spending of $7,290,149.00 on administrative costs compared to an average spend of $~~3,758,965.56~~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 life[5], relying on the PPS Attribution for Performance figures[6]. The IA found that Nassau Queens spends $17.48 per attributed life on administrative costs compared to a statewide average spend of $~~24.23~~23.93 per attributed life on administrative costs.

Looking further at the PPS fund distributions to the PPS PMO, Nassau Queens distributed $4,202,141.26 to the PPS PMO out of a total of $26,159,756.26 in funds distributed across the PPS network, accounting for 16.06% 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 the DY1, Q4 PPS Quarterly Report, Nassau Queens included a list of all Community Based Organizations (CBOs) in its organization, and whether they had completed contracts. The IA found that the although the PPS submitted an extensive list of engaged CBOs, it had commenced contracting efforts with only two CBOs and only intended to compensate the same two. It was also noted that of the CBO contracts sampled, most were recently acquired in DY1, Q3 and others at the end of DY2, Q2. It will be important for the PPS to continue its contracting efforts with CBOs throughout DSRIP.

In further assessing the engagement of CBOs by Nassau Queens, the IA found that the PPS had not distributed funds to CBOs through DY2, Q2. The lack of CBO funds flow further supports the IA's finding that CBO engagement by Nassau Queens has been limited. The PPS has acknowledged this deficit and has expressed plans to improve in this area in upcoming quarters, however, these plans have not been shared with the IA.

**Cultural Competency and Health Literacy**

Nassau Queens' Cultural Competency and Health Literacy (CCHL) strategy was submitted with its DY1, Q4 Quarterly Report and aims to establish a foundation on which to provide culturally competent and health literate care in alignment with the U.S. National Prevention Strategy. The PPS CCHL Strategy utilized hot spotting data to prioritize practices in hot spot areas that would benefit the most from CCHL training. The PPS has also assessed its provider community to

[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.

determine the educational needs as it relates to CCHL. The strategy will employ two main components:

1. A four pronged strategy approach to training at education, aimed to reach all levels of staff that interact with the PPS patient population.
2. Alignment of the strategy with Patient Centered Medical Home (PCMH) requirements through the use of the AHRQ Universal Precautions Toolkit.

During the IA on-site review, the PPS reported that it has robust representation from CBOs in various workgroups. The CCHL Workgroup identified tools such as AskMe3, AHQR Toolkit, Teach-Back, and others that have been incorporated into the PPS' strategic plan. To date, the PPS has conducted many health literacy trainings and has received both committee and hub contributions of CLAS level training materials for patients. Nassau Queens has also conducted trainings and provided the aforementioned tools and other resources for its providers. The CCHL training topics are iterative and will continue to evolve as changes in partner and community needs are determined.

**Financial Sustainability and Value Based Purchasing (VBP)**

Nassau Queens created a Finance Sub-Committee that has been entrusted by the Executive Committee with assessing the financial stability of its partners. The Finance Sub-Committee will be the executive leadership group that will monitor the results of the financial stability assessments and the implementation of the Financial Stability Plan and Distressed Provider Plans. Submitted with its DY1, Q4 Quarterly Report, Nassau Queens Financial Stability Plan was established to articulate the criteria to evaluate the financial viability of its most critical partners that are necessary to provide services for the Medicaid beneficiaries attributed to the PPS.

The PPS conducted a baseline assessment of its partners during DY2, Q1. The assessment tool was distributed to the six partner hospitals, with the rationale that the hospitals not only received the majority of this PPS' funds flow, but they carry the majority of partner providers and have major roles and responsibilities in various projects. Identifying vulnerable hospitals was therefore crucial to the success of the PPS.

The outcome of this process resulted in one hospital being placed on a "Watch List". The PPS made the decision not to intervene, but has had discussions with the hospital identified, to assess that the hospital had established the cause of the condition and agreed to a written plan of correction. The Finance Committee will continue to monitor the hospital's progress, the impact to patient care and their ability to achieve project goals.

In addition to consulting with financially fragile providers, the PPS will assist financially fragile providers with their efforts to obtain support through the Value Based Purchasing – Quality Improvement Program (VBP-QIP), and other available programs. Funding from the revenue loss category also may be used to address these issues, as the DSRIP implementation continues.

## Nassau Queens Performing Provider System, LLC

Nassau Queens submitted a narrative detailing its VBP efforts with its DY1, Q4 report. Preliminary work has begun on identifying appropriate members for a value based payment work group and learning collaborative. The PPS will begin the survey of PPS providers to determine current state of VBP strategies and identify educational needs. Meetings have begun with various MCOs to discuss DSRIP and transition to VBP. PPS level strategy for engaging MCOs in discussions concerning shared savings and other bundled payment models are in development. The PPS has also developed a multiphase VBP implementation plan that includes further partner assessments, training, communication and risk plans, contracts and incentives.

**Funds Flow**

Through the DY2, Q2 PPS Quarterly Report, Nassau Queens' funds flow reporting indicates they have distributed 37.74% ($26,159,756.26) of the DSRIP funding and it has earned ($69,318,791.18) to date. In comparison to other PPS, the distribution of 37.74% of the funds earned ranks twentieth and places Nassau Queens well below the statewide average of 56.20%.

Figure 5 below indicates the distribution of funds by Nassau Queens across the various Partner Categories in the Nassau Queens network.

## Nassau Queens Performing Provider System, LLC

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

| Total Funds Available (DY1) | $70,827,503.96 | | |
|---|---|---|---|
| Total Funds Earned (through DY1) | $69,318,791.18 (% of Available Funds) | | |
| Total Funds Distributed (through DY2, Q2) | $26,159,756.26 (37.74% of Earned Funds) | | |
| **Partner Type** | **Funds Distributed** | **Nassau Queens (% of Funds Distributed)** | **Statewide (% of Funds Distributed)** |
| Practitioner - Primary Care Physician (PCP) | $0.00 | 0.00% | 3.89% |
| Practitioner - Non-Primary Care Physician (PCP) | $0.00 | 0.00% | 0.73% |
| Hospital | $19,957,615.00 | 76.29% | 30.41% |
| Clinic | $0.00 | 0.00% | 7.54% |
| Case Management/Health Home | $0.00 | 0.00% | 1.31% |
| Mental Health | $2,000,000.00 | 7.65% | 2.43% |
| Substance Abuse | $0.00 | 0.00% | 1.04% |
| Nursing Home | $0.00 | 0.00% | 1.23% |
| Pharmacy | $0.00 | 0.00% | 0.04% |
| Hospice | $0.00 | 0.00% | 0.16% |
| Community Based Organizations[7] | $0.00 | 0.00% | 2.30% |
| All Other | $0.00 | 0.00% | 5.82% |
| Uncategorized | $0.00 | 0.00% | 0.53% |
| Non-PIT Partners | $0.00 | 0.00% | 0.58% |
| PMO | $4,202,141.26 | 16.06% | 41.99% |

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

In further reviewing the Nassau Queens funds flow distributions, it is notable that the distributions were only made to three categories- Hospital, PMO, and Metal Health categories, with over 90% of the funds being directed to Hospitals and PMO. The Hospital distribution stands out among the PPS in both dollar value and percentage. The data around the funds distributions towards Hospitals is more than double that of the statewide funding distribution percentage for the same partner category. The distribution of funds to the Hospital category have been directed to the three PPS hubs: Nassau University Medical Center, Long Island Jewish Medical Center, and Mercy Medical Center (Catholic Health Systems of LI). Additionally, the funds identified as having been distributed to Mental Health Partners was directed to an entity under the Nassau Health Care Corporation, the parent organization for Nassau University Medical Center.

[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.

The PPQ Quarterly Reports only require the PPS to document the funds flow distributions from the PPS to its partners, referred to as the first tier funds flow distributions. Under the hub model used by Nassau Queens, the current reporting does not account for any fund distributions from the hubs out to other network partners.

**Primary Care Plans**

The IA reviewed the executive summaries of the Primary Care Plans submitted by DOH during the public comment period along with the Primary Care Plans submitted by the PPS. The IA review focused on the completeness and the progress demonstrated by the PPS in the Primary Care Plan. The IA focused on the primary care needs through the hub structure and found that more detail on how each hub supports the PCMH effort could have been presented. The IA also agrees with the assessment that the Primary Care Plan could have provided greater detail how much funds have flowed to primary care providers (PCPs).

## 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.

# Nassau Queens Performing Provider System, LLC

**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 Nassau Queens' current status in completing the project milestones within each project. Figure 6 also indicates when the required completion dates are for the milestones.

Figure 6: Nassau Queens Project Milestone Status (through DY2, Q2)[8]


Data Source: Nassau Queens DY2, Q2 PPS Quarterly Report

Based on the data in Figure 6 above, the IA identified one project at risk due to the current status of project implementation efforts; projects 3.a.i has milestones with required completion dates of DY2, Q4 that are currently in a status of '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.

[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.

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.

**Patient Engagement AVs**

In addition to the analysis of the current project implementation status, the IA reviewed Nassau Queens' performance in meeting the Patient Engagement targets through the PPS Quarterly Reports. The IA identified eight~~seven~~ projects where the PPS has missed the Patient Engagement targets in at least one PPS Quarterly Report. Figures 7 through 14~~3~~ below highlight those projects where NQP has missed the patient Engagement target for at least one quarter.

Figure 7: 2.b.ii (Development of co-located primary care services in the emergency department (ED)) Patient Engagement

| Quarter | Committed Amount | Engaged Amount | Percent Engaged |
|---|---|---|---|
| DY1, Q2 | 2,621 | 1,087 | 41.47% |
| DY1, Q4 | 5,243 | 9,272 | 176.85% |
| DY2, Q2[9] | 7,864 | 3,056 | 38.86% |

Data Source: Nassau Queens PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 8: 2.b.iv (Care transitions intervention model to reduce 30 day readmissions for chronic health conditions) Patient Engagement

| Quarter | Committed Amount | Engaged Amount | Percent Engaged |
|---|---|---|---|
| DY1, Q2 | 11,982 | 1,087 | 41.47% |
| DY1, Q4 | 10,784 | 9,272 | 176.85% |
| DY2, Q2 | 8,627 | 41,122 | 476.67% |

Data Source: Nassau Queens PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 9~~8~~: 2.b.vii (Implementing the INTERACT project (inpatient transfer avoidance program for SNF)) Patient Engagement

| Quarter | Committed Amount | Engaged Amount | Percent Engaged |
|---|---|---|---|
| DY1, Q2 | 2,439 | 0 | 0.00% |
| DY1, Q4 | 4,066 | 1,589 | 39.08% |
| DY2, Q2[10] | 3,253 | 2,944 | 90.50% |

Data Source: Nassau Queens PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

~~[9] The DY2, Q2 Patient Engagement figures reflect 'As Submitted' data by the PPS and have not been validated by the IA at the time of this report.~~

~~[10] The DY2, Q2 Patient Engagement figures reflect 'As Submitted' data by the PPS and have not been validated by the IA at the time of this report.~~

Figure 10~~9~~: 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 | 8,389 | 0 | 0.00% |
| DY1, Q4 | 16,778 | 6,833 | 40.73% |
| DY2, Q2[11] | 13,423 | 7,072 | 52.69% |

Data Source: Nassau Queens PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 11~~0~~: 3.a.i (Integration of primary care and behavioral health services) Patient Engagement

| Quarter | Committed Amount | Engaged Amount | Percent Engaged |
|---|---|---|---|
| DY1, Q2 | 10,402 | 7,138 | 68.62% |
| DY1, Q4 | 20,804 | 19,156 | 92.08% |
| DY2, Q2[12] | 15,603 | 17,430 | 111.71% |

Data Source: Nassau Queens PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 12~~1~~: 3.a.ii (Behavioral health community crisis stabilization services) Patient Engagement

| Quarter | Committed Amount | Engaged Amount | Percent Engaged |
|---|---|---|---|
| DY1, Q2 | 3,129 | 954 | 30.49% |
| DY1, Q4 | 7,824 | 1,030 | 13.16% |
| DY2, Q2[13] | 7,824 | 1,287 | 16.45% |

Data Source: Nassau Queens PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 13~~2~~: 3.b.i (Evidence-based strategies for disease management in high risk/affected populations (adult only - Cardiovascular)) Patient Engagement

| Quarter | Committed Amount | Engaged Amount | Percent Engaged |
|---|---|---|---|
| DY1, Q2 | 4,859 | 1,116 | 22.97% |
| DY1, Q4 | 9,719 | 2,354 | 24.22% |
| DY2, Q2[14] | 9,719 | 4,484 | 46.14% |

Data Source: Nassau Queens PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 14~~3~~: 3.c.i (Evidence-based strategies for disease management in high risk/affected populations (adults only – Diabetes) Patient Engagement

| Quarter | Committed Amount | Engaged Amount | Percent Engaged |
|---|---|---|---|
| DY1, Q2 | 14,080 | 5,514 | 39.16% |
| DY1, Q4 | 28,160 | 27,140 | 96.38% |

[11] ~~The DY2, Q2 Patient Engagement figures reflect 'As Submitted' data by the PPS and have not been validated by the IA at the time of this report.~~

[12] ~~The DY2, Q2 Patient Engagement figures reflect 'As Submitted' data by the PPS and have not been validated by the IA at the time of this report.~~

[13] ~~The DY2, Q2 Patient Engagement figures reflect 'As Submitted' data by the PPS and have not been validated by the IA at the time of this report.~~

[14] ~~The DY2, Q2 Patient Engagement figures reflect 'As Submitted' data by the PPS and have not been validated by the IA at the time of this report.~~

| | | | |
|---|---|---|---|
| DY2, Q2[15] | 18,773 | 34,182 | 182.08% |

Data Source: Nassau Queens PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

The above tables show fluctuations in Patient Engagement across projects throughout the three quarters; however, projects 2.b.iv, 2.b.vii, 3.a.i and 3.c.i have trended in a positive direction over the last two quarters and all appear to have met Patient Engagement targets in DY2, Q2, pending IA validation. The missed Patient Engagement targets for these projects do not alone place these project at risk, however it is an important data element in assessing the overall potential for the successful implementation of this project.

**PPS 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 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. Figures 154 through 221 illustrate the level of partner engagement against the Speed & Scale commitments for all projects, based on the PPS reported partner engagement efforts in the DY2, Q2 PPS Quarterly Report. The data included in the tables highlights partner categorizations where PPS engagement is significantly lagging relative the commitments made by the PPS.

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. In many cases, PPS did not have to make commitments to all partner

[15] The DY2, Q2 Patient Engagement figures reflect 'As Submitted' data by the PPS and have not been validated by the IA at the time of this report.

types for specific projects, as indicated by the '0' in the commitment columns in the tables, however PPS may have chosen to include partners from those partner categories to better support project implementation efforts. It is therefore possible for the PPS to show a figure for an engaged number of partners within a partner category but have a commitment of '0' for that same category.

## Nassau Queens Performing Provider System, LLC

Figure 154: Project 2.a.i (Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management) Partner Engagement

| Partner Type | | Committed Amount | Engaged Amount |
|---|---|---|---|
| **All Other** | Total | 2,507 | 9 |
| | Safety Net | 542 | 0 |
| **Case Management / Health Home** | Total | 21 | 3 |
| | Safety Net | 15 | 2 |
| **Clinic** | Total | 26 | 4 |
| | Safety Net | 31 | 4 |
| **Community Based Organizations** | Total | 7 | 0 |
| | Safety Net | 0 | 0 |
| **Hospice** | Total | 5 | 0 |
| | Safety Net | 1 | 0 |
| **Hospital** | Total | 9 | 3 |
| | Safety Net | 7 | 3 |
| **Mental Health** | Total | 336 | 5 |
| | Safety Net | 109 | 2 |
| **Nursing Home** | Total | 67 | 11 |
| | Safety Net | 63 | 10 |
| **Pharmacy** | Total | 40 | 0 |
| | Safety Net | 2 | 0 |
| **Practitioner - Non-Primary Care Provider (PCP)** | Total | 3,260 | 114 |
| | Safety Net | 270 | 7 |
| **Practitioner - Primary Care Provider (PCP)** | Total | 1,449 | 395 |
| | Safety Net | 238 | 106 |
| **Substance Abuse** | Total | 44 | 1 |
| | Safety Net | 43 | 1 |
| **Uncategorized** | Total | 0 | 3 |
| | Safety Net | 0 | 0 |

Data Source: Nassau Queens DY2, Q2 PPS Quarterly Report

Figure 165: Project 2.b.iv (Care transitions intervention model to reduce 30 day readmissions for chronic health conditions) Partner Engagement

| Partner Type | | Committed Amount | Engaged Amount |
|---|---|---|---|
| **All Other** | Total | 125 | 9 |
| | Safety Net | 95 | 0 |
| **Case Management / Health Home** | Total | 21 | 0 |
| | Safety Net | 14 | 0 |
| **Clinic** | Total | 0 | 1 |
| | Safety Net | 0 | 1 |
| **Community Based Organizations** | Total | 7 | 0 |
| | Safety Net | 0 | 0 |
| **Hospital** | Total | 4 | 3 |
| | Safety Net | 4 | 3 |
| **Mental Health** | Total | 0 | 1 |
| | Safety Net | 0 | 0 |
| **Nursing Home** | Total | 0 | 11 |
| | Safety Net | 0 | 10 |
| **Practitioner - Non-Primary Care Provider (PCP)** | Total | 326 | 108 |
| | Safety Net | 242 | 7 |
| **Practitioner - Primary Care Provider (PCP)** | Total | 1,303 | 48 |
| | Safety Net | 238 | 6 |
| **Uncategorized** | Total | 0 | 3 |
| | Safety Net | 0 | 0 |

Data Source: Nassau Queens DY2, Q2 PPS Quarterly Report

Figure 176: Project 2.b.vii (Implementing the INTERACT project (inpatient transfer avoidance program for SNF)) Partner Engagement

| Partner Type | | Committed Amount | Engaged Amount |
|---|---|---|---|
| **Clinic** | Total | 0 | 1 |
| | Safety Net | 0 | 1 |
| **Hospital** | Total | 0 | 3 |
| | Safety Net | 5 | 3 |
| **Nursing Home** | Total | 0 | 39 |
| | Safety Net | 53 | 38 |
| **Uncategorized** | Total | 0 | 2 |
| | Safety Net | 0 | 0 |

Data Source: Nassau Queens DY2, Q2 PPS Quarterly Report

Figure 187: Project 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) Partner Engagement

| Partner Type | | Committed Amount | Engaged Amount |
|---|---|---|---|
| **All Other** | Total | 0 | 9 |
| | Safety Net | 95 | 0 |
| **Clinic** | Total | 0 | 3 |
| | Safety Net | 31 | 3 |
| **Hospital** | Total | 0 | 3 |
| | Safety Net | 6 | 3 |
| **Mental Health** | Total | 0 | 1 |
| | Safety Net | 0 | 0 |
| **Pharmacy** | Total | 0 | 0 |
| | Safety Net | 2 | 0 |
| **Practitioner - Non-Primary Care Provider (PCP)** | Total | 0 | 108 |
| | Safety Net | 132 | 7 |
| **Practitioner - Primary Care Provider (PCP)** | Total | 0 | 64 |
| | Safety Net | 238 | 14 |
| **Uncategorized** | Total | 0 | 1 |
| | Safety Net | 0 | 0 |

Data Source: Nassau Queens DY2, Q2 PPS Quarterly Report

Figure 198: 3.a.i (Integration of primary care and behavioral health services) Partner Engagement

| Partner Type | | Committed Amount | Engaged Amount |
|---|---|---|---|
| **All Other** | Total | 57 | 0 |
| | Safety Net | 0 | 1 |
| **Case Management / Health Home** | Total | 0 | 1 |
| | Safety Net | 4 | 3 |
| **Clinic** | Total | 7 | 3 |
| | Safety Net | 7 | 0 |
| **Hospice** | Total | 0 | 0 |
| | Safety Net | 0 | 3 |
| **Hospital** | Total | 0 | 3 |
| | Safety Net | 38 | 3 |
| **Mental Health** | Total | 25 | 1 |
| | Safety Net | 0 | 0 |
| **Pharmacy** | Total | 0 | 0 |
| | Safety Net | 44 | 125 |
| **Practitioner - Non-Primary Care Provider (PCP)** | Total | 29 | 7 |
| | Safety Net | 319 | 498 |
| **Practitioner - Primary Care Provider (PCP)** | Total | 238 | 110 |
| | Safety Net | 25 | 1 |
| **Substance Abuse** | Total | 14 | 1 |
| | Safety Net | 0 | 1 |
| **Uncategorized** | Total | 0 | 0 |
| | Safety Net | 57 | 0 |

Data Source: Nassau Queens DY2, Q2 PPS Quarterly Report

Figure ~~19~~20: 3.a.ii (Behavioral health community crisis stabilization services) Partner Engagement

| Partner Type | | Committed Amount | Engaged Amount |
|---|---|---|---|
| **All Other** | Total | 0 | 0 |
| | Safety Net | 57 | 0 |
| **Case Management / Health Home** | Total | 0 | 3 |
| | Safety Net | 11 | 2 |
| **Clinic** | Total | 0 | 0 |
| | Safety Net | 14 | 0 |
| **Hospice** | Total | 0 | 0 |
| | Safety Net | 0 | 0 |
| **Hospital** | Total | 0 | 3 |
| | Safety Net | 3 | 3 |
| **Mental Health** | Total | 0 | 4 |
| | Safety Net | 60 | 2 |
| **Practitioner - Non-Primary Care Provider (PCP)** | Total | 0 | 0 |
| | Safety Net | 57 | 0 |
| **Practitioner - Primary Care Provider (PCP)** | Total | 0 | 0 |
| | Safety Net | 24 | 0 |
| **Substance Abuse** | Total | 0 | 1 |
| | Safety Net | 14 | 1 |

Data Source: Nassau Queens DY2, Q2 PPS Quarterly Report

Figure 210: 3.b.i (Evidence-based strategies for disease management in high risk/affected populations (adult only – Cardiovascular) Partner Engagement

| Partner Type | | Committed Amount | Engaged Amount |
|---|---|---|---|
| **All Other** | Total | 123 | 9 |
| | Safety Net | 61 | 0 |
| **Case Management / Health Home** | Total | 5 | 0 |
| | Safety Net | 2 | 0 |
| **Clinic** | Total | 7 | 3 |
| | Safety Net | 13 | 3 |
| **Community Based Organizations** | Total | 7 | 0 |
| | Safety Net | 0 | 0 |
| **Hospital** | Total | 0 | 3 |
| | Safety Net | 0 | 3 |
| **Mental Health** | Total | 25 | 1 |
| | Safety Net | 15 | 0 |
| **Pharmacy** | Total | 2 | 0 |
| | Safety Net | 2 | 0 |
| **Practitioner - Non-Primary Care Provider (PCP)** | Total | 326 | 125 |
| | Safety Net | 44 | 7 |
| **Practitioner - Primary Care Provider (PCP)** | Total | 1159 | 346 |
| | Safety Net | 238 | 64 |
| **Substance Abuse** | Total | 4 | 0 |
| | Safety Net | 3 | 0 |
| **Uncategorized** | Total | 0 | 1 |
| | Safety Net | 0 | 0 |

Data Source: Nassau Queens DY2, Q2 PPS Quarterly Report

Figure 2~~1~~: 3.c.i (Evidence-based strategies for disease management in high risk/affected populations (adults only – Diabetes)) Partner Engagement

| Partner Type | | Committed Amount | Engaged Amount |
|---|---|---|---|
| **All Other** | Total | 123 | 9 |
| | Safety Net | 61 | 0 |
| **Case Management / Health Home** | Total | 5 | 0 |
| | Safety Net | 2 | 0 |
| **Clinic** | Total | 7 | 3 |
| | Safety Net | 13 | 3 |
| **Community Based Organizations** | Total | 7 | 0 |
| | Safety Net | 0 | 0 |
| **Hospital** | Total | 0 | 3 |
| | Safety Net | 0 | 3 |
| **Mental Health** | Total | 25 | 1 |
| | Safety Net | 15 | 0 |
| **Pharmacy** | Total | 2 | 0 |
| | Safety Net | 2 | 0 |
| **Practitioner - Non-Primary Care Provider (PCP)** | Total | 326 | 125 |
| | Safety Net | 44 | 7 |
| **Practitioner - Primary Care Provider (PCP)** | Total | 1159 | 351 |
| | Safety Net | 238 | 68 |
| **Substance Abuse** | Total | 4 | 0 |
| | Safety Net | 3 | 0 |
| **Uncategorized** | Total | 0 | 1 |
| | Safety Net | 0 | 0 |

Data Source: Nassau Queens DY2, Q2 PPS Quarterly Report

As the data in Figures 1~~5~~4 through 2~~1~~1 above indicate, the PPS has engaged network partners on a limited basis for all of its projects. Seven of the same projects were also highlighted for the PPS failure to meet Patient Engagement targets consistently through the PPS Quarterly Reports. The combination of the PPS failure to meet Patient Engagement targets and the limited Partner Engagement across the same projects indicates an elevated level of risk for the successful implementation of these projects.

Of further concern is the limited engagement of PCPs across all of the projects highlighted in the tables above. The PPS has made significant commitments to engage PCPs across each project, up to 1,449 PCPs for project 2.a.i, yet has only indicated the engagement of 395 PCPs for that same project through the DY2, Q2 PPS Quarterly Report. For project 3.a.i, the PPS committed to

engaging 25 Mental Health partners to implement this significant project, however, through the DY2, Q2 PPS Quarterly Report, the PPS has only indicated engagement of one Mental Health partner. This lack of partner engagement across projects presents a significant risk to the PPS' successful implementation of the DSRIP projects.

**PPS Narratives for Projects at Risk**

For those projects that have been identified through the analysis of Project Milestone Status, Patient Engagement AVs and Partner Engagement, the IA also reviewed the PPS' narratives to determine if any additional details provided by the PPS would indicate efforts by the PPS to address challenges related to project implementation efforts.

The PPS does, however, articulate some concerns with both Partner and Patient Engagement in its Midpoint narratives. Nassau Queens identified issues with non-safety net providers and low patient attribution counts as being a major concern for many of its projects. In addition, differences in EHR capabilities and establishing unique patient identifiers to ensure proper counts have been obstacles to meeting reporting targets.

Specifically, the IA would like to point out the following projects that had limited Patient and Partner Engagement that are deemed at risk:

**2.a.i (Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management):** The PPS identified challenges with PCMH Certification among other items for 2.a.i. Nassau Queens stated that they "find the requirement that all primary care practices achieve NCQA 2014 PCMH Level 3 recognition very challenging. This is a time-intensive process for participating practices. It has also been a challenge to identify the required expertise needed to support practices." Nassau Queens is looking for each hub to implement its own PCMH recognition strategy for primary care physicians. Each hub is engaging the help of outside vendors who have expertise in primary care transformation and will help practices achieve NCQA PCMH recognition.

**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):** Nassau Queens is in the process of finalizing a contract with a vendor, which can provide a platform to document coaching and navigation activities and has functionality to prompt health coaches. They believe this technology will be able to better manage the low Partner and Patient Engagement for this project.

**3.a.i (Integration of primary care and behavioral health services):** The PPS noted that some PCPs are resistant to screen for and treat behavioral health conditions. Most PCPs do not have adequate time to manage issues that are not pertinent or brought up by the patient. They are also concerned that they may not have appropriate resources to support behavioral health needs identified by these screens. This is an example of treatment being provided in a silo and an opportunity for education. They also stated that Ob-Gyn's patient engagement definition is

limited to patients who are screened at their primary care physicians' office. For example, women who are screened at their Ob-Gyn's office cannot be included in these counts. In order to correct the engagement concerns, Nassau Queens has identified several PCPs who are champions of Integrated Care. Nassau Queens and its hubs are asking these providers to share their positive experiences with their colleagues and other physicians in the network to help overcome resistance and improve actively engaged counts.

**3.a.ii (Behavioral health community crisis stabilization services):** Nassau Queens identified many crisis services provided by city and county agencies, and community-based organizations, which are not attributed to any of Nassau Queens' hubs. This created challenges for proceeding with implementation and funding. Also, they stated that there are numerous excellent crisis programs in Queens and Nassau, but many people in crisis turn to the Emergency Department because they are not aware of alternatives. To improve upon partner engagement Nassau Queens has decided to manage this project at the hub level (vs. the PPS) and has selected project elements for which it will take responsibility. Hubs are responsible for working with city and community agencies and community-based organizations to meet the project requirements. In order to address patient engagement activity, Nassau Queens has funded new crisis teams in multiple counties.

**3.b.i (Evidence-based strategies for disease management in high risk/affected populations (adult only) (Cardiovascular Health)):** Nassau Queens cited a resistance to PCMH participation by providers as one of the challenges of this project. The project requires Nassau Queens to engage 80% of the PCPs within the network in this project, which is a challenge because the Nassau Queens network includes more than 1,200 PCPs. Moreover, less than 30% of the Nassau Queens network PCPs are identified as safety-net providers (under the current definition). As a result, Nassau Queens will need to create incentives, so all providers to participate, but anticipates limitations of that incentive, due to the 95%/5% funding guidelines. To address these concerns, Nassau Queens is sharing the strategies that have worked for practices so that others can successfully adopt the protocols and meet requirements related to documentation, scheduling, PCMH participation, and self-management goals. Also, Nassau Queens is encouraging the hubs to develop a detailed Funds Flow model to incentivize providers, especially Safety Net PCPs, to apply for PCMH recognition. Each hub is working to engage all PCPs in the process and is providing transformation support; however, Nassau Queens understands that some practices are not interested.

**3.c.i (Evidence-based strategies for disease management in high risk/affected populations (adults only) (Diabetes Care)):** The PPS identified the same issues as project 3.b.i.

## IV. Overall Project Assessment

Figure 2~~3~~2 below summarizes the IA's overall assessment of the project implementation efforts of Nassau Queens 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 2~~3~~2: 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.b.ii. | Development of co-located primary care services in the emergency department (ED) | | | |
| 2.b.iv. | Care transitions intervention model to reduce 30 day readmissions for chronic health conditions | X | | X |
| 2.b.vii. | Implementing the INTERACT project (inpatient transfer avoidance program for SNF) | | | 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 | | X |
| 3.a.i. | Integration of primary care and behavioral health services | X | | X |
| 3.a.ii. | Behavioral health community crisis stabilization services | X | | X |
| 3.b.i. | Evidence-based strategies for disease management in | X | | X |

| | | | | |
|---|---|---|---|---|
| | high risk/affected populations (adult only) (Cardiovascular Health) | | | |
| 3.c.i. | Evidence-based strategies for disease management in high risk/affected populations (adults only) (Diabetes Care) | X | | X |

## 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 2~~4~~3: 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 | 3 | This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges. The limited partner engagement efforts and organizational challenges faced by the PPS place the successful implementation of this project at risk. |
| 2.b.ii. | Development of co-located primary care services in the emergency department (ED) | 1 | This the lowest risk score indicating the project is more than likely to meet intended goals. |
| 2.b.iv. | Care transitions intervention model to reduce 30 day readmissions for chronic health conditions | 2 | This is a low risk score indicating the project is more than likely to meet intended goals but has challenges to overcome. The PPS has had Partner Engagement challenges.~~This is the lowest risk score indicating the project is on track and more than likely to meet intended goals. The PPS has had Patient Engagement challenges.~~ |
| 2.b.vii. | Implementing the INTERACT project (inpatient transfer avoidance program for SNF) | 2 | This is a low risk score indicating the project is more than likely to meet intended goals but has challenges to overcome. The PPS has had Partner Engagement challenges. |
| 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 | This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.~~This is a low risk score indicating the project is more than likely to meet intended goals but has challenges to overcome. The PPS has had Partner and Patient Engagement challenges.~~ |

| | | | |
|---|---|---|---|
| 3.a.i. | Integration of primary care and behavioral health services | 3 | This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.~~This is a low risk score indicating the project is more than likely to meet intended goals but has challenges to overcome. The PPS has had Partner and Patient Engagement challenges.~~ |
| 3.a.ii. | Behavioral health community crisis stabilization services | 3 | This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.~~This is a low risk score indicating the project is more than likely to meet intended goals but has challenges to overcome. The PPS has had Partner and Patient Engagement challenges.~~ |
| 3.b.i. | Evidence-based strategies for disease management in high risk/affected populations (adult only) (Cardiovascular Health) | 3 | This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.~~This is a low risk score indicating the project is more than likely to meet intended goals but has challenges to overcome. The PPS has had Partner and Patient Engagement challenges.~~ |
| 3.c.i. | Evidence-based strategies for disease management in high risk/affected populations (adults only) (Diabetes Care) | 3 | This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.~~This is a low risk score indicating the project is more than likely to meet intended goals but has challenges to overcome. The PPS has had Partner and Patient Engagement challenges.~~ |

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

While limited partner engagement was the only area of risk identified for project 2.a.i., the IA notes that this issue, when combined with the organizational challenges identified and the limited partner engagements across multiple projects, raises the risk associated with the PPS' ability to successfully implement this project. As such, the IA has assigned an elevated risk score for this project.

# VI. IA Recommendations

The IA's review of the Nassau Queens PPS 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 Nassau Queens PPS has a number of challenges to address from the Mid-Point Assessment. Although Nassau Queens has achieved all of the organizational and project milestones to date in DSRIP, a number of projects are falling behind in Patient and Partner Engagement. The PPS has made positive strides to stabilize its PMO and develop the infrastructure to run a successful PPS. The IA does not have concerns related to the hub structure, however there are concerns about the role of the PPS as the entity responsible for the oversight and monitoring of the activities for each of the hubs. However, the hub model of this PPS poses a number of challenges that the Nassau Queens PPS PMO must address in order to achieve its project goals. While the data regarding PPS administrative spend and funds distributed to the PPS PMO do not conclusively indicate a lack of investment in establishing the necessary infrastructure in developing DSRIP projects, the limited partner engagement and missed patient engagement targets would suggest that the PPS needs to further examine the infrastructure needed to support the successful implementation of the projects.

The Nassau Queens 360 survey also provides results that suggest the PPS has not engaged partners as effectively as their peer PPS. NQP ranked 24$^{th}$ out of 25 PPS in the overall 360 survey satisfaction results. A look at the funds flow by partner states that very few partners are receiving payments. Only three groups have received any funds to date (Hospitals (76%), PMO (16%), and Clinics (8%)).

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

**Partner Engagement**

**Recommendation 1:** The IA recommends that the PPS develop a strategy to increase partner engagement throughout its target area, with a specific emphasis on engaging Behavioral Health (Mental Health and Substance Abuse) and PCP partners. Behavioral health providers and integration with primary care are essential to realize the project goals of behavioral health integration and to be able to earn the high performance funds.

**Patient Engagement**

**Recommendation 1:** The IA recommends that the PPS develop a strategy to increase and consistently maintain patient engagement levels throughout its target area. This is another high risk area where the PPS has previously missed targets and associated DSRIP payments.

## B. Project Specific Recommendations

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

**Recommendation 1:** The IA recommends the PPS develop a strategy to increase partner engagement to support the successful implementation of this projects and in meeting the PPS' DSRIP goals.

**Recommendation 2:** The IA recommends that the PPS provide a detailed plan for how each Hub will implement its own PCMH recognition strategy for primary care physicians.

**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)**

**Recommendation 1:** The IA recommends that the PPS detail how the new vendor IT platform will accelerate the low Partner and Patient Engagement for this project.

**3.a.i (Integration of primary care and behavioral health services):**

**Recommendation 1:** The IA recommends that the PPS and its hubs detail a "train the trainer" plan between the providers with positive experiences with this project to other physicians in the Network.

**3.a.ii (Behavioral health community crisis stabilization services)**

**Recommendation 1:** The IA recommends that the PPS outline the specifics related to how the hub model will produce better results for this project.

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

**Recommendation 1:** The PPS narrative addressed challenges surrounding PCP engagement in this project and sought to mitigate this challenge by incentivizing providers to obtain PCMH certification. This is neither a requirement nor a barrier to implementing this project. As this project focuses on disease management for cardiovascular health the IA recommends that the PPS create a plan to engage the proper patient and partner types while focusing on the purpose of the project and the successful implementation of the same.

**3.c.i (Evidence-based strategies for disease management in high risk/affected populations (adults only) (Diabetes Care))**

**Recommendation 1**: The PPS narrative addressed challenges surrounding PCP engagement in this project and sought to mitigate this challenge by incentivizing providers to obtain PCMH certification. This is neither a requirement nor a barrier to implementing this project. As this

project focuses on disease management for diabetes, the IA recommends that the PPS create a plan to engage the proper patient and partner types while focusing on the purpose of the project and the successful implementation of the same.