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December 21, 2016

**DSRIP Independent Assessor
Mid-Point Assessment Report
Advocate Community Providers Comments**

Advocate Community Providers (ACP) is pleased to provide a number of comments and requests certain clarifications in response to the DSRIP IA's Mid-Point Assessment Report.

- **360 SURVEY** (p. 4)

ACP believes there are a number of discrepancies that may have influenced the conclusions of the ACP 360 Survey.

The report states that the most relevant data point is “a lack of responses from mental health providers, and the lack of responses from community-based organizations.”

ACP was advised by a large behavioral health provider that they were instructed by SDOH that, when responding to 360 survey requests for multiple PPSs, they should complete a single survey and note the PPSs with which they were involved. ACP requests that the IA affirm the methodology for respondents with multiple PPSs.

Figure 4: ACP 360 Survey Results by Partner Type indicates that no hospitals were surveyed (therefore none responded). ACP notes that four in-patient hospitals were listed on our sample request as well as 12 hospital out-patient physicians. Lenox Hill Hospital, for example, affirmatively stated to ACP that they submitted the survey. ACP requests that the IA confirm hospital respondents.

The overall sample request listed 61 providers/entities. ACP advised that eight providers had retired or were no longer in business, reducing the sample size to 53. ACP notes, however, that the Mid-Term Assessment indicates the survey was only sent to 48 participating providers/entities. ACP asks why the survey was not sent to all providers/entities.

- **VI: IA RECOMMENDATIONS, SECTION B: PROJECT RECOMMENDATIONS, PROJECT RECOMMENDATION 2** (p. 20)

The IA recommends that ACP: “Develop a plan to address the current delays resulting in DY2, Q4 project milestones having a status of ‘On Hold’.”

This recommendation relates to Milestone #4 (“protocols allowing ED and first responders... to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care.”) which is **optional**.

ACP has decided not to pursue this milestone. In the reporting tool, the only choices are “complete,” “in progress,” and “on hold.” Therefore, ACP marked the milestone as “on hold” with a completion date of the last quarter, last year of DSRIP. Please advise if there is a more appropriate way to indicate that ACP has opted not to pursue this milestone. If the IA is in agreement, ACP requests that the Mid-Point Assessment report be revised accordingly.

- **PATIENT ENGAGEMENT AVs** (p. 14)

Figure 8 (p. 15) for Project 3.b.i. (Evidence-based strategies for disease management in high risk/affected populations (adult only) (Cardiovascular Health)) indicates that ACP did not meet patient engagement targets for DY1Q4. Please see the AV scorecard below that demonstrates the AV Target was met:

IPP AV Achievement Log							
NYS Confidentiality - High Runtime: Dec 8, 2016 5:52:58 PM							
PPS NAME: Advocate Community Providers, Inc.							
DY1 Q4 AVs		Project 2.a.i AV	Project 2.a.iii AV	Project 2.b.iii AV	Project 2.b.iv AV	Project 3.a.i AV	Project 3.b.i AV
Organizational Process Measure	Governance	1	1	1	1	1	1
	Workforce	1	1	1	1	1	1
	Cultural Competency/Health Literacy	0	0	0	0	0	0
	Financial Sustainability	1	1	1	1	1	1
Project Process Measure	Quarterly Progress Reports & Project Budget & Flow of Funds	1	1	1	1	1	1
	Project Implementation Speed	N/A	N/A	N/A	N/A	N/A	N/A
	Patient Engagement Speed	1	1	1	1	1	1
Achievement Values Earned		4.00	5.00	5.00	5.00	5.00	5.00
Process Measure Type	Narrative						
Cultural Competency/Health Literacy	In DY1P3, PPS failed this AV in Q3.						

If the IA is in agreement, ACP requests that the Mid-Point Assessment report be revised accordingly.

Other

- The report states (p. 9) that the CCHL Advisory Committee meets twice a year; it meets quarterly.
- The report identifies Denisse Oller as “Director of Communication” (p. 10); her title is Director of Integrated Outreach.

ACP looks forward to developing our Mid-Point Assessment Action Plans by March 2, 2017.