



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

TABLE OF CONTENTS

Index.....	6
Section 01 - Budget.....	7
Module 1.1.....	7
Module 1.2.....	8
Module 1.3.....	10
Module 1.4.....	12
Module 1.5.....	14
Module 1.6.....	17
Module 1.7.....	18
Section 02 - Governance.....	19
Module 2.1.....	19
Module 2.2.....	34
Module 2.3.....	35
Module 2.4.....	35
Module 2.5.....	37
Module 2.6.....	38
Module 2.7.....	40
Module 2.8.....	40
Module 2.9.....	40
Section 03 - Financial Stability.....	42
Module 3.1.....	42
Module 3.2.....	52
Module 3.3.....	53
Module 3.4.....	53
Module 3.5.....	55
Module 3.6.....	56
Module 3.7.....	57
Module 3.8.....	57
Module 3.9.....	57
Section 04 - Cultural Competency & Health Literacy.....	58
Module 4.1.....	58
Module 4.2.....	66
Module 4.3.....	67
Module 4.4.....	67
Module 4.5.....	69
Module 4.6.....	70



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Module 4.7.....	71
Module 4.8.....	71
Module 4.9.....	72
Section 05 - IT Systems and Processes.....	73
Module 5.1.....	73
Module 5.2.....	82
Module 5.3.....	83
Module 5.4.....	83
Module 5.5.....	85
Module 5.6.....	86
Module 5.7.....	87
Module 5.8.....	87
Section 06 - Performance Reporting.....	88
Module 6.1.....	88
Module 6.2.....	92
Module 6.3.....	93
Module 6.4.....	93
Module 6.5.....	94
Module 6.6.....	95
Module 6.7.....	96
Module 6.8.....	96
Module 6.9.....	96
Section 07 - Practitioner Engagement.....	98
Module 7.1.....	98
Module 7.2.....	103
Module 7.3.....	104
Module 7.4.....	104
Module 7.5.....	106
Module 7.6.....	107
Module 7.7.....	108
Module 7.8.....	108
Module 7.9.....	109
Section 08 - Population Health Management.....	110
Module 8.1.....	110
Module 8.2.....	114
Module 8.3.....	115
Module 8.4.....	115
Module 8.5.....	116



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Module 8.6.....	117
Module 8.7.....	118
Module 8.8.....	118
Module 8.9.....	119
Section 09 - Clinical Integration.....	120
Module 9.1.....	120
Module 9.2.....	125
Module 9.3.....	126
Module 9.4.....	127
Module 9.5.....	128
Module 9.6.....	129
Module 9.7.....	130
Module 9.8.....	130
Module 9.9.....	131
Section 10 - General Project Reporting.....	132
Module 10.1.....	132
Module 10.2.....	132
Module 10.3.....	134
Module 10.4.....	135
Module 10.5.....	137
Module 10.6.....	137
Module 10.7.....	138
Module 10.8.....	138
Section 11 - Workforce.....	139
Module 11.1.....	139
Module 11.2.....	140
Module 11.3.....	147
Module 11.4.....	148
Module 11.5.....	148
Module 11.6.....	149
Module 11.7.....	150
Module 11.8.....	151
Module 11.9.....	151
Module 11.10.....	152
Module 11.11.....	157
Projects.....	158
Project 2.a.i.....	158
Module 2.a.i.1.....	158



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Module 2.a.i.2.....	160
Module 2.a.i.3.....	203
Module 2.a.i.4.....	204
Project 2.a.iii.....	205
Module 2.a.iii.1.....	205
Module 2.a.iii.2.....	206
Module 2.a.iii.3.....	207
Module 2.a.iii.4.....	238
Module 2.a.iii.5.....	239
Project 2.a.v.....	240
Module 2.a.v.1.....	240
Module 2.a.v.2.....	241
Module 2.a.v.3.....	242
Module 2.a.v.4.....	268
Module 2.a.v.5.....	269
Project 2.b.iii.....	270
Module 2.b.iii.1.....	270
Module 2.b.iii.2.....	271
Module 2.b.iii.3.....	272
Module 2.b.iii.4.....	296
Module 2.b.iii.5.....	297
Project 2.d.i.....	298
Module 2.d.i.1.....	298
Module 2.d.i.2.....	300
Module 2.d.i.3.....	301
Module 2.d.i.4.....	337
Module 2.d.i.5.....	338
Project 3.a.i.....	339
Module 3.a.i.1.....	339
Module 3.a.i.2.....	340
Module 3.a.i.3.....	341
Module 3.a.i.4.....	403
Module 3.a.i.5.....	404
Project 3.a.ii.....	405
Module 3.a.ii.1.....	405
Module 3.a.ii.2.....	406
Module 3.a.ii.3.....	407
Module 3.a.ii.4.....	447



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Module 3.a.ii.5.....	448
Project 3.b.i.....	449
Module 3.b.i.1.....	449
Module 3.b.i.2.....	450
Module 3.b.i.3.....	451
Module 3.b.i.4.....	518
Module 3.b.i.5.....	519
Project 3.d.iii.....	520
Module 3.d.iii.1.....	520
Module 3.d.iii.2.....	521
Module 3.d.iii.3.....	522
Module 3.d.iii.4.....	544
Module 3.d.iii.5.....	545
Project 4.b.i.....	546
Module 4.b.i.1.....	546
Module 4.b.i.2.....	547
Module 4.b.i.3.....	552
Project 4.b.ii.....	553
Module 4.b.ii.1.....	553
Module 4.b.ii.2.....	554
Module 4.b.ii.3.....	559
Attestation.....	560
Status Log.....	561
Comments Log.....	562
Module Status.....	564
Sections Module Status.....	564
Projects Module Status.....	568
Review Status.....	570
Section Module / Milestone.....	570
Project Module / Milestone.....	573



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**












Albany Medical Center Hospital (PPS ID:1)

Quarterly Report - Implementation Plan for Albany Medical Center Hospital












Year and Quarter: DY1, Q3

Quarterly Report Status:  Adjudicated

Status By Section

Section	Description	Status
Section 01	Budget	 Completed
Section 02	Governance	 Completed
Section 03	Financial Stability	 Completed
Section 04	Cultural Competency & Health Literacy	 Completed
Section 05	IT Systems and Processes	 Completed
Section 06	Performance Reporting	 Completed
Section 07	Practitioner Engagement	 Completed
Section 08	Population Health Management	 Completed
Section 09	Clinical Integration	 Completed
Section 10	General Project Reporting	 Completed
Section 11	Workforce	 Completed

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	 Completed
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	 Completed
2.a.v	Create a medical village/alternative housing using existing nursing home infrastructure	 Completed
2.b.iii	ED care triage for at-risk populations	 Completed
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	 Completed
3.a.i	Integration of primary care and behavioral health services	 Completed
3.a.ii	Behavioral health community crisis stabilization services	 Completed
3.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	 Completed
3.d.iii	Implementation of evidence-based medicine guidelines for asthma management	 Completed
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	 Completed
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)	 Completed



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 01 – Budget

IPQR Module 1.1 - PPS Budget Report (Baseline)

Instructions :

This table contains five budget categories. Please add rows to this table as necessary in order to add your own sub-categories. The budget categories used in this table should reflect the budget categories you used in your application. If budget entered varies from PPS application or previous implementation plan submission, please describe changes and justifications in the box provided.

Budget Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Waiver Revenue	21,215,367	22,608,608	36,560,957	32,374,588	21,215,367	133,974,888
Cost of Project Implementation & Administration	9,549,730	6,784,488	9,137,087	4,855,250	1,697,730	32,024,285
Cost of Project Implementation	4,250,137	3,015,678	4,067,943	1,095,631	1,004,774	13,434,163
Cost of Administration	5,299,593	3,768,810	5,069,144	3,759,619	692,956	18,590,122
Revenue Loss	228,293	4,749,142	9,502,571	8,415,767	4,880,973	27,776,746
Internal PPS Provider Bonus Payments	4,244,324	5,653,740	10,964,505	11,328,917	8,488,649	40,680,135
Cost of non-covered services	3,183,243	3,392,244	5,482,252	4,855,250	3,183,243	20,096,232
Other	2,115,907	2,255,143	3,667,442	3,243,088	2,115,907	13,397,487
Contingency	2,115,907	2,255,143	3,667,442	3,243,088	2,115,907	13,397,487
Total Expenditures	19,321,497	22,834,757	38,753,857	32,698,272	20,366,502	133,974,885
Undistributed Revenue	1,893,870	0	0	0	848,865	3

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 1.2 - PPS Budget Report (Quarterly)

Instructions :

Please include updates on budget items for this quarterly reporting period. Reported actual spending will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

Waiver Revenue DY1	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
21,215,367	133,974,888	20,133,310	132,892,831

Budget Items	DY1 Q3 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	1,082,057	1,082,057	8,467,673	88.67%	30,942,228	96.62%
Cost of Project Implementation	870,226					
Cost of Administration	211,831					
Revenue Loss	0	0	228,293	100.00%	27,776,746	100.00%
Internal PPS Provider Bonus Payments	0	0	4,244,324	100.00%	40,680,135	100.00%
Cost of non-covered services	0	0	3,183,243	100.00%	20,096,232	100.00%
Other	0	0	2,115,907	100.00%	13,397,487	100.00%
Contingency	0					
Total Expenditures	1,082,057	1,082,057				

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Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 1.3 - PPS Flow of Funds (Baseline)

Instructions :

In the table below, please detail your PPS's projected flow of DSRIP funds for the next five years, splitting out the flow of funds by provider type. The provider types match the categories used for the Speed & Scale portion of your Project Plan Application.

- This table requires your funds flow projections on an annual basis. Subsequent quarterly reports will require you to submit your actual distribution of funds to these provider categories on a quarterly basis.
- These quarterly submissions of actual funds distribution will ultimately be required at the provider level (as opposed to the provider type level required here)

Funds Flow Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Waiver Revenue	21,215,367	22,608,608	36,560,957	32,374,588	21,215,367	133,974,888
Practitioner - Primary Care Provider (PCP)	2,828,146	2,695,323	4,373,658	3,630,404	2,322,630	15,850,161
Practitioner - Non-Primary Care Provider (PCP)	1,080,373	1,135,888	1,910,482	1,714,050	1,155,614	6,996,407
Hospital	3,551,331	7,549,122	13,991,344	12,166,110	7,331,802	44,589,709
Clinic	2,177,469	2,441,846	4,185,348	3,700,613	2,444,257	14,949,533
Case Management / Health Home	2,393,551	2,295,196	3,726,856	3,107,184	1,992,548	13,515,335
Mental Health	1,910,273	1,869,964	3,062,329	2,599,840	1,689,116	11,131,522
Substance Abuse	1,543,718	1,489,622	2,397,813	1,996,612	1,272,400	8,700,165
Nursing Home	628,291	610,034	969,093	803,646	506,722	3,517,786
Pharmacy	58,649	60,855	106,322	96,516	66,674	389,016
Hospice	0	0	0	0	0	0
Community Based Organizations	1,309,123	1,246,202	1,972,522	1,610,545	1,005,703	7,144,095
All Other	0	0	0	0	0	0
PPS PMO	1,846,829	1,447,058	2,045,484	1,266,495	585,293	7,191,159
Total Funds Distributed	19,327,753	22,841,110	38,741,251	32,692,015	20,372,759	133,974,888
Undistributed Revenue	1,887,614	0	0	0	842,608	0

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**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 1.4 - PPS Flow of Funds (Quarterly)

Instructions :

Please include updates on flow of funds for this quarterly reporting period. Reported actual fund distribution will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

Waiver Revenue DY1	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
21,215,367	133,974,888	21,215,367	133,974,888

Funds Flow Items	DY1 Q3 Quarterly Amount - Update	Total Amount Disbursed	Percent Spent By Project											DY Adjusted Difference	Cumulative Difference		
			Projects Selected By PPS														
			2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii				
Practitioner - Primary Care Provider (PCP)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,828,146	15,850,161
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,080,373	6,996,407
Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,551,331	44,589,709
Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,177,469	14,949,533
Case Management / Health Home	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,393,551	13,515,335
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,910,273	11,131,522
Substance Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,543,718	8,700,165
Nursing Home	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	628,291	3,517,786
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	58,649	389,016
Hospice	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,309,123	7,144,095
All Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PPS PMO	0	0														1,846,829	7,191,159
Total Funds Distributed	0	0															

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**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 1.5 - Prescribed Milestones

Instructions :

Please provide updates to baseline target dates and work breakdown tasks with target dates for required milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Completed	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	04/01/2015	03/31/2016	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. AMCH PPS Board will appoint a finance committee including financially competent representation from a cross section of the PPS.	Completed	1. AMCH PPS Board will appoint a finance committee including financially competent representation from a cross section of the PPS.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. The finance committee will review the budget developed during the planning stages to ensure DY1 budget is appropriate for the needs of the provider network.	Completed	2. The finance committee will review the budget developed during the planning stages to ensure DY1 budget is appropriate for the needs of the provider network.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. The finance committee will develop a set of Guiding Principles that will govern the funds flow, budget, and distribution plan. These guiding principles will be approved by the PAC Executive Committee, and the AMC PPS Board.	Completed	3. The finance committee will develop a set of Guiding Principles that will govern the funds flow, budget, and distribution plan. These guiding principles will be approved by the PAC Executive Committee, and the AMC PPS Board.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. The PMO will develop a timeline to guide the work of the Finance Committee.	Completed	4. The PMO will develop a timeline to guide the work of the Finance Committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Consistent with the timeline and the guiding principles approved by the PPS Board, the finance committee will develop project specific funds flow models prior to the distribution of	Completed	5. Consistent with the timeline and the guiding principles approved by the PPS Board, the finance committee will develop project specific funds flow models prior to the distribution of funds to the PPS Providers.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
funds to the PPS Providers.									
Task 6. The PPS Board will approve each project specific funds flow model, as well as plans for the budgeted cost of services determined to be centralized either through the PPS PMO or specific vendors such as IT Solutions with broad application across multiple projects and throughout the PPS.	Completed	6. The PPS Board will approve each project specific funds flow model, as well as plans for the budgeted cost of services determined to be centralized either through the PPS PMO or specific vendors such as IT Solutions with broad application across multiple projects and throughout the PPS.	09/01/2015	12/30/2015	09/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 7. The Finance Committee will review and update the budget at least quarterly and as needed.	Completed	7. The Finance Committee will review and update the budget at least quarterly and as needed.	01/01/2016	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. The PPS PMO will communicate the funds flow budget and distribution plan as well as any changes to the budget and plan to the PPS at the monthly PPS meetings and through other means.	Completed	8. The PPS PMO will communicate the funds flow budget and distribution plan as well as any changes to the budget and plan to the PPS at the monthly PPS meetings and through other means.	01/01/2016	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Complete funds flow budget and distribution plan and communicate with network	mcintyc	Documentation/Certification	1_MDL0103_1_3_20160311123930_Budgets_by_Project_-_Website.docx	Budgets by Project - Website	03/11/2016 12:39 PM
	mcintyc	Communication Documentation	1_MDL0103_1_3_20160311123846_AMCH_DSRI_P_PPS_December_PAC_Webinar_Follow-Up.docx	AMCH DSRIP PPS_December PAC Webinar Follow-Up	03/11/2016 12:38 PM
	mcintyc	Meeting Materials	1_MDL0103_1_3_20160129103738_Sub-Committee_Roster.pptx	AMCH PPS Sub-Committee Roster	01/29/2016 10:37 AM
	mcintyc	Meeting Materials	1_MDL0103_1_3_20160129103705_Funds_Flow_Meeting_Template_10.1.2015-12.31.2015.xlsx	AMCH PPS Meeting Template	01/29/2016 10:37 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	mcintyc	Policies/Procedures	1_MDL0103_1_3_20160129103551_Budgets_by_Project_DY1_FINAL.pdf	AMCH PPS Budgets by Project DY1	01/29/2016 10:35 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Complete funds flow budget and distribution plan and communicate with network	<p>A high level funds flow model was created and presented to the PAC on April 27, 2015. At that time, the funds flow model was limited to the budget categories provided by the DOH, including project implementation, bonus payments, revenue loss, new services, and contingency, and illustrated the flow of funds from the DOH to the PPS providers.</p> <p>To guide the development of the funds flow, the PPS's Finance Committee created a set of guiding principles that have been utilized to govern the funds flow, budget, and distribution plans. These guiding principles were approved by PAC Leadership on August 27, 2015 and by the PPS Board on August 28, 2015. A timeline was created and presented to the Finance Committee to guide the deliverables.</p> <p>The Finance Committee asked for volunteers to comprise a Budget Sub-Committee that was tasked with the development of project-specific funds flow models. Ten members of the Finance Committee from various industries volunteered to serve as members of the Sub-Committee and met weekly from October 28, 2015 through November 18, 2015 to develop and refine the budgets by project. A mission statement was created and a Chair was elected to guide the process. The accuracy of data, funding methodologies, timing of project implementation, and speed and scale were all discussed as elements to consider while crafting the budgets. The final funds flow models for DY1 were the result of in-depth financial analysis that incorporated payment lag, yearly expense caps, and sub-regional distribution. The budgets by project were reviewed and approved by the Finance Committee on November 30, 2015 and by the PPS Board on December 4, 2015. This documentation was also emailed to the PPS on December 17, 2015 and is posted on the PPS website to maintain transparency.</p> <p>The Finance Committee will review and update budgets as necessary. The Budget Sub-Committee will continue to meet to finalize DY2-DY5 budgets by project, based on additional information made available from risk stratification of patient level and other data. The Finance Committee and PPS Board will approve of any proposed changes, as well as the development of future budgets. All updates will be sent to the PPS via email and will also be posted to the PPS website.</p>

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Fail	The sample documentation submitted was insufficient to demonstrate completion of the milestone. The agendas submitted appear to be a standard template with identical language and are not specific to any Finance Committee meetings.



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 1.6 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 1.7 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 02 – Governance

✓ IPQR Module 2.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. The AMCH Board of Governors (AMCH Board), as the Board of the PPS Lead, will approve the members of the AMCH Executive Steering Committee (PPS Board), which will report to the AMCH Board. The PPS Board will approve the charters for the standing committees for the AMCH PPS. The PAC Executive Committee will approve the PAC's operating guidelines and principles.	Completed	1. The AMCH Board of Governors (AMCH Board), as the Board of the PPS Lead, will approve the members of the AMCH Executive Steering Committee (PPS Board), which will report to the AMCH Board. The PPS Board will approve the charters for the standing committees for the AMCH PPS. The PAC Executive Committee will approve the PAC's operating guidelines and principles. The Collaborative Contracting model is currently in place where each partner participating in the PPS will have a contract with the AMCH PPS stipulating the roles and responsibilities. As the Lead Entity, AMCH retains ultimate decision making authority and is the contract partner for the State and the partners represented in the PAC. Thus, governance is coordinated and carried out through the joint efforts of AMCH and the PAC through a clearly defined committee structure. The PPS may evolve to a Delegated Model where the partners join together and delegate key responsibilities for PPS Governance to a newly created legal entity (NewCo) where the governing structure of Newco would directly oversee all aspects of Finance, Clinical, IT, and compliance governance with accountability to an Executive Governance Body representative of the partners. (If the PPS evolves to a	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		Delegated Model and there is a later-formed Newco, the governing body of Newco will assume responsibility for implementation of these identified steps outlined by AMCH in this implementation plan.)							
Task 2. AMCH will ensure adequacy of regional and key stakeholder participation.	Completed	2. AMCH will ensure adequacy of regional and key stakeholder participation and will create a list of nominees to serve as elected members of the PAC's Executive Committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Election of members of PAC Executive Committee.	Completed	3. With the approval of the PPS Board and the voting members of the PAC, the PAC will elect members to the PAC Executive Committee in a manner that reflects a balance of the types of providers and geographic regions in the PPS. The PAC Executive Committee will elect its own chair who will provide leadership and help coordinate the activities of the committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Establishment of subcommittees.	Completed	4. The PAC Executive Committee will seek representation of a diverse group of participating providers, with necessary expertise for the AMCH PPS committees that will oversee PPS activities. The following Committees will be established; Clinical and Quality Affairs, Finance, Audit and Compliance, Technology and Data Management, Consumer and Community Affairs, Cultural Competency and Health Literacy and the Workforce Coordinating Council. The Chair of each of the committees also serves on the PAC Executive Committee as a non-voting member. The PPS Board will approve the charters and members for each Committee, based on recommendations of the PAC Executive Committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 2. The Clinical and Quality Affairs Committee may elect to create sub-committees for the projects selected.	Completed	2. The Clinical and Quality Affairs Committee may elect to create sub-committees for the projects selected. Since there are interdependencies between projects, the Committee may elect to manage all of the projects as a single committee with support from AMCH's Project Management Office (PMO). The	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		PMO will also play an important role in managing and integrating clinical and quality issues in support of the mission of this committee. The Clinical and Quality Affairs Committee will be populated by licensed medical personnel and other individuals with expertise in data analytics and quality improvement, representatives of the geographic area served and the participating providers, and will have oversight responsibility for provider engagement, clinical protocol development, identification or development of quality metrics and performance incentives and standards, initial assessment of quality performance by PPS providers and the PPS, including review of RCE data, quality management and reporting, and related clinical activities. Its membership will include clinicians participating in the PPS's selected projects. It will report its findings and recommendations for adoption of quality metrics, performance incentives and standards and quality reporting to the PPS Board.							
Task 3. The Clinical and Quality Affairs Committee will develop detailed work plans for each project by identifying action steps needed, resources required and timelines for completion, etc.	Completed	3. The Clinical and Quality Affairs Committee will develop detailed work plans for each project by identifying action steps needed, resources required and timelines for completion, etc. Particular emphasis will be placed on operational and/or procedural changes required at clinical sites to integrate care management protocols, data collection, and quality improvement using PDSA cycles. Work plans will be provided to the PPS Board for review and approval.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Working with our PPS partner organizations and potentially also in collaboration with other neighboring PPSs, the Clinical and Quality Affairs Committee will identify or develop best practice guidelines and evidence-based protocols for all projects, where necessary and appropriate and recommend such protocols and guidelines to the PPS Board for adoption.	Completed	4. Working with our PPS partner organizations and potentially also in collaboration with other neighboring PPSs, the Clinical and Quality Affairs Committee will identify or develop best practice guidelines and evidence-based protocols for all projects, where necessary and appropriate and recommend such protocols and guidelines to the PPS Board for adoption. The Clinical and Quality Affairs Committee will work closely with the governing boards and medical staff of the PPS partner organizations to encourage and facilitate the adoption of these PPS guidelines and protocols by participating provider organizations.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 5. With the support of the PMO, the Chair of the Clinical and Quality Affairs Committee will develop the charge for any sub-committees and a calendar of meetings of the committees as warranted.	Completed	5. With the support of the PMO, the Chair of the Clinical and Quality Affairs Committee will develop the charge for any sub-committees and a calendar of meetings of the committees as warranted. Meetings will be based on a frequency needed to accomplish the work plan and goals of the committee and will allow for both web-based and face-to-face participation.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. The Clinical and Quality Affairs Committee, in collaboration with the PAC Executive Committee and the other 6 committees as necessary, will develop and implement methods to capture baseline information as well as on-going data to support metric evaluation and milestone reporting for each project over the duration of DSRIP.	Completed	6. The Clinical and Quality Affairs Committee, in collaboration with the PAC Executive Committee and the other 6 committees as necessary, will develop and implement methods to capture baseline information as well as on-going data to support metric evaluation and milestone reporting for each project over the duration of DSRIP. The Clinical and Quality Affairs Committee will develop dashboards of quality data for purposes of governance oversight and reporting to the PPS and AMCH Board.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. Draft workplans and best practice guidelines for each subcommittee will be finalized and approved by the CQAC.	On Hold	7. Draft workplans and best practice guidelines for each subcommittee will be finalized and approved by the CQAC.	09/01/2015	12/31/2015	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 1. The PAC will adopt a detailed charge for the Clinical and Quality Affairs Committee.	Completed	1. The PAC will adopt a detailed charge for the Clinical and Quality Affairs Committee, which will be submitted for review and approval to the full PAC membership and the PPS Board.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. The PAC's Charter and operating policies and procedures (PAC Governing Documents) required to efficiently organize and operate the PAC with a clearly defined governance structure will be finalized by the PAC Executive Committee and approved by the PPS Board.	Completed	1. The PAC's Charter and operating policies and procedures (PAC Governing Documents) required to efficiently organize and operate the PAC with a clearly defined governance structure will be finalized by the PAC Executive Committee and approved by the PPS Board.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. Following PPS Board approval of the governance structure, committee charters for PPS Committees and the PAC Governance Documents, the PAC Executive Committee will adopt policies and procedures needed to effectively manage, through a shared governance structure, the activities of the	Completed	2. Following PPS Board approval of the governance structure, committee charters for PPS Committees and the PAC Governance Documents, the PAC Executive Committee will adopt policies and procedures needed to effectively manage, through a shared governance structure, the activities of the	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
adopt policies and procedures needed to effectively manage, through a shared governance structure.		participating provider network, including financial management, compliance, data collection, reporting and analysis and other activities required in the implementation plan. Policies and procedures relating to financial management, compliance, data reporting and collection and other key areas of implementation will be submitted for review and approval to the respective governance committee and the PPS Board.							
Task 3. The PAC Executive Committee will develop dispute resolution procedures.	Completed	3. The PAC Executive Committee will develop dispute resolution procedures that will be reviewed and approved by the PPS Board.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. The PAC will adopt policies and procedures to address non-or under-performing partner organizations, which will be approved by the PPS Board.	Completed	4. The PAC will adopt policies and procedures to address non-or under-performing partner organizations, which will be approved by the PPS Board. Contracts with PPS participating partners and project protocols will clearly articulate expectations of participation in the PPS and obligations in all critical areas, as well as consequences associated with under- or non-performance, per the scope of services and required elements of participation in the PPS.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. The Audit and Compliance Committee will adopt a Code of Conduct and Compliance Plan and policies (Compliance Documents).	Completed	5. The Audit and Compliance Committee will adopt a Code of Conduct and Compliance Plan and policies (Compliance Documents) that will incorporate the required elements of a compliance program in accordance with NYS Social Services Law Section 363-d, and will require all PPS partner organizations and individual participating providers to adhere to the requirements of the PPS Compliance Program. The Compliance Documents will be submitted to the PPS Board and the AMCH Board of Governors for review and approval.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and monitoring processes	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. The PAC Executive Committee will generate data reporting templates to the PAC for two-way feedback and monitoring processes with	Completed	1. The PAC Executive Committee will generate data reporting templates to the PAC for two-way feedback and monitoring processes with reporting of all data regarding PPS and partner organization performance to the respective	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
reporting of all data regarding PPS and partner organization performance to the respective governance committee and to the PPS Board.		governance committee and to the PPS Board.							
Task 2. The PAC Executive Committee, in consultation with other PAC Committees, as necessary, and with assistance from the PMO, will develop dashboard reporting for each project. Dashboards will be used for improvement and accountability to communicate information to PPS providers, CBOs, and to governance.	Completed	2. The PAC Executive Committee, in consultation with other PAC Committees, as necessary, and with assistance from the PMO, will develop dashboard reporting for each project. Dashboards will be used for improvement and accountability to communicate information to PPS providers, CBOs, and to governance.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. The dashboard reports will use key project metrics to assess work-stream progress consistent with the details in this implementation plan. These metrics will include clinical, financial, human resource, information management, training and other essential variables of performance.	Completed	3. The dashboard reports will use key project metrics to assess work-stream progress consistent with the details in this implementation plan. These metrics will include clinical, financial, human resource, information management, training and other essential variables of performance.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. AMCH will develop tools for collecting and reporting data from all participating providers.	Completed	4. AMCH will develop tools for collecting and reporting data from all participating providers.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. AMCH will require all participating providers including CBOs to use the tools developed for collecting and reporting data.	Completed	5. AMCH will require all participating providers including CBOs to use the tools developed for collecting and reporting data.	12/15/2015	12/31/2015	12/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO
Task 1. AMCH PPS PMO will utilize the Community Needs Assessment (CNA) and other sources, to identify hot spot areas across the 5 county service area to be included in the Community Engagement Plan (CEP). This plan will require the PMO to conduct specific community engagement activities such as health forums, focus groups and other health related	Completed	1. AMCH PPS PMO will utilize the Community Needs Assessment (CNA) and other sources, to identify hot spot areas across the 5 county service area to be included in the Community Engagement Plan (CEP). This plan will require the PMO to conduct specific community engagement activities such as health forums, focus groups and other health related	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PMO to conduct specific community engagement activities such as health forums, focus groups and other health related community events as may be necessary.		community events as may be necessary.							
Task 2. AMCH PPS PMO will collaborate with the Consumer and Community Affairs Committee (CCAC) and public and non-provider organizations to identify high visibility locations where community engagement activities would be beneficial. A master calendar will be developed each quarter identifying various engagement activities. This calendar will be made available to the PAC and the public through AMCH's web portal in subsequent quarters.	Completed	2. AMCH PPS PMO will collaborate with the Consumer and Community Affairs Committee (CCAC) and public and non-provider organizations to identify high visibility locations where community engagement activities would be beneficial. A master calendar will be developed each quarter identifying various engagement activities. This calendar will be made available to the PAC and the public through AMCH's web portal in subsequent quarters.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. As part of the Community Engagement Plan (CEP), the AMCH PPS PMO will develop a communication plan utilizing print, electronic, and voice modalities to enhance collaboration and communication among and between public and non-provider organizations and other stakeholders to establish open and transparent two-way communication.	Completed	3. As part of the Community Engagement Plan (CEP), the AMCH PPS PMO will develop a communication plan utilizing print, electronic, and voice modalities to enhance collaboration and communication among and between public and non-provider organizations and other stakeholders to establish open and transparent two-way communication.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Under the direction of the CCAC, actively participate in COReSTAT and other community revitalization efforts to communicate what the PPS is doing and coordinate ongoing outreach activities to encourage participation.	Completed	4. Under the direction of the CCAC, actively participate in COReSTAT and other community revitalization efforts to communicate what the PPS is doing and coordinate ongoing outreach activities to encourage participation.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Under the direction of the CCAC, continue to recruit and engage consumer and community participation in activities consistent with the approved community engagement plan.	Completed	5. Under the direction of the CCAC, continue to recruit and engage consumer and community participation in activities consistent with the approved community engagement plan.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	6. AMCH PPS PMO will present the CEP to the PAC	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
6. AMCH PPS PMO will present the CEP to the PAC Executive Committee for final approval.		Executive Committee for final approval.							
Milestone #6 Finalize partnership agreements or contracts with CBOs	Completed	Signed CBO partnership agreements or contracts.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. Develop and execute partnership agreements with key CBOs in strategic locations throughout the 5 county service area.	Completed	1. Under the direction of the Consumer and Community Affairs Committee, develop and execute, partnership agreements with key CBOs in strategic locations throughout the 5 county service area.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Continue targeted outreach to strategic CBO partners to encourage active engagement and participation in the committees of the PAC.	Completed	2. Under the direction of the Consumer and Community Affairs Committee, continue targeted outreach to strategic CBO partners to encourage active engagement and participation in the committees of the PAC.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	In Progress	Agency Coordination Plan.	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. The PMO will develop an agency coordination plan in collaboration with the CCAC, WCC, and CQAC. This plan will identify explicit ways that State and Local Public Sector agencies will be engaged in the activities of DSRIP as it continues to evolve. The coordination plan will be presented to the PAC Executive Committee for approval.	Completed	1. The PMO will develop an agency coordination plan in collaboration with the CCAC, WCC, and CQAC. This plan will identify explicit ways that State and Local Public Sector agencies will be engaged in the activities of DSRIP as it continues to evolve. The coordination plan will be presented to the PAC Executive Committee for approval.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Consistent with the approved coordination plan, the PMO will recruit participants from the various public sector agencies in coordination with municipal authorities, CORESTAT and SHIP.	In Progress	2. Consistent with the approved coordination plan, the PMO will recruit participants from the various public sector agencies in coordination with municipal authorities, CORESTAT and SHIP.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 3. The PAC Executive Committee will develop an action plan for coordinating public sector agency	In Progress	3. The PAC Executive Committee will develop an action plan for coordinating public sector agency activities with the detailed coordination plan of the PPS for discussion, review,	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
activities with the detailed coordination plan of the PPS for discussion, review, and adoption by the Agencies and Municipal Authorities, as necessary and appropriate. Meetings and communication will be documented as evidence of involvement and active participation of all key stakeholders.		and adoption by the Agencies and Municipal Authorities, as necessary and appropriate. Meetings and communication will be documented as evidence of involvement and active participation of all key stakeholders.							
Milestone #8 Finalize workforce communication and engagement plan	In Progress	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. The PMO will complete an assessment of key stakeholder groups to evaluate their current commitment and the level of commitment required from them for projects to succeed.	Completed	1. The PMO will complete an assessment of key stakeholder groups to evaluate their current commitment and the level of commitment required from them for projects to succeed. This assessment will be conducted as a survey.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. The PMO will analyze the communication needs and required key messages by audience group, as well as the available communication channels that can be utilized for stakeholder engagement.	Completed	2. The PMO will analyze the communication needs and required key messages by audience group, as well as the available communication channels that can be utilized for stakeholder engagement. This will build on the initial communication plan developed by the PAC in November 2014.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. The PMO in collaboration with the Workforce Coordinating Council which includes labor, worker, and other key partner representation, will develop a strategy to communicate and engage the workforce.	Completed	3. The PMO in collaboration with the Workforce Coordinating Council which includes labor, worker, and other key partner representation, will develop a strategy to communicate and engage the workforce. This strategy will establish the vision, objectives and guiding principles as a means to engage key stakeholders, signed off by the PAC Executive Committee.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. The PMO and Workforce Coordinating Council will develop a communication and engagement plan.	In Progress	4. The PMO and Workforce Coordinating Council will develop a communication and engagement plan, which will include objectives, principles, target audience, channel, barriers and risks, milestones, and effectiveness measurements. The communication and engagement plan will be approved by the PAC's Executive Committee.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #9 Inclusion of CBOs in PPS Implementation.	In Progress	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.							
<p>Task The five county regional area served by our PPS includes many CBOs. There is a rich history of community mobilization and empowerment, with grass roots organizations emerging to address the myriad of social, economic and other issues faced in our communities. Some, like Equinox, the AIDS Council of NENY and the Trinity Alliance of the Capital Region, Inc. are large and sophisticated, with numerous services at various sites. Others, like the Albany Damien Center and Caregivers Inc., are small with more limited services and focus. We have a catalogue of existing CBOs that was generated by our community needs assessment. In addition, many other CBOs have joined our PPS, and additional providers will be recruited and encouraged to participate. As the detailed implementation plan roles out and we continue to have community forums and focus groups, we will identify additional community stakeholders with whom we may contract. We recognize that these organizations have a unique ability to reach the uninsured and high utilizing Medicaid beneficiaries in ways that the bigger health institutions cannot. We expect to enter into contracts with Equinox, Alliance for Positive Health, Catholic Charities, the Interfaith Partnership for the Homeless, Senior Services of Albany and several others not yet identified. These organizations will be critical to several of our projects, including 2.d.i., 2.a.iii, 2.b.iii, and 3.a.ii. This process will evolve as we move</p>	In Progress	<p>The five county regional area served by our PPS includes many CBOs. There is a rich history of community mobilization and empowerment, with grass roots organizations emerging to address the myriad of social, economic and other issues faced in our communities. Some, like Equinox, the AIDS Council of NENY and the Trinity Alliance of the Capital Region, Inc. are large and sophisticated, with numerous services at various sites. Others, like the Albany Damien Center and Caregivers Inc., are small with more limited services and focus. We have a catalogue of existing CBOs that was generated by our community needs assessment. In addition, many other CBOs have joined our PPS, and additional providers will be recruited and encouraged to participate. As the detailed implementation plan roles out and we continue to have community forums and focus groups, we will identify additional community stakeholders with whom we may contract. We recognize that these organizations have a unique ability to reach the uninsured and high utilizing Medicaid beneficiaries in ways that the bigger health institutions cannot. We expect to enter into contracts with Equinox, Alliance for Positive Health, Catholic Charities, the Interfaith Partnership for the Homeless, Senior Services of Albany and several others not yet identified. These organizations will be critical to several of our projects, including 2.d.i., 2.a.iii, 2.b.iii, and 3.a.ii. This process will evolve as we move through stages of implementation and our detailed project work plans. We expect that most contracts will be executed by DY2, Q4.</p>	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
through stages of implementation and our detailed project work plans. We expect that most contracts will be executed by DY2, Q4.									

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Finalize governance structure and sub-committee structure	If there have been changes, please describe those changes and upload any supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box.
Finalize bylaws and policies or Committee Guidelines where applicable	If there have been changes, please describe those changes and upload any supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box.

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	mcintyc	Meeting Materials	1_MDL0203_1_3_20160129112359_Meeting_Schedule_10.1.2015-12.31.2015.xlsx	AMCH PPS Meeting Schedule	01/29/2016 11:23 AM
	mcintyc	Templates	1_MDL0203_1_3_20160129112246_Governance_Committee_Template_10.1.15-12.31.2015.xlsx	AMCH PPS Governance Committee Template	01/29/2016 11:22 AM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	mcintyc	Policies/Procedures	1_MDL0203_1_3_20160129114705_Clinical_Charters_12.31.2015.pdf	AMCH PPS Clinical Charters	01/29/2016 11:47 AM
	mcintyc	Other	1_MDL0203_1_3_20160129113221_PPS_Org_Chart_1-2016.docx	AMCH PPS Clinical Org Chart	01/29/2016 11:32 AM
	mcintyc	Templates	1_MDL0203_1_3_20160129113051_Organizational_Templates_-_Clinical_Governance_Committees_-_Q2_Deliverable.xlsx	AMCH PPS Governance Committee Template	01/29/2016 11:30 AM
	mcintyc	Meeting Materials	1_MDL0203_1_3_20160129112850_Clinical_Governance_Meeting_Template_10.1.2015-12.31.2015.xlsx	AMCH PPS Clinical Governance Meeting Template	01/29/2016 11:28 AM
Establish governance structure reporting and monitoring processes	mcintyc	Templates	1_MDL0203_1_3_20160129145327_Speed_and_Scale_Report_Requests_DY1Q2_template.xlsx	Patient Engagement data request	01/29/2016 02:53 PM
	mcintyc	Report(s)	1_MDL0203_1_3_20160129145247_Speed_and_Scale_Dashboard.pptx	AMCH PPS Dashboard 12.31.2015	01/29/2016 02:52 PM
	mcintyc	Other	1_MDL0203_1_3_20160129113718_PRW_Mission	AMCH PPS Performance Reporting Workgroup	01/29/2016 11:37 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			_Statement.docx	Mission Statement	
	mcintyc	Policies/Procedures	1_MDL0203_1_3_20160129113603_AMCH_PPS_Performance_Reporting_and_Monitoring_Document.docx	AMCH PPS Performance Reporting and Monitoring Document	01/29/2016 11:36 AM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	mcintyc	Templates	1_MDL0203_1_3_20160129114035_Community_Engagement_Template_10.1.2015-12.31.2015.xlsx	AMCH PPS Community Engagement Template	01/29/2016 11:40 AM
Finalize partnership agreements or contracts with CBOs	mcintyc	Contracts and Agreements	1_MDL0203_1_3_20160311114158_POA_NewYork_StateWide_Senior_Action_Council_Inc..pdf	POA New York StateWide Senior Action Council, Inc	03/11/2016 11:41 AM
	mcintyc	Contracts and Agreements	1_MDL0203_1_3_20160311114052_POA_In_Our_Own_Voices.pdf	POA In Our Own Voices	03/11/2016 11:40 AM
	mcintyc	Contracts and Agreements	1_MDL0203_1_3_20160311114007_BAA_New_York_Statewide_Senior_Action_Council.pdf	BAA New York Statewide Senior Action Council	03/11/2016 11:40 AM
	mcintyc	Contracts and Agreements	1_MDL0203_1_3_20160311113920_BAA_In_Our_Own_Voices.pdf	BAA In Our Own Voices	03/11/2016 11:39 AM
	mcintyc	Templates	1_MDL0203_1_3_20160129114427_Community_Based_Organizations_Template_10.1.2015-12.31.2015.xlsx	AMCH PPS Community Based Organization Template	01/29/2016 11:44 AM
	mcintyc	Meeting Materials	1_MDL0203_1_3_20160129114343_CBO_Meeting_Schedule_Template_10.1.2015-12.31.2015.xlsx	AMCH PPS CBO Meeting Schedule Template	01/29/2016 11:43 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	Yes. There were two additional individuals that joined the CCHLC and Finance as well as a removal from TDMC
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	<p>task 7 This task is not critical to the completion of the milestone. Specific work plan action steps are embedded as part of the implementation plan. Each subcommittee will be charged to review the implementation plan and determine additional steps needed to support project implementation. One of the key subcommittee responsibilities would be to identify national/regional best practice guidelines for specific conditions and assist with development and implementation of PPS wide best practice guidelines.</p> <p>The Albany Medical Center Hospital (AMCH) PPS developed a charter for the Clinical and Quality Affairs Committee (CQAC) which was approved and finalized by the committee in September 2015. The AMCH PPS Executive Steering Committee then approved the CQAC charter which established the clinical governance structure, on September 25, 2015.</p> <p>The approved clinical governance structure included the formation of clinical subcommittees to best support project implementation across the PPS. The</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>creation of the additional subcommittee structure was approved by the Clinical and Quality Affairs committee in October 2015. The AMCH PPS has identified 'Practitioner Champions' to serve on the CQAC committee, some of whom will serve as chairs on the aforementioned project subcommittees. These subcommittees will span the following projects: At-Risk for Health Home Intervention, ED Care Triage, Behavioral Health-Integration & Crisis Management, Cardiovascular Management, and Asthma Evidence-Based Guidelines Implementation. The remaining subcommittees, PCMH, EHR, and Care Coordination/Care Management subcommittees, are overarching across all PPS projects to support their relevant activities and are being managed by an integrated system-wide approach to quality management reporting and improvement. The Champions include licensed professionals across the PPS with a tremendous amount of knowledge and expertise representative of key professional groups from the PPS. Champions will also take an active role in the following PPS organizational areas: Clinical Integration, Practitioner Engagement, Population Health, Performance Reporting and IT Systems and Processes, all of which address the goals of the subcommittees. Additional representation on the quality subcommittees include data analytic staff, project coordinators from the PMO and staff trained in LEAN and PDSA rapid cycle improvement. Activities associated with this milestone will continue to be on-going efforts to address clinical quality over the duration of the five-year project period.</p>
<p>Finalize bylaws and policies or Committee Guidelines where applicable</p>	<p>No</p>
<p>Establish governance structure reporting and monitoring processes</p>	<p>The AMCH PPS commissioned the creation of a Performance Reporting Workgroup (PRW), with the charge of establishing reporting and monitoring processes as required for this milestone. This has resulted in the development of a performance reporting strategy focusing on creating a reporting structure and templates, a training program, and a communications plan.</p> <p>The PRW membership is comprised of PMO employees at the project and management level, as well as representation from clinical and information technology resources both internal and external, as needed.</p> <p>The strategy for reporting and monitoring processes was developed in December of 2015 and will be used throughout the term of this DSRIP project to further develop data reporting templates. Quarterly information requests have been made for appropriate metrics as outlined in the Performance Metric & Specification Manual to enable rapid cycle evaluation and retraining for providers who are deemed to be at risk of missing metrics. Additionally, as defined in the implementation plan, more frequent information requests will be made to provide timely monitoring for continuous quality improvement and risk mitigation, as the PPS moves forward with project implementation. These represent interim solutions until such time as IT operability and connectivity initiatives have been completed. The PMO will leverage technology solutions, such as, Performance Logic's DSRIP Tracker Software to capture data from all of our participating providers on a regular basis and to track project implementation progress. In addition the PMO will also utilize our CRM (Customer Relation Management) platform, Constant Contact to communicate, survey, and disseminate critical information to the entire PPS. Project specific reporting requirements from each funded participating provider organization remain a contractual expectation. AMCH will post information on its public domain website that will allow organizations, stakeholders, concerned citizens, and others to have ready access to performance metrics on at least a quarterly basis.</p> <p>Dashboards and other performance reporting/ communications mechanisms are being developed using data collected from a variety of sources at the state, PPS and provider levels. In collaboration with PMO leadership, the PRW is establishing a communication plan to define the information to be shared and with what frequency, along with the methods for dissemination to the AMCH Executive Steering Committee (PPS Board) and other AMCH PPS governance committees, the PPS, its providers and the public. This will be in addition to information promulgated on the AMCH DSRIP website.</p> <p>Data reporting practices are named in Section 2.2 & 3.2 of the Partner Organization Agreement and will be outlined in detail within project appendices as contractual obligations. Data security for these functions has been outlined in our Business Associate Agreements, and the PMO is aggressively pursuing completion of the System Security Workbooks pursuant to State requirements. As performance metric reporting evolves, the PMO will consistently strive to improve monitoring and communications processes through quarterly reviews to ensure they meet the ongoing and changing needs of the PPS and in turn better serve the attributed population. Additionally, the PRW will assess the PPS- wide training needs around clinical quality and performance reporting and will</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	subsequently develop a training program to ensure understanding of and success in meeting standardized clinical quality measures.
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	
Finalize partnership agreements or contracts with CBOs	<p>On November 9, 2015, Partner Organization (POA) and Business Associate Agreements were emailed to PPS partners for their review and comment. Feedback was obtained from several organizations, including CBO's. For example, Catholic Charities, a CBO serving all five counties of the PPS catchment area, provided detailed feedback during the contract development phase. Legal counsel reviewed the feedback received and the final versions of these documents were sent out to PPS partners on December 4, 2015. Partners are required to sign these documents as a prerequisite to participating in any of the eleven DSRIP projects. The BAA and POA were also presented to the Finance Committee for review and feedback on October 26, 2015. The Finance Committee is comprised of several organizations, including the following CBOs: Northern Rivers, Living Resources, Planned Parenthood, and Catholic Charities. Like the Finance Committee, CCAC membership includes professionals from a number of CBOs in varying locations. The CCAC continues to play an active role in assisting the PMO with identifying and engaging CBO involvement on all the committees of the PPS.</p> <p>As part of the development and approval of the funds flow distribution plan, CBO's were both identified and funds were earmarked for their engagement and participation. While there continue to be some discrepancies between the PPS's working list of CBO's and the NYSDOH provider type list, the PPS remains committed to providing financial support to numerous CBO's engaged in the activities of the PPS.</p>
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	
Finalize workforce communication and engagement plan	
Inclusion of CBOs in PPS Implementation.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Fail	The documentation submitted was insufficient to demonstrate completion of the milestone. One or more Community Based Organization engagement contracts were not available for the IA to review.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your governance structure and processes and achieving the milestones described above, as well as potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

There will be challenges in governance as we move forward. One challenge will be to determine whether AMCH pursues creating a new legal entity to assume legal authority for the organization, management and operation of the PPS as the Lead Entity. There may be advantages to AMCH in pursuing this strategy. We continue to follow a collaborative contracting model at present. Our PPS is smaller in comparison with others, and there are advantages to having one ultimate organizational decision-maker, AMCH, in charge of the most significant issues. With that said, the PAC's Executive Committee and the PPS Board have clearly delineated roles and responsibilities to achieve shared governance. Second, we continue to be surprised at the lack of knowledge within certain health or health-related organizations and CBOs about DSRIP. Too many remain disengaged because they are not aware of what the project is attempting to do. More work needs to be done by the PPS and the NYSDOH to get the word out about the significance of what we are all trying to do to transform the health care system. The third risk relates to perception. Some of our current participating organizations are not going to be funded by DSRIP monies. They may have a marginal role and may not be involved in any specific project, with the probable exception of 2.a.i. When funding decisions get made and contracts executed, they are likely to become disengaged. We will continue to educate them and the community about their role, even if unfunded, in helping to integrate the care delivery system and transform payment mechanisms to value based arrangements. A fourth risk relates to non-safety net provider payment caps. As we transform and integrate care, more outpatient providers will become involved, who do not meet the safety net definition. We will continue to work to address this so that the 5% cap does not become a barrier to successful governance and community engagement. A fifth risk relates to dispute resolution. To address this and minimize potential conflict, we will lay out a transparent and fair process for dispute resolution. A sixth risk relates to overall adequacy of funding. Our small PPS size works against us in terms of fixed overhead and administrative expense. We still need to fund all of the key activities in the Project Management Office (PMO) required to manage the entire endeavor. However, as a percentage of the total award, our administrative expense is likely to be higher than others, due to their economies of scale. The challenge this creates is that we may not be adequately resourced to either manage the PPS and the 11 projects we are undertaking or we will not have adequate funding to do key things required to successfully implement all project activities. We are working to address this through a conservative approach to staffing, but this creates other risks and challenges if it ends up being under-resourced. We will be prudent in our fiscal stewardship of these taxpayer funds. Finally, we recognize that the success of our governance requires voluntary engagement of individuals and organizations who do not have time to do everything that may be asked of them. This is a particular concern with our PCPs, psychiatrists and other licensed providers. We need their engagement, leadership and input. Gaining the cooperation of providers to invest in developing key capabilities will require a governance process which generates trust through open and active engagement, development of multi-directional communications processes, and opportunities for provider and public comment on major developments and initiatives. We will mitigate our risks through effective communication, community engagement, transparent decision making, targeted approaches to enlist CBOs in the process and a fair process to distribute funds and resolve disputes.

✓ IPQR Module 2.4 - Major Dependencies on Organizational Workstreams



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The interdependencies of each element and each project in this endeavor are significant. The overall value to the PAC and the transformation of care is both positive and synergistic. The downside, however, is that the interrelationships of each component creates dependencies that require everything succeed and that this success be based on a sequential plan that requires strict adherence to deadlines. The most important initial component relates to staffing. Successful implementation efforts and governance will be extremely dependent on staffing the PMO with motivated, high energy staff committed to the success of the entire project. It will take time to recruit and then train and orient professional staff to manage the complex affairs of the PAC, on behalf of the lead institution, AMCH or a later-formed Newco. It is hard to identify which of several other components are the next priority, since many happen at the same time. At a minimum, effective management and development of a comprehensive fiscal and IT strategy that are integrally linked to the success of the governance structure and model are necessary. Paying individuals and organizations via contract will ensure engagement and participation. Developing the IT strategy requires careful consideration of accurate data collection and reporting capabilities as well as the PMO's capacity to analyze complex data from disparate sources. Populating the 7 committees of the PAC to provide the expertise needed for informed decision making is an essential next step. Each of these areas need to be operating effectively to facilitate effective PPS governance. Open and transparent decision-making will be essential to developing and maintaining the trust and engagement of participating providers, and the community at large. Maintaining strong relationships with workforce stakeholders is important to system transformation. Practitioner engagement and leadership is critical to not only the development of and compliance with clinical care protocols, but with achieving levels of coordination and collaboration required to eliminate avoidable service utilization. The lead institution, the participating providers, the NYSDOH and the community at large all need to trust the governance structure and PPS leadership team to do the right thing. This trust must be earned. We remain committed, by consistent demonstration of our efforts, to earn this trust.



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 2.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for the development of your governance structure and processes and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AMCH Board	AMCH Board	Appoint members of PPS Board, review reports and findings of PPS Board; approve PPS Code of Conduct and Compliance Plan.
PPS Board	PPS Board	Establish governance committees; approve committee charters and members; review committee recommendations and reports; approval of PAC charter and operating principles.
PAC Executive Committee	AMCH PPS key stakeholders and nominated sub-committee chairs , Project Management Office, and Legal Counsel	Development and approval of PAC Charter and Operating Principles, Committee charters, and PPS Policies; funding and staff resources.
Major Hospital Partners	Columbia Memorial Hospital, Saratoga Hospital and Albany Medical Center Hospital	Members of PAC Committees; staff support.
Physician organizations and large practices	Whitney Young CHC, CapitalCare Medical Group, LLC., Community Care Physicians, PC., AMC Faculty Practice, Planned Parenthood, etc.	Members for Board and PAC Committees, Care Management Protocols.
ACOs, Health Homes	Montefiore Medical Center, Regional Health Homes	Disease, Case and Care Management Protocols and Procedures.
Major CBOs and/or Social Service Agencies	Equinox, Catholic Charities, et.al.	PPS Committee members, program information, liaisons.
Behavioral Health Providers	Capital District Psychiatric Center, The Addictions Care Center of Albany, Inc., Conifer Park, Whitney Young CHC Methadone Maintenance, Catholic Charities, Equinox, Northern Rivers, Albany Medical Center Faculty Practice, etc.	Behavioral Health Engagement and Participation
Key advisors, counselors, attorneys, consultants	Albany Medical Center Legal Counsel, Bond, Schoeneck and King, LLC, Cicero and Rinaldi, LLC; Montefiore Medical Center as an ASO	Drafts governance documents, provider agreements, policies and procedures, etc.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ Module 2.6 - IPQR Module 2.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS with regard to your governance structure and processes.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Albany Medical Center Hospital: Dr. S. Frisch, Dr. D. McKenna, Dr. K. Manjunath, G. Kochem	Lead Applicant and Equity Contributor, Leadership Participant. Under the leadership of AMCH, the PMO will conduct the business of the lead applicant for all deliverables required by organizational milestones and metrics as identified in the work plan. As the largest institutional Medicaid provider, and one of the largest safety-net providers in the PPS, AMCH will also play an active role in terms of project implementation and work stream development across the project period.	Funding, leadership personnel, committee chairs, PAC Executive Committee participant.
Albany Medical College Faculty Physicians Group: Dr. F. Venditti, Dr. R. Blinkhorn, Dr. D. Clark, Dr. C. King, Dr. V. Balkoski, Dr. J. Rosenberger, Dr. P. Sorum, Dr. J. Desemone, J. Quinlan, C. Selke, P. Hildreth, G. Sleeper, A. Gallucci, M. Weygant	Physician Leadership will actively engage in clinical integration, training, protocol development, IT infrastructure, and fiscal planning to further the aims of integration and financial payment reform across the network. As one of the largest Primary Care providers for both adult and pediatric patients, as well as the region's only medical college, the faculty physician's group will play an important role in care integration and PCMH by providing training to students, residents, and fellows in the new model of care.	Funding, leadership personnel, committee chairs, PAC Executive Committee participant.
Albany Medical College - Education and Training: Dr. H Pohl, Dr. I. Allard, Dr. J. Bartfield, Dr. V. Verdile, Dr. E. Higgins, D. Guyett	The College will assist with the development of content, evaluative criteria, and electronic access to learning modules to assist the PMO with workforce development and other activities required by DSRIP implementation. The College will also assist the PPS in obtaining CME credits as an engagement tool as necessary and appropriate.	Leadership personnel, Workforce and Cultural Competency and Health Literacy Committees.
Columbia Memorial: J. Caruthers, W. Van Slyke, Dr. G. Davis, B. Ratfield, B. Mahoney	As a key stakeholder, this hospital will play an important sub-regional role in terms of leadership development, clinical integration, fiscal planning, IT development, practitioner engagement, quality improvement, and workforce. Columbia Memorial will serve as a regional hub for Columbia and Greene counties and will coordinate and integrate service providers within the Southern regional hub.	Leadership personnel, committee members, PAC Executive Committee.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Saratoga Hospital: A. Carbone, Dr. J. LaPlante, J. Mangona, D. Jones, J. Methven, G. Foster	As a key stakeholder, this hospital will play an important sub-regional role in terms of leadership development, clinical integration, fiscal planning, IT development, practitioner engagement, quality improvement, and workforce. Saratoga Hospital will serve as a regional hub for Saratoga and Warren counties and will coordinate and integrate service providers within the Northern regional hub.	Leadership personnel, committee members, PAC Executive Committee.
Contracted CBOs	Participating CBOs will be actively engaged in the development of strategies to involve consumers, assistance with community engagement, coordination of outreach efforts, and communication. CBOs may also participate in PAM assessments, treatment plan development and management, and identification of local needs consistent with the terms and conditions of the waiver.	Leadership personnel, Consumer and Community Engagement Committee leadership/membership.
Numerous Primary Care and Behavioral Health Organizations	These participating organizations will be critical stakeholders to engage in integration and transformation at the site level. They will provide feedback and input to the CQAC to ensure provider participation, quality improvement and accuracy and completeness of data reporting.	Leadership personnel, PAC member, Clinical and Quality Affairs membership.
External Stakeholders		
Public Health and Social Services Agencies; Dr. E. Whalen	As public agencies, these participating organizations will assist with public health and community needs assessments, prevention planning, workforce issues, and other strategies consistent with their mission. County-run agencies will also be actively engaged in various projects, as well as helping to communicate across the county the action steps and deliverables required for successful implementation. Those agencies who offer specific services, e.g. mental health counseling, will also participate in CQAC activities and other deliverables as warranted.	Educate the community about DSRIP, the importance of prevention, and how to access care.
Medicaid Beneficiaries	Participate in their own care and provide feedback	Through surveys and other means, provide feedback.
NYSDOH	Provide oversight, direction, and data	Provide ongoing feedback regarding deliverables and data necessary for reporting purposes.



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream and your ability to achieve the milestones described above.

It is expected that the Clinical and Quality Affairs Committee will approve and oversee implementation of methods to capture baseline data and support the systematic capturing of data related to metric evaluation and milestone reporting required for each project over the five years of the program. Otherwise, progress reporting for governance initially has limited dependence on having essential IT infrastructure in place. Unlike other components of this implementation plan that cannot move forward or even measure success without IT, governance is different. Our reporting requires documentation of decision-making, approval of plans, governance documents and other related items. It is largely a process driven activity that is not dependent on clinical and other data to demonstrate success or failure, at least in DY1. It is not critical for the effective initial activities of the PAC, the committees or the PPS Board that the IT infrastructure is in place in the first few quarters. In fact, it will not happen that way sequentially. Governing bodies must be fully engaged prior to full implementation of our IT infrastructure. Governance must decide, based on the feedback from the committees, the NYSDOH and others, exactly what investments, from the limited pool of funds available, need to be made to create the IT infrastructure. The PMO will purchase project management software that will assist in required areas of reporting and project management and analysis, but this is only the initial phase of IT infrastructure development and does not have clinical implications.

IPQR Module 2.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

Much of the reporting required for evaluation of the success of our efforts at governance will be documented via written materials, like meeting minutes, approved governance documents, operating policies and procedures and guidelines and all of our various approved plans, like our Consumer and Community Engagement Plan. We will also continue to record our web-based meetings and will provide materials that were presented, lists of registered attendees and action steps, if any, resulting from the question and answer sessions included in each monthly update. To assist the community and to demonstrate our transparency, each of these documents or recorded sessions will be available on our public domain website for review and comment. To the extent possible, we will also provide documented summaries of meetings between our PPS and the overlapping PPSs to demonstrate our efforts to collaborate and cooperate on various initiatives.

IPQR Module 2.9 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 03 – Financial Stability

✓ IPQR Module 3.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. AMCH's PAC Executive Committee will recommend members for appointment to the Finance Committee to AMCH Executive Steering Committee (PPS Board).	Completed	1. AMCH's PAC Executive Committee will work with PPS membership of the PAC to identify appropriate members of the Finance committee to ensure appropriate capability, geographic representation and a broad provider representation from across the PPS. The PAC Executive Committee will recommend members for appointment to the Finance Committee to AMCH Executive Steering Committee (PPS Board).	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. AMCH PPS's Finance committee will develop a Committee charter.	Completed	2. AMCH PPS's Finance committee will develop a Committee charter to be presented to the AMCH PAC Executive Committee and the PPS Board for review and approval.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3. The PAC Finance Committee will define clear fiscal responsibilities for management of DSRIP funds and PPS financial operations.	Completed	3. Reporting up to the PPS Board and AMCH's DSRIP Project Management Office (PMO), the PAC Finance Committee will define clear fiscal responsibilities for management of DSRIP funds and PPS financial operations, including budget and funds flow preparation, fund disbursement, financial reporting by AMCH PPS to DOH and from partners to AMCH PPS, and internal controls. These deliverables will be reviewed and approved by PPS Board, the PAC Executive Committee and the voting members of the PAC.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. The PPS Board will approve the charter for	Completed	4. The PPS Board will approve the charter for the Finance	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
the Finance Committee of the PPS.		Committee of the PPS. The Finance Committee will develop financial budgeting and reporting processes working with other PAC committees, providers and PMO leadership.							
Task 5. AMCH PPS's Finance Committee will recommend financial budgeting, management and reporting structures to the PPS Board, ensuring that funds are appropriately segregated, managed and utilized in a manner that is consistent with the goals and objectives of DSRIP.	Completed	5. AMCH PPS's Finance Committee will recommend financial budgeting, management and reporting structures to the PPS Board, ensuring that funds are appropriately segregated, managed and utilized in a manner that is consistent with the goals and objectives of DSRIP.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. The PAC Executive Committee approves budgeting and reporting structure, and recommends the structure for approval by the PPS AMC Board.	Completed	6. The PAC Executive Committee approves budgeting and reporting structure, and recommends the structure for approval by the PPS AMC Board.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Completed	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; -- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers	07/01/2015	03/31/2016	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. AMCH PPS Finance Committee will identify appropriate financial metrics and conduct a survey to identify financially fragile members of the PPS.	Completed	1. AMCH PPS Finance Committee will identify appropriate financial metrics and conduct a survey to identify financially fragile members of the PPS.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AMCH PPS PMO, along with the Finance Committee, will complete and update the original financial assessment from the project planning	Completed	2. AMCH PPS PMO, along with the Finance Committee, will complete and update the original financial assessment from the project planning phase. A key component of this assessment will be to identify partners experiencing financial	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
phase. A key component of this assessment will be to identify partners experiencing financial distress that are essential to DSRIP Project success.		distress that are essential to DSRIP Project success.							
Task 3. AMCH PPS Finance Committee will identify necessary steps, such as evaluation of staffing, cash on hand, debt ratio, operating margin, and current ratio, as well as other financial indicators, to help identify financially fragile organizations. To the extent feasible, the PPS will assist financially fragile organizations to regain sound financial status by offering technical support or other guidance as deemed appropriate by the committee and approved by the AMCH PAC Executive Committee. Meetings with key leaders and decision makers will be facilitated to discuss the findings. A plan will be crafted to help transition said organizations' financial status. Key benchmarks, financial models, and goals will be provided, as well as financial coaching, training, and other resources as necessary.	Completed	3. AMCH PPS Finance Committee will identify necessary steps, such as evaluation of staffing, cash on hand, debt ratio, operating margin, and current ratio, as well as other financial indicators, to help identify financially fragile organizations. To the extent feasible, the PPS will assist financially fragile organizations to regain sound financial status by offering technical support or other guidance as deemed appropriate by the committee and approved by the AMCH PAC Executive Committee. Meetings with key leaders and decision makers will be facilitated to discuss the findings. A plan will be crafted to help transition said organizations' financial status. Key benchmarks, financial models, and goals will be provided, as well as financial coaching, training, and other resources as necessary.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. AMCH PPS Finance Committee will develop an ongoing monitoring process to assess at risk providers, including periodic assessments of key financial ratios. This plan will be communicated to providers through the PMO as appropriate.	Completed	4. AMCH PPS Finance Committee will develop an ongoing monitoring process to assess at risk providers, including periodic assessments of key financial ratios. This plan will be communicated to providers through the PMO as appropriate.	01/01/2016	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Completed	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. AMCH PPS Audit and Compliance Committee in collaboration with the PPS compliance officer and legal council, will develop a Code of Conduct and Compliance Plan that encompass the required compliance elements set forth in NYS	Completed	1. AMCH PPS Audit and Compliance Committee in collaboration with the PPS compliance officer and legal council, will develop a Code of Conduct and Compliance Plan that encompass the required compliance elements set forth in NYS Social Services Compliance Law 363-d as applied to the PPS.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Social Services Compliance Law 363-d as applied to the PPS.									
Task 2. AMCH PPS Audit and Compliance Committee will present the Code of Conduct and Compliance Plan to the PPS Board for review and approval.	Completed	2. AMCH PPS Audit and Compliance Committee will present the Code of Conduct and Compliance Plan to the PPS Board for review and approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. PPS Board reviews and adopts the Code of Conduct and Compliance Plan; the AMCH Board of Governors reviews and adopts the Code of Conduct and Compliance Plan. The Board approved Code of Conduct and Compliance Plan are disseminated to the PAC.	Completed	3. PPS Board reviews and adopts the Code of Conduct and Compliance Plan; the AMCH Board of Governors reviews and adopts the Code of Conduct and Compliance Plan. The Board approved Code of Conduct and Compliance Plan are disseminated to the PAC.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. PMO staff in collaboration with the WCC will develop a Compliance Plan and Code of Conduct training strategy for the PPS.	Completed	4. PMO staff in collaboration with the WCC will develop a Compliance Plan and Code of Conduct training strategy for the PPS.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. AMCH PPS continues implementation operation of the Compliance Program. AMCH PPS Executive Director completes OMIG's required certification for Compliance Program.	Completed	5. AMCH PPS continues implementation operation of the Compliance Program. AMCH PPS Executive Director completes OMIG's required certification for Compliance Program.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	In Progress	This milestone must be completed by 3/31/2016. Value-based payment plan, signed off by PPS board	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task 1. AMCH's PMO staff in collaboration with the Finance Committee will gather baseline Medicaid aggregate revenue data and methods of reimbursement to determine fee for service and value based payment streams existing in the PPS.	Completed	1. AMCH's PMO staff in collaboration with the Finance Committee will gather baseline Medicaid aggregate revenue data and methods of reimbursement to determine fee for service and value based payment streams existing in the PPS.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AMCH's PMO staff and Finance Committee	Completed	2. AMCH's PMO staff and Finance Committee will develop and disseminate educational materials as part of a broader	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
will develop and disseminate educational materials.		communication strategy for the PPS network including information to be shared with providers.							
Task 3. AMCH's PMO will assess network readiness to transform to VBP.	Completed	3. AMCH's PMO will assess network readiness to transform to VBP.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. AMCH PPS will survey providers regarding their VBP contracts.	Completed	4. AMCH PPS will survey providers regarding their VBP contracts and if they have any, what are their compensation modalities. Survey information will be presented to the Finance Committee and the PAC Executive Committee.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. AMCH PPS Finance Committee will analyze revenue data related to VBP and develop a draft report for AMCH Executive Steering Committee to review and comment.	Completed	5. AMCH PPS Finance Committee will analyze revenue data related to VBP and develop a draft report for AMCH Executive Steering Committee to review and comment.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. AMCH PPS Finance Committee will finalize a revenue assessment report and submit to AMCH Executive Steering Committee for approval.	In Progress	6. AMCH PPS Finance Committee will finalize a revenue assessment report and submit to AMCH Executive Steering Committee for approval.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 7. AMCH PAC Executive Committee will approve the report and communicate results to PPS providers.	In Progress	7. AMCH PAC Executive Committee will approve the report and communicate results to PPS providers.	03/01/2016	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	In Progress	This milestone must be completed by 12/31/2016. Value-based payment plan, signed off by PPS board	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	YES
Task 1. AMCH PMO will establish a VBP workgroup to develop a plan starting with prioritization of potential opportunities and providers for value based arrangements.	In Progress	1. AMCH PMO will establish a VBP workgroup to develop a plan starting with prioritization of potential opportunities and providers for value based arrangements. Workgroup participants will include AMCH executive leadership, finance committee chair, audit and compliance committee chair, PMO executive director, participating providers and other members as appropriate.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. AMCH PPS's PMO and AMC Integrated Delivery System Director will engage Medicaid Managed Care Organizations in dialogue on	Completed	2. AMCH PPS's PMO and AMC Integrated Delivery System Director will engage Medicaid Managed Care Organizations in dialogue on value based payment methodologies. Meetings will be held on a monthly basis during DY1 and DY2.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
value based payment methodologies.									
Task 3. AMCH PPS's PMO will identify VBP accelerators and challenges within AMCH PPS related to implementation of the VBP models including existing ACO's and MCO models, shared savings arrangements, IT structure requirements and contracting complexities.	In Progress	3. AMCH PPS's PMO will identify VBP accelerators and challenges within AMCH PPS related to implementation of the VBP models including existing ACO's and MCO models, shared savings arrangements, IT structure requirements and contracting complexities.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. AMCH PPS will align providers and projects where VBP accelerators or challenges exist to develop timelines for VBP implementation.	In Progress	4. AMCH PPS will align providers and projects where VBP accelerators or challenges exist to develop timelines for VBP implementation.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. AMCH PPS's VBP Workgroup will assess all data and development of VBP timeline with MCO's, AMCH Finance Committee, PMO staff, and the PPS.	In Progress	5. AMCH PPS's VBP Workgroup will assess all data and development of VBP timeline with MCO's, AMCH Finance Committee, PMO staff, and the PPS.	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 6. AMCH PPS VBP Workgroup will complete a draft plan for VBP adoption for review and approval by the Finance Committee.	In Progress	6. AMCH PPS VBP Workgroup will complete a draft plan for VBP adoption for review and approval by the Finance Committee.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 7. AMCH PPS VBP Workgroup will prepare draft plan for presentation to PPS Board and MCO's.	In Progress	7. AMCH PPS VBP Workgroup will prepare a draft plan for presentation to the PPS Board and MCO's.	11/01/2016	12/31/2016	11/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 8. PPS Board and MCO's agree upon and approve the plan towards achieving 90% value-based payments across network by year 5 of the waiver. PPS Board approves the VBP plan.	In Progress	8. PPS Board and MCO's agree upon and approve the plan towards achieving 90% value-based payments across network by year 5 of the waiver. PPS Board approves the VBP plan.	11/01/2016	12/31/2016	11/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize PPS finance structure, including reporting structure	mcintyc	Meeting Materials	1_MDL0303_1_3_20160129110038_Finance_Meeting_Template_10.1.2015-12.31.2015.xlsx	AMCH PPS Finance Meeting Template	01/29/2016 11:00 AM
	mcintyc	Other	1_MDL0303_1_3_20160129105911_DSRIP_PPS_Organizational_chart.docx	AMCH PPS Organization Chart	01/29/2016 10:59 AM
	mcintyc	Policies/Procedures	1_MDL0303_1_3_20160129105656_DSRIP_Financial_Budgeting,_Management,_and_Reporting_Structure.docx	AMCH PPS Financial Budgeting Management and Reporting Structure	01/29/2016 10:56 AM
	mcintyc	Policies/Procedures	1_MDL0303_1_3_20160129105538_DSRIP_Finance_Committee_Mission_Statement.docx	AMCH PPS Finance Committee Mission Statement	01/29/2016 10:55 AM
	mcintyc	Other	1_MDL0303_1_3_20160129105146_Approval_of_all_Committees,_Membership,_Charters.pdf	AMCH PPS Approval of Committees, Membership, and Charters	01/29/2016 10:51 AM
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	mcintyc	Other	1_MDL0303_1_3_20160129111010_Financial_Assessment_12.12.2015_-_FINAL.pdf	AMCH PPS Financial Assessment	01/29/2016 11:10 AM
	mcintyc	Policies/Procedures	1_MDL0303_1_3_20160129110927_DSRIP_Financial_Distressed_Policy_12.16.2015_-_FINAL.docx	AMCH PPS Financial Distressed Policy	01/29/2016 11:09 AM
	mcintyc	Other	1_MDL0303_1_3_20160129110758_DSRIP_Financial_Assessment_Narrative_12_16_2015_-_FINAL.docx	AMCH PPS Financial Assessment Narrative	01/29/2016 11:07 AM
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	mcintyc	Documentation/Certification	1_MDL0303_1_3_20160129111522_AMCH_DRA_Certification_2015.pdf	AMCH PPS DRA Certification	01/29/2016 11:15 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	mcintyc	Documentation/Certification	1_MDL0303_1_3_20160129111443_AMCH_Comp liance_Program_Certification_2015.pdf	AMCH PPS Compliance Program Certification	01/29/2016 11:14 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	<p>AMCH PPS solicited nominations via email and PAC presentations for members with the appropriate expertise, from different geographic regions and various provider backgrounds, to serve on the Finance Committee. Several partners volunteered and the PAC Executive Committee reviewed and approved the Committee roster on July 23, 2015. The PAC endorsed the roster on July 27, 2015, and based on this recommendation, it was approved by the PPS Board on September 25, 2015.</p> <p>The Committee developed a Mission/Charter, which was approved by the PAC Executive Committee on August 27, 2015 and the PPS Board on August 28, 2015. The Mission/Charter details the role of financial oversight the Committee will play in the PPS. The Committee will be responsible for budgeting and financial planning, financial reporting, and the creation and monitoring of internal controls and accountability policies. The Committee has a fiduciary responsibility to ensure that funds are appropriately segregated, managed, and utilized in a manner that remains consistent with the goals of DSRIP. Funds flow must be transparent, fair, and formulaic. They will devise a plan and monitoring process to address financially distressed partners. Baseline fee-for-service and value-based purchasing revenue data will be gathered and updated regularly.</p> <p>A financial budgeting, management, and reporting structure policy was created to guide the fiscal operations of the PPS. It was approved by the PPS Board on 9/25/2015. This policy ensures that DSRIP funds are managed and utilized in a manner that is consistent with the objectives of the DSRIP initiative. The PPS will utilize several financial management systems, including budgeting, payroll, reporting, accounts receivable and accounts payable.</p>
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	<p>In the fall of 2014, the AMCH PPS PMO conducted a comprehensive financial assessment of the participating providers in our PPS. This assessment was designed to identify financial concerns, potential for sustainability, liquidity, cash on hand and other measures. On September 30, 2015, the PMO disseminated a more comprehensive final assessment that was sent to over 175 PPS partners for their completion. This comprehensive assessment included several financially-based questions in an effort to update the original assessment performed during the planning phase, to obtain baseline financial information about the PPS network, to identify any partners that may be in financial distress, and to assess the network's willingness and ability to pursue value-based purchasing (VBP) payment models. As of the end of DY1Q3, 59 participating partners successfully completed and submitted the survey. This data was analyzed and aggregated into presentation materials. The purpose of these materials was to share the aggregated results while maintaining the anonymity of the partners. Many financial indicators were used, including whether organizations process their own payroll, their amount of working capital, current ratio, days of cash on hand, debt ratio, debt-to-equity ratio, debt service coverage, and the organization's top business and financial challenges. Benchmarks for each major provider type have been reviewed, where available. In the absence of published benchmarks, the PMO used general guidelines in an attempt to analyze the data and draw inferences regarding the overall financial well-being of the network.</p> <p>The materials were presented to the PAC, the DSRIP Finance Committee, the PAC Leadership Committee and the PPS Board, including charts, graphs and other visual data to illustrate the results of the survey. To protect the confidential nature of this information, materials were presented in aggregate form. The Network Financial Analysis was approved by the PAC Leadership and the PPS Board on December 30, 2015.</p> <p>To address financially fragile partners, a Financially Distressed Provider Policy and Financial Sustainability Plan was developed and disseminated for comment. The plan outlines the PPS's responsibility and the purpose of the policy, as well as the plan for financial sustainability and how the PPS will assist partners in</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>distress. An annual assessment to evaluate the network's financial health will provide the necessary information to compare results to baseline data collected from the survey conducted on September 30, 2015. With guidance from the Finance Committee, partners in financial distress will be identified and will receive technical assistance and guidance.</p>
<p>Finalize Compliance Plan consistent with New York State Social Services Law 363-d</p>	<p>The AMCH PPS Audit and Compliance Committee (ACC) in collaboration with the PPS Compliance Officer and legal council developed a Compliance Plan (CP) and Code of Conduct (CoC) for the AMCH PPS. The ACC formally approved the CP and CoC on June, 26, 2015. On August 24, 2015 the ACC presented the CP and CoC to the AMCH Project Advisory Committee (PAC) for formal review and approval. The PAC voted to approve the CP and CoC and copies were electronically disseminated via email to every PAC member. On September 23, 2015 the AMCH PPS CP and CoC were presented to the AMC Board of Directors Corporate Compliance and Audit Committee for their review and approval. The Compliance and Audit Committee, having delegated approval authority from the Albany Medical Center Board of Directors, voted to approve the PPS Compliance Plan and Code of Conduct. Project Management staff in collaboration with the PPS Compliance Officer and the Workforce Coordinating Council drafted a CP and CoC training strategy for the PPS that includes working with a Training vendor to establish and deliver Compliance Training to the PPS. The Workforce Coordinating Council Committee voted to formally approve the CP and CoC training strategy on December 18, 2015. On December 18, 2015 the PPS Compliance Program was certified through the NYS Office of Medicaid Inspector General. The certified program brings the PPS into compliance with NYS Social Service Law 363-d and DSRIP's terms and conditions for this milestone.</p>
<p>Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.</p>	
<p>Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest</p>	
<p>Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation</p>	
<p>Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher</p>	
<p>>=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher</p>	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #3	Pass & Complete	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

There are many challenges to implementing the organizational strategies required for the financial sustainability work stream that could impact AMCH PPS' efforts to assess and monitor the financial health of the PPS and achieve the outcome measure targets. Implementation of the financial reporting systems needed to monitor the financial stability of the network is key among these risks. Education, communication and eventual buy in from the AMCH PPS providers into the overall goals of DSRIP and the financial structure in place is another key risk factor that will require mitigation. The success of the AMCH PPS in achieving the selected project goals as well as the overall DSRIP Goals is dependent upon current reporting and communication of significant data across the PPS. The IT integration and support needed to collect and analyze the finances and flow of funds is critical to the success of this work stream. The Technology and Data Management Committee is tasked with the development of an integrated IT system to not only support the financial work stream, but the project data and reporting functions needed to reach full integration. There will be a significant need for capital investment that will be critical in the mitigation of this risk. One of the largest risks is the move from a fee for service payment system to a value based payment system in collaboration with the providers and the MCO's. This collaboration will be difficult as both the PPS and the MCO's have a financial interest in the outcomes, and prior to DSRIP, much of that process has been competitive and not collaborative. In addition, providers currently negotiate payments with MCO's individually, but under DSRIP, it is anticipated that negotiations for VBP's with Medicaid MCO's may involve the PPS at some level, although providers in the AMCH PPS will remain free to contract independently with Medicaid MCO's. There will be major hurdles to overcome to effect the change. Also, many of the MCO's currently provide many of the quality improvement functions that the PPS will need to put in place to meet the goals and objectives of DSRIP. To avoid duplication, the PPS will work collaboratively with MCO's for effective resource utilization. These changes will take time and require efficient communication and support from the DOH. To mitigate these risks the PPS will utilize two strategies. First, engagement of PPS providers in the transformation of the payment system through well thought out strategies effectively disseminated. Second, the PPS will develop comprehensive IT integration to facilitate and support payment transformation.

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The financial sustainability work stream is dependent on the IT Systems & Processes work stream. For example, financial decisions from readiness to risk assumption are predicated upon accurate and complete financial data from participating institutions. The success of the financial sustainability work stream is intricately linked to the performance reporting and practitioner engagement work streams. It is not sufficient to have financial data, there must also be active engagement from practitioners and organizational leadership. The financial sustainability work stream is dependent upon governance. The transition to VBP payment arrangements will require strong leadership from the governance structures of the



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

AMCH PPS to lead the transformation of the payment system. The PPS Board and PPS committees, as the guiding bodies of the PPS, must provide an effective, engaged governance process to establish the roles and responsibilities of all committees and participating providers. The financial sustainability work stream is dependent upon a workforce committed to successful transformation to a sustainable business model. All other work streams are dependent upon financial sustainability to ensure their success rather than financial sustainability having major dependencies on those work streams.



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 3.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AMCH Board of Directors, PMO Executive Director	George Clifford, PhD	Manage project efforts to transform payment models across the delivery system.
Chair, Finance Committee	William Hasselbarth	Manage the affairs of the finance committee including the development of the financial plan.
AMCH Compliance Officer	Noel Hogan	Certify PPS compliance plan to the Department of Health.
Director, Integrated Delivery Systems	Joan Martin	Monthly engagement with MCOs.
PPS Director of Finance	Lauren Ayers, MBA	Manage PPS financial operations, planning and analysis, including budget and funds flow development, financial reporting and tracking, and PPS financial performance.
Contracted Behavioral Health Provider Organizations	Capital District Psychiatric Center, The Addictions Care Center of Albany, Inc., Conifer Park, Whitney Young CHC Methadone Maintenance, Catholic Charities, Equinox, Northern Rivers, Albany Medical Center Faculty Practice	Behavioral Health Engagement and participation



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 3.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Albany Medical Center Hospital	Active participation	Willing participation in new payment models.
Albany Medical College Faculty Physicians Group	Active participation	Willing participation in new payment models.
Participating PPS Providers	Active participation	Willing participation in new payment models.
Workers	Supportive role	Willing participation in new payment models.
External Stakeholders		
NYSDOH	Payment	Payments will follow waiver requirements, milestone reporting and metrics per executed contracts.
Local agencies serving Medicaid Population	Engagement	Engage consumers in behavioral modification.
CBOs, as necessary	Community engagement	Educate and participate as necessary to ensure financial sustainability.
MCOs	Active participation	Willing participation in new payment models.
Patients	Engagement in care	Responsible use of medical resources.



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

Financial budgeting and reporting is critical in monitoring and maintaining the financial stability of the PPS and its providers. The development of a shared IT infrastructure across the PPS is a major pillar that needs to be built and supported in order for the PPS to be successful, including the accumulation of financial data. This integration of IT will also allow for the reporting of needed financial and budget information across the PPS in an efficient and expedient manner, allowing the financial sustainability to be monitored as well as the flow of DSRIP funding among budget categories, projects and providers. The IT system will include reports, and audit trail information for the finances of the PPS. This will allow the PPS to meet future audit and reporting requirements by the DOH, CMS, and OMIG.

IPQR Module 3.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

AMCH PPS will align its financial management and sustainability progress reporting with the reporting and oversight structures in place for the DSRIP projects. The PMO will be responsible for monitoring progress against project requirements and process measures at a provider level. This information will be shared with the Finance Committee of the AMCH PPS for review and input, and reports will be generated and shared with the PPS Board for review, approval and guidance to the PPS. The success of the financial work stream will be measured by the timeliness of the reporting as set forth in the plan, the accuracy of these reports both internally and to the DOH, the development and implementation of proactive steps to determine financial sustainability, PPS assistance to promote the financial stability of partners, and the communication of this reporting to the partners and community in a timely fashion.

IPQR Module 3.9 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 04 – Cultural Competency & Health Literacy

✓ IPQR Module 4.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. AMCH PPS will create a Cultural Competency & Health Literacy Committee (CCHLC) that will include consumer, provider and CBO representation. The CCHLC will follow The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) to establish system-wide guidelines. Building on the comprehensive CNA and survey activities, the CCHLC will approve of developed targeted approaches that address	Completed	1. AMCH PPS will create a Cultural Competency & Health Literacy Committee (CCHLC) that will include consumer, provider and CBO representation. The CCHLC will follow The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) to establish system-wide guidelines. Building on the comprehensive CNA and survey activities, the CCHLC will approve of developed targeted approaches that address cultural norms and mores, health burden of selected chronic diseases, the role of religious and other community supportive	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
cultural norms and mores, health burden of selected chronic diseases, the role of religious and other community supportive services, environmental factors and selected psycho-social issues. The guidelines approved by the CCHLC will be reviewed and approved by the PAC's Clinical and Quality Affairs Committee and the Executive Committee.		services, environmental factors and selected psycho-social issues. The guidelines approved by the CCHLC will be reviewed and approved by the PAC's Clinical and Quality Affairs Committee and the Executive Committee.							
Task 2. In collaboration with high needs community neighborhoods identified in the comprehensive CNA completed in November 2014, AMCH PPS will seek additional community input and will continue to analyze data to identify hot spots where health disparities are the most prevalent. This will allow us to create a framework for identifying areas with the highest need and to target our limited resources in a coordinated approach to address disparities in care that are linked to race, ethnicity, gender, sexual orientation and/or disability.	Completed	2. In collaboration with high needs community neighborhoods identified in the comprehensive CNA completed in November 2014, AMCH PPS will seek additional community input and will continue to analyze data to identify hot spots where health disparities are the most prevalent. This will allow us to create a framework for identifying areas with the highest need and to target our limited resources in a coordinated approach to address disparities in care that are linked to race, ethnicity, gender, sexual orientation and/or disability.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. CCHLC will conduct an assessment of the competency of PPS Provider staff to provide services that are culturally and linguistically appropriate for those they serve. This assessment will be based on a survey of participating providers, input from our consumer and community affairs committee and various community stakeholders, including appropriate CBOs. It will identify where gaps exist and will be informed by material obtained from number 1, above. We will specifically identify the linguistic capabilities at each participating provider site. This assessment will be used to identify providers where cultural competency could be improved. The assessment will identify	Completed	3. CCHLC will conduct an assessment of the competency of PPS Provider staff to provide services that are culturally and linguistically appropriate for those they serve. This assessment will be based on a survey of participating providers, input from our consumer and community affairs committee and various community stakeholders, including appropriate CBOs. It will identify where gaps exist and will be informed by material obtained from number 1, above. We will specifically identify the linguistic capabilities at each participating provider site. This assessment will be used to identify providers where cultural competency could be improved. The assessment will identify accessibility of appropriate linguistic services and CBO availability to provide these services.	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
accessibility of appropriate linguistic services and CBO availability to provide these services.									
<p>Task 4. Building on successful approaches developed by the NYSDOH's AIDS Institute, the CCHLC will approve of customized health literacy tools to assist all participating providers with assessment, engagement, coordination, individualized patient assistance and integration with CBOs and other appropriate partners. The assessment will include patient self-assessment as well as a teach-back approach. Patients with low literacy and/or comprehension will be supported with patient or community navigators. Patient engagement and education materials will be provided in languages that are appropriate, and at a reading level consistent with the patient's ability to comprehend. When this is not feasible, other methods will be employed to engage the patient to be a partner in their care. These tools will be reviewed by the Consumer and Community Affairs Committee and field tested to ensure wide-spread adoption across the disparate geographic area in the PPS.</p>	Completed	4. Building on successful approaches developed by the NYSDOH's AIDS Institute, the CCHLC will approve of customized health literacy tools to assist all participating providers with assessment, engagement, coordination, individualized patient assistance and integration with CBOs and other appropriate partners. The assessment will include patient self-assessment as well as a teach-back approach. Patients with low literacy and/or comprehension will be supported with patient or community navigators. Patient engagement and education materials will be provided in languages that are appropriate, and at a reading level consistent with the patient's ability to comprehend. When this is not feasible, other methods will be employed to engage the patient to be a partner in their care. These tools will be reviewed by the Consumer and Community Affairs Committee and field tested to ensure wide-spread adoption across the disparate geographic area in the PPS.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<p>Task 5. The CCHLC will approve the development of patient and provider materials utilizing outside experts, best practice guidelines and evidence -based approaches. A variety of materials, including web-based learning and other technologies, will be field tested and reviewed with key stakeholders in the community, the Consumer and Community Affairs Committee, AMC's Center for Learning and Development, the PAC's Executive Committee and the PPS. This approach will also be coordinated with various managed care organizations to improve</p>	Completed	5. The CCHLC will approve the development of patient and provider materials utilizing outside experts, best practice guidelines and evidence -based approaches. A variety of materials, including web-based learning and other technologies, will be field tested and reviewed with key stakeholders in the community, the Consumer and Community Affairs Committee, AMC's Center for Learning and Development, the PAC's Executive Committee and the PPS. This approach will also be coordinated with various managed care organizations to improve material development and dissemination.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
material development and dissemination.									
Task 6. The CCHLC will work with all participating providers to improve health literacy of our target population. Recognizing that health literacy is more complicated than an assessment of literacy level, various approaches to improve patient comprehension of operating hours, how to access services, including transportation and other identified potential barriers, as well as how and when to communicate with members of their care team, will be developed and disseminated.	Completed	6. The CCHLC will work with all participating providers to improve health literacy of our target population. Recognizing that health literacy is more complicated than an assessment of literacy level, various approaches to improve patient comprehension of operating hours, how to access services, including transportation and other identified potential barriers, as well as how and when to communicate with members of their care team, will be developed and disseminated.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. The CCHLC, along with the clinical and administrative leadership of the Project Management Office, will develop multiple strategies to effectively communicate with all providers in the PPS. Organizations participating in the PPS will be required, via contract, to be actively engaged in assessing and improving the cultural competency of their staff. Annual training will be provided by the AMCH PPS regarding knowledge, skills and abilities required to address and improve cultural competence.	Completed	7. The CCHLC, along with the clinical and administrative leadership of the Project Management Office, will develop multiple strategies to effectively communicate with all providers in the PPS. Organizations participating in the PPS will be required, via contract, to be actively engaged in assessing and improving the cultural competency of their staff. Annual training will be provided by the AMCH PPS regarding knowledge, skills and abilities required to address and improve cultural competence.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. The PPS's Project Management Office, in collaboration with the CCHLC, will develop metrics to evaluate and monitor the impact of the PPS's cultural competency / health literacy initiatives. Based on the initial survey completed in DY1, Q2, which will establish baseline measures, additional qualitative and quantitative measures will be collected across the entire PPS to evaluate progress.	Completed	8. The PPS's Project Management Office, in collaboration with the CCHLC, will develop metrics to evaluate and monitor the impact of the PPS's cultural competency / health literacy initiatives. Based on the initial survey completed in DY1, Q2, which will establish baseline measures, additional qualitative and quantitative measures will be collected across the entire PPS to evaluate progress.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities	In Progress	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include:	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
(beyond the availability of language-appropriate material).		-- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches							
Task 1. In collaboration with our PPS's Workforce Coordinating Council, AMC's Center for Learning and Development and based on surveys, the health disparity hot spot list, and other assessments, the CCHLC will approve the use of developed evidence-based cultural competency and health literacy trainings using multiple teaching methods, including web-based approaches, group learning sessions, role play, etc. to engage providers based on the highest identified priority needs. Curricula will be customized for different types of target audiences (e.g. pediatricians vs. CBOs serving adults) and will be refreshed to meet annual updates and training needs of new staff.	On Hold	1. In collaboration with our PPS's Workforce Coordinating Council, AMC's Center for Learning and Development and based on surveys, the health disparity hot spot list, and other assessments, the CCHLC will approve the use of developed evidence-based cultural competency and health literacy trainings using multiple teaching methods, including web-based approaches, group learning sessions, role play, etc. to engage providers based on the highest identified priority needs. Curricula will be customized for different types of target audiences (e.g. pediatricians vs. CBOs serving adults) and will be refreshed to meet annual updates and training needs of new staff.	05/01/2015	12/31/2015	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 2. The Medical College, AMCH PMO and the CCHLC will finalize a system for web based and in-person trainings to be easily available to participating providers. This system will allow for tracking progress towards completion as well as evaluation of CCHL skill development.	On Hold	2. The Medical College, AMCH PMO and the CCHLC will finalize a system for web based and in-person trainings to be easily available to participating providers. This system will allow for tracking progress towards completion as well as evaluation of CCHL skill development.	11/01/2015	12/31/2015	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. The CCHLC will work with organizational partners in our PPS to identify and engage key leaders in each organization who can be enlisted as champions to encourage active participation from all providers in cultural competency awareness and take proactive steps to address challenges posed by those who resist change or refuse to be engaged. As an added incentive to encourage licensed providers to participate in training, AMCH PPS will provide continuing	Completed	3. The CCHLC will work with organizational partners in our PPS to identify and engage key leaders in each organization who can be enlisted as champions to encourage active participation from all providers in cultural competency awareness and take proactive steps to address challenges posed by those who resist change or refuse to be engaged. As an added incentive to encourage licensed providers to participate in training, AMCH PPS will provide continuing	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
refuse to be engaged. As an added incentive to encourage licensed providers to participate in training, AMCH PPS will provide continuing education credits, where appropriate.		education credits, where appropriate.							
Task 4. The CCHLC will approve the use of customized curricula to meet the varying needs for staff training and development around cultural competency issues. Building on existing curricula and expert trainers employed by AMC who offer this training throughout the region, AMCH PPS will develop an evidence based approach for training interventions that are effective in improving cultural competency. In-person and web-based training will include criteria to evaluate the success of the training, both in terms of the participants evaluation of the session, and a pre- and post-test evaluation to assess knowledge learned. AMCH PMO will monitor the completion of trainings by all engaged providers, and will provide documentation on completion rates of annual assessments for reporting purposes.	In Progress	4. The CCHLC will approve the use of customized curricula to meet the varying needs for staff training and development around cultural competency issues. Building on existing curricula and expert trainers employed by AMC who offer this training throughout the region, AMCH PPS will develop an evidence based approach for training interventions that are effective in improving cultural competency. In-person and web-based training will include criteria to evaluate the success of the training, both in terms of the participants evaluation of the session, and a pre- and post-test evaluation to assess knowledge learned. AMCH PMO will monitor the completion of trainings by all engaged providers, and will provide documentation on completion rates of annual assessments for reporting purposes.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Based on the evaluations generated from step 4, as well as information collected in the CNA, the CCHLC will approve of on going training that can be focused on targeted providers who require further skill development to obtain the necessary competencies to provide care that is culturally and linguistically appropriate. Most of this training will be delivered on site in small groups, based on the identified needs from the pre- and post-test evaluations as well as specific requests from providers who want to improve their skills in this area.	In Progress	5. Based on the evaluations generated from step 4, as well as information collected in the CNA, the CCHLC will approve of on going training that can be focused on targeted providers who require further skill development to obtain the necessary competencies to provide care that is culturally and linguistically appropriate. Most of this training will be delivered on site in small groups, based on the identified needs from the pre- and post-test evaluations as well as specific requests from providers who want to improve their skills in this area.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize cultural competency / health literacy strategy.	mcintyc	Rosters	1_MDL0403_1_3_20160311114539_PPS_Board_List_of_Contacts.docx	PPS Board List of Contacts	03/11/2016 11:45 AM
	mcintyc	Documentation/Certification	1_MDL0403_1_3_20160311114509_PPS_Board_Documents_for_Approval_12.31.2015_(DY1Q3).pdf	PPS_Board_Documents_for_Approval_12.31.2015_(DY1Q3).	03/11/2016 11:45 AM
	mcintyc	Documentation/Certification	1_MDL0403_1_3_20160311114417_PPS_Board_Approval_12.31.2015_(DY1Q3).pdf	PPS Board Approval 12.31.2015	03/11/2016 11:44 AM
	mcintyc	Meeting Materials	1_MDL0403_1_3_20160128100242_CCHLC_Meeting_Template_10.1.2015-12.31.2015.xlsx	Meeting Template	01/28/2016 10:02 AM
	mcintyc	Policies/Procedures	1_MDL0403_1_3_20160128100210_CCHL_strategy_updated_FINAL_draft_20151214_v08.docx	AMCH PPS CCHL Strategy	01/28/2016 10:02 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	<p>In September 2015, the AMCH PMO and the CCHLC members began preparation of the Cultural Competency/Health Literacy (CC/HL) Strategy that will help guide the implementation of cultural competency and health literacy initiatives throughout the AMCH PPS.</p> <p>To identify strengths and weaknesses of culturally and linguistically appropriate services offered in our PPS areas, the AMCH PMO and the CCHLC created and distributed a comprehensive current state assessment survey to all PPS partnering organizations in September 2015. The survey asked our PPS providers 32 questions regarding their organizational policies, practices and allocated resources for cultural competency and health literacy, language services, and community engagement in their operations. This electronic survey was reviewed and approved by the CCAC prior to distribution. The survey results were summarized in our CC/HL Strategy, and were presented to the PAC and CCHLC during their monthly meetings in December and November respectively.</p> <p>In addition to survey results, several additional variable, such as groups experiencing health disparities, factors to improve health care access, patient self-management support tools, and community resources were included in our CC/HL Strategy. To identify groups experiencing health disparities in our region, an extensive data analysis was conducted to understand various social factors impacting health disparity and specific hotspot areas. Furthermore, strategies and best practices to identify and reduce barriers to health care access, such as patient navigators and transportation services, were discussed in this document.</p> <p>Several tools, such as formal health literacy assessments, patient education materials in multiple languages, teach-back methods and motivational interviewing, were identified for providers' reference. Through discussion at CCHLC meeting, we also learned about tremendous social supports provided by CBOs in our PPS region and included an extensive list of CBOs as an appendix in our Strategy.</p> <p>Our implementation strategies focused on 7 main areas – organizational focus on CC/HL, provider trainings, communications, patient navigators, patient</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>education, language services, and metrics. We recognized the need for organizational policies and procedures to reflect the emphasis on CC/HL initiatives and for ongoing provider trainings to be tailored and meaningful. We also identified the importance of effective and open communications with consumers and PPS providers throughout the implementation. With these specific CC/HL strategies, AMCH PPS is certain that impactful changes will occur in the care delivery system within our regions.</p> <p>This document was approved by CCHLC on December 1st, 2015, the CCAC Co-chairs on December 7th, 2015, and the PPS Board on December 30th, 2015.</p>
<p>Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).</p>	<p>The AMCH PPS Workforce Coordinating Council disseminated an RFI for training services to potential training vendors to help assist with DSRIP training initiatives. CC/HL requirements were included in this assessment. These tasks are currently on hold in order to realign with the new workforce deliverable dates identified by the DOH.</p>

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 4.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your cultural competency / health literacy strategy and addressing the specific health disparities you are targeting (based on your CNA), and achieving the milestones described above - including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

There are both challenges and risks involved in the implementation strategy presented in this section. Staff simply do not have the time to participate in face to face training, even though it is necessary to keep them current and improve the competencies they need to provide high quality and culturally and linguistically appropriate care. A second challenge relates to perception. Many providers mistakenly believe that their patients comprehend complex health information, when research proves this is not true. This leads to poor medication adherence, poor rates of retention in care, increased utilization of services that could be avoided and generally poor health outcomes. A third challenge relates to a failure of some service providers to provide culturally and linguistically appropriate care. In general, this occurs for three related reasons: there are very small percentages of patients at most of the suburban and rural sites who are not English speaking which creates disincentives from a business perspective to invest in appropriate services; there is a lack of licensed providers who are bi-lingual; and there are ingrained prejudices and biases based on incorrect assumptions and stereotypes. This negatively impacts many patients and leads to health disparities based on race, ethnicity, sexual orientation and disability. The final and perhaps biggest challenge relates to difficulties in obtaining buy-in. Without a firm commitment from all participating organizations to agree to the need for change, our implementation strategy may not succeed.

To address the lack of time for face to face training, AMCH PMO will make training available via our web portal. This will give us the ability to track who completes the online modules as well as their pre- and post-test scores, which will assist us with evaluation. On site training will still be readily available, but this alternative addresses the lack of time many providers have. Changing perceptions will not be easy. This will be addressed through the training as well as through communication channels to all participating providers. In terms of a failure to provide culturally and linguistically appropriate services, the primary approach to mitigating this risk will be the cultural competency and health literacy training described above. Finally, in terms of organizational and provider "buy-in" AMCH PMO will utilize three approaches. First, we will include requirements in each performance contract that cultural competency and health literacy required training of all staff must occur and be documented no later than year-end. Second, we will identify "champions" in each participating organization who will play an important role in mitigating this risk by helping providers adopt the guidelines promulgated by the CCHLC. Third, over and above the contractual requirements, we will provide incentives to organizations who complete the training early.

✓ IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

AMC's cultural competency and health literacy strategy is interdependent with all work streams. Most obvious is its relationship to workforce issues, including staff training, development, recruitment and retention. AMCH PMO will clarify this in the workforce section of this plan. It is also directly linked to contractual issues, funds flow, incentivized payments, clinical and quality affairs, provider and community relations and engagement, consumer affairs and IT systems, including data collection, reporting and analysis. AMC's Project Management Office will oversee



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

the activities and provide direction and support to the CCHLC. The Executive Committee of the PAC will provide additional coordination to help ensure member buy-in and commitments necessary to meet domain one milestones. However, there is an additional interdependency that is important to the collaborative regional approach we are pursuing. AMCH PPS will be collaborating with the Alliance for Better Health Care (AFBHC) PPS and the Adirondack Health Institute (AHI) PPS on many of these strategic issues. AMCH PMO is pursuing a strategy of collaboration with these PPSs to make the most efficient use of our limited resources, provide coordinated training and skills development and make it easier for our shared organizational partners to complete requirements once as opposed to three times. This requires careful planning between the three PPSs, which is something that we are currently actively engaged in. It does not mean that identical strategies to address cultural competency and health literacy issues will be created; however, it does mean that training and skills development will be coordinated to avoid duplication.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 4.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Board	PPS Board	Approve health literacy/ cultural competency strategy.
AMCH Cultural Competency and Health Literacy Committee	Ingrid Allard, MD, Assistant Dean for Community Affairs	Manage the direction and output of CCHLC; oversee implementation of the AMCH PPS Cultural Competency / Health Literacy Strategy.
AMCH Department of Medicine	Abbie Gallucci, Director of Education and Outreach	Lead the development of the PPS's cultural competency training & education program.
AMCH PPS Project Management Office	George Clifford, PhD	Lead the development and implementation of the PPS's health literacy campaign.
AMCH's Executive Board Sponsor	Ferdinand Venditti, MD, Vice Dean for Clinical Affairs	Liaison between the Executive body and the CCHLC.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 4.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Participating PPS providers	Recipients of educational programs	Commit to and undertake cultural competency transformation.
Contracted CBOs including faith-based organizations	Provide assistance in the development and execution of the work stream	Subject matter expert & patient liaison.
External Stakeholders		
Patients & Families	Recipient of improved services; contributor to design of cultural competency / health literacy initiatives through consultation	Feedback on consultations.
Adirondack Health Institute and The Alliance for Better Healthcare PPSs	As neighboring PPSs, collaborate regarding identification of training needs as well as the dissemination of materials	Coordination of training deliverables.



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 4.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support the development and implementation of your cultural competency / health literacy strategy and the achievement of the milestones described above.

For the DY1 implementation, we will not have shared IT infrastructure in place across the PPS. However, we will have a web portal that all providers can connect to for web-based learning and pre- and post-test evaluation purposes. For all on site training, data will be collected manually in terms of attendees, course evaluations etc. Initial surveys of community needs will be sent and submitted electronically using current technology and software. By DY2, these processes will be replaced with interoperable IT systems across our network. This will be necessary for our workforce strategy and will require participating providers to use project management software currently being evaluated. Analyzing Salient data and completing risk stratification will allow us to share demographic information about patients across our provider network. AMCH's PMO will then use this information to track the service usage of our priority patient groups (including avoidable admissions, emergency department visits, primary care access, etc.). As care management protocols are developed and rolled out, we will have additional information available in terms of patients' cultural, religious and personal preferences. Sharing this information between providers will allow them to deliver culturally and linguistically appropriate services, and to understand the wider trends in the members utilizing their services. It will also allow our finance committee and PAC executive committee to shift resources, via incentives and other strategies, to participating providers who need to improve skill sets to address DSRIP goals. Finally, patient surveys and focus groups will provide important information needed for us to assess satisfaction and needs identified in terms of our CCHLC strategies. This information will be entered into databases and will be shared with all participating providers, the DOH and the public.

IPQR Module 4.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

As noted above, DY1 will be a year of transition in terms of progress reporting. We will not have interoperable systems in place for every participating provider by year-end. We will, however, have project management software available as well as software to mine claims data to generate all domain one milestones required for reporting purposes. As we build our IT capabilities and capacity in DY1, we will be increasingly able to assess changes in health disparities between different sub-populations. We will continue to be engaged with AFBHC and AHI in terms of joint efforts to update community needs. We will also continue to collaborate and coordinate with the local SHIP-funded group, Healthy Capital District Initiative, to complete updates to identified community needs and the community plan. Improvements in the health literacy of our attributed population will support our achievement of targets for reductions in avoidable emergency visits/ admissions. Specifically, the metrics we will use to monitor the success of our strategies to improve the health literacy of our target populations will be:
- Avoidable ED and inpatient utilization associated with cultural & socio-demographic groups. This should facilitate our ability to evaluate the



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

impact of our CCHLC strategy on the way these groups are accessing and using healthcare services.

- Uptake of practitioner cultural competency training, as captured by post-test evaluation of completed trainings and provider surveys to assess adequacy and utility of training.
- Patient involvement in community engagement initiatives, including focus groups, community forums and consumer affairs.

Success will also be measured by the completion and documentation of the following items: CCHLC meeting minutes and agendas, a finalized health disparity hot spot list, finalized and approved survey for participating providers to assess current skills and knowledge around cultural competency and health literacy, finalized educational materials, trainings and tools for both patients and providers, and the finalized assessment with pre and post test to be completed by all engaged participating providers, as necessary and appropriate. AMCH PMO and the CCHLC will monitor completion rates for annual assessments among providers, and will identify those who need continued skill development trainings. Documentation of trainings completed will be available and will be published to the PMO website and shared as a dashboard indicator. Over time, we will be able to track competency skills among participating providers to determine if education provided has achieved the goal of this committee by improved annual scores on their assessments.

IPQR Module 4.9 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 05 – IT Systems and Processes

✓ IPQR Module 5.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Completed	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. AMCH Executive Steering Committee (PPS Board) will establish an IT governance body; per the operating guidelines the Technology and Data Management committee (TDMC) will be formed and populated.	Completed	1. AMCH Executive Steering Committee (PPS Board) will establish an IT governance body; per the operating guidelines the Technology and Data Management committee (TDMC) will be formed and populated.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AMCH PMO will engage HIXNY and other relevant QEs in assessing information technology capabilities of network providers in data exchange.	Completed	2. AMCH PMO will engage HIXNY and other relevant QEs in assessing information technology capabilities of network providers in data exchange.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. AMCH PMO with the input from the TDMC, will develop a survey to assess the current state of the IT landscape within the PPS. This will include EHR utilization, connectivity, hardware and software infrastructure, security safeguards, staffing expertise, and analytic abilities.	Completed	3. AMCH PMO with the input from the TDMC, will develop a survey to assess the current state of the IT landscape within the PPS. This will include EHR utilization, connectivity, hardware and software infrastructure, security safeguards, staffing expertise, and analytic abilities.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. AMCH PMO and the TDMC, will review and analyze results of the survey and the	Completed	4. AMCH PMO and the TDMC, will review and analyze results of the survey and the QEs to identify gaps including readiness for data sharing and	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
assessment undertaken with the QEs to identify gaps including readiness for data sharing and the implementation of interoperable IT platform(s). These results will constitute the current state assessment and be communicated to the PPS Executive Committee of the PAC, to the PPS Board, and to the PPS providers, and highlight implications of the results.		the implementation of interoperable IT platform(s). These results will constitute the current state assessment and be communicated to the PPS Executive Committee of the PAC, to the PPS Board, and to the PPS providers, and highlight implications of the results.							
Milestone #2 Develop an IT Change Management Strategy.	In Progress	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. The AMCH PMO will define the roles and responsibilities of the TDMC to include development of an IT change management strategy. Once complete the strategy will be approved by the Executive Committee of the PAC and the PPS Board.	Completed	1. The AMCH PMO will define the roles and responsibilities of the TDMC to include development of an IT change management strategy. Once complete the strategy will be approved by the Executive Committee of the PAC and the PPS Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AMCH's TDMC will engage key stakeholders including end users through surveys and other means to identify training needs across the PPS.	Completed	2. AMCH's TDMC will engage key stakeholders including end users through surveys and other means to identify training needs across the PPS.	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Based on the identified training needs, the TDMC will collaborate with the WCC and workforce-training vendor to develop a plan to conduct required training as IT changes occur.	Completed	3. Based on the identified training needs, the TDMC will collaborate with the WCC and workforce-training vendor to develop a plan to conduct required training as IT changes occur.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. AMCH PMO will facilitate change management through effective communication strategies such as conference calls, meetings, targeted training, and one-on-one communication with key stakeholders.	Completed	4. AMCH PMO will facilitate change management through effective communication strategies such as conference calls, meetings, targeted training, and one-on-one communication with key stakeholders.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
targeted training, and one-on-one communication with key stakeholders.									
Task 5. Using the available surveys, gap analysis, and other information, the TDMC will develop a thorough impact/risk assessment for the IT change process needed to implement an effective IT change management strategy.	In Progress	5. Using the available surveys, gap analysis, and other information, the TDMC will develop a thorough impact/risk assessment for the IT change process needed to implement an effective IT change management strategy.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. The AMCH PMO and the TDMC will work with key stakeholders to define the needed workflows and processes for authorizing and implementing IT changes across the PPS.	In Progress	6. The AMCH PMO and the TDMC will work with key stakeholders to define the needed workflows and processes for authorizing and implementing IT changes across the PPS.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. TDMC will develop a monthly monitoring protocol to ensure the success of the IT change management process.	In Progress	7. TDMC will develop a monthly monitoring protocol to ensure the success of the IT change management process.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 8. TDMC will present the change management strategy to the Executive Committee of the PAC and PPS Board for approval prior to dissemination and implementation.	In Progress	8. TDMC will present the change management strategy to the Executive Committee of the PAC and PPS Board for approval prior to dissemination and implementation.	03/01/2016	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 9. The TDMC and PMO will make the approved IT Change Management Strategy available to the PPS stakeholders including users.	In Progress	9. The TDMC and PMO will make the approved IT Change Management Strategy available to the PPS stakeholders including users.	03/30/2016	03/31/2016	03/30/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	In Progress	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		management records (completed subcontractor DEAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).							
Task 1. The TDMC will define the IT current state including network capability for clinical data sharing and system interoperability in alignment with each of the eleven projects.	Completed	1. The TDMC will define the IT current state including network capability for clinical data sharing and system interoperability in alignment with each of the eleven projects.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Concurrently with step 3 of the previous milestone, the TDMC will collaborate with the WCC and workforce-training vendor to develop a plan to conduct required training to support new IT platforms and processes	Completed	2. Concurrently with step 3 of the previous milestone, the TDMC will collaborate with the WCC and workforce-training vendor to develop a plan to conduct required training to support new IT platforms and processes.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. The TDMC will work with the Clinical and Quality Affairs committee to define and establish technical standards and implementation guidelines for the use of a common clinical data set based on Domain 1-3 requirements for each of the eleven projects.	In Progress	3. The TDMC will work with the Clinical and Quality Affairs committee to define and establish technical standards and implementation guidelines for the use of a common clinical data set based on Domain 1-3 requirements for each of the eleven projects.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. The AMCH PPS PMO will develop contractual language regarding the obligation to seek patient consent to data exchange, as legally required, and agreement by providers to use technical, IT, and clinical data set standards to achieve care coordination and meet project implementation goals. This language will include DEAA compliance, security protections for PHI, and appropriate PHI access for entities such as CBOs. This language will be included in contracts with all providers including CBOs.	In Progress	4. The AMCH PPS PMO will develop contractual language regarding the obligation to seek patient consent to data exchange, as legally required, and agreement by providers to use technical, IT, and clinical data set standards to achieve care coordination and meet project implementation goals. This language will include DEAA compliance, security protections for PHI, and appropriate PHI access for entities such as CBOs. This language will be included in contracts with all providers including CBOs.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. The TDMC and PMO will evaluate participating provider business continuity plans, data privacy controls, and transition plans for	In Progress	5. The TDMC and PMO will evaluate participating provider business continuity plans, data privacy controls, and transition plans for data integration and connectivity to ensure standards are met and maintained across the PPS.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
data integration and connectivity to ensure standards are met and maintained across the PPS.									
Task 6. The TDMC will present the final roadmap to the Executive Committee of the PAC for review and approval.	In Progress	6. The TDMC will present the final roadmap to the Executive Committee of the PAC for review and approval.	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	In Progress	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. AMCH PMO in collaboration with HIXNY will identify the baseline number and percentage of attributed patients who have provided consent for HIXNY data sharing, as well as participating providers in the PPS network connected to HIXNY.	Completed	1. AMCH PMO in collaboration with HIXNY will identify the baseline number and percentage of attributed patients who have provided consent for HIXNY data sharing, as well as participating providers in the PPS network connected to HIXNY.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. AMCH PMO will create a PDSA plan for attributed patient engagement that will utilize community navigators and actively engaged CBOs for outreach and educational purposes. This plan will outline strategies for engaging, educating, and facilitating the completion of HIXNY consent forms by the attributed population.	In Progress	2. AMCH PMO will create a PDSA plan for attributed patient engagement that will utilize community navigators and actively engaged CBOs for outreach and educational purposes. This plan will outline strategies for engaging, educating, and facilitating the completion of HIXNY consent forms by the attributed population.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 3. AMCH PMO in collaboration with the CCHLC will utilize the Community Needs Assessment and other relevant data sources to identify and target patient communities that are culturally and linguistically isolated. A pilot CBO location will be selected to implement the PDSA action plan based on the above findings.	In Progress	3. AMCH PMO in collaboration with the CCHLC will utilize the Community Needs Assessment and other relevant data sources to identify and target patient communities that are culturally and linguistically isolated. A pilot CBO location will be selected to implement the PDSA action plan based on the above findings.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Based on the success of the above mentioned PDSA plan, the AMCH PMO will finalize a PPS-wide plan, including participating providers as well as CBOs, to engage all	In Progress	4. Based on the success of the above mentioned PDSA plan, the AMCH PMO will finalize a PPS-wide plan, including participating providers as well as CBOs, to engage all	04/20/2016	06/30/2016	04/20/2016	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
wide plan, including participating providers as well as CBOs, to engage all attributed members who have not yet completed a HIXNY consent form identified in previous steps.		attributed members who have not yet completed a HIXNY consent form identified in previous steps.							
Task 5.This plan will be presented to the Executive Committee of the PAC and the PPS Board for review and approval.	In Progress	5.This plan will be presented to the Executive Committee of the PAC and the PPS Board for review and approval.	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop a data security and confidentiality plan.	In Progress	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. The AMCH PMO will collect current data security protocols as well as confidentiality plans of key stakeholder organizations.	Completed	1. The AMCH PMO will collect current data security protocols as well as confidentiality plans of key stakeholder organizations.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. The AMCH PMO will enlist the expertise of TDMC participants for best practice sharing in order to align data security plan priorities as necessary.	Completed	2. The AMCH PMO will enlist the expertise of TDMC participants for best practice sharing in order to align data security plan priorities as necessary.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. AMCH PMO in collaboration with the TDMC, will assess PPS-wide security risks and controls including: information owner, information collection systems, user roles, identity assurance levels for each user and transactions they can perform, documentation of potential consequences for failures, identify assurance impact levels, and sign off.	Completed	3. AMCH PMO in collaboration with the TDMC, will assess PPS-wide security risks and controls including: information owner, information collection systems, user roles, identity assurance levels for each user and transactions they can perform, documentation of potential consequences for failures, identify assurance impact levels, and sign off.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. The TDMC will establish and create a centralized data security plan and confidentiality plan to comply with the DEAA and addendum and other state and federal policies, regulations and requirements as they pertain to data	In Progress	4. The TDMC will establish and create a centralized data security plan and confidentiality plan to comply with the DEAA and addendum and other state and federal policies, regulations and requirements as they pertain to data	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
security, and confidentiality of protected patient information. This will include security testing protocols, controls and standards to mitigate risks for ongoing data security throughout the PPS IT infrastructure. Compliance with policies and procedures will be monitored on an ongoing basis.		mitigate risks for ongoing data security throughout the PPS IT infrastructure. Compliance with policies and procedures will be monitored on an ongoing basis.							
Task 5. AMCH PMO will seek approval of the security policies, assessment and data security and confidentiality plan by the Executive Committee of the PAC; approval of the security and confidentiality plan by the PPS Board.	In Progress	5. AMCH PMO will seek approval of the security policies, assessment and data security and confidentiality plan by the Executive Committee of the PAC; approval of the security and confidentiality plan by the PPS Board.	03/01/2016	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	mcintyc	Meeting Materials	1_MDL0503_1_3_20160128094716_IT_Current_State_Assessment_Meeting_Schedule_Template_10.1.2015-12.31.2015.xlsx	Meeting Schedule Template	01/28/2016 09:47 AM
	mcintyc	Implementation Plan & Periodic Updates	1_MDL0503_1_3_20160128094606_AMCH_PPS_IT_Current_State_Assessment.pdf	AMCH PPS IT Current State Assessment	01/28/2016 09:46 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	The Technology and Data Management Committee (TDMC) was formally created and held its first meeting on July 9th, 2015. It succeeded the Information Technology Committee which the PPS had formed in October 2014. Members of TDMC represent various provider types and geographic locations; key stakeholders include Albany Medical Center, Columbia Memorial Hospital, Saratoga Hospital, Center for Disability Services, and Northern Rivers Family of Services., Each formal member of TDMC has invaluable and extensive IT knowledge and experience. On 8/28/2015 the mission statement of the committee was



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>approved. TDMC meets on a monthly basis to provide expertise on key deliverables as defined by the IPP focusing its efforts on data collection, analysis, and reporting, the facilitation of a current state analysis of IT capabilities and the definition of a future state of data sharing across the PPS. In addition to regularly occurring TDMC meetings, the AMCH PPS participated in the IT-TOM Project which allowed the PPSs in the Capital Region and North Country to work collaboratively and with HIXNY to facilitate in the future state of data sharing and connectivity. These meetings led to additional data sharing discussions where HIXNY was engaged, presented, and identified valuable details in regards to technology capabilities within each PPS and the region as a whole. In September 2015, the PMO office developed and disseminated a comprehensive provider readiness survey comprised of seven core sections: Demographics, Cultural Competency, Finance, Audit, Workforce, Clinical, and IT Infrastructure. All priority data elements and metrics as defined by the IT-TOM SSP workbooks along with categories such as RHIO connectivity, security, patient portal, care management systems, population health systems, PCMH readiness, interoperability and Meaningful Use, were included in the IT portion of this comprehensive baseline assessment tool. The TDMC formed a subcommittee to ensure that the IT section of the survey included all priority data elements and was comprehensive enough to capture all workstream requirements.</p> <p>Accenture, a consulting service firm, was contracted to complete the current state assessment and evaluate IT survey responses as well as assist the PPS in developing the IT roadmap and potential vendor selection. Accenture conducted a thorough analysis of all survey responses as well as a very detailed interview process with key individuals from various organizations in the PPS network. The finalized assessment has been reviewed at several TDMC meetings throughout Q3 as well as by PAC leadership at their monthly meeting in November of 2015. This assessment includes a detailed visual of the IT current state, and identified clear gaps in terms of readiness for data sharing and the implementation of interoperable IT platform(s).</p> <p>In addition to a deep dive of the IT current state, the AMCH PPS has also worked to ensure QE engagement. Through our ongoing participation in the IT-TOM project, hosted by KPMG we were able to work collaboratively with overlapping PPSs in our region, and to engage HIXNY while we defined the current state and looked toward the future state of data sharing and connectivity. These sessions led to additional data sharing meetings amongst the three overlapping PPSs where again HIXNY was engaged, presented, and identified valuable details in regards to technology capabilities within our PPSs and our region as a whole. Recognizing the significant overlap and dependency on IT solutions needed to successfully transform the regional health care system, dedicated leadership meetings have been held bringing together key stakeholders, MCOs, HIXNY, PMO project staff, and other relevant partners to insure that proposed solutions address gaps and create sustainable solutions essential to success.</p>
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	<p>The AMCH PPS will update and resubmit all SSP workbooks during our April 2016 reporting period. Extensive updates have been made and are awaiting approval. Due to the timeframe of the approval process, which falls after the remediation period, it will be beneficial to hold off submitting changes based on feedback until we can submit all workbooks in April. In this submission you will see that some non-applicable controls have been revisited and addressed in response to DOH concerns. Lastly, The PE workbook has had substantial updates after the PMO office moved to 1275 Broadway. These updates and next steps will be highlighted in our April submission.</p> <p>Additional responses to DOH questions are as follows:</p> <ul style="list-style-type: none"> • Are these systems accounted for in their enterprise incident response plan? For example, let's say a user comes into the room on Monday and one of the workstations is missing. What is the escalation/notification process? What steps are taken to investigate and who would be involved?



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>The DSRIP user should contact the DSRIP Gatekeeper, who would then verify the missing systems (i.e. no one had removed them and the DSRIP user just didn't know about it). If the system was missing, the DSRIP Gatekeeper would contact IS Security, and the DSRIP CISO. Procedures after that point are beyond the scope of the DSRIP System.</p> <ul style="list-style-type: none"> It was mentioned that Windows logging is enabled, but it is not detailed which of the events that are outlined in the AU workbook are actually being recorded and whether or not these logs are reviewed for suspicious activity. For example, are only windows logon's and logoff's recorded? If so, what happens if it shows up in the logs that someone is using the workstation off-hours? Would that be a problem, from an AMC perspective? <p>Windows logging is enabled and logs are reviewed when a DSRIP Administrator logs onto the system; this is outlined in the SSP workbooks and the DSRIP Data Security and Confidentiality Plan that will be submitted April 2016.</p>

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 5.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in creating and implementing your IT governance structure, your plans for data sharing across your network, your approach to data security and confidentiality, and the achievement of the milestones described above, including the potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

There are several risks to implementation within the IT system and process domain. The sheer number of different vendors, systems, EHRs, protocols, and policies already in place that will need to evolve into one interoperable system will be a challenge. Overlapping PPSs and the complex current state of IT infrastructure will add to the difficulties of creating a centralized IT platform utilized by partnering providers. Extraordinary efforts will need to be made to mitigate these risks and integrate the disparate systems to achieve the goals of DSRIP. Mitigation strategies include leadership buy-in, adequate resourcing, and innovative technological solutions. AMCH PPS has ensured that leadership is engaged at the highest levels of the AMCH structure which will provide authoritative insight into the changes, systems and policies that are involved. IT collaboration with AHI and AFBHC through the ongoing efforts of the KPMG led TOM pilot project may mitigate this risk. Capital funds have also been requested to develop comprehensive technological solutions that will address these risks. The failure to fund these capital projects will place these mitigation strategies in jeopardy.

The AMCH PPS is concerned about the integrity of the data that will be provided from the MAPP System and Salient Interactive Miner. A risk exists regarding the sufficiency of the data that will be provided. AMCH will engage participating providers to assist them in making sure that data in all systems they are responsible for is as accurate and complete as possible.

Another risk that exists is the ability of the State to provide sufficient data in a timely manner. Data is the driver that allows organizations to identify the needed interventions. The State's addition of higher levels of security further restricts the PPS ability to use the data effectively to meet the goals of DSRIP. Without this data, PPS organizations will be restricted in their ability to risk stratify patient level data which can negatively impact projects that will depend on this data for implementation. To mitigate this risk, AMCH PPS will continue to pursue alternative IT solutions outside of the realm of NYS DOH provided data, which will facilitate risk stratification and other data analytics as needed for project implementation.

The current structure and capability of HIXNY to provide data in a useful manner across the spectrum of providers is unclear. The unknown ability of the SHIN-NY to provide a working solution complicates this risk. To mitigate this risk AMCH PPS will work with HIXNY to identify capacity limitations and other potential barriers to timely and meaningful sharing of patient level data to actively engaged patients and participating providers.

Data security is always a risk. Our PPS will engage IT experts from across the PPS both internally and externally to develop PPS security safeguards and policies to mitigate the risk to make sure that available data is shared in an appropriate way with the minimum necessary data being moved through the system.

Each project relies on a successful IT strategy. Failure to provide a comprehensive IT structure capable of supporting PCMH development, care plan sharing, and population health management will impact the ability to achieve the outcome measure targets. Leadership buy-in, adequate staffing, equipment, application architecture, and capital funding all provide mitigation strategies.

✓ IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

The IT work stream is dependent on numerous other work streams including; clinical integration, financial sustainability, practitioner engagement, cultural competency and health literacy, workforce, governance, and population health. Clinical integration is the catalyst between the IT work stream and the project implementation activity required at a provider level. This would also include the ways in which practitioners are engaged in providing IT needs and identifying gaps across the PPS. Clinical integration is dependent upon IT for evaluation, connectivity, data exchange, reporting, care coordination, and quality improvement. Another interdependency between IT and clinical integration will be the need for clinicians to be engaged and provide sufficient feedback for IT to develop a system that will be widely adopted by clinicians across a broad spectrum of providers and provider types.

Financial sustainability has a mutual dependency on IT in that future funding relies upon IT solutions for milestone and metric reporting as well. IT is dependent on finance for the resources required to develop integrated system-wide solutions. IT also influences the roadmap to VBP ensuring sustainability for the endeavor. Finally implementation of the data security and confidentiality plan will mitigate risks to PHI exchanged throughout the PPS. IT security will be included in the IT Security Plan generated by the Financial Sustainability work stream.

IT solutions may be customized to meet member needs.

IT is dependent upon the workforce strategy work stream. As new technologies are developed and implemented, the WCC will work closely with our workforce vendor to ensure appropriate and timely training for all provider types utilizing these systems.

IT is dependent upon the Governance work stream. IT depends upon governance for review, approval, and authority to implement its strategic plan.

Population health is dependent upon IT for data gathering, reporting, and analysis at a dashboard level across the PPS. This information will routinely inform the PPS as it transforms the health of the communities it serves.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 5.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AMCH PPS PMO IT Contact	Evan Brooksby, MBA	Liaison between IT Representatives of member organizations.
AMCH PPS Security Officer	Jeffrey Wilson	AMCH gatekeeper and Director of Data Security.
Privacy Officer	Noel Hogan	AMCH Compliance Officer.
AMC EVP CIO	George Hickman	IT Strategic Development.
AMC VP Information Services & Technology and Data Management Committee Chair	Mary Hand	Implementation of PPS IT Strategy.
Director of IS, Columbia Memorial Hospital	Bonnie Ratliff	Oversight of PPS IT Strategy.
AMCH PPS Medical Director	Kallanna Manjunath, MD	Clinical integration of IT strategy; HIXNY vice chair board member.
AMCH PPS Technology & Data Management Committee	Lead IT representation from Albany Medical Center Hospital, Columbia Memorial Hospital, Saratoga Hospital, Center for Disability Services & Center for Excellence in Aging & Community Wellness	Oversight of PPS IT Strategy and implementation.
PPS Board and PAC Executive Committee	PPS Board and PAC Executives	Review and approve IT change management strategy; PPS plan for engaging members in QEs; and data security and confidentiality plan.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 5.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
AMCH PPS	Identify and manage resources	Executable Strategy and IT infrastructure.
Participating PPS Providers	Provide insight regarding IT needs	Organizational buy-in; implement IT strategy and roadmap.
External Stakeholders		
Alliance for Better Health Care PPS	Collaborator	Collaborative efforts; IT TOM Pilot facilitated by KPMG.
Adirondack Health Institute PPS	Collaborator	Collaborative efforts; IT TOM Pilot facilitated by KPMG.
HIXNY	Collaborator & Vendor	Effective, secure health information exchange in support of DSRIP goals.
IT Vendors (TBD)	Vendor	Care management, interoperability, population health & data analytics to support VBP.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ IPQR Module 5.7 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

AMCH PPS will use project management reporting and communication tools to monitor the progress towards project specific goals. This project reporting may include: tracking of the IT strategic plan including workforce alignment and training; IT change strategy, and IT budget, documentation of process and workflow demonstrating implementation of EHR across all partners; MU and PCMH level 3- tracking; documentation of patient engagement/ communication system; evidence of use of telemedicine or other remote monitoring services; evidence of implementation of specific workflows. This organizational work stream will be considered successful as it reaches the milestones established in the work plan. Further success will be measured as the IT infrastructure grows and rolls out to meet the needs of the PPS. Further milestones and measures of success will be defined as the project evolves.

IPQR Module 5.8 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 06 – Performance Reporting

✓ IPQR Module 6.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	In Progress	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. AMCH PMO will establish a clinical point of contact as well as a project management point of contact (PMO) responsible for communicating to participating providers regarding specific patient pathways.	Completed	1. AMCH PMO will establish a clinical point of contact as well as a project management point of contact (PMO) responsible for communicating to participating providers regarding specific patient pathways.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AMCH PMO will perform a detailed gap analysis of State-provided data via the MAPP tool to determine additional data elements necessary for quarterly reporting.	Completed	2. AMCH PMO will perform a detailed gap analysis of State-provided data via the MAPP tool to determine additional data elements necessary for quarterly reporting.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. AMCH PMO will ensure data security and privacy through contracting, business associate agreements, and data use agreements from all participating providers. We will ensure partner awareness of HIPAA Privacy/ Security Rules and Regulations.	In Progress	3. AMCH PMO will ensure data security and privacy through contracting, business associate agreements, and data use agreements from all participating providers. We will ensure partner awareness of HIPAA Privacy/ Security Rules and Regulations.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. AMCH PMO will define processes to provide	In Progress	4. AMCH PMO will define processes to provide access to state provided Medicaid confidential data to PPS Providers	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
access to state provided Medicaid confidential data to PPS Providers and organizations, and will establish and implement policies and procedures as required by the DEAA Agreement and addendums.		and organizations, and will establish and implement policies and procedures as required by the DEAA Agreement and addendums.							
Task 5. Utilizing commercially available project management software and MAPP tool reporting, AMCH PMO will define and develop PPS-wide performance reporting systems for both clinical and project specific indicators based on standardized care practices and other required Domain 1 metrics.	In Progress	5. Utilizing commercially available project management software and MAPP tool reporting, AMCH PMO will define and develop PPS-wide performance reporting systems for both clinical and project specific indicators based on standardized care practices and other required Domain 1 metrics.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. AMCH PMO will establish reporting structures for both claims-based and non-claims based metrics.	In Progress	6. AMCH PMO will establish reporting structures for both claims-based and non-claims based metrics.	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. AMCH PMO will integrate and utilize Salient Interactive Miner, State DSRIP Dashboards, MAPP, and internal PPS-wide performance reporting systems to create dashboards for distribution to the AMCH Executive Steering Committee (PPS Board) and other AMCH PPS governance committees, the PPS, its providers and the public.	In Progress	7. AMCH PMO will integrate and utilize Salient Interactive Miner, State DSRIP Dashboards, MAPP, and internal PPS-wide performance reporting systems to create dashboards for distribution to the AMCH Executive Steering Committee (PPS Board) and other AMCH PPS governance committees, the PPS, its providers and the public.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	In Progress	Finalized performance reporting training program.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. AMCH PMO will conduct a complete analysis of PPS organizations to determine training needs on topics such as clinical quality, performance reporting, data for quality improvement, and others as needed. They will then work with partner groups, professional groups and identified leaders from each area of expertise to	Completed	1. AMCH PMO will conduct a complete analysis of PPS organizations to determine training needs on topics such as clinical quality, performance reporting, data for quality improvement, and others as needed. They will then work with partner groups, professional groups and identified leaders from each area of expertise to help establish appropriate metrics.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
help establish appropriate metrics.									
Task 2. AMCH PMO will develop training materials that address identified needs specifically related to standardized clinical quality measures across PPS.	In Progress	2. AMCH PMO will develop training materials that address identified needs specifically related to standardized clinical quality measures across PPS.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 3. AMCH PMO will identify best practices and highlight success stories by presenting them at our quarterly face-to-face PAC meetings to encourage adoption by other providers.	In Progress	3. AMCH PMO will identify best practices and highlight success stories by presenting them at our quarterly face-to-face PAC meetings to encourage adoption by other providers.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. AMCH PMO will roll-out training based on identified metrics to key champion providers. These champions will be compensated for training other PPS Providers.	In Progress	4. AMCH PMO will roll-out training based on identified metrics to key champion providers. These champions will be compensated for training other PPS Providers.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. AMCH PMO will evaluate re-training needs and frequency of future trainings based on Workforce Coordinating Council recommendations.	In Progress	5. AMCH PMO will evaluate re-training needs and frequency of future trainings based on Workforce Coordinating Council recommendations.	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 6.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing performance reporting structures and processes and effective performance management within your network, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

The AMCH PPS has a wide variety of E.H.R. systems as well as a range of HIXNY connectivity. This leads to a unique challenge of implementation to bring all participating organizations up to the same level of readiness to best prepare for performance reporting and training when necessary. Performance report training will need to concurrently run with standardization of clinical protocols. If providers are not fully engaged in the process, they can quickly fall behind and put multiple organizations at risk of not meeting performance goals. Our Clinical and Quality Affairs Committee and PAC Executive Committee will be the critical bodies for overseeing these activities and advancing engagement and on time performance throughout the span of DSRIP. AMCH PPS will also design and rely upon bonus payments based on quality performance and reporting to prompt provider participation, consistent with all regulatory requirements.

An additional risk is related to the lack of data for performance reporting purposes. To mitigate this risk we will provide patient level data to relevant providers. We may also utilize the MAPP tool and other resources to ensure data metrics are available on a quarterly basis. If data is still incomplete or inaccurate due to issues beyond our control, this risks success across the entire PPS network. To mitigate this, we will attempt to create alternative sources of accurate and timely data for performance reporting purposes.

IPQR Module 6.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

Our success with Performance Reporting has a significant reliance on IT Systems and Processes, the Executive PAC, as well as our Clinical Performance Team. Clinical performance measures and guidelines will be an important factor in streamlining best practices while meeting important reporting milestones. Our IT infrastructure is also critical to success. While leveraging State provided data, we will also need to incorporate our own IT Systems and protocols across the entire PPS for reporting success. Performance reporting will rely on a streamlined reporting process across the PPS and the availability of data at the patient level. AMCH PPS Security and Privacy Officers will disseminate security and privacy policies and procedures and undertake training and awareness efforts to prompt compliance to protect the confidentiality of shared data. Compliance will also be reinforced by provisions in the partner agreement. PPS organizations will be efficiently trained in data reporting, data management, data privacy, as well as clinical guidelines and protocols. The Executive PAC will review and approve monthly dashboard reports and assess outliers in need of further training.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 6.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Board	Ferdinand Venditti, MD, Vice Dean for Clinical Affairs	Oversee performance reporting and performance in PPS projects; approve performance reporting and communications strategies.
AMCH PPS Project Management Office	George Clifford, PhD	Responsible for oversight and implementation of all 11 projects. This includes performance reporting structure, training, and implementation.
Clinical and Quality Affairs Committee	Kallanna Manjunath, MD	Develop or review and approve quality dashboards, and review RCE data and analysis.
Clinical Quality Team Lead	James Desemone, MD	Responsible for identifying or developing standardized clinical protocols and working with project committees and partners to implement protocols across the entire PPS.
Technology & Data Management Committee/IT Team Lead	Mary Hand	Provide support, expertise and management for TDMC. Facilitate and support IT implementation and steps to advance IT strategy, data reporting and data sharing to achieve DSRIP goals; facilitate and oversee updates to all IT systems and support overall IT infrastructure.
Financial Committee Lead	Finance Committee Chair - William Hasselbarth	Oversee development and implementation of processes and standards for financial performance reporting across the PPS as well as analysis of financial performance.
Medical Director AMCH PPS	Kallanna Manjunath, MD	Lead process to develop or forge consensus on and implement standardized clinical care practices to align with reporting requirements and measurement objectives.
Data Analytic Team	PMO	Dashboard, quarterly, milestone and progress reporting for PPS network.
AMCH Compliance Officer	Noel Hogan, PhED CPA	Promote compliance with federal and state privacy laws and oversee implementation of PPS privacy policies for PPS projects and data sharing; implement DEAA privacy requirements; oversee training in data management and data privacy.
AMCH PPS Security Officer	Jeffrey Wilson	Promote implementation of PPS security policies across the provider network in relation to data exchange through HIXNY and other IT platforms used or developed for medical information data exchange.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 6.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
IT Department	Reporting and IT System maintenance	Overall tech support, IT infrastructure maintenance/ troubleshooting, installation and upgrades as necessary.
AMCH PPS Project Management Office (PMO)	Provide leadership and direction for all performance reporting functions	Generate reports for internal and external purposes as required.
AMC Compliance Department	Development and implementation of the comprehensive compliance plan	Develop standardized contract language and monitor provider performance in relation to requirements of the code of conduct.
Finance Department	Overall reporting and monitoring responsibility for ensuring that funds are disbursed consistent with financial policies	Monthly financial reports, desk audit eligibility expense control, payroll distribution, documentation for audit and AP/AR.
PPS Board	Review and approve performance reporting	Approve performance reporting and communication strategies.
Participating PPS Providers	Ensure proper reporting at the provider level	Generate monthly reports and related PHI as required by project implementation, protocols, and metrics, governance oversight, and contract; communicate data as needed within their own organizations for improvement.
AMCH Executive Steering Committee	Set policy, approve performance reporting and communication strategy, provide liaison to AMC BOD, and oversee activities of the PMO	Approve performance reporting and communication strategies.
Executive (Project Advisory Committee) PAC	Policy-making group and decision-making body	Responsibility to accept or request revision of clinical standards of care, reporting structures, as well as recognize best practices within the PPS.
External Stakeholders		
NYSDOH	Ensure Medicaid claims data is reported accurately and in a timely manner consistent with regulatory reporting requirements	Quality data for the PPS to analyze at the patient level in real time.



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 6.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support your approach to performance reporting.

Initially we will need to utilize existing IT infrastructures within our PPS, including but not limited to, E.H.R. systems, Care Management software, and population health registries, as well as Salient Interactive Miner, DSRIP Dashboards, and the MAPP tool for performance reporting purposes. We will utilize state provided templates to facilitate early DSRIP reporting. Our IT team will work closely with our Clinical and Quality Affairs Committee to help streamline reporting needs and ultimately implement and utilize a robust reporting system across the entire PPS. We will also leverage IT support staff to ensure any technical glitches or vital data errors are addressed in real time to avoid delays in reporting. Ultimately we understand the importance of one comprehensive system in order to streamline reporting across the entire PPS Network. We will work within the MAPP CIO Steering Committee in order to move this process forward and to help create a single point of data across our network. We will establish and maintain an AMCH DSRIP Support IT Team to address any questions from partnering providers once this system is in place. We will also utilize commercially available software for project management activities including the creation of progress reports for internal and external purposes.

IPQR Module 6.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

AMCH's PPS will collect performance data electronically from all participating providers on a quarterly basis to measure provider performance. AMCH will be assisted by project management software for this purpose. Evaluations will be administered prior to project implementation along with definitive project goals, and producing a gap-analysis which will be used to evaluate success of project performance. Additional documentation related to training programs will be provided to demonstrate up-take of training and completion rates. Success of this metric will be measured by the total number of participants that receive training or re-training. Timely reporting, as set forth in the plan, will be used as an achievement indicator in this organization work stream. We will also monitor access and usage of state-provided data by PPS providers and organizations as evidence that the providers are utilizing the data as a baseline for their gap-analysis upon approval of the PPSs data security plan by the NYSDOH. Specific gaps that are identified in the project plans will be monitored on an ongoing basis and reported on at least quarterly. To assist the community and to demonstrate transparency, documents and recorded sessions will be available on our public domain website for review. To the extent possible, we will also provide documented summaries of meetings between our PPS and the overlapping PPSs to demonstrate our efforts to collaborate and cooperate on various initiatives.

IPQR Module 6.9 - IA Monitoring



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 07 – Practitioner Engagement

✓ IPQR Module 7.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	In Progress	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Appoint AMCH PPS 'Practitioner Champions'	Completed	1. Appoint AMCH PPS 'Practitioner Champions' to represent: o Key professional groups (physicians, nurses, behavioral health specialists, community health workers etc.) o Geographic areas (Albany, Saratoga, Warren, Columbia, and Greene Counties) o This group will represent the interests and views of practitioners to the PAC Executive Committee and represent the Executive Committee's views to the various communities of practitioners. The Practitioner Champions will take an active role in the design and implementation of new clinical systems required for providing effective patient care and achieving positive health outcomes. The Champions of the practitioner groups will sit on the Clinical and Quality Affairs Committee and will be the leads for their respective professional peer groups.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Clinical and Quality Affairs Committee will develop a draft communication and engagement	Completed	2. Clinical and Quality Affairs Committee will develop a draft communication and engagement plan, including:	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
plan.		<ul style="list-style-type: none"> o Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Champions as a key line for this communication. o Processes for managing grievances transparently, rapidly and effectively. o High-level approach to the use of learning collaborative. o Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices. 							
Task 3. As part of the development of the plan, a consultation process will be established with Practitioner Champions regarding a communication/engagement strategy and their role in the DSRIP transformative process.	Completed	3. As part of the development of the plan, a consultation process will be established with Practitioner Champions regarding a communication/engagement strategy and their role in the DSRIP transformative process.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Build out practitioner support services designed to help practitioners and healthcare organizations evaluate their operations in anticipation of needed changes.	Completed	4. Build out practitioner support services designed to help practitioners and healthcare organizations evaluate their operations in anticipation of needed changes.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Present finalized practitioner communication and engagement plan to the PAC Executive Committee and the PAC for approval.	In Progress	5. Present finalized practitioner communication and engagement plan to the PAC Executive Committee and the PAC for approval.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training / education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Completed	Practitioner training / education plan.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. Working in collaboration with the clinical and administrative leadership at participating organizations, identify "Practitioner Champions" at each organization and professional group. These identified Champions will be "appointed" based on contractual execution with funded participating provider organizations.	Completed	1. Working in collaboration with the clinical and administrative leadership at participating organizations, identify "Practitioner Champions" at each organization and professional group. These identified Champions will be "appointed" based on contractual execution with funded participating provider organizations.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 2. Educate Practitioner Champions and organizational leadership on core goals of DSRIP, potential benefits of participation, AMCH PPS project objectives and quality improvement initiatives. Other potential elements of the training program include; achieving the IHI Triple AIM, improving patient care experience, improving population health, reducing per capita costs, and developing patient-centered care delivery models. Finally the education module will address DSRIP project delivery components including VBP, case management, and clinical integration.	Completed	2. Educate Practitioner Champions and organizational leadership on core goals of DSRIP, potential benefits of participation, AMCH PPS project objectives and quality improvement initiatives. Other potential elements of the training program include; achieving the IHI Triple AIM, improving patient care experience, improving population health, reducing per capita costs, and developing patient-centered care delivery models. Finally the education module will address DSRIP project delivery components including VBP, case management, and clinical integration.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Leverage Practitioner Champions in collaboration with the Workforce Coordinating Council to identify the educational needs of practitioners and staff and develop an appropriate training/education plan. This plan will include core goals, financial expectations and transformation, clinic operational assessment and efficiency, action steps for the 11 DSRIP projects, clinical accountability, and performance data reporting and evaluation.	Completed	3. Leverage Practitioner Champions in collaboration with the Workforce Coordinating Council to identify the educational needs of practitioners and staff and develop an appropriate training/education plan. This plan will include core goals, financial expectations and transformation, clinic operational assessment and efficiency, action steps for the 11 DSRIP projects, clinical accountability, and performance data reporting and evaluation.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Identify one organization to pilot the training module utilizing the PDSA approach to test the effectiveness of the training plan.	Completed	4. Identify one organization to pilot the training module utilizing the PDSA approach to test the effectiveness of the training plan.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. The PAC Executive Committee will approve a final training plan to engage practitioners across the PPS in understanding the key goals and deliverables of DSRIP over its 5 year duration.	Completed	5. The PAC Executive Committee will approve a final training plan to engage practitioners across the PPS in understanding the key goals and deliverables of DSRIP over its 5 year duration.	10/30/2015	12/31/2015	10/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Encourage practitioner organizations to share PPS objectives with their consumers and solicit feedback.	Completed	6. Encourage practitioner organizations to share PPS objectives with their consumers and solicit feedback.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 7. Make appropriate modifications to the plan and train additional practitioners and staff providing care at remaining participating practitioner organizations.	Completed	7. Make appropriate modifications to the plan and train additional practitioners and staff providing care at remaining participating practitioner organizations.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Implement a PDSA approach to obtain necessary feedback from the participants and make appropriate changes to the training model.	Completed	8. Implement a PDSA approach to obtain necessary feedback from the participants and make appropriate changes to the training model.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Submit quarterly report to CQAC with the information on the description of the training programs delivered, participant-level data, participant feedback and proposed changes to the plan and training outcomes.	Completed	9. Submit quarterly report to CQAC with the information on the description of the training programs delivered, participant-level data, participant feedback and proposed changes to the plan and training outcomes.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop training / education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	mcintyc	Meeting Materials	1_MDL0703_1_3_20160129100220_Training_Schedule_Template_-_Pract_Eng_-_Q3_20151210.xlsx	AMCH Training Schedule Template	01/29/2016 10:02 AM
	mcintyc	Policies/Procedures	1_MDL0703_1_3_20160129095825_AMCH_PPS_Practitioner_Training_Education_Plan_2015121.docx	AMCH PPS Practitioner Training and Education Plan	01/29/2016 09:58 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	<p>The AMCH PMO developed a training and education plan structured specifically for practitioners, their staff and other professional groups within the PPS to educate them on the DSRIP initiatives, goals, and objectives. The plan increases practitioner and staff awareness and engagement on DSRIP clinical projects as well as performance improvement activities to ultimately improve patient health outcomes and lower unnecessary utilization. The plan includes a curriculum, means by which trainings and education will be conducted, and the roles & responsibilities of the PMO and the PPS's governing bodies. The plan was approved by the CQAC on December 16, 2015 and approved by PAC Executive Committee as well as the PPS board on December 30, 2015.</p> <p>The plan is a dynamic document that will be reviewed periodically and modified as needed over the course of the five years. The training and education plan will be evaluated on a periodic basis using the PDSA approach. The curriculum is consistent with the 1115 waiver Attachments I & J such that the PPS has included training that articulates the goals of the DSRIP program, the benefits of the integrated delivery system, as well as provide specific content to assist and engage practitioners in goal attainment. In addition, the PMO developed several different training curricula and staff from the PMO have been providing on site "DSRIP 101" and other training that is customizable to various target audiences since mid-December 2015. Feedback received through the end-of-quarter DY1Q3 reinforces the need to expand educational efforts, since many misperceptions regarding DSRIP persist throughout the region. Efforts are being integrated through the PPS's Workforce Coordinating Council and training will be provided through multiple learning modalities.</p>

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Complete	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 7.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the current level of engagement of your physician community in the DSRIP program and describe the key challenges or risks that you foresee in implementing your plans for physician engagement and achieving the milestones described above. Describe any potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

The primary risk to the implementation of the practitioner engagement strategy is the practitioners' ability to take an active role in the design and development of the strategy. Factors that may hinder their participation include availability of protected time away from direct patient care, lack of needed institutional support for their engagement, unwillingness to change their practice pattern and previous experience with the local healthcare initiatives. To mitigate the risk, we will:

- Engage appropriate key stakeholders from senior clinical and administrative leadership to get their buy-in, commitment and identify interested Practitioner Champions from their organizations to participate in the implementation of the strategy.
- Structure training programs to meet the needs of the practitioners working in small and large practices.
- Work to align financial incentives available to the practices with their ability and willingness to assist the PPS with the implementation of this strategy.
- Provide free continuing education credit for course completion consistent with standards as an incentive to providers.
- Provide support, both technical and financial, to assist with the transition to value based purchasing.
- Serve as a link to facilitate coordination and collaboration between CBOs and providers at the practice and hospital level

The second risk is our partners' ability to develop ongoing trainings within their practices and organizations to orient and train new staff when they are recruited to support the initiatives. Our Workforce Transformation Strategy involves significant redeployment and recruitment of new staff who will need to be trained on their role in the redesigned model of care. The approach will ensure that the core behaviors and practices of our DSRIP program remain embedded within organizations. To mitigate this risk, we will:

- In collaboration with the Workforce Coordinating Council, utilize Practitioner Champions to identify staff who will be involved in a 'train the trainer' approach as part of the training and education program.
- Develop electronic and printed training materials that will continue to engage practitioners and staff in the DSRIP program.

The third risk is the potential for resistance to changes in clinical pathways and new ways of working. Managing this risk is the core role of the 'Practitioner Champions' including key specialists who are part of our PPS. Key elements of our approach to addressing this issue include:

- Evidence-based change – in all of our communications about the overarching DSRIP program, the specific projects and initiatives we are undertaking, we will articulate the evidence base case studies of similar successful initiatives. We believe this will be particularly powerful when the case studies are from New York State, so we intend to use the MRT Innovation exchange (MIX) platform to identify examples of best practice.
- University at Albany School of Public Health will evaluate practitioner engagement strategies to help identify what works best in adopting new ways of working and overcoming cultural resistance.

✓ IPQR Module 7.4 - Major Dependencies on Organizational Workstreams



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

This work stream is interdependent with nearly every other work stream; however, the biggest interdependency is with clinical integration.

- All affected practitioners must be engaged in the DSRIP process in order for them to value – and support – the clinical integration of our PPS. To ensure coordinated efforts in these two areas, some of the core elements of our approach to practitioner engagement and clinical integration, including the development of professional peer groups and teams, play a central role in the implementation of the practitioner engagement strategy.
- The role of the Practitioner Champions is central to our plans for practitioner engagement. It is important that they are able to play the role we intend them to play in the governance structure – advocating to the Executive Body on behalf of the practitioners they represent and communicating information back down to those practitioners effectively. To this end, our practitioner engagement is dependent on an effective governance structure and processes.
- Our plans for practitioner engagement depend on effective, rapid and easy-to-access communications tools. We intend to use the MIX platform to facilitate communication and best practice sharing between practitioners working in different provider organizations.
- The success of practitioner engagement depends on timely and accurate information and is therefore linked to our strategies in information and data management, which include reports on trainings completed, pre and post test evaluations and the formal adoption of best practice guidelines, etc.
- Practitioner engagement is also linked to appropriate incentives such as freeing up time for training and other purposes by compensating organizations for lost revenue and improved performance.
- In collaboration with neighboring PPSs and with the workforce training and development strategy, practitioner engagement is dependent upon successful training of the workforce.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ IPQR Module 7.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Clinical and Quality Affairs Committee	Committee members	Develop clinical communication and practitioner engagement plan.
Medical Director AMCH PPS	Kallanna Manjunath, MD	Clinical and Quality plan development: Practitioner engagement, staff training, and care management protocols.
AMCH PPS Project Management Office (PMO)	George Clifford, PhD	Responsible for oversight and implementation of all 11 projects. Facilitate the implementation of the operational objectives of the practitioner engagement plan.
Practitioner Steering Committee	Practitioner champions representing participating organizations	Take an active role in practitioner engagement and staff buy-in at participating organizations.
RN Coordinator	Tara Foster, RN, MS	Facilitate implementation of the clinical objectives of the practitioner engagement plan and act as a liaison between clinical support staff and Clinical and Quality Affairs committee.
Medical Social Worker	To be recruited	Facilitate engagement of PPS Behavioral health practitioners and act as a liaison between BH practitioners and Clinical and Quality Affairs committee.
Behavioral Health Providers	Victoria Balkoski, MD	Facilitate Behavioral Health Provider engagement and integration on behalf of the AMC Faculty Practice and affiliated BH providers across the network.
Workforce Coordinating Council	Evan Brooksby, MBA	Work in collaboration with workforce vendor to develop and provide training.
PAC Executive Committee and PAC	PAC Executive Committee	Review and approve the clinical communication and engagement plan.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 7.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Ferdinand Venditti, MD, Vice Dean of Clinical Affairs at AMC	Executive Steering Committee Leadership	Project oversight and risk remediation.
James Desemone, MD	Director of Quality Improvement	Manage efforts of the quality subcommittee under the direction of the DSRIP Medical Director.
Victoria Balkoski, MD	Leadership within the Department of Psychiatry and across affiliated BH providers	Active engagement of key physician staff in the Department of Psychiatry and affiliated providers.
All AMCH PPS Practitioners	Participants	Engage in AMCH PPS projects, action plans and deliverables.
Community-Based AMCH PPS Behavioral Health Providers	Participants	Engage in AMCH PPS projects, action plans and deliverables.
Medical Directors or designees from PPS Member organizations	Site champions for practitioner engagement	Engage providers at their institutions in transformational efforts.
External Stakeholders		
HIXNY	RHIO	Promote and enhance interconnectivity across PPS practitioner organizations.
Professional Organizations (MSSNY, NYSNA, etc.)	Outreach	Promote DSRIP goals and objectives.
Labor Unions	Provide needed input and guidance	Assistance as needed to ensure PPS includes appropriate levels of input from workforce.
Healthy Capital District Initiative (HCDI)	Coordinate training needs with PHIP and SHIP	Coordinated curriculum and training schedule.
Adirondack Health Institute and The Alliance for Better Healthcare PPSs	As neighboring PPSs, collaborate regarding identification of training needs as well as the dissemination of materials	Coordination of training deliverables.
Patients and Families	Recipient of improved services	Feedback on access to clinical services
Workforce training Vendor TBD	Coordinating development of training plan	Provision of training including evaluation of outcomes.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 7.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

- Easy, accessible communication platforms to support communication between practitioners will be important for engaging them in DSRIP and for the sharing of best practice. This is true both within the AMCH PPS and between PPSs. We intend to develop a specific AMCH PPS portal on the MIX platform, potentially with sub-groups for various professional groups and for practitioners interested in specific projects.
- The ability for providers to share clinical information easily will also be important, not just for the improvements in clinical integration but also for the ongoing buy-in of individual practitioners. Therefore, it is important that the IT infrastructure, developed by the AMCH PPS IT Transformation Group, is in place quickly and developed with the input of Practitioner Champions.
- Improved IT infrastructure will also be important for the delivery of our practitioner engagement education and training materials. Our interactive provider map will give us insight into the provider organizations / sites where this will be a challenge.
- Successful electronic connections between provider groups will support practitioner engagement activities.

✓ IPQR Module 7.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

- The roll-out and attendance at the practitioner engagement programs will be an indicator of the reach of our practitioner engagement plan. We have set the target of delivering education & training face-to-face at 65% of provider organizations in our network and we will use this metric to monitor the progress of this work stream.
- In addition, we will monitor the attendance at practitioner training events. The design of these programs (DY1, Q4) will involve specific targets being set for the number of attendees per training, as well as questionnaires pre and post testing designed to assess impact (designed in collaboration with our Workforce Coordinating Council). Our Practitioner Champions will be responsible for generating interest and involvement in these training programs
- The use of our practitioner discussion forums on the MIX platform will be another indicator of the level of engagement of practitioners in the DSRIP program. The group representatives will report regularly to the Clinical & Quality Affairs Committee on the level of engagement (and coordination and integration) they see amongst the group they represent.
- The PPS will conduct annual surveys of provider satisfaction using standardized survey instruments through the National Research Corporation.
- Finally, practitioner engagement will be reported electronically based on the use of SAKAI which will capture time spent in module completion including pre and post test scores as surrogate measures.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 7.9 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 08 – Population Health Management

✓ IPQR Module 8.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	In Progress	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. AMCH PPS will conduct a detailed survey of participating providers to assess available data sets and registries. This survey will be used to evaluate potential disparities in care, quality indicators, patient demographics, and social determinants of health.	Completed	1. AMCH PPS will conduct a detailed survey of participating providers to assess available data sets and registries. This survey will be used to evaluate potential disparities in care, quality indicators, patient demographics, and social determinants of health.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Based on available data sets, AMCH PPS will create the framework for a population health dashboard for public reporting purposes. This framework will be reviewed and approved by the PAC Executive Committee.	In Progress	2. Based on available data sets, AMCH PPS will create the framework for a population health dashboard for public reporting purposes. This framework will be reviewed and approved by the PAC Executive Committee.	10/01/2015	12/31/2015	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. AMCH PPS will collaborate with overlapping PPSs to create a detailed plan to maintain the regional comprehensive CNA. Updates to the CNA will be released as circumstances dictate.	Completed	3. AMCH PPS will collaborate with overlapping PPSs to create a detailed plan to maintain the regional comprehensive CNA. Updates to the CNA will be released as circumstances dictate.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	4. Based on the approved dashboard framework, AMCH PMO	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
4. Based on the approved dashboard framework, AMCH PMO will update the dashboard quarterly for the PPS and the public. This dashboard will be available electronically.		will update the dashboard quarterly for the PPS and the public. This dashboard will be available electronically.							
Task 5. AMCH PPS will establish a regional learning collaborative for PCMH certification training and technical support to assure all safety net provider sites are 2014 Level 3 certified by end of DY3.	In Progress	5. AMCH PPS will establish a regional learning collaborative for PCMH certification training and technical support to assure all safety net provider sites are 2014 Level 3 certified by end of DY3.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 6. AMCH PMO will define hotspot areas based on current CNA data. Hotspots will create targeted areas for PPS resource deployment including workforce.	In Progress	6. AMCH PMO will define hotspot areas based on current CNA data. Hotspots will create targeted areas for PPS resource deployment including workforce.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. AMCH PPS's Clinical and Quality Affairs Committee will establish Population Health goals that reflect the State of New York Prevention Agenda (PHIP, SHIP, CHIP etc.) and address disparities in care.	In Progress	7. AMCH PPS's Clinical and Quality Affairs Committee will establish Population Health goals that reflect the State of New York Prevention Agenda (PHIP, SHIP, CHIP etc.) and address disparities in care.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 8. AMCH PPS Consumer and Community Affairs Committee and Cultural Competency and Health Literacy Committee will jointly finalize the population health roadmap. It will be presented to the PAC Executive Committee and to the AMCH Executive Steering Committee (PPS Board).	In Progress	8. AMCH PPS Consumer and Community Affairs Committee and Cultural Competency and Health Literacy Committee will jointly finalize the population health roadmap. It will be presented to the PAC Executive Committee and to the AMCH Executive Steering Committee (PPS Board).	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. AMCH Clinical and Quality Affairs Committee will report data for hospital bed utilization, ED visits, and overall bed utilization across the PPS, with particular emphasis on nursing home bed	In Progress	1. AMCH Clinical and Quality Affairs Committee will report data for hospital bed utilization, ED visits, and overall bed utilization across the PPS, with particular emphasis on nursing home bed utilization (2.a.v).	11/01/2015	12/31/2015	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
utilization (2.a.v).									
Task 2. AMCH PMO will publish dashboard reports based on bed utilization.	In Progress	2. AMCH PMO will publish dashboard reports based on bed utilization.	12/01/2015	12/31/2015	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Dashboards will provide guidance to participating Hospitals, Emergency Departments, and Skilled Nursing Facilities to provide decision support to drive strategies to accomplish the goals of DSRIP.	In Progress	3. Dashboards will provide guidance to participating Hospitals, Emergency Departments, and Skilled Nursing Facilities to provide decision support to drive strategies to accomplish the goals of DSRIP.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4. AMCH PMO and Clinical and Quality Affairs Committee will convene to address results form dashboard reports with the goal of beginning to discuss bed-reduction techniques applicable to provider organizations.	In Progress	4. AMCH PMO and Clinical and Quality Affairs Committee will convene to address results form dashboard reports with the goal of beginning to discuss bed-reduction techniques applicable to provider organizations.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Meet with applicable organizational leadership to identify excess bed capacity and initiate internal process for decertification of selected beds across the PPS.	In Progress	5. Meet with applicable organizational leadership to identify excess bed capacity and initiate internal process for decertification of selected beds across the PPS.	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Assist with submission of CONs as necessary to complete bed decertification.	In Progress	6. Assist with submission of CONs as necessary to complete bed decertification.	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 7. In collaboration with Skilled Nursing Facilities and as part of Project 2.a.v, AMCH PMO will identify potential beds available for decertification.	In Progress	7. In collaboration with Skilled Nursing Facilities and as part of Project 2.a.v, AMCH PMO will identify potential beds available for decertification.	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 8. AMCH PMO will finalize a bed reduction plan focused on achieving results in Project 2.a.v and present this plan to the PAC Executive Committee and to the PPS Board for approval.	In Progress	8. AMCH PMO will finalize a bed reduction plan focused on achieving results in Project 2.a.v and present this plan to the PAC Executive Committee and to the PPS Board for approval.	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	task 2 will be realigned with the performance reporting work stream deliverable deadlines.
Finalize PPS-wide bed reduction plan.	Tasks will be realigned to the performance reporting workstream deliverables

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 8.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

The first risk to implementation is related to the availability of data. Community needs assessment data is a major source of population health information within the PPS service region. This data is complex and can take time to collect and analyze. To mitigate this risk, we will take a structured approach to data collection and analysis involving appropriate stakeholders. Data will be standardized for presentation to project teams and stakeholders. MAPP tool data as well as other sources may lag and will not be available in real-time. The second risk to implementation is that skilled nursing facilities will not commit to bed decertification and the resulting change in their business model. To mitigate this risk, we will incentivize these providers using DSRIP funds as a transitional tool. Perhaps the most significant risk to implementation of the bed reduction milestone is the lack of capital funding. To mitigate this risk, we will continue to support capital funding requests needed for site renovations.

✓ IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The population health work stream is dependent upon the following work streams: Financial Sustainability, Governance, IT Systems and Processes, Workforce, Practitioner Engagement, and Cultural Competency & Health Literacy. This work stream is dependent on Financial Sustainability in several ways: Incentive payments to motivate changes in business models, financial support for participation in the PCMH learning collaborative, transformation of the payment model to a Value Based approach. Governance dependencies revolve primarily around approval of final work products. IT Systems and Processes have numerous dependencies because measurement of population health changes are data and system dependent. Redeployment and retraining of nursing home staff due to bed reductions will create a dependency with the Workforce work stream. This work stream is dependent upon actively engaged practitioners and organizations at key locations including nursing homes. The Cultural Competency and Health Literacy work stream will rely on the output of this work stream to guide their efforts in addressing health disparities.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ IPQR Module 8.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational work stream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Clinical and Quality Affairs Committee	Kallanna Manjunath, MD	Oversee development of population health roadmap and goals; oversee development or identification and implementation of standardized clinical protocols across the entire PPS network.
Nursing Home Administrators	Various	Identification and decertification of beds (2.a.v.) and identification of space for medical village or other alternate use.
AMC VP Information Services	Mary Hand	Coordination of IT integration for population health data collection and reporting.
AMCH PPS Project Management Office	George Clifford, PhD	Oversight and implementation of all 11 projects. This includes performance reporting structure, training, and implementation. Responsible for identifying areas of focus, and directing team efforts.
AMCH PAC Executive Committee	Elected representatives	Approve clinical protocols, reporting structures, bed reduction plan, and communication to PPS. The Executive PAC committee will review and approve population health dashboard data as appropriate.
PPS Board	PPS Board	Approve population health roadmap and bed reduction plan.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 8.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
AMCH PPS Project Management Office	Project management and oversight on behalf of AMCH	Dashboard reporting, milestone reporting, coordination of incentive payments and leadership activities to complete the Population health roadmap.
AMCH Executive Steering Committee	Commit resources, set policy, direct efforts of the PMO, and provide institutional leadership for internal activities	Approve the roadmap prior to review and approval by the Executive committee of the PAC and the PPS Board.
AMC IT Department	Coordinate IT systems development, reporting systems, and data security. Work with identified vendors to establish population health monitoring IT infrastructure	Integrated systems for monitoring and reporting of population health measures.
Skilled Nursing Facilities	Identify excess bed capacity for decertification and retrofitting	Updated Certificate of Need
External Stakeholders		
Healthy Capital District Initiative (HCDI)	Assist with updating and maintaining the Community Needs Assessment	Updated CNA
MCOs	Provide technical and data analytic assistance in the development of population health strategies.	Population health strategies



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 8.7 - IT Expectations

Instructions :

Please describe the current Population Health Management IT capabilities in place throughout your PPS network and what your plans are at this stage for leveraging these capabilities and/or developing new IT infrastructure.

Population Health Management is data driven and highly dependent on IT. We will conduct a detailed survey of participating providers to assess available data sets and registries. This survey will be used to evaluate potential disparities in care, quality indicators, patient demographics, and social determinants of health. Community health indicators, available from state, federal and various foundation sources will be utilized to provide baseline measures and longitudinal monitoring of these indicators over the term of the project. Current IT infrastructure does not support robust population health management, monitoring or reporting. IT systems will need to be developed to support population health management activities, including the creation of dashboards. These dashboards will also include Community Needs Assessment data where relevant. Data will be updated on an ongoing basis and be available across the PPS. This IT infrastructure will be a significant endeavor but will ultimately be necessary for success.

PCMH certification requires use of an E.H.R. All safety net providers will need to implement an E.H.R system within their organization and ensure it meets all Meaningful Use requirements. The PCMH learning collaborative will facilitate this change. AMC's IT staff or the identified vendor will provide support as required.

External IT resources such as HIXNY and SHIN-NY will play a significant role in the development of a sustainable population health IT infrastructure.

✓ IPQR Module 8.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

The two primary work streams associated with population health are the monitoring of the health of the population and the reduction in beds available (specifically nursing home beds for Project 2.a.v). The ability to measure, monitor and report on the health of the population in a consistent, longitudinal way will define success for the first part of this work stream. Positive changes in baseline measures of population health will indicate success in the domain 3 and 4 projects. The PMO will develop population health tools and reports and closely monitor contracting with MCOs. In addition, data provided by the NYSDOH regarding Domain 4 metrics, will be utilized and analyzed longitudinally to determine success of population health initiatives. Further clarification of action steps regarding domain 4 is provided in the project implementation plans for Projects 4.b.i and 4.b.ii.

The second workstream will be measured based on approval of one or more CONs that will result in decertification of SNF beds. The required administrative steps consistent with the CON process will be followed, tracked and reported as indicators of progress during DY2-3. Reporting of



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

these workstream activities will be shared with the PAC and will be available to the public via the PMO's public web portal.

IPQR Module 8.9 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 09 – Clinical Integration

✓ IPQR Module 9.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	Completed	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. Assess internal capabilities to perform a comprehensive clinical integration (CI) needs assessment. If necessary select a vendor to complete the assessment.	Completed	1. Assess internal capabilities to perform a comprehensive clinical integration (CI) needs assessment. If necessary select a vendor to complete the assessment.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Select a validated CI needs assessment tool for review and approval by Clinical and Quality Affairs committee.	Completed	2. Select a validated CI needs assessment tool for review and approval by Clinical and Quality Affairs committee.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Obtain approval by Clinical and Quality Affairs committee.	Completed	3. Obtain approval by Clinical and Quality Affairs committee.	10/20/2015	12/31/2015	10/20/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Generate a list of potential participating practitioner organizations for distribution of approved tool.	Completed	4. Generate a list of potential participating practitioner organizations for distribution of approved tool.	10/20/2015	12/31/2015	10/20/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	5. Develop a process for distribution and implementation of	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
5. Develop a process for distribution and implementation of needs assessment tool.		needs assessment tool.							
Task 6. Distribute CI needs assessment.	Completed	6. Distribute CI needs assessment.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Collect, aggregate and analyze responses to identify providers' requirements for clinical integration, gaps and CI focus areas.	Completed	7. Collect, aggregate and analyze responses to identify providers' requirements for clinical integration, gaps and CI focus areas.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Analyze and identify key data points for shared access and the key interfaces that will have an impact on clinical integration.	Completed	8. Analyze and identify key data points for shared access and the key interfaces that will have an impact on clinical integration.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a Clinical Integration strategy.	In Progress	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Perform a current state assessment of participating practitioner organizations' integration capabilities, technology capabilities, care management and care coordination capabilities, quality programs and cultural readiness.	In Progress	1. Perform a current state assessment of participating practitioner organizations' integration capabilities, technology capabilities, care management and care coordination capabilities, quality programs and cultural readiness.	11/01/2015	01/31/2016	11/01/2015	01/31/2016	03/31/2016	DY1 Q4	
Task 2. Based on Clinical Integration(CI) needs assessment, current state assessment, and AMCH PPS projects, develop a draft CI strategy that includes many perspectives including patient populations, practitioners, PPS partners, processes, assessments and care plan protocols, care transitions, technology and data.	In Progress	2. Based on Clinical Integration(CI) needs assessment, current state assessment, and AMCH PPS projects, develop a draft CI strategy that includes many perspectives including patient populations, practitioners, PPS partners, processes, assessments and care plan protocols, care transitions, technology and data.	12/01/2015	01/31/2016	12/01/2015	01/31/2016	03/31/2016	DY1 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
processes, assessments and care plan protocols, care transitions, technology and data.									
Task 3. Working with representatives from participating organizations, develop a component of the CI strategy that outlines the implementation plan with special focus on care transitions including hospital admission and discharge coordination, care transitions, care coordination and communication among primary care and behavioral health practitioners.	In Progress	3. Working with representatives from participating organizations, develop a component of the CI strategy that outlines the implementation plan with special focus on care transitions including hospital admission and discharge coordination, care transitions, care coordination and communication among primary care and behavioral health practitioners.	01/01/2016	01/31/2016	01/01/2016	01/31/2016	03/31/2016	DY1 Q4	
Task 4. As a component of the strategy, working with Technology and Data Management Committee (TDMC) outline, test and verify clinical data sharing process for all relevant clinical interfaces.	In Progress	4. As a component of the strategy, working with Technology and Data Management Committee (TDMC) outline, test and verify clinical data sharing process for all relevant clinical interfaces.	01/01/2016	02/29/2016	01/01/2016	02/29/2016	03/31/2016	DY1 Q4	
Task 5. Establish clinical data sharing process.	In Progress	5. Establish clinical data sharing process.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Develop training criteria for participating practitioners across different clinical settings (Incl. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination.	In Progress	6. Develop training criteria for participating practitioners across different clinical settings (Incl. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Develop training criteria for nursing and operations staff on care coordination and communication tools.	In Progress	7. Develop training criteria for nursing and operations staff on care coordination and communication tools.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Develop protocols for hospital admission and discharge coordination to assure timely and effective care transition.	In Progress	8. Develop protocols for hospital admission and discharge coordination to assure timely and effective care transition.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 9. Develop protocols for care transitions, care coordination and communication among participating primary care and behavioral health practitioners.	In Progress	9. Develop protocols for care transitions, care coordination and communication among participating primary care and behavioral health practitioners.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task	In Progress	10. Present draft CI strategy to the Clinical and Quality Affairs	01/01/2016	02/29/2016	01/01/2016	02/29/2016	03/31/2016	DY1 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
10. Present draft CI strategy to the Clinical and Quality Affairs committee for review and approval.		committee for review and approval.							
Task 11. Obtain approval of clinical integration strategy by Clinical and Quality Affairs committee.	In Progress	11. Obtain approval of clinical integration strategy by Clinical and Quality Affairs committee.	02/01/2016	02/29/2016	02/01/2016	02/29/2016	03/31/2016	DY1 Q4	
Task 12. Roll-out plan for CI implementation across participating practitioner organizations in one of the regions within AMCH PPS utilizing the PDSA framework.	In Progress	12. Roll-out plan for CI implementation across participating practitioner organizations in one of the regions within AMCH PPS utilizing the PDSA framework.	03/01/2016	04/30/2016	03/01/2016	04/30/2016	06/30/2016	DY2 Q1	
Task 13. Evaluate the outcomes from the initial roll-out, modify plan if necessary and roll-out to other regions.	In Progress	13. Evaluate the outcomes from the initial roll-out, modify plan if necessary and roll-out to other regions.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 14. Measure and submit quarterly reports to CQA committee on participation rates, training topics and progress on implementation.	In Progress	14. Measure and submit quarterly reports to CQA committee on participation rates, training topics and progress on implementation.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform a clinical integration 'needs assessment'.	mcintyc	Meeting Materials	1_MDL0903_1_3_20160311115206_CQAC_Meeting_Minutes_Final_20151216.pdf	CQAC Meeting Minutes Final 20151216 Needs Assessment Approval	03/11/2016 11:52 AM
	mcintyc	Documentation/Certification	1_MDL0903_1_3_20160311115125_Clinical_Integration_Organizations_to_be_Integrated_10.1.2015-12.31.2015.xlsx	Clinical Integration Organizations to be Integrated 10.1.2015-12.31.2015	03/11/2016 11:51 AM
	mcintyc	Templates	1_MDL0903_1_3_20160129102123_Clinical_Integration_Meeting_Schedule_Template_10.1.2015-	AMCH PPS Clinical Integration Training Schedule Template	01/29/2016 10:21 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			12.31.2015.xlsx		
	mcintyc	Training Documentation	1_MDL0903_1_3_20160129102008_AMCH_PPS_Clinical_Integration_Milestone_1.pdf	AMCH PPS Clinical Training and Education Plan	01/29/2016 10:20 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	<p>The AMCH PMO prepared and disseminated a comprehensive baseline assessment tool in September 2015. This tool was designed to capture the current state of clinical integration across the diverse group of providers that comprise the PPS. It was supplemented by interviews and focus groups that were conducted in October 2015. The results from the assessment tool, interviews and focus groups were used to analyze the gaps between the organizational current state and the goals of the PPS to increase focus on capability utilization and cross-system integration, especially as it relates to clinical integration. The PMO, with extensive support provided by Accenture, analyzed the data and used it to generate a needs assessment that identified future steps required to prepare a Clinical Integration Strategic Plan, currently in development.</p> <p>We identified as part of the process, that clinical integration requires the mapping of provider network's needs, identification of data points for shared access and key interfaces, and to find other ways to drive Clinical Integration in the system. CQAC approved the Clinical Integration needs assessment on December 16, 2015 and it was subsequently approved by the PAC Executive Committee as well as the PPS board on December 30, 2015.</p>
Develop a Clinical Integration strategy.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 9.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in improving the level of clinical integration throughout your network and achieving the milestones described above. Describe potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

A primary risk for clinical integration will be ineffective participation of practitioners and leaders of health care organizations. Currently most practitioners and health systems function as silos and have not changed their systems due to current payment systems, or market share dominance. Without their active participation in our efforts to redesign the delivery system, we will face substantial hurdles in implementing clinical integration strategies effectively. Strong linkages to Level 3 PCMH PCP sites are essential to the success of clinical integration. Inability of the primary care practices to achieve this recognition will create additional hurdles. The current culture among practitioners is a barrier to integration of physical and BH care services. The current lack of integration compromises the care of individuals with mental health and chemical dependency disorders and chronic medical ailments. To mitigate these risks, we will:

- Create teams, led by practicing clinician stakeholders that will be responsible to the CQAC for developing clear lines of accountability and communication between relevant groups, and the development of clinical pathways using evidence-based standards of care and monitoring of clinical performance.
- With a dedicated team of experts, AMCH PPS will coach and support other primary care practitioners through the process of obtaining recognition as a Level 3 PCMH.
- Provide training and encourage a cultural shift across organizational boundaries to create a more collaborative, patient centered approach whereby primary care practitioners are more attentive to behavioral health disorders.
- Assist our partners with the transition towards value based payments and away from traditional payment models.

A second risk to clinical integration is the reliance on new IT and communications infrastructure which is needed to support communication between practitioners and between organizations. The IT and data sharing survey that we carried out prior to our DSRIP application revealed that the partners within our PPS are at differing levels of IT capabilities and are on differing platforms, creating risks to integration. The current lack of infrastructure and reimbursement to support telemedicine prevents implementation as well as readiness of providers to be part of the initiative. Existing IT infrastructure is inadequate to support a region-wide interoperable system, and a comprehensive patient registry. Rolling out new tools for data sharing while trying to establish new lines of communication to coordinate care will be a complex challenge. To mitigate these risks, we will:

- Involve practitioners from our participating partners in the redesign and implementation of clinical IT and data sharing systems.
- Integrate a member of the TDMC into the team to develop our clinical integration strategy.
- Utilize a realistic model of IT expansion to allow all organization types to share in connectivity.
- Develop and implement a system-wide IT solution to facilitate real-time data exchange for effective care management including structured EHR templates.

A third risk is the inability of regional MCOs to reimburse adequately for proposed changes to the delivery system. Their current authorization requirements are not aligned with implementation of clinical pathways and care coordination initiatives. Active engagement in VBP will be difficult to achieve without practitioner engagement and clinical integration. To mitigate these risks, we will:

- Engage MCOs to evolve the payment structure to a value based system as well as provide educational materials to our participating providers.
- Examine clinical pathways and workflows to identify authorizations and procedures required by MCOs and their impact on service delivery.
- Discuss a streamlined process for care bundles with the MCOs to minimize unnecessary authorizations.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

Clinical integration is dependent on the following work streams: Governance, Finance, Workforce, IT, and Practitioner Engagement. These work streams are linked together and supportive of each other. This integration creates processes that are sequential across the various work streams, creating management challenges. Clinical integration is dependent on Governance for the review and approval of the clinical integration strategic plan among other elements. Clinical Integration is dependent upon Finance to establish appropriate incentives for engagement (providers/ organizations/ MCOs) and project implementation. Clinical integration is dependent upon workforce in two ways: first, to address training needs workforce will provide the necessary skill development required, and second, the necessary staffing to meet demand across clinical settings. Clinical integration is dependent upon IT for evaluation, connectivity, data exchange, reporting, care coordination, and quality improvement. Clinical integration is dependent upon practitioner engagement without which the work stream cannot succeed. Clinically integrating AMCH PPS's diverse set of practitioners will require the input, insight, and engagement of all involved. All affected practitioners must be engaged in the DSRIP process in order for them to value – and support – the clinical integration of our PPS. To ensure coordinated efforts in these two areas, some of the core elements of our approach to clinical integration and practitioner engagement – including the development of professional peer groups and teams– also play a central role in the delivery of our clinical integration strategy. To support the development of NCQA-certified Level 3 PCMH primary care practices, the Population Health and the Performance Reporting work streams will need to align with the clinical integration and practitioner engagement strategies.

If the transformation towards a clinically integrated system is viewed by practitioners as increasing the administrative burden involved in managing care for their patients, we will not be able to create a sustainable shift in practice. An important factor in facilitating greater clinical integration will, therefore, be freeing up the time required for individual practitioners to engage in multi-disciplinary care planning. Our IT systems and processes will need to be designed and implemented (a) with the goal of reducing administrative processes from their current levels and (b) with the input of clinical end users.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 9.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Clinical and Quality Affairs Committee	Committee members	Oversight and approval of CI Strategy and CI work plan.
Medical Director, AMCH PPS	Kallanna Manjunath, MD	Leadership, member of Sr. Management Team, Chief Medical Officer
Practitioner Steering Committee	Practitioner champions representing participating organizations	Take an active role in practitioner engagement, clinical integration and staff buy-in at participating organizations.
AMCH PPS Project Management Office	George Clifford, PhD	Responsible for oversight and implementation of all 11 projects. Facilitate the implementation of the operational objectives of the CI Strategy
RN Coordinator, AMCH PPS	Tara Foster, RN, MS	DSRIP wide assistance with adoption of care management protocols
Medical Social Worker	To be recruited	DSRIP wide assistance with behavioral health integration, etc.
AMCH PPS PMO IT Contact	Evan Brooksby, MBA	Liaison between IT Representatives of member organizations.
Executive Sponsor	Ferdinand Venditti, MD Vice Dean of Clinical Affairs	Assistance with work stream integration, PPS relations and clinical engagement.
AHI and The Alliance for Better Healthcare PPSs	As neighboring PPSs, collaborate regarding identification of training needs as well as the dissemination of materials	Coordination of training deliverables.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 9.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Kallanna Manjunath, MD	PPS Medical Director and Chair, Clinical and Quality Committee	Leadership and direction of the Clinical and Quality Affairs Committee, assisting with plans, strategies and protocols, as needed
James Desemone, MD	Albany Medical College's Director of Quality, Faculty Physicians Group	Leadership efforts for clinical quality improvement at internal and external sites
Ferdinand Venditti, MD Vice Dean of Clinical Affairs	President, AMC Faculty Physicians Group	Executive Steering Committee leadership, obtaining PCP "buy-in"
AMC Faculty Practice and Affiliated Partners	Medical Director of multiple organizations	Committee participation, clinical leadership across provider sites
Community-Based AMCH PPS Behavioral Health Providers	Participants	Engage in AMCH PPS projects, action plans and deliverables.
Department of Psychiatry	Behavioral Health Leadership	Active engagement in clinical integration of primary and behavioral health
Providers	Medical Director of multiple organizations	Committee Participation, clinical leadership across provider sites
External Stakeholders		
Accreditation and Certification Agencies	Various	Provide guidelines for accreditation and certification
HIXNY	RHIO	Promote and enhance interconnectivity across PPS practitioner organizations
Professional Organizations (MSSNY, NYSNA, etc.)	Outreach	Promote DSRIP goals and objectives
1199 SEIU, NYSNA, and CSEA	Provide needed input and guidance	Assistance as needed to ensure PPS includes appropriate levels of input from workforce
Healthy Capital District Initiative (HCDI)	Coordinate training needs with PHIP and SHIP	Coordinated curriculum and training schedule
Adirondack Health Institute and The Alliance for Better Healthcare PPSs	As neighboring PPSs, collaborate regarding identification of training needs as well as the dissemination of materials	Coordination of training deliverables.
Workforce training Vendor TBD	Coordinating development of training plan	Provision of training including evaluation of outcomes
External Membership of Clinical and Quality Affairs Committee	Various	Actively engaged in the development of work stream deliverables



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 9.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

Effective clinical integration will require relevant information to be readily accessible for all providers across the patient care spectrum. For some providers this will mean integration into new or expanded clinical data systems. Effective clinical integration will rely heavily on the coordinated use of patient registries and other IT tools. A core element of our clinical integration needs assessment will be identifying whether new, expanded or other data-sharing systems are required. The collaboration between AMCH's PPS Technology and Data Management Committee, the Clinical and Quality Affairs Committee, and the provider stakeholders will be important in ensuring that our plans for developing IT infrastructure across the PPS support better clinical integration. Real time data sharing capability may be the most important thing to ensure in DY1 and DY2, since fully operational IT systems may not be feasible, affordable or able to be built and implemented quickly.

Achieving the buy-in of our participating providers for new technologies will depend on AMCH PPS to provide compelling justification for the use of the new technologies. Realizing partners within our PPS are at differing levels of IT capabilities and are on differing platforms will create a challenge to integration. We will utilize a multi-stage model of IT expansion to allow all organization types to share in connectivity at a realistic rate. This includes:

1. Developing manual reporting via excel or other State provided templates for MAPP tool utilization. A PMO purchased project management software tool will ease the burden of this task.
2. EHR adoption by all safety net primary care providers prior to the end of DY3.
3. Adoption of toolkits produced by the Target Operating Model project, led by KPMG, for IT functionality across the PPS.
4. Utilization of claim based analytic resources for risk stratification to deploy resources and develop provider performance metrics.
5. Develop care planning/ care coordination functionality across the broad spectrum of performing providers.

IPQR Module 9.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

The Clinical and Quality Affairs (CQA) committee will receive quarterly progress reports aligned with the phases of implementation of CI Strategy. The first quarterly report will include:

- A validated CI needs assessment tool approved by the CQA committee
- Aggregated results of the CI needs assessment survey
- Progress towards completion of a clinical IT needs assessment
- An approved CI Strategy document

Subsequent quarterly reports may include, but not be limited to:

- Updates on training activities



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

- Progress towards implementation of CI action plans
 - Progress towards full implementation of the IT infrastructure development for interoperability
 - Information obtained from surveys of participating practitioners and patient groups.
- The success of clinical integration will be demonstrated by completion of the PMO quarterly progress reports as a surrogate measure. Justification for use of these reports as surrogate measures is based on accurate and timely data provided by participating providers. AMCH PPS has purchased and will utilize performance logic for overall project tracking and reporting.

IPQR Module 9.9 - IA Monitoring:

Instructions :



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 10 – General Project Reporting

IPQR Module 10.1 - Overall approach to implementation

Instructions :

Please summarize your intended approach to the implementation of your chosen DSRIP projects, including considerations around how this approach will allow for the successful development of concurrently implementing DSRIP projects.

The successful implementation of AMCH PPS's eleven DSRIP projects will require the following:

- 1) The creation of a collaborative and transparent reporting system across all participating providers.
- 2) Executive management and clinical leadership, which are diverse and representative across the region, will be responsible for the implementation of the projects.
- 3) A plan that engages, incentives, and educates providers and the community through the creation of regional hubs.
- 4) The collaboration of AMCH PPS TDMC and CQA and provider stakeholders to ensure development of a sustainable, affordable and realistic plan for regional connectivity by building upon existing platforms and develop short term solutions that will evolve to long term sustainable technology interfaces. Retrieving accurate and timely data from the DOH will be vital to the success of this project.
- 5) Culturally appropriate training designed to educate individuals and organizations about the goals and strategies of each DSRIP project.
- 6) A financial plan that is fair, transparent and sustainable. Many projects will require significant capital investment. Delays in the CRFP program have hampered the ability of some projects to move forward. Failure to receive funding will jeopardize the success of some projects.

The PMO is responsible for meeting the overall timelines and deliverables and the day to day management of activities associated with the eleven DSRIP projects. AMCH recognizes the importance of shared governance as it relates to the success of the individual projects. To accomplish this, AMCH will focus on transparency, clear communication, and collaboration across the entire PPS. The PMO will share information such as best practices and performance benchmarks to ensure that project goals are achieved.

Another component that will drive the success of the eleven DSRIP projects is the creation of a shared information technology infrastructure as well as data analytics. Interoperability must be created to transfer data among providers.

AMCH PPS has developed a Workforce Coordinating Council to assess the capabilities of the DSRIP workforce and provide training and education where needed. Training will be provided to new hires and current employees to meet the needs of project specific milestones.

Provider and community engagement is a key factor contributing to the success of the DSRIP initiative. Since the AMCH PPS is comprised of a diverse mix of hospitals, providers, and community based organizations, AMCH PPS will ensure that all parties are engaged in the process through the efforts of our committees.

AMCH PPS will operate within a budget and funds flow model that evolves to meet the needs of the PPS in order to achieve the goals and objectives of DSRIP.

IPQR Module 10.2 - Major dependencies between work streams and coordination of projects

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Please describe how your approach will handle interdependencies between complementary projects, as well as between projects and cross-cutting PPS initiatives - for example, an IT infrastructure upgrade, or the establishment of data sharing protocols.

The AMCH PPS goal is to develop strategies that allow projects with similar milestones to work interdependently creating effective and efficient work streams. Several projects require care coordination. It will be efficient to standardize care coordination protocols.

AMCH PPS comprises a five county area that includes; Albany, Columbia, Greene, Saratoga, and Warren Counties. To avoid redundancies and to allow for seamless coordination of care throughout the PPS, the development plan will include three geographic hubs, and within those hubs creating project specific groupings allowing for more focused effort. Recognizing the regional diversity, the three hubs are: Hub 1: Warren and Saratoga Counties, Hub 2: Albany County, and Hub 3: Columbia and Greene Counties. Providers within a hub will work together on each project. Some examples of provider and project groupings by commonality include: Projects 2.a.iii and 2.b.iii. Both projects share interdependences with the development of care coordination and patient navigation. Projects 3.a.i and 3.a.ii may also be grouped together as they both share behavioral health commonalities.

Multiple projects require that participating providers meet the NCQA Level 3 2014 Patient Centered Medical Home standards. It may not be feasible to group all of the projects that require providers to meet this standard; therefore, the PMO will create a learning collaborative to assist all sites in the certification process.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

Please outline the key individuals & organizations that play a role in the delivery of your PPS's DSRIP projects, as well as what their responsibilities are regarding governance, implementation, monitoring and reporting on your DSRIP projects.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AMCH PPS PMO	George Clifford, PhD	PMO is responsible for meeting project milestones and deliverables and providing project quarterly reports to DOH. PMO will be responsible for driving the implementation of those projects. PMO will monitor the implementation of cross-PPS organizational development initiatives, such as IT infrastructure development and workforce transformation.
AMCH PPS Clinical and Quality Affairs Committee	Dr. Kallanna Manjunath, AMCH PPS Medical Director	CQAC will ensure improvements in clinical outcomes through enhanced clinical integration and practitioner engagement across all eleven DSRIP projects.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects

Instructions :

In the below table, please set out who the key stakeholders are that play a major role across multiple DSRIP projects. Please give an indication of the role they play and how they impact your approach to delivering your DSRIP projects.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
AMCH PPS PMO	Management and coordination of all eleven DSRIP projects	Responsible for the quarterly reporting of all timelines and deliverables.
AMCH PPS Audit and Compliance Committee	Ensures compliance across eleven DSRIP projects	Responsible for the development and implementation of the AMCH PPS Compliance Plan and the development and dissemination of compliance materials for the AMCH PPS.
AMCH PPS Consumer and Community Affairs Committee	Ensures active consumer and community engagement across all relevant DSRIP projects	Responsible for engaging key CBOs and non-provider organizations in strategic locations to encourage active consumer engagement and participation in the DSRIP projects.
AMCH PPS Finance Committee	Provide financial oversight for all eleven DSRIP projects	Management of budgeting and financial planning for projects. Create and monitor internal controls and accountability policies.
AMCH PPS Workforce Coordinating Council	Oversee workforce needs of all eleven DSRIP projects	Assess workforce need and provide training as needed.
AMCH PPS Technology and Data Management Committee	Manage the IT work stream	Implement IT solutions across the network in support of project development.
AMCH PPS Cultural Competency and Health Literacy Committee	Establish a system-wide approach to ensure culturally and linguistically appropriate services are made available.	Assess cultural and linguistic training needs across the PPS region. Provide materials where necessary.
All AMCH PPS Participating Providers	Project implementation	Collaborate on the development and implementation of health system transformation including integration of the delivery system.
External Stakeholders		
Saratoga Hospital	Leadership participant	Participant in select DSRIP projects.
Columbia Memorial Hospital	Leadership participant	Participant in select DSRIP projects.
Labor Unions	Labor representation	Support and implementation of workforce transformations; as these plans are delivered through the implementation of the DSRIP projects, AMCH PPS may engage with them on the specific changes to the workforce.
CBOs	Project implementation support	Participate in implementation of projects as appropriate.
NYSDOH	Project implementation support	Provide metrics and benchmarks for DSRIP projects.
Healthy Capital District Initiative (HCIDI)	Project implementation support	Provide support to the WCC and the CCAC as needed as well as provide guidance regarding the prevention agenda and the state



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		health improvement plan.
Workforce Training Vendor (TBD)	Coordination and development of training programs	Provide training and education to participating partners. Provide training for new hires, redeployed and other workers who need additional guidance and education on certain tasks related to DSRIP projects.
OASAS Office of Substance Abuse	Project implementation support	Provide waivers for OASAS licensed facilities.
Office of Mental Health (OMH)	Project implementation support	Provide waivers for OMH licensed facilities.
Alliance for Better Health Care PPS	Project Collaboration	Collaborate in the implementation of select projects accounting for the overlap in counties and network providers, including the prevention of redundancy and waste of resources.
Adirondack Health Institute PPS	Project collaboration	Collaborate in the implementation of select projects accounting for the overlap in counties and network providers, including the prevention of redundancy and waste of resources.
MCO's and Payers	Financial sustainability and VBP	Collaborate in the development of contractual relationships to further transformation efforts towards VBP.
HIXNY and SHIN-NY	Data exchange	Develop connectivity and data exchange solutions across the provider network.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 10.5 - IT Requirements

Instructions :

Information technology will play a crucial role in the development of an effective, integrated performing provider system. It is likely that most projects will require some level of supporting IT infrastructure. Please describe the key elements of IT infrastructure development that will play a role in multiple projects.

Based on the availability of capital funding, AMCH PPS will develop an IT infrastructure that will be leveraged for the purposes of communication, data sharing and interoperability across all DSRIP projects. The AMCH PPS assessed the IT current state and identified a number of variations between providers in the network. The Technology and Data Management committee (TDMC) will develop an IT roadmap to achieve clinical data sharing and interoperability across the PPS network.

IT implementation objectives that effect multiple DSRIP projects include: achieving active participation and effective usage of the EHR system and patient registries for all providers in the system; meeting Meaningful Use and achieving 2014 Level three PCMH certification for all relevant providers; and connecting to HIXNY to access and share available clinical data across the PPS network. The AMCH PPS TDMC and CQA along with provider stakeholders will collaborate to ensure development of a sustainable, affordable and realistic plan for regional connectivity by building upon existing platforms and develop short term solutions that will evolve to long term sustainable technology interfaces.

The development of an IT infrastructure that allows for secure data sharing and interoperability is critical to the implementation of all DSRIP projects. The AMCH PPS will engage external and internal IT experts to mitigate the risk of shared PHI data.

✓ IPQR Module 10.6 - Performance Monitoring

Instructions :

Please explain how your DSRIP projects will fit into your development of a quality performance reporting system and culture.

AMCH PPS PMO is responsible for collecting and analyzing data and delivering the project's quarterly reports to the independent assessor and DOH, as well as communicating to the PPS board and the performing provider network performance outcomes, milestones and deliverables. AMCH PPS intends to utilize commercially available software to assist the PMO in creation of dashboards, milestone reporting, and preparation and submission of quarterly reports.



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 10.7 - Community Engagement

Instructions :

Please describe your PPS's planned approach for driving community involvement in the DSRIP projects, how you will contract with CBOs for these projects, how community engagement will contribute to the success of the projects, and any risks associated with this.

The Consumer and Community Affairs Committee (CCAC) is responsible for engaging key CBOs in strategic locations to encourage active consumer engagement and appropriate CBO participation in the DSRIP projects. The CCAC will develop a plan which will include a schedule of events to engage and stimulate consumer involvement in various population health activities. The CCAC will actively participate in local CORESTAT and other community revitalization efforts to communicate and coordinate ongoing outreach activities.

CBO's involved in DSRIP projects will enter into a contractual agreement with the PMO or other safety-net providers. Contracts for each CBO will vary by project and the amount of the awards will be performance based. Every CBO entering into a contract with the PMO will be required to meet all milestones and deliverables of the specific DSRIP project.

Community engagement is critical to the success of DSRIP for several reasons. First, allowing input from a diverse population will foster creative and innovative ideas, resulting in greater community buy-in. Second, community engagement enhances relationship building, which is an effective way to increase involvement among various stakeholders including Medicaid beneficiaries, community leaders and the uninsured. Third, CBOs are on the frontline of service delivery, know their communities and are trusted by consumers creating engagement opportunities that are important to DSRIP's success.

There are risks associated with the PPS's ability to maintain active community engagement. The success of the community engagement goals require voluntary participation of individuals and organizations. The disengagement of a CBO is a risk to the PPS's ability to maintain effective community integration. Many CBOs lack sophisticated infrastructure including IT capabilities, compliance, regulatory reporting, and financial management that pose a risk in terms of their abilities to effectively manage data, funds, and deliverables. Limitations based on the funding cap for non-safety net providers may limit engagement and interest opportunities for some CBOs. AMCH PPS will mitigate these risks through effective communication, community engagement, transparent decision making, technical assistance and support including financial management and data reporting.

IPQR Module 10.8 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 11 – Workforce

IPQR Module 11.1 - Workforce Strategy Spending

Instructions :

Please include details on expected workforce spending on semi-annual basis. Total annual amounts must align with commitments in PPS application.

Funding Type	Year/Quarter										Total Spending(\$)
	DY1(Q1/Q2)(\$)	DY1(Q3/Q4)(\$)	DY2(Q1/Q2)(\$)	DY2(Q3/Q4)(\$)	DY3(Q1/Q2)(\$)	DY3(Q3/Q4)(\$)	DY4(Q1/Q2)(\$)	DY4(Q3/Q4)(\$)	DY5(Q1/Q2)(\$)	DY5(Q3/Q4)(\$)	
Retraining	0	0	0	0	0	0	0	0	0	0	0
Redeployment	0	0	0	0	0	0	0	0	0	0	0
Recruitment	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 11.2 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Please note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	In Progress	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Establish a permanent Workforce Coordinating Council (WCC) as defined in AMCH's Project Advisory Committee (PAC) operating guidelines and principles. This council will include representation from labor, management, workers, training vendors, and other key stakeholders.	Completed	1. Establish a permanent Workforce Coordinating Council (WCC) as defined in AMCH's Project Advisory Committee (PAC) operating guidelines and principles. This council will include representation from labor, management, workers, training vendors, and other key stakeholders.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Identify workforce needs associated with each approved project and in consultation with key stakeholders in the PAC. This will be done via a survey instrument or other means to document staff training and development, redeployment, retention, and recruitment needs.	Completed	2. Identify workforce needs associated with each approved project and in consultation with key stakeholders in the PAC. This will be done via a survey instrument or other means to document staff training and development, redeployment, retention, and recruitment needs.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. WCC will define job role classifications and group titles across provider types to assess need, prioritize roles, skills and licensure requirements to assist with retraining and redeployment.	Completed	3. WCC will define job role classifications and group titles across provider types to assess need, prioritize roles, skills and licensure requirements to assist with retraining and redeployment.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Perform a future state staffing analysis at the project level to assess whether more, less, or different resources are required for project implementation and incorporate into the workforce roadmap.	On Hold	4. Perform a future state staffing analysis at the project level to assess whether more, less, or different resources are required for project implementation and incorporate into the workforce roadmap.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 5. Using the results from previous steps, the WCC will work with individual providers and our workforce development vendor to assess future state staffing needs by site and incorporate them into the workforce roadmap.	On Hold	5. Using the results from previous steps, the WCC will work with individual providers and our workforce development vendor to assess future state staffing needs by site and incorporate them into the workforce roadmap.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 6. WCC will define target workforce state (in line with DSRIP program's goals) and present to the PAC Executive Committee for adoption.	On Hold	6. WCC will define target workforce state (in line with DSRIP program's goals) and present to the PAC Executive Committee for adoption.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	On Hold	Completed workforce transition roadmap, signed off by PPS workforce governance body.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	NO
Task 1. The WCC, in collaboration with the training vendor, will analyze the gap analysis, workforce survey, CNA, and other resources to determine the workforce gaps for each project. The WCC will develop project specific timelines for the retraining, recruitment, and redeployment of the workforce.	On Hold	1. The WCC, in collaboration with the training vendor, will analyze the gap analysis, workforce survey, CNA, and other resources to determine the workforce gaps for each project. The WCC will develop project specific timelines for the retraining, recruitment, and redeployment of the workforce.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 2. The WCC, in collaboration with the training vendor, will develop strategies to alleviate the PPS workforce gaps. These strategies will be outlined in the workforce transition roadmap.	On Hold	2. The WCC, in collaboration with the training vendor, will develop strategies to alleviate the PPS workforce gaps. These strategies will be outlined in the workforce transition roadmap.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. The WCC will present the finalized roadmap to the PAC Executive Committee for review and approval by the end of DY1Q4.	On Hold	3. The WCC will present the finalized roadmap to the PAC Executive Committee for review and approval by the end of DY1Q4.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4. Based on feedback from the PAC Executive Committee, the WCC will modify the roadmap where appropriate.	On Hold	4. Based on feedback from the PAC Executive Committee, the WCC will modify the roadmap where appropriate.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. The WCC, in collaboration with the training vendor, will continually review the workforce roadmap and assess the ongoing recruitment, retraining, redeployment needs of the PPS. The WCC will make modifications to the roadmap where	On Hold	5. The WCC, in collaboration with the training vendor, will continually review the workforce roadmap and assess the ongoing recruitment, retraining, redeployment needs of the PPS. The WCC will make modifications to the roadmap where	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
retraining, redeployment needs of the PPS. The WCC will make modifications to the roadmap where necessary.		necessary.							
Task 6. The WCC will update the PAC Executive annually on the progress made toward achieving the workforce target state and address any modifications that have been made to the original roadmap.	On Hold	6. The WCC will update the PAC Executive annually on the progress made toward achieving the workforce target state and address any modifications that have been made to the original roadmap.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	In Progress	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Based on workforce needs, conduct a capacity and workforce shortage assessment to direct the roadmap towards highest areas of need.	In Progress	1. Based on workforce needs, conduct a capacity and workforce shortage assessment to direct the roadmap towards highest areas of need.	07/01/2015	12/31/2015	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Expanding on the work product of the previous milestone the WCC will create a detailed process for monitoring gaps identified in the workforce.	In Progress	2. Expanding on the work product of the previous milestone the WCC will create a detailed process for monitoring gaps identified in the workforce.	07/01/2015	12/31/2015	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. WCC will conduct Current State Assessment and Gap analysis that evaluates changes in the workforce including roles, skills, and licensure requirements as well as opportunities for new hires, redeployment, or retraining of existing staff.	On Hold	3. WCC will conduct Current State Assessment and Gap analysis that evaluates changes in the workforce including roles, skills, and licensure requirements as well as opportunities for new hires, redeployment, or retraining of existing staff.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4. Based on the results of the gap analysis the WCC, in collaboration with the finance committee, PAC Executive Committee and our workforce vendor, will review and refine the workforce strategy budget to ensure that sufficient funds are available for training and development of the workforce.	On Hold	4. Based on the results of the gap analysis the WCC, in collaboration with the finance committee, PAC Executive Committee and our workforce vendor, will review and refine the workforce strategy budget to ensure that sufficient funds are available for training and development of the workforce.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #4 Produce a compensation and benefit analysis,	In Progress	Compensation and benefit analysis report, signed off by PPS workforce governance body.	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4	YES



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.									
<p>Task 1. Consistent with all labor laws, regulations, and Federal Trade Commission standards, the WCC in collaboration with our workforce vendor and other regional PPSs, will contract a third party to conduct an extensive review or will utilize information provided by a state-wide vendor (distribute surveys, collect information, and conduct follow-ups) of compensation for all levels of the workforce from community health workers through MD Psychiatrists.</p> <p>Note: The WCC will receive aggregate workforce data and analysis from the workforce vendor, but not provider specific salary or benefit information.</p>	In Progress	<p>1. Consistent with all labor laws, regulations, and Federal Trade Commission standards, the WCC in collaboration with our workforce vendor and other regional PPSs, will contract a third party to conduct an extensive review or will utilize information provided by a state-wide vendor (distribute surveys, collect information, and conduct follow-ups) of compensation for all levels of the workforce from community health workers through MD Psychiatrists.</p> <p>Note: The WCC will receive aggregate workforce data and analysis from the workforce vendor, but not provider specific salary or benefit information.</p>	09/30/2015	03/31/2017	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	
<p>Task 2. Once the aggregate data is received, the WCC will analyze the aggregate data by position, project, and employment status to determine workforce impact.</p>	In Progress	2. Once the aggregate data is received, the WCC will analyze the aggregate data by position, project, and employment status to determine workforce impact.	09/30/2015	03/31/2017	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	
<p>Task 3. The WCC will collaborate with the training vendor to develop retraining and re-deployment strategies to ensure appropriate placement for retrained and reassigned workers.</p>	On Hold	3. The WCC will collaborate with the training vendor to develop retraining and re-deployment strategies to ensure appropriate placement for retrained and reassigned workers.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<p>Task 4. The WCC will present the summary aggregate compensation and benefits analysis report to the PAC Executive Committee for review and approval.</p>	In Progress	4. The WCC will present the summary aggregate compensation and benefits analysis report to the PAC Executive Committee for review and approval.	09/30/2015	03/31/2017	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	
<p>Task 5. The WCC will develop a process, which will be approved by the PAC Executive Committee, to</p>	In Progress	5. The WCC will develop a process, which will be approved by the PAC Executive Committee, to identify, track, and report quarterly all staff that are either partially or fully redeployed	09/30/2015	03/31/2017	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
identify, track, and report quarterly all staff that are either partially or fully redeployed within participating provider organizations.		within participating provider organizations.							
Milestone #5 Develop training strategy.	On Hold	Finalized training strategy, signed off by PPS workforce governance body.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	NO
Task 1. The WCC will conduct an assessment of the PPSs existing workforce training programs via survey. This survey will be disseminated to all of AMCH PPS partners for completion.	On Hold	1. The WCC will conduct an assessment of the PPSs existing workforce training programs via survey. This survey will be disseminated to all of AMCH PPS partners for completion.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 2. The WCC in collaboration with the training vendor, will assess the workforce survey to identify any training gaps within the PPS.	On Hold	2. The WCC in collaboration with the training vendor, will assess the workforce survey to identify any training gaps within the PPS.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. The WCC, in collaboration with the training vendor and physician champions identified through the CQAC, will determine the areas of training to be further developed, as well as new training programs to be created.	On Hold	3. The WCC, in collaboration with the training vendor and physician champions identified through the CQAC, will determine the areas of training to be further developed, as well as new training programs to be created.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4. The WCC will create a training plan that outlines strategies needed to improve existing training programs, as well as the new training programs that will be available throughout the PPS.	On Hold	4. The WCC will create a training plan that outlines strategies needed to improve existing training programs, as well as the new training programs that will be available throughout the PPS.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. The WCC will work with the Cultural Competency and Health Literacy Committee to ensure that training programs are culturally and linguistically appropriate.	On Hold	5. The WCC will work with the Cultural Competency and Health Literacy Committee to ensure that training programs are culturally and linguistically appropriate.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 6. The WCC will work with the CQAC to identify training needs resulting from integration of clinical services, especially primary and behavioral health and patient centered care.	On Hold	6. The WCC will work with the CQAC to identify training needs resulting from integration of clinical services, especially primary and behavioral health and patient centered care.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 7. The WCC will distribute the overall training	On Hold	7. The WCC will distribute the overall training plan to the PAC Executive Committee for review and approval.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
plan to the PAC Executive Committee for review and approval.									
Task 8. The WCC, in collaboration with the workforce training vendor and participating provider reporting requirements, will track the online training programs to ensure participating providers are utilizing workforce training programs.	On Hold	8. The WCC, in collaboration with the workforce training vendor and participating provider reporting requirements, will track the online training programs to ensure participating providers are utilizing workforce training programs.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 9. The WCC will develop a process for evaluating training outcomes and the effectiveness of all DSRIP training programs and will continually assess each program's effectiveness on a quarterly basis.	On Hold	9. The WCC will develop a process for evaluating training outcomes and the effectiveness of all DSRIP training programs and will continually assess each program's effectiveness on a quarterly basis.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	
Create a workforce transition roadmap for achieving defined target workforce state.	
Perform detailed gap analysis between current state assessment of workforce and projected future state.	Workforce: Milestone #3 Task #1 (New End Date: September 2016 DY2Q2): The WCC disseminated a Workforce Readiness Assessment Survey to participating provider organizations to determine their workforce shortages and future



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>needs. Current and future state information from the survey was analyzed. Unfortunately, the future state information did not provide a clear explanation of the workforce needs as most facilities were unsure of what staff they would need by 2017.</p> <p>Due to the DOH extension of this milestone to September 2016, this deliverable is still in progress and we are continuing to collect this information from our partnering providers.</p> <p>Workforce: Milestone #3 Task #2 (New End Date: September 2016 DY2Q2): Due to the DOH extension of this milestone to September 2016, this deliverable is still in progress and we are continuing to analyze and collect this information from our partnering providers.</p>
Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Due to the DOH extension of this milestone to June 2016, this deliverable is still in progress. The WCC has been reaching out to third parties to help assist the committee on this task. We have been holding monthly meetings with the Alliance for Better Health Care (AFBHC) to discuss ways we can collectively collaborate on this milestone, to make more efficient use of limited resources.
Develop training strategy.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 11.3 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges and risks that you foresee in achieving the milestones set out above, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Below is a list of recognized risks and approaches the PPS will undertake to mitigate those risks:

- Shortages in the workforce:
 - o We anticipate that there will be identified shortages of specific types of workers, especially as we undertake to introduce a new type of healthcare worker into the workforce. We hope to be able to mitigate this by training workers in this field prior to the planned deployment into the field. By accelerating the training of new categories of workers we hope to reduce the risk of having open jobs with a lack of qualified candidates.
- Shifting needs of the workforce:
 - o The needs of the workforce cannot be fully understood prior to project implementation. The PPS will undertake training and educational strategies in collaboration with our contracted workforce development vendor to prepare existing workers for the new opportunities that will be created by the DSRIP program.
- Lack of defined roles for new categories of workers:
 - o We will work with our workforce vendor to clearly define the roles of the new categories of workers and to develop appropriate training curriculum for these positions.
- Disparate training expectations of various performing provider organizations with conflicting Human Resources policies:
 - o While the PPS will not establish Human Resources policies for participating organizations, funded providers will have a contractual obligation requiring staff participation in training activities. We will work with unionized employees to enlist union support of training strategies.

IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The workforce work stream is dependent upon the following other work streams: Governance, Finance, Information Technology, Practitioner Engagement, Clinical Integration, and Cultural Competency and Health Literacy. Recognizing the dependence of all healthcare providers on their most important resource - their staff - everything we propose to do in DSRIP is dependent upon having a motivated, trained, and highly qualified staff engaged in the process. Dependence on Governance is related to decision making approvals for the actions and deliverables of the WCC. Finance impacts the WCC and the workforce work stream both in terms of budget support for deliverables and potential incentives to providers for training accomplishments. Workforce is dependent on Information Technology to provide online training, to conduct electronic assessments, and to collect and report data. Workforce is dependent upon practitioner engagement, clinical integration and cultural competency and health literacy for buy in and a commitment to address staff training needs.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 11.6 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PMO Workforce Contact	Diana Cartwright, Senior Project Coordinator; Ronald Santiago, Project Coordinator, AMCH PPS; and Erin McLaughlin, Project Coordinator, AMCH PPS	Liaison between WCC and Workforce Training Vendor. Assist the WCC with the implementation of the workforce strategy deliverables and milestones.
WCC Chairperson	TBD	Facilitate workforce meetings, assist with milestones and deliverables, and present recommendations to the PAC Executive Committee for review and approval.
Workforce Vendor(s)	TBD	Assist the WCC with the training, recruitment, and redeployment of the PPS workforce. Will assist with the current and future workforce state analysis, as well as the gap analysis.
WCC Member	Albany Medical Center	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Columbia Memorial Hospital	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Saratoga Hospital	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	1199SEIU	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Center for Disability Services	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	AHEC	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	HCDI	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Greene County Public Health	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Columbia County DOH	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 11.7 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved in your workforce transformation plans, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Albany Medical Center Hospital	Largest workforce employer in the PPS	Actively participate in assessment, training, coordination and staffing issues
PPS Participating Providers	Workforce representation across the PPS	Actively participate in assessment, training, coordination and staffing issues
Albany Medical Center Faculty Practice	Largest Provider workforce in the PPS	Actively participate in assessment, training, coordination and staffing issues
External Stakeholders		
Labor Unions	Provide needed input and guidance	Assistance as needed to ensure PPS includes appropriate levels of input from workforce
Unrepresented workers	Provide needed input and guidance	Assistance as needed to ensure PPS includes appropriate levels of input from workforce
Healthy Capital District Initiative (HCDI)	Coordinate training needs with PHIP and SHIP	Coordinated Curriculum and training schedule
Workforce training Vendor TBD	Coordinating development of training plan	Provision of training including evaluation of outcomes
Regional PPSs	Collaboration on workforce opportunities	Ongoing assistance in coordination of workforce initiatives



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 11.8 - IT Expectations

Instructions :

Please describe how the development of shared IT infrastructure across the PPS will support your plans for workforce transformation.

Alignment between workforce and IT is critical to DSRIP success. Once our training strategy and plan are implemented, we will rely on IT platforms to track training progress (e.g. tracking completed training, when and what was trained and certifications achieved, etc.). This will require a Cross PPS reporting system to facilitate data collection and analysis. The AMCH PPS will execute the workforce transition roadmap by relying on IT capabilities to track staff movement and changes across the PPS (e.g. redeployed staff, net new hires). We will need a central IT system that is both capable of tracking workforce changes and gathering data and information related to these changes in a seamless and timely fashion. This system will also be necessary to report on measures for required quarterly progress reports. Finally, as we undertake this large-scale workforce transformation, a central IT system will enable the AMCH PPS to track open positions and staffing needs across the PPS by creating a jobs database that will allow workers the ability to see employment availability and opportunity across the member organizations.

IPQR Module 11.9 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

Based on our approved training strategy, AMCH's PPS will collect data electronically from all participating providers on a quarterly basis in regards to the training provided, new hires, staff redeployment, and reassignment as well as un-met needs. AMCH will utilize project management software for this purpose. Training accomplishments including pre and post test training evaluations will be captured either from SAKAI (AMCH's online training portal) or our workforce training vendor. Additional documentation of adopted workforce strategies and operations will be provided from meeting minutes and other sources that demonstrate the PAC Executive Committee review and approval process. Success of the organizational work stream will be measured by the total number of workers that receive training or re-training. Additionally we will monitor employment levels and net-new workers added to the workforce. Specific gaps that are identified in the project plan will be monitored and success will be based on the progress in closing those gaps.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 11.10 - Staff Impact

Instructions :

Please include details on workforce staffing impacts on an annual basis. For each DSRIP year, please indicate the number of individuals in each of the categories below that will be impacted. 'Impacted' is defined as those individuals that are retrained, redeployed, recruited, or whose employment is otherwise affected.

Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Physicians	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0
Other Specialties (Except Psychiatrists)	0	0	0	0	0	0
Physician Assistants	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0
Other Specialties	0	0	0	0	0	0
Nurse Practitioners	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0
Other Specialties (Except Psychiatric NPs)	0	0	0	0	0	0
Midwives	0	0	0	0	0	0
Midwives	0	0	0	0	0	0
Nursing	0	0	0	0	0	0
Nurse Managers/Supervisors	0	0	0	0	0	0
Staff Registered Nurses	0	0	0	0	0	0
Other Registered Nurses (Utilization Review, Staff Development, etc.)	0	0	0	0	0	0
LPNs	0	0	0	0	0	0
Other	0	0	0	0	0	0
Clinical Support	0	0	0	0	0	0
Medical Assistants	0	0	0	0	0	0
Nurse Aides/Assistants	0	0	0	0	0	0
Patient Care Techs	0	0	0	0	0	0

**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)



Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Clinical Laboratory Technologists and Technicians	0	0	0	0	0	0
Other	0	0	0	0	0	0
Behavioral Health (Except Social Workers providing Case/Care Management, etc.)	0	0	0	0	0	0
Psychiatrists	0	0	0	0	0	0
Psychologists	0	0	0	0	0	0
Psychiatric Nurse Practitioners	0	0	0	0	0	0
Licensed Clinical Social Workers	0	0	0	0	0	0
Substance Abuse and Behavioral Disorder Counselors	0	0	0	0	0	0
Other Mental Health/Substance Abuse Titles Requiring Certification	0	0	0	0	0	0
Social and Human Service Assistants	0	0	0	0	0	0
Psychiatric Aides/Techs	0	0	0	0	0	0
Other	0	0	0	0	0	0
Nursing Care Managers/Coordinators/Navigators/Coaches	0	0	0	0	0	0
RN Care Coordinators/Case Managers/Care Transitions	0	0	0	0	0	0
LPN Care Coordinators/Case Managers	0	0	0	0	0	0
Social Worker Case Management/Care Management	0	0	0	0	0	0
Bachelor's Social Work	0	0	0	0	0	0
Licensed Masters Social Workers	0	0	0	0	0	0
Social Worker Care Coordinators/Case Managers/Care Transition	0	0	0	0	0	0
Other	0	0	0	0	0	0
Non-licensed Care Coordination/Case Management/Care Management/Patient Navigators/Community Health Workers (Except RNs, LPNs, and Social Workers)	0	0	0	0	0	0
Care Manager/Coordinator (Bachelor's degree required)	0	0	0	0	0	0
Care or Patient Navigator	0	0	0	0	0	0
Community Health Worker (All education levels and training)	0	0	0	0	0	0



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Peer Support Worker (All education levels)	0	0	0	0	0	0
Other Requiring High School Diplomas	0	0	0	0	0	0
Other Requiring Associates or Certificate	0	0	0	0	0	0
Other Requiring Bachelor's Degree or Above	0	0	0	0	0	0
Other Requiring Master's Degree or Above	0	0	0	0	0	0
Patient Education	0	0	0	0	0	0
Certified Asthma Educators	0	0	0	0	0	0
Certified Diabetes Educators	0	0	0	0	0	0
Health Coach	0	0	0	0	0	0
Health Educators	0	0	0	0	0	0
Other	0	0	0	0	0	0
Administrative Staff -- All Titles	0	0	0	0	0	0
Executive Staff	0	0	0	0	0	0
Financial	0	0	0	0	0	0
Human Resources	0	0	0	0	0	0
Other	0	0	0	0	0	0
Administrative Support -- All Titles	0	0	0	0	0	0
Office Clerks	0	0	0	0	0	0
Secretaries and Administrative Assistants	0	0	0	0	0	0
Coders/Billers	0	0	0	0	0	0
Dietary/Food Service	0	0	0	0	0	0
Financial Service Representatives	0	0	0	0	0	0
Housekeeping	0	0	0	0	0	0
Medical Interpreters	0	0	0	0	0	0
Patient Service Representatives	0	0	0	0	0	0
Transportation	0	0	0	0	0	0

**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)



Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Other	0	0	0	0	0	0
Janitors and cleaners	0	0	0	0	0	0
Janitors and cleaners	0	0	0	0	0	0
Health Information Technology	0	0	0	0	0	0
Health Information Technology Managers	0	0	0	0	0	0
Hardware Maintenance	0	0	0	0	0	0
Software Programmers	0	0	0	0	0	0
Technical Support	0	0	0	0	0	0
Other	0	0	0	0	0	0
Home Health Care	0	0	0	0	0	0
Certified Home Health Aides	0	0	0	0	0	0
Personal Care Aides	0	0	0	0	0	0
Other	0	0	0	0	0	0
Other Allied Health	0	0	0	0	0	0
Nutritionists/Dieticians	0	0	0	0	0	0
Occupational Therapists	0	0	0	0	0	0
Occupational Therapy Assistants/Aides	0	0	0	0	0	0
Pharmacists	0	0	0	0	0	0
Pharmacy Technicians	0	0	0	0	0	0
Physical Therapists	0	0	0	0	0	0
Physical Therapy Assistants/Aides	0	0	0	0	0	0
Respiratory Therapists	0	0	0	0	0	0
Speech Language Pathologists	0	0	0	0	0	0
Other	0	0	0	0	0	0



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 11.11 - IA Monitoring:

Instructions :



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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

✓ IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

The primary risk for clinical integration will be lack of participation from practitioners and leaders of healthcare organizations. Based on the CNA, care is neither integrated nor coordinated among the PPS service area. The absence of EHR Connectivity results in patients with co-morbidities who see several providers who may not routinely coordinate care with one another. Data sharing age restrictions will be a challenge for organizations serving pediatrics. P4P and VBP have not yet had a significant impact on the region, with less than 10% of the current payer contracts requiring risk sharing arrangements. Further challenges include: ineffective patient engagement/behavioral modification, the need for additional payer guidance, non-reimbursable costs of some services, costs of implementation, lack of data from private payers, OPWDD regulatory restrictions, lack of managed care services for the developmentally disabled, and the current shortage of BH providers. Integration of care delivery will require the differences in licensure, billing and compliance issues between article 28 & 31 providers to be minimized. Gaps in infrastructure/technology that prevent communication and care plan development between organizations will be a risk; only 40% of our partners are connected to HIXNY and only 1 in 5 participating PCP practices are NCQA PCMH Level 3 certified. The sheer volume of need for individuals, the workforce licensure, skill-set and the siloed nature of many CBOs will be a challenge to overcome. To mitigate these risks, we will:

- Facilitate ongoing collaboration between the TDMC, CQAC and provider stakeholders to ensure development of a sustainable, affordable and realistic plans for regional connectivity by building upon existing platforms to develop short-term solutions that will evolve to long-term sustainable technology interfaces.
- Provide seamless care for patients by increasing healthcare capacity through partnerships across all provider types, new access points and redeploying existing resources and workforce.
- Employ tele-health options and other emerging technologies to increase access in identified HPSAs.
- Assess VBP readiness of our partners to establish baseline data and ensure partners are prepared to align provider compensation to patient outcomes. AMCH PPS will incorporate risk based arrangements in contracts across the PPS to incentivize providers.
- Assist partners in developing population health strategies through the use of data analytics and risk stratification.
- Utilize current/future partners that have experience to develop risk based arrangements & population health management including care management and coordination.
- Draw on expertise of HH partners to help support integration strategies.
- Conduct monthly meetings with MCOs to discuss utilization issues, performance and payment reform.
- Engage patients through CBOs, peers, health workers, etc. to become partners and modify behavior to improve access and quality of care.
- Assess the PCP partners' readiness to certify as a level 3 PCMH through a team of experts who will coach, support and incentivize the PCPs through the process of obtaining this recognition.
- DSRIP training/education team will provide resources and materials to organizations that will improve understanding, collaboration, IDS and



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

patient engagement. Materials will be developed as needed for patient compliance and distributed after review and approval by the CCHLC. Our workforce training vendor will provide training/resources for the current workforce to ensure there is a level of comfort with any additional responsibilities.

- Develop, implement, and monitor clinical care guidelines to improve and standardize clinical integration across the network.
- Drive clinical integration through the alignment of incentives for participating providers.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.a.i.2 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Project	N/A	In Progress	09/15/2015	09/30/2016	09/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.	Project		Completed	09/15/2015	12/31/2015	09/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:1. AMCH PMO will analyze the services offered within the PPS provider network to identify medical, behavioral health, post acute, long term care, community based, health home providers and health homes with whom the PPS can collaborate with to ensure a full continuum of care.	Project		Completed	10/12/2015	12/31/2015	10/12/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO will engage participating providers by conducting regional stakeholder meetings, as needed, to encourage provider buy-in and collaboration for IDS implementation. In addition, the AMCH PMO will seek additional service providers, as needed, to address gaps identified from the analysis conducted in the previous step.	Project		Completed	10/26/2015	12/31/2015	10/26/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH PMO will meet with participating partners, including health homes, to establish clear expectations regarding: performance indicators, utilization, quality metrics and payment reform, methodologies to incentivize behavior, implementation plan milestones, and allocation/sharing of existing resources	Project		In Progress	02/16/2016	04/15/2016	02/16/2016	04/15/2016	06/30/2016	DY2 Q1



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
within the PPS.									
Task M1:4. AMCH PMO will meet with payers and social service agencies, as necessary, and enter into working relationships and/or consulting arrangements to further IDS implementation.	Project		In Progress	02/01/2016	04/29/2016	02/01/2016	04/29/2016	06/30/2016	DY2 Q1
Task M1:5. AMCH PMO will develop and disseminate participation agreements with the provider network to define the rules, regulations, and responsibilities of all parties. Once completed, these agreements will form the basis of participation for the duration of the DSRIP program.	Project		In Progress	09/15/2015	09/30/2016	09/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. Signed participation agreements will be completed by September 2016.	Project		In Progress	09/15/2015	09/30/2016	09/15/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will create a list of participating health home providers in the PPS network.	Project		Completed	09/07/2015	12/21/2015	09/07/2015	12/21/2015	12/31/2015	DY1 Q3
Task M2:1. AMCH PMO will survey participating providers and HHs/ACOs to obtain current IT networking capabilities.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. AMCH PMO will identify and assess current capabilities of partnering HHs and utilize baseline information to analyze gaps and identify opportunities for improvement/evolution of HH to IDS.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	10/19/2015	12/31/2015	10/19/2015	06/30/2016	06/30/2016	DY2 Q1



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M2:3. Based on the IT roadmap, AMCH PMO will incorporate a strategy to integrate health home management systems into the population health management system of the IDS.									
Task M3:1. AMCH PMO will routinely hold engagement meetings with payers, participating providers, social service agencies, community based organizations, and others to develop collaborative care practices during the transformation process.	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Work with participating providers, not currently using	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHRs, to incentivize EHR adoption for patient care management.									
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task M2:1. AMCH PMO will identify the current state of care coordination, services and workflow. AMCH PMO will create the future state of what collaboration linkages need to be created to ensure successful implementation over the DSRIP five year program.	Project		In Progress	10/05/2015	02/05/2016	10/05/2015	02/05/2016	03/31/2016	DY1 Q4
Task M2:2. AMCH PMO will complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with partners, develop an action plan for the implementation of the IDS model.	Project		In Progress	10/05/2015	02/05/2016	10/05/2015	02/05/2016	03/31/2016	DY1 Q4
Task M2:3. AMCH PMO will implement the approved action plan utilizing the PDSA approach.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. AMCH PMO will monitor ongoing performance, analyze clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. AMCH PMO, in collaboration with the CQAC, will conduct	Project		In Progress	10/05/2015	02/05/2016	10/05/2015	02/05/2016	03/31/2016	DY1 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
a thorough review of existing care management and coordination protocols to select nationally recognized best practices to meet various project requirements and milestones required for transformation and patient engagement.									
Task M2:6. AMCH PMO, in collaboration with the TDMC, will build upon existing platforms and develop short-term solutions for integration including protocols in place for care coordination and processes for tracking care outside of hospitals to ensure care follow up.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:7. AMCH PMO in collaboration with the CCAC will conduct consumer focus groups and surveys regularly to understand the level of patient engagement and PCP utilization.	Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task M3:1. CQAC will create a behavioral health subcommittee to ensure that mental health and substance abuse providers are participating in the IDS.	Project		In Progress	10/12/2015	03/31/2017	10/12/2015	03/31/2017	03/31/2017	DY2 Q4
Task M3:2. Based on the protocols in place, AMCH PMO will analyze monthly utilization data by provider group to determine whether patients have utilized services and are active in care. In addition, systems will be developed to ensure referrals to necessary appointments are made, results are communicated promptly, missed appointments are identified and proactive steps are made to access necessary care.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. AMCH PMO will track the utilization patterns of the IDS to ensure that partnering providers are accessing the system platform.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Based off of the Salient Interactive Minor tool, the AMCH PMO will review provider specific data monthly to determine mental health providers with high Medicaid claims, patient utilization and engagement in care.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:1. AMCH PMO in collaboration with the WCC will provide training regarding IDS protocols and processes.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Project	N/A	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospital	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Mental Health	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Nursing Home	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Work with participating providers, not currently using	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHRs, to incentivize EHR adoption for patient care management.									
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, hospitals, specialists and PCMH sites.	Project		In Progress	12/05/2015	06/27/2016	12/05/2015	06/27/2016	06/30/2016	DY2 Q1
Task M2:3. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Implement training and secure messaging to support the use of alerts across the PPS.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Implement the necessary technical and operational	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.									
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Ensure clinician and staff training on new processes is conducted.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of NCQA 2014 Level 3 PCMH recognition or APCM by DY3.	Project		In Progress	10/19/2015	03/31/2018	10/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving NCQA 2014 Level 3 PCMH recognition or APCM.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.									
Task M2:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to ensure successful recognition by DY3.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Based on the gap analysis, establish priorities and develop a practice-specific action plan to achieve the recognition and transform the care delivery model.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA 2014 Level 3 certified or APCM.	Project		In Progress	12/07/2015	03/31/2018	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:7. Assign to participating practice leadership, specific roles, responsibilities and timelines to implement the action plan effectively and achieve the recognition by DY 3.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:8. Monitor progress on a monthly basis to evaluate and assess needed additional resources to support practice transformation.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:9. Track site-specific certification to assure all participating safety-net providers become NCQA 2014 Level 3 PCMH certified or APCM.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Project	N/A	In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. The EHR sub-committee will articulate the scope, objectives and requirements of an effective patient tracking	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
system to support an effective population health management strategy across PPS entities.									
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Establish a central resource to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Project	N/A	In Progress	08/15/2015	03/31/2018	08/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.	Project		In Progress	08/15/2015	03/31/2018	08/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	08/15/2015	03/31/2018	08/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)	Project		In Progress	08/15/2015	03/31/2018	08/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Analyze PHI data, Salient Interactive Minor, and the CNA to identify current utilization patterns, high-risk areas and sites where the attributed patients receive primary care services.	Project		In Progress	08/15/2015	03/31/2018	08/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	10/19/2015	03/31/2018	10/19/2015	03/31/2018	03/31/2018	DY3 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:2. Create and complete a comprehensive provider readiness tool to assess infrastructure, capacity, workforce, data security, and PCMH status to ensure patient accessibility.									
Task M1:3. Identify gaps in capacity and services rendered to determine strategies to address health disparities in high need areas and capacity shortages across the PPS network.	Project		In Progress	11/02/2015	03/31/2018	11/02/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:4. Collaborate with overlapping PPSs to evaluate network capacity across the region to coordinate patient needs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Monitor capacity in PCP sites to ensure that patients seeking services have improved access to care.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. AMCH PMO and PPS partners will identify opportunities to increase access, particularly in communities most underserved, through innovative funding strategies and workforce development.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY3.	Project		In Progress	10/19/2015	03/31/2018	10/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:2. Implement training sessions for senior leaders, clinicians, and staff to learn about the benefits of achieving NCQA 2014 Level 3 PCMH recognition or APCM.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:4. Perform a practice-specific gap analysis to determine the financial, technical, and operational support needed to ensure successful recognition by DY3.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Based on the gap analysis, AMCH PMO will establish	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
priorities and develop a practice specific action plan to achieve and transform the care delivery model.									
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.	Project		In Progress	12/07/2015	03/31/2018	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership, and timelines to implement the action plan effectively, and achieve the recognition by DY3.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:8. Monitor progress on a monthly basis to evaluate needed additional resources to support practice transformation.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:9. Track site-specific certification to ensure all participating safety-net providers become Level 3 PCMH certified or APCM.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M3:2. Develop a practice-specific action plan to implement necessary changes to workflows to improve performance on achieving the MU Stage 2 requirements.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. Ensure clinician and staff training on new processes is conducted.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Project	N/A	In Progress	01/11/2016	09/30/2016	01/11/2016	09/30/2016	09/30/2016	DY2 Q2
Task Medicaid Managed Care contract(s) are in place that include value-based payments.	Project		In Progress	01/11/2016	09/30/2016	01/11/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH PMO will work in collaboration with AMCH	Project		In Progress	01/11/2016	01/31/2016	01/11/2016	01/31/2016	03/31/2016	DY1 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments to support VBP.									
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework for VBP that can be applied across the regional provider network.	Project		In Progress	02/08/2016	06/30/2016	02/08/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement the VBP roadmap following appropriate Federal and State laws, regulations and guidelines.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with payers.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Project	N/A	In Progress	07/06/2015	03/31/2017	07/06/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.	Project		In Progress	07/06/2015	03/31/2017	07/06/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.	Project		In Progress	10/26/2015	03/31/2017	10/26/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS, including financial sustainability, risk sharing, and compliance with competitive behaviors.	Project		In Progress	07/06/2015	03/31/2017	07/06/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Project	N/A	In Progress	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation	Project		In Progress	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.	Project		In Progress	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH PMO will analyze relevant documentation and information to understand compensation related to patient diagnosis and outcomes.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO will draw on the expertise of existing and future partners regarding risk-based arrangements and population-health management to move toward VBP reform.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. AMCH PMO will develop a strategic roadmap to transition compensation from current RVU-based models to performance based models that address ways to incentivize behavior to facilitate the change. The resulting plan will involve finance, practitioners and payers to restructure to incentive-based compensation across the provider network.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. On a quarterly basis, AMCH PMO will analyze organizational performance and patient outcomes to determine the amount of incentive-based payments to be disseminated to organizations who meet or exceed DSRIP goals and objectives.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. AMCH Finance Committee will monitor incentive payments to adhere to the funds flow model in order to appropriately distribute funds consistent with achieved values across the provider network.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Project	N/A	In Progress	08/10/2015	09/30/2016	08/10/2015	09/30/2016	09/30/2016	DY2 Q2
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.	Project		In Progress	08/10/2015	09/30/2016	08/10/2015	09/30/2016	09/30/2016	DY2 Q2



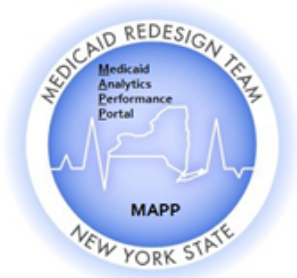
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:1. AMCH WCC will define a target workforce state in line with the DSRIP program goals for community health workers and community based organizations.	Project		Completed	08/10/2015	10/31/2015	08/10/2015	10/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH WCC will assess the current capabilities and systems in place for providing community health worker/community based organization services for outreach and navigation activities.	Project		Completed	08/24/2015	10/31/2015	08/24/2015	10/31/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH WCC will create a workforce transition roadmap based on the identified gaps to align and build community health worker capacity to meet the outreach and navigation needs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. AMCH PMO will evaluate patient satisfaction with community outreach and navigation services to modify the delivery system as necessary and appropriate.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Working with CBOs, the CCAC, CCHLC and WCC, the AMCH PMO will develop a culturally appropriate project-based care coordination team that may include care navigators, peer educators, and/or community health workers for outreach and navigation activities.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Based on the identified needs of the engaged patients, the CCAC will develop a community engagement plan that will include key community stakeholders and discuss action steps necessary to ensure patients are engaged in the IDS.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										
Task M1:1. AMCH PMO will analyze the services offered within the PPS provider network to identify medical, behavioral health, post acute, long term care, community based, health home providers and health homes with whom the PPS can collaborate with to ensure a full continuum of care.										
Task M1:2. AMCH PMO will engage participating providers by conducting regional stakeholder meetings, as needed, to encourage provider buy-in and collaboration for IDS implementation. In addition, the AMCH PMO will seek additional service providers, as needed, to address gaps identified from the analysis conducted in the previous step.										
Task M1:3. AMCH PMO will meet with participating partners, including health homes, to establish clear expectations regarding: performance indicators, utilization, quality metrics and payment reform, methodologies to incentivize behavior, implementation plan milestones, and allocation/sharing of existing resources within the PPS.										
Task M1:4. AMCH PMO will meet with payers and social service agencies, as necessary, and enter into working relationships and/or consulting arrangements to further IDS implementation.										
Task M1:5. AMCH PMO will develop and disseminate participation agreements with the provider network to define the rules, regulations, and responsibilities of all parties. Once completed, these agreements will form the basis of participation for the duration of the DSRIP program.										
Task M1:6. Signed participation agreements will be completed by September 2016.										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.										
Task PPS produces a list of participating HHs and ACOs.										
Task Participating HHs and ACOs demonstrate real service integration										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
which incorporates a population management strategy towards evolving into an IDS.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task M1:1. AMCH PMO will create a list of participating health home providers in the PPS network.										
Task M2:1. AMCH PMO will survey participating providers and HHs/ACOs to obtain current IT networking capabilities.										
Task M2:2. AMCH PMO will identify and assess current capabilities of partnering HHs and utilize baseline information to analyze gaps and identify opportunities for improvement/evolution of HH to IDS.										
Task M2:3. Based on the IT roadmap, AMCH PMO will incorporate a strategy to integrate health home management systems into the population health management system of the IDS.										
Task M3:1. AMCH PMO will routinely hold engagement meetings with payers, participating providers, social service agencies, community based organizations, and others to develop collaborative care practices during the transformation process.										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.										
Task Clinically Interoperable System is in place for all participating providers.										
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.										
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.										
Task PPS trains staff on IDS protocols and processes.										
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.										
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Task M2:1. AMCH PMO will identify the current state of care coordination, services and workflow. AMCH PMO will create the future state of what collaboration linkages need to be created to ensure successful implementation over the DSRIP five year program.										
Task M2:2. AMCH PMO will complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with partners, develop an action plan for the implementation of the IDS model.										
Task M2:3. AMCH PMO will implement the approved action plan utilizing the PDSA approach.										
Task M2:4. AMCH PMO will monitor ongoing performance, analyze										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change.										
Task M2:5. AMCH PMO, in collaboration with the CQAC, will conduct a thorough review of existing care management and coordination protocols to select nationally recognized best practices to meet various project requirements and milestones required for transformation and patient engagement.										
Task M2:6. AMCH PMO, in collaboration with the TDMC, will build upon existing platforms and develop short-term solutions for integration including protocols in place for care coordination and processes for tracking care outside of hospitals to ensure care follow up.										
Task M2:7. AMCH PMO in collaboration with the CCAC will conduct consumer focus groups and surveys regularly to understand the level of patient engagement and PCP utilization.										
Task M3:1. CQAC will create a behavioral health subcommittee to ensure that mental health and substance abuse providers are participating in the IDS.										
Task M3:2. Based on the protocols in place, AMCH PMO will analyze monthly utilization data by provider group to determine whether patients have utilized services and are active in care. In addition, systems will be developed to ensure referrals to necessary appointments are made, results are communicated promptly, missed appointments are identified and proactive steps are made to access necessary care.										
Task M3:3. AMCH PMO will track the utilization patterns of the IDS to ensure that partnering providers are accessing the system platform.										
Task M3:4. Based off of the Salient Interactive Minor tool, the AMCH PMO will review provider specific data monthly to determine mental health providers with high Medicaid claims, patient utilization and engagement in care.										
Task M4:1. AMCH PMO in collaboration with the WCC will provide training regarding IDS protocols and processes.										
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	53	53	53	53	53
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	126	126	126	126	126
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	7	7	7	7	7
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	54	54	54	54	54
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	34	34	34	34	34
Task PPS uses alerts and secure messaging functionality.										
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Task M2:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.										
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, hospitals, specialists and PCMH sites.										
Task M2:3. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.										
Task M2:4. Implement training and secure messaging to support the use of alerts across the PPS.										
Task M2:5. Implement the necessary technical and operational system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.										
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	53	53	53	53	53	53
Task M1:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.										
Task M1:3. Ensure clinician and staff training on new processes is conducted.										
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.										
Task M2:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of NCQA 2014 Level 3 PCMH recognition or APCM by DY3.										
Task M2:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving NCQA 2014 Level 3 PCMH recognition or APCM.										
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.										
Task M2:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to ensure successful recognition by DY3.										
Task M2:5. Based on the gap analysis, establish priorities and develop a practice-specific action plan to achieve the recognition and transform the care delivery model.										
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA 2014 Level 3 certified or APCM.										
Task M2:7. Assign to participating practice leadership, specific roles, responsibilities and timelines to implement the action plan effectively and achieve the recognition by DY 3.										
Task M2:8. Monitor progress on a monthly basis to evaluate and assess needed additional resources to support practice										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
transformation.										
Task M2:9. Track site-specific certification to assure all participating safety-net providers become NCQA 2014 Level 3 PCMH certified or APCM.										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. The EHR sub-committee will articulate the scope, objectives and requirements of an effective patient tracking system to support an effective population health management strategy across PPS entities.										
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.										
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.										
Task M1:4. Establish a central resource to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.										
Task M1:5. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	0	0	0	0	50	494	494	494	494	494
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task M1:1. Analyze PHI data, Salient Interactive Minor, and the CNA to identify current utilization patterns, high-risk areas and sites where the attributed patients receive primary care services.										
Task M1:2. Create and complete a comprehensive provider readiness tool to assess infrastructure, capacity, workforce, data security, and PCMH status to ensure patient accessibility.										
Task M1:3. Identify gaps in capacity and services rendered to determine strategies to address health disparities in high need areas and capacity shortages across the PPS network.										
Task M1:4. Collaborate with overlapping PPSs to evaluate network capacity across the region to coordinate patient needs.										
Task M1:5. Monitor capacity in PCP sites to ensure that patients seeking services have improved access to care.										
Task M1:6. AMCH PMO and PPS partners will identify opportunities to increase access, particularly in communities most underserved, through innovative funding strategies and workforce development.										
Task M2:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY3.										
Task M2:2. Implement training sessions for senior leaders, clinicians, and staff to learn about the benefits of achieving NCQA 2014 Level 3 PCMH recognition or APCM.										
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Task M2:4. Perform a practice-specific gap analysis to determine the financial, technical, and operational support needed to ensure successful recognition by DY3.										
Task M2:5. Based on the gap analysis, AMCH PMO will establish priorities and develop a practice specific action plan to achieve and transform the care delivery model.										
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.										
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership, and timelines to implement the action plan effectively, and achieve the recognition by DY3.										
Task M2:8. Monitor progress on a monthly basis to evaluate needed additional resources to support practice transformation.										
Task M2:9. Track site-specific certification to ensure all participating safety-net providers become Level 3 PCMH certified or APCM.										
Task M3:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.										
Task M3:2. Develop a practice-specific action plan to implement necessary changes to workflows to improve performance on achieving the MU Stage 2 requirements.										
Task M3:3. Ensure clinician and staff training on new processes is conducted.										
Task M3:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.										
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.										
Task Medicaid Managed Care contract(s) are in place that include value-based payments.										
Task M1:1. AMCH PMO will work in collaboration with AMCH										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments to support VBP.										
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework for VBP that can be applied across the regional provider network.										
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement the VBP roadmap following appropriate Federal and State laws, regulations and guidelines.										
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.										
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with payers.										
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.										
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.										
Task M1:1. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.										
Task M1:2. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS, including financial sustainability, risk sharing, and compliance with competitive behaviors.										
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.										
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation										
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:1. AMCH PMO will analyze relevant documentation and information to understand compensation related to patient diagnosis and outcomes.										
Task M1:2. AMCH PMO will draw on the expertise of existing and future partners regarding risk-based arrangements and population-health management to move toward VBP reform.										
Task M1:3. AMCH PMO will develop a strategic roadmap to transition compensation from current RVU-based models to performance based models that address ways to incentivize behavior to facilitate the change. The resulting plan will involve finance, practitioners and payers to restructure to incentive-based compensation across the provider network.										
Task M2:1. On a quarterly basis, AMCH PMO will analyze organizational performance and patient outcomes to determine the amount of incentive-based payments to be disseminated to organizations who meet or exceed DSRIP goals and objectives.										
Task M2:2. AMCH Finance Committee will monitor incentive payments to adhere to the funds flow model in order to appropriately distribute funds consistent with achieved values across the provider network.										
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.										
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.										
Task M1:1. AMCH WCC will define a target workforce state in line with the DSRIP program goals for community health workers and community based organizations.										
Task M1:2. AMCH WCC will assess the current capabilities and systems in place for providing community health worker/community based organization services for outreach and navigation activities.										
Task M1:3. AMCH WCC will create a workforce transition roadmap based on the identified gaps to align and build community health										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
worker capacity to meet the outreach and navigation needs.										
Task M1:4. AMCH PMO will evaluate patient satisfaction with community outreach and navigation services to modify the delivery system as necessary and appropriate.										
Task M1:5. Working with CBOs, the CCAC, CCHLC and WCC, the AMCH PMO will develop a culturally appropriate project-based care coordination team that may include care navigators, peer educators, and/or community health workers for outreach and navigation activities.										
Task M1:6. Based on the identified needs of the engaged patients, the CCAC will develop a community engagement plan that will include key community stakeholders and discuss action steps necessary to ensure patients are engaged in the IDS.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.										
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										
Task M1:1. AMCH PMO will analyze the services offered within the PPS provider network to identify medical, behavioral health, post acute, long term care, community based, health home providers and health homes with whom the PPS can collaborate with to ensure a full continuum of care.										
Task M1:2. AMCH PMO will engage participating providers by conducting regional stakeholder meetings, as needed, to encourage provider buy-in and collaboration for IDS implementation. In addition, the AMCH PMO will seek additional service providers, as needed, to address gaps identified from the analysis conducted in the previous step.										

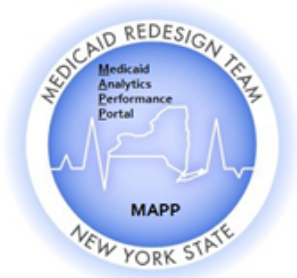


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:3. AMCH PMO will meet with participating partners, including health homes, to establish clear expectations regarding: performance indicators, utilization, quality metrics and payment reform, methodologies to incentivize behavior, implementation plan milestones, and allocation/sharing of existing resources within the PPS.										
Task M1:4. AMCH PMO will meet with payers and social service agencies, as necessary, and enter into working relationships and/or consulting arrangements to further IDS implementation.										
Task M1:5. AMCH PMO will develop and disseminate participation agreements with the provider network to define the rules, regulations, and responsibilities of all parties. Once completed, these agreements will form the basis of participation for the duration of the DSRIP program.										
Task M1:6. Signed participation agreements will be completed by September 2016.										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.										
Task PPS produces a list of participating HHs and ACOs.										
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task M1:1. AMCH PMO will create a list of participating health home providers in the PPS network.										
Task M2:1. AMCH PMO will survey participating providers and HHs/ACOs to obtain current IT networking capabilities.										
Task M2:2. AMCH PMO will identify and assess current capabilities of partnering HHs and utilize baseline information to analyze gaps and identify opportunities for improvement/evolution of HH to IDS.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M2:3. Based on the IT roadmap, AMCH PMO will incorporate a strategy to integrate health home management systems into the population health management system of the IDS.										
Task M3:1. AMCH PMO will routinely hold engagement meetings with payers, participating providers, social service agencies, community based organizations, and others to develop collaborative care practices during the transformation process.										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.										
Task Clinically Interoperable System is in place for all participating providers.										
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.										
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.										
Task PPS trains staff on IDS protocols and processes.										
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
information sharing across PPS providers.										
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.										
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Task M2:1. AMCH PMO will identify the current state of care coordination, services and workflow. AMCH PMO will create the future state of what collaboration linkages need to be created to ensure successful implementation over the DSRIP five year program.										
Task M2:2. AMCH PMO will complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with partners, develop an action plan for the implementation of the IDS model.										
Task M2:3. AMCH PMO will implement the approved action plan utilizing the PDSA approach.										
Task M2:4. AMCH PMO will monitor ongoing performance, analyze clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change.										
Task M2:5. AMCH PMO, in collaboration with the CQAC, will conduct a thorough review of existing care management and coordination protocols to select nationally recognized best practices to meet various project requirements and milestones required for transformation and patient engagement.										
Task M2:6. AMCH PMO, in collaboration with the TDMC, will build upon existing platforms and develop short-term solutions for integration including protocols in place for care coordination and processes for tracking care outside of hospitals to ensure care follow up.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M2:7. AMCH PMO in collaboration with the CCAC will conduct consumer focus groups and surveys regularly to understand the level of patient engagement and PCP utilization.										
Task M3:1. CQAC will create a behavioral health subcommittee to ensure that mental health and substance abuse providers are participating in the IDS.										
Task M3:2. Based on the protocols in place, AMCH PMO will analyze monthly utilization data by provider group to determine whether patients have utilized services and are active in care. In addition, systems will be developed to ensure referrals to necessary appointments are made, results are communicated promptly, missed appointments are identified and proactive steps are made to access necessary care.										
Task M3:3. AMCH PMO will track the utilization patterns of the IDS to ensure that partnering providers are accessing the system platform.										
Task M3:4. Based off of the Salient Interactive Minor tool, the AMCH PMO will review provider specific data monthly to determine mental health providers with high Medicaid claims, patient utilization and engagement in care.										
Task M4:1. AMCH PMO in collaboration with the WCC will provide training regarding IDS protocols and processes.										
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	53	53	53	53	53	53	53	53	53	53
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	126	126	126	126	126	126	126	126	126	126
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	7	7	7	7	7	7	7	7	7	7



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	54	54	54	54	54	54	54	54	54	54
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	34	34	34	34	34	34	34	34	34	34
Task PPS uses alerts and secure messaging functionality.										
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.										
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Task M2:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, hospitals, specialists and PCMH sites.										
Task M2:3. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.										
Task M2:4. Implement training and secure messaging to support the use of alerts across the PPS.										
Task M2:5. Implement the necessary technical and operational system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.										
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	53	53	53	53	53	53	53	53	53	53
Task M1:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.										
Task M1:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.										
Task M1:3. Ensure clinician and staff training on new processes is conducted.										
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.										
Task M2:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
achievement of NCQA 2014 Level 3 PCMH recognition or APCM by DY3.										
Task M2:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving NCQA 2014 Level 3 PCMH recognition or APCM.										
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.										
Task M2:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to ensure successful recognition by DY3.										
Task M2:5. Based on the gap analysis, establish priorities and develop a practice-specific action plan to achieve the recognition and transform the care delivery model.										
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA 2014 Level 3 certified or APCM.										
Task M2:7. Assign to participating practice leadership, specific roles, responsibilities and timelines to implement the action plan effectively and achieve the recognition by DY 3.										
Task M2:8. Monitor progress on a monthly basis to evaluate and assess needed additional resources to support practice transformation.										
Task M2:9. Track site-specific certification to assure all participating safety-net providers become NCQA 2014 Level 3 PCMH certified or APCM.										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:1. The EHR sub-committee will articulate the scope, objectives and requirements of an effective patient tracking system to support an effective population health management strategy across PPS entities.										
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.										
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.										
Task M1:4. Establish a central resource to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.										
Task M1:5. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	494	494	494	494	494	494	494	494	494	494
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task M1:1. Analyze PHI data, Salient Interactive Minor, and the CNA to identify current utilization patterns, high-risk areas and sites where the attributed patients receive primary care services.										
Task M1:2. Create and complete a comprehensive provider readiness tool to assess infrastructure, capacity, workforce, data security, and PCMH status to ensure patient accessibility.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:3. Identify gaps in capacity and services rendered to determine strategies to address health disparities in high need areas and capacity shortages across the PPS network.										
Task M1:4. Collaborate with overlapping PPSs to evaluate network capacity across the region to coordinate patient needs.										
Task M1:5. Monitor capacity in PCP sites to ensure that patients seeking services have improved access to care.										
Task M1:6. AMCH PMO and PPS partners will identify opportunities to increase access, particularly in communities most underserved, through innovative funding strategies and workforce development.										
Task M2:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY3.										
Task M2:2. Implement training sessions for senior leaders, clinicians, and staff to learn about the benefits of achieving NCQA 2014 Level 3 PCMH recognition or APCM.										
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.										
Task M2:4. Perform a practice-specific gap analysis to determine the financial, technical, and operational support needed to ensure successful recognition by DY3.										
Task M2:5. Based on the gap analysis, AMCH PMO will establish priorities and develop a practice specific action plan to achieve and transform the care delivery model.										
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.										
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership, and timelines to implement the										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
action plan effectively, and achieve the recognition by DY3.										
Task M2:8. Monitor progress on a monthly basis to evaluate needed additional resources to support practice transformation.										
Task M2:9. Track site-specific certification to ensure all participating safety-net providers become Level 3 PCMH certified or APCM.										
Task M3:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.										
Task M3:2. Develop a practice-specific action plan to implement necessary changes to workflows to improve performance on achieving the MU Stage 2 requirements.										
Task M3:3. Ensure clinician and staff training on new processes is conducted.										
Task M3:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.										
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.										
Task Medicaid Managed Care contract(s) are in place that include value-based payments.										
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments to support VBP.										
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework for VBP that can be applied across the regional provider network.										
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement the VBP roadmap following appropriate Federal and State laws, regulations and guidelines.										
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
service contracts.										
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with payers.										
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.										
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.										
Task M1:1. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.										
Task M1:2. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS, including financial sustainability, risk sharing, and compliance with competitive behaviors.										
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.										
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation										
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.										
Task M1:1. AMCH PMO will analyze relevant documentation and information to understand compensation related to patient diagnosis and outcomes.										
Task M1:2. AMCH PMO will draw on the expertise of existing and future partners regarding risk-based arrangements and population-health management to move toward VBP reform.										
Task M1:3. AMCH PMO will develop a strategic roadmap to transition compensation from current RVU-based models to performance based models that address ways to incentivize behavior to facilitate the change. The resulting plan will involve finance, practitioners and payers to restructure to incentive-based										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
compensation across the provider network.										
Task M2:1. On a quarterly basis, AMCH PMO will analyze organizational performance and patient outcomes to determine the amount of incentive-based payments to be disseminated to organizations who meet or exceed DSRIP goals and objectives.										
Task M2:2. AMCH Finance Committee will monitor incentive payments to adhere to the funds flow model in order to appropriately distribute funds consistent with achieved values across the provider network.										
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.										
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.										
Task M1:1. AMCH WCC will define a target workforce state in line with the DSRIP program goals for community health workers and community based organizations.										
Task M1:2. AMCH WCC will assess the current capabilities and systems in place for providing community health worker/community based organization services for outreach and navigation activities.										
Task M1:3. AMCH WCC will create a workforce transition roadmap based on the identified gaps to align and build community health worker capacity to meet the outreach and navigation needs.										
Task M1:4. AMCH PMO will evaluate patient satisfaction with community outreach and navigation services to modify the delivery system as necessary and appropriate.										
Task M1:5. Working with CBOs, the CCAC, CCHLC and WCC, the AMCH PMO will develop a culturally appropriate project-based care coordination team that may include care navigators, peer educators, and/or community health workers for outreach and navigation activities.										
Task M1:6. Based on the identified needs of the engaged patients, the										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
CCAC will develop a community engagement plan that will include key community stakeholders and discuss action steps necessary to ensure patients are engaged in the IDS.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	mcintyc	Templates	1_PMDL2003_1_3_20160129144733_2.a.i_discrep ency.docx	2.a.i Milestone 4 safety net nursing home discrepancy	01/29/2016 02:47 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Task M2:3 will be completed DY2Q1 An IT Vendor, Accenture, was contracted to complete the current state assessment and evaluate IT survey responses. Accenture did a deep dive by conducting a thorough analysis of all survey responses as well as a very detailed interview process with key stakeholders from various organizations in the PPS network. The finalized assessment has been reviewed at several TDMC meetings throughout Q3 as well as by PAC leadership meeting in November of 2015. A detailed visual of the IT current state has been created. The current state assessment identified clear gaps in terms of readiness for data sharing and the implementation of interoperable IT platform(s). The IT roadmap is a deliverable for the IT Systems and Processes work stream and as this is completed, a detailed analysis of incorporation of all health management systems, including the health home management systems, into the population health management system will be evaluated.
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	
Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	
Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.a.i.3 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.a.i.4 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project 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

✓ IPQR Module 2.a.iii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

A risk associated with the health home at-risk intervention project is a lack of health homes within our PPS network. We intend to mitigate this risk by working collaboratively with the many health home service providers that are part of our network, as well as collaborating closely with neighboring PPSs to meet the needs of our attributed patients.

A more concrete risk to this project is the delays associated with patient identification and risk stratification. Significant data will be needed from the state which remains behind schedule. Additionally, the state is still in the process of conducting the OPT OUT process. This process further delays the ability of our PPS to communicate patient lists generated from state provided data. We will mitigate this by working collaboratively to develop risk stratification and patient identification strategies that do not rely on the data coming from the Department of Health.

Another risk is lack of engagement by practitioners and leaders of the participating providers. Currently most healthcare practitioners and health systems function as silos and have not changed their systems due to current payment systems, or market share dominance. Without their active participation in our efforts to redesign the delivery system, we will face substantial hurdles in implementing project 2.a.iii effectively.

Strong linkages to Level 3 PCMH primary care sites are essential to the success of this project. Inability of the primary care practices to achieve this recognition will create additional hurdles. The current culture among practitioners is a barrier to integration of physical and behavioral health care services. The current lack of integration compromises the care of individuals with comorbid behavioral health and chronic medical conditions. A lack of sufficient care coordination services is also a risk. Failure to create a functional centralized triage system with effective care coordination will put this project at risk.

To mitigate this risk, we will:

- Create teams, led by practicing clinician stakeholders that will develop protocols and clinical pathways using evidence-based standards of care and monitoring of clinical performance.
- With a dedicated team of experts, AMCH PPS will coach and support other primary care practitioners to achieve Level 3 PCMH.
- Provide training and lead a cultural shift across organizational boundaries to create a more collaborative, patient centered approach.
- Assist our partners with the transition towards value-based payments and away from traditional FFS models.
- Create a centralized triage function in connection with our expanded Care Management capabilities. We intend to also expand our PPSs capacity for care management.

Another risk to the successful implementation of this project is the reliance on new IT and communications infrastructure, which is needed to support communication between practitioners and organizations. The IT and data sharing survey that we carried out prior to our DSRIP application revealed that the partners within our PPS are at differing levels of IT capabilities and are on differing platforms, creating risks to integration.

Existing IT infrastructure is inadequate to support a region-wide interoperable system, and a comprehensive patient registry. Rolling out new tools for data sharing while trying to establish new lines of communication to coordinate care will be a complex challenge. To mitigate this risk, we will collaborate with HIT vendors as well as participating providers to redesign and implement clinical IT and data sharing systems.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ IPQR Module 2.a.iii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY2,Q4	15,836

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
4,798	5,448	38.23%	8,804	34.40%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (14,252)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Implementation Plan & Periodic Updates	1_PMDL2215_1_3_20160129141209_AMCH_2.A.III_FINAL_FOR_MAPP_UPLOA D.xlsx	AMCH PPS 2AIII 12.31.2015	01/29/2016 02:13 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its actively engaged commitments for DY1Q3. The documentation does not support the reported actively engaged numbers.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.a.iii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Identify participating provider and/or sites, including but not limited to Health Home providers, PCPs, EDs, CBOs, Social Service agencies and care coordination providers.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Establish committee whose mission is the preparation of a HH At-Risk comprehensive management plan including identified staff and organizational roles.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Identify areas for collaboration with neighboring PPSs and ensure collaboration between related PPS project.	Project		Completed	11/23/2015	12/31/2015	11/23/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Complete a current state assessment of the HH at-risk population to determine the care coordination needs and availability of CC services.	Project		In Progress	11/02/2015	03/31/2016	11/02/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:5. Identify/hot spot HH at-risk populations in the 5 counties for the PPS.	Project		In Progress	11/02/2015	03/31/2016	11/02/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Define future state for the HH at-risk intervention program utilizing hot spotting and current state assessment.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:7. Complete gap analysis between the current state assessment and defined future state.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Utilizing gap analysis and future state modeling, the ad-hoc committee will develop a strategic plan that includes the definition of the HH at-risk intervention program, the development of a care management plan and definition of the management plan and the roles of the identified providers and organizations.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Submit the HH at-risk intervention program to the PPS Board for review and approval.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and APCM standards	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.	Project		In Progress	10/19/2015	03/31/2018	10/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Perform a practice-specific gap analysis to determine the	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
needed financial, technical and operational support to assure successful recognition by DY3.									
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.	Project		In Progress	12/07/2015	03/31/2018	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Project	N/A	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Case Management / Health Home	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.									
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS wide future state connectivity model.	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by	Project		In Progress	12/05/2015	06/27/2016	12/05/2015	06/27/2016	06/30/2016	DY2 Q1



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, Hospitals, specialists and PCMH site.									
Task M2:3. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Implement training and secure messaging to support the use of alerts across the PPS.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Implement the necessary technical and operational system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Develop practice specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Ensure clinician and staff training on new processes is conducted.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M2:1 Establish a project sub-committee with representation from participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3.	Project		In Progress	10/19/2015	03/31/2018	10/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support to assure successful recognition by DY3.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.	Project		In Progress	12/07/2015	03/31/2018	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:8. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH EHR sub-committee will articulate the scope, objectives and requirements of an effective patient tracking system to support effective population health management across PPS entities.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO will assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH PMO will implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. AMCH PMO will establish a central resource to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will generate required reports on the performance of individual and population health interventions implemented by the practice teams.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	Project	N/A	In Progress	11/02/2015	03/31/2017	11/02/2015	03/31/2017	03/31/2017	DY2 Q4
Task Procedures to engage at-risk patients with care management plan instituted.	Project		In Progress	11/02/2015	03/31/2017	11/02/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Identify HH at-risk patient risk factors based on the current state analysis and hot spotting.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Identify nationally recognized best practice evidence-based care management plans.	Project		In Progress	11/02/2015	03/31/2016	11/02/2015	03/31/2016	03/31/2016	DY1 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:3. Complete plan development using identified best practice evidence-based care management plans, gap analysis and future state model.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Develop training materials required to implement Health Home at-risk action plan buy-in at the provider level and implement this training.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Develop care management documentation and protocols, necessary policies and procedures, and a comprehensive action plan, to engage targeted patient population and reduce patient risk factors.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.	Provider	Case Management / Health Home	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Identify the participating project PCPs, Health Homes such as Hudson River Health, and other Health Home downstream providers.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Define care management roles and responsibilities for each Health Home and participating provider.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Establish partnership agreements with PCPs, HH providers, EDs and CBOs as necessary. Agreements to include information sharing requirements as necessary for care coordination.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).									
Task PPS has established partnerships to medical, behavioral health, and social services.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.	Provider	Case Management / Health Home	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Established project sub-committee will identify the participating project PCPs, Health Home providers, CBOs, local Health Departments, OMH and OASAS licensed providers, LGUs and SPOAs.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Utilize current state assessment, future state model and gap analysis to identify the needed care management services of the participating PCPs and HHs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Identify current PPS providers that have existing PCP and HH resources that could be expanded to fill the gap.	Project		In Progress	11/02/2015	03/31/2016	11/02/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:4. Establish partnership agreements that define policies and procedures and care coordination between the PCPs and HHs with the PPS medical, behavioral health and social service providers for the allocation of needed PCP and HH resources.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Collaborate with TDMC to identify baseline EHR/referral workflow capabilities within participating provider organizations. This survey will include connectivity to HIE.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Collect and review participating provider EHR vendor documentation and facilitate obtaining documentation when missing.	Project		In Progress	10/05/2015	06/30/2016	10/05/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:3. Establish standards for reporting EHR documentation of	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
referrals to needed services.									
Task M2:4. Participating PPS providers will report on and document partnerships for needed services using EHRs and the HIE system.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Review and validate CNA data with participating providers to identify the most prevalent chronic conditions based on additional data and expertise of stakeholders.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Project sub-committee, in collaboration with CQAC, will identify Nationally recognized evidence-based guidelines for the management of the identified Chronic conditions.	Project		In Progress	11/02/2015	03/31/2016	11/02/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:3. Submit identified chronic condition guidelines to the CQAC for review and adoption.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Disseminate guidelines while providing appropriate provider level training and education for implementation.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:5. AMCH PPS participating providers will adopt identified guidelines.									
Task M2:1. Identify all participating providers engaged in partnerships for this project to regularly join project subcommittee and/or CQAC meetings to review evidence based practices.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Assist project participating providers to develop and implement evidence-based care practices where appropriate.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Identify Social Services agencies in the PPS five county service area to participate in project subcommittee and PPS PAC meetings where relevant.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M3:2. Establish appropriate written agreements with Social Service Agencies.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. PPS develops risk-reduction and evidence-based care practices with identified Social Services Agencies.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Risk reduction and evidence-based care practices will be presented to CQAC for approval when appropriate.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:1. Collaborate with CCHLC to identify training vendor to supply educational materials on management of chronic diseases.	Project		In Progress	11/16/2015	03/31/2016	11/16/2015	03/31/2016	03/31/2016	DY1 Q4
Task M4:2. Review identified trainings with clinical stakeholders as well as CCAC for understanding.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:3. Disseminate training materials as appropriate.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs										
Task M1:1. Identify participating provider and/or sites, including but not limited to Health Home providers, PCPs, EDs, CBOs, Social Service agencies and care coordination providers.										
Task M1:2. Establish committee whose mission is the preparation of a HH At-Risk comprehensive management plan including identified staff and organizational roles.										
Task M1:3. Identify areas for collaboration with neighboring PPSs and ensure collaboration between related PPS project.										
Task M1:4. Complete a current state assessment of the HH at-risk population to determine the care coordination needs and availability of CC services.										
Task M1:5. Identify/hot spot HH at-risk populations in the 5 counties for the PPS.										
Task M1:6. Define future state for the HH at-risk intervention program utilizing hot spotting and current state assessment.										
Task M1:7. Complete gap analysis between the current state assessment and defined future state.										
Task M1:8. Utilizing gap analysis and future state modeling, the ad-hoc committee will develop a strategic plan that includes the definition of the HH at-risk intervention program, the development of a care management plan and definition of the management plan and the roles of the identified providers and organizations.										
Task M1:9. Submit the HH at-risk intervention program to the PPS Board for review and approval.										
Milestone #2 Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task All practices meet NCQA 2014 Level 3 PCMH and APCM standards	0	0	0	0	0	247	247	494	494	494
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.										
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.										
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.										
Task M1:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support to assure successful recognition by DY3.										
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.										
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.										
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.										
Task M1:8. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.										
Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	53	53	53	53	53
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	126	126	126	126	126
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	9	9	9	9	9
Task PPS uses alerts and secure messaging functionality.										
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS wide future state connectivity model.										
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Task M2:1. Perform a current state assessment on the interconnected										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.										
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, Hospitals, specialists and PCMH site.										
Task M2:3. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.										
Task M2:4. Implement training and secure messaging to support the use of alerts across the PPS.										
Task M2:5. Implement the necessary technical and operational system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.										
Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	53	53	53
Task M1:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.										
Task M1:2. Develop practice specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.										
Task M1:3. Ensure clinician and staff training on new processes is conducted.										
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M2:1 Establish a project sub-committee with representation from participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.										
Task M2:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.										
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.										
Task M2:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support to assure successful recognition by DY3.										
Task M2:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.										
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.										
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.										
Task M2:8. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.										
Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. AMCH EHR sub-committee will articulate the scope,										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
objectives and requirements of an effective patient tracking system to support effective population health management across PPS entities.										
Task M1:2. AMCH PMO will assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.										
Task M1:3. AMCH PMO will implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.										
Task M1:4. AMCH PMO will establish a central resource to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.										
Task M1:5. AMCH PMO will generate required reports on the performance of individual and population health interventions implemented by the practice teams.										
Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.										
Task Procedures to engage at-risk patients with care management plan instituted.										
Task M1:1. Identify HH at-risk patient risk factors based on the current state analysis and hot spotting.										
Task M1:2. Identify nationally recognized best practice evidence-based care management plans.										
Task M1:3. Complete plan development using identified best practice evidence-based care management plans, gap analysis and future state model.										
Task M1:4. Develop training materials required to implement Health Home at-risk action plan buy-in at the provider level and implement this training.										
Task M1:5. Develop care management documentation and protocols, necessary policies and procedures, and a comprehensive action plan, to engage targeted patient population and reduce patient risk factors.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.										
Task Each identified PCP establish partnerships with the local Health Home for care management services.	0	0	0	0	0	247	247	494	494	494
Task Each identified PCP establish partnerships with the local Health Home for care management services.	0	0	0	0	0	3	3	9	9	9
Task M1:1. Identify the participating project PCPs, Health Homes such as Hudson River Health, and other Health Home downstream providers.										
Task M1:2. Define care management roles and responsibilities for each Health Home and participating provider.										
Task M1:3. Establish partnership agreements with PCPs, HH providers, EDs and CBOs as necessary. Agreements to include information sharing requirements as necessary for care coordination.										
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).										
Task PPS has established partnerships to medical, behavioral health, and social services.	0	0	0	0	0	247	247	494	494	494
Task PPS has established partnerships to medical, behavioral health, and social services.	0	0	0	0	0	3	3	9	9	9
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.										
Task M1:1. Established project sub-committee will identify the participating project PCPs, Health Home providers, CBOs, local Health Departments, OMH and OASAS licensed providers, LGUs and SPOAs.										
Task M1:2. Utilize current state assessment, future state model and gap analysis to identify the needed care management services of										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
the participating PCPs and HHs.										
Task M1:3. Identify current PPS providers that have existing PCP and HH resources that could be expanded to fill the gap.										
Task M1:4. Establish partnership agreements that define policies and procedures and care coordination between the PCPs and HHs with the PPS medical, behavioral health and social service providers for the allocation of needed PCP and HH resources.										
Task M2:1. Collaborate with TDMC to identify baseline EHR/referral workflow capabilities within participating provider organizations. This survey will include connectivity to HIE.										
Task M2:2. Collect and review participating provider EHR vendor documentation and facilitate obtaining documentation when missing.										
Task M2:3. Establish standards for reporting EHR documentation of referrals to needed services.										
Task M2:4. Participating PPS providers will report on and document partnerships for needed services using EHRs and the HIE system.										
Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.										
Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.										
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.										
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.										
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:1. Review and validate CNA data with participating providers to identify the most prevalent chronic conditions based on additional data and expertise of stakeholders.										
Task M1:2. Project sub-committee, in collaboration with CQAC, will identify Nationally recognized evidence-based guidelines for the management of the identified Chronic conditions.										
Task M1:3. Submit identified chronic condition guidelines to the CQAC for review and adoption.										
Task M1:4. Disseminate guidelines while providing appropriate provider level training and education for implementation.										
Task M1:5. AMCH PPS participating providers will adopt identified guidelines.										
Task M2:1. Identify all participating providers engaged in partnerships for this project to regularly join project subcommittee and/or CQAC meetings to review evidence based practices.										
Task M2:2. Assist project participating providers to develop and implement evidence-based care practices where appropriate.										
Task M3:1. Identify Social Services agencies in the PPS five county service area to participate in project subcommittee and PPS PAC meetings where relevant.										
Task M3:2. Establish appropriate written agreements with Social Service Agencies.										
Task M3:3. PPS develops risk-reduction and evidence-based care practices with identified Social Services Agencies.										
Task M3:4. Risk reduction and evidence-based care practices will be presented to CQAC for approval when appropriate.										
Task M4:1. Collaborate with CCHLC to identify training vendor to supply educational materials on management of chronic diseases.										
Task M4:2. Review identified trainings with clinical stakeholders as well as CCAC for understanding.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M4:3. Disseminate training materials as appropriate.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.										
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs										
Task M1:1. Identify participating provider and/or sites, including but not limited to Health Home providers, PCPs, EDs, CBOs, Social Service agencies and care coordination providers.										
Task M1:2. Establish committee whose mission is the preparation of a HH At-Risk comprehensive management plan including identified staff and organizational roles.										
Task M1:3. Identify areas for collaboration with neighboring PPSs and ensure collaboration between related PPS project.										
Task M1:4. Complete a current state assessment of the HH at-risk population to determine the care coordination needs and availability of CC services.										
Task M1:5. Identify/hot spot HH at-risk populations in the 5 counties for the PPS.										
Task M1:6. Define future state for the HH at-risk intervention program utilizing hot spotting and current state assessment.										
Task M1:7. Complete gap analysis between the current state assessment and defined future state.										
Task M1:8. Utilizing gap analysis and future state modeling, the ad-hoc committee will develop a strategic plan that includes the definition of the HH at-risk intervention program, the development of a care management plan and definition of the management plan and the roles of the identified providers and organizations.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:9. Submit the HH at-risk intervention program to the PPS Board for review and approval.										
Milestone #2 Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and APCM standards	494	494	494	494	494	494	494	494	494	494
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.										
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.										
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.										
Task M1:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support to assure successful recognition by DY3.										
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.										
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.										
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.										
Task M1:8. Monitor on a monthly basis to evaluate progress and										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
assess needed additional resources to support practice transformation.										
Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	53	53	53	53	53	53	53	53	53	53
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	126	126	126	126	126	126	126	126	126	126
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	9	9	9	9	9	9	9	9	9	9
Task PPS uses alerts and secure messaging functionality.										
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS wide future state connectivity model.										
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
plan and a phased roll-out.										
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Task M2:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.										
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, Hospitals, specialists and PCMH site.										
Task M2:3. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.										
Task M2:4. Implement training and secure messaging to support the use of alerts across the PPS.										
Task M2:5. Implement the necessary technical and operational system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.										
Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	53	53	53	53	53	53	53	53	53	53
Task M1:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.										
Task M1:2. Develop practice specific action plan to implement										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.										
Task M1:3. Ensure clinician and staff training on new processes is conducted.										
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.										
Task M2:1 Establish a project sub-committee with representation from participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3.										
Task M2:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.										
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.										
Task M2:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support to assure successful recognition by DY3.										
Task M2:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.										
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.										
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.										
Task M2:8. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.										
Milestone #5 Perform population health management by actively using EHRs										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. AMCH EHR sub-committee will articulate the scope, objectives and requirements of an effective patient tracking system to support effective population health management across PPS entities.										
Task M1:2. AMCH PMO will assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.										
Task M1:3. AMCH PMO will implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.										
Task M1:4. AMCH PMO will establish a central resource to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.										
Task M1:5. AMCH PMO will generate required reports on the performance of individual and population health interventions implemented by the practice teams.										
Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.										
Task Procedures to engage at-risk patients with care management plan instituted.										
Task M1:1. Identify HH at-risk patient risk factors based on the current state analysis and hot spotting.										
Task M1:2. Identify nationally recognized best practice evidence-based care management plans.										
Task M1:3. Complete plan development using identified best practice evidence-based care management plans, gap analysis and future state model.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:4. Develop training materials required to implement Health Home at-risk action plan buy-in at the provider level and implement this training.										
Task M1:5. Develop care management documentation and protocols, necessary policies and procedures, and a comprehensive action plan, to engage targeted patient population and reduce patient risk factors.										
Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.										
Task Each identified PCP establish partnerships with the local Health Home for care management services.	494	494	494	494	494	494	494	494	494	494
Task Each identified PCP establish partnerships with the local Health Home for care management services.	9	9	9	9	9	9	9	9	9	9
Task M1:1. Identify the participating project PCPs, Health Homes such as Hudson River Health, and other Health Home downstream providers.										
Task M1:2. Define care management roles and responsibilities for each Health Home and participating provider.										
Task M1:3. Establish partnership agreements with PCPs, HH providers, EDs and CBOs as necessary. Agreements to include information sharing requirements as necessary for care coordination.										
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).										
Task PPS has established partnerships to medical, behavioral health, and social services.	494	494	494	494	494	494	494	494	494	494
Task PPS has established partnerships to medical, behavioral health, and social services.	9	9	9	9	9	9	9	9	9	9
Task PPS uses EHRs and HIE system to facilitate and document										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
partnerships with needed services.										
Task M1:1. Established project sub-committee will identify the participating project PCPs, Health Home providers, CBOs, local Health Departments, OMH and OASAS licensed providers, LGUs and SPOAs.										
Task M1:2. Utilize current state assessment, future state model and gap analysis to identify the needed care management services of the participating PCPs and HHs.										
Task M1:3. Identify current PPS providers that have existing PCP and HH resources that could be expanded to fill the gap.										
Task M1:4. Establish partnership agreements that define policies and procedures and care coordination between the PCPs and HHs with the PPS medical, behavioral health and social service providers for the allocation of needed PCP and HH resources.										
Task M2:1. Collaborate with TDMC to identify baseline EHR/referral workflow capabilities within participating provider organizations. This survey will include connectivity to HIE.										
Task M2:2. Collect and review participating provider EHR vendor documentation and facilitate obtaining documentation when missing.										
Task M2:3. Establish standards for reporting EHR documentation of referrals to needed services.										
Task M2:4. Participating PPS providers will report on and document partnerships for needed services using EHRs and the HIE system.										
Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.										
Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.										
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.										
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.										
Task M1:1. Review and validate CNA data with participating providers to identify the most prevalent chronic conditions based on additional data and expertise of stakeholders.										
Task M1:2. Project sub-committee, in collaboration with CQAC, will identify Nationally recognized evidence-based guidelines for the management of the identified Chronic conditions.										
Task M1:3. Submit identified chronic condition guidelines to the CQAC for review and adoption.										
Task M1:4. Disseminate guidelines while providing appropriate provider level training and education for implementation.										
Task M1:5. AMCH PPS participating providers will adopt identified guidelines.										
Task M2:1. Identify all participating providers engaged in partnerships for this project to regularly join project subcommittee and/or CQAC meetings to review evidence based practices.										
Task M2:2. Assist project participating providers to develop and implement evidence-based care practices where appropriate.										
Task M3:1. Identify Social Services agencies in the PPS five county service area to participate in project subcommittee and PPS PAC meetings where relevant.										
Task M3:2. Establish appropriate written agreements with Social Service Agencies.										
Task M3:3. PPS develops risk-reduction and evidence-based care practices with identified Social Services Agencies.										
Task										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
M3:4. Risk reduction and evidence-based care practices will be presented to CQAC for approval when appropriate.										
Task M4:1. Collaborate with CCHLC to identify training vendor to supply educational materials on management of chronic diseases.										
Task M4:2. Review identified trainings with clinical stakeholders as well as CCAC for understanding.										
Task M4:3. Disseminate training materials as appropriate.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	
Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	
Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	
Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	
Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	
Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.a.iii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.a.iii.5 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project 2.a.v – Create a medical village/alternative housing using existing nursing home infrastructure

☑ IPQR Module 2.a.v.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

<p>Risks</p> <ul style="list-style-type: none">•Lack of capital funding may affect the participating SNFs ability to successfully restructure their current operating model.•Lack of engagement by a sufficient number of providers.•Staffing and corresponding workers may need retraining to accommodate the transformation of the facility. Workforce limitations associated with salaries and training will be a challenge.•Since the AMCH PPS catchment area represents a diverse population, some identified hot spot areas may not align with the needs of this project initiative.•The proper waivers to implement this project may not be approved in time to meet the AMCH PPS speed and scale requirements.•Updated provider type and safety net designation may be unavailable prior to the submission. This may not represent the provider data accurately which will affect the speed and scale deliverables.•Lack of IT infrastructure, EHR utilization, and proper data security protocols within the identified partnering SNFs will impede the success of this project.•Completing and submitting an approved Certificate of Need (CON) to the NYSDOH is a timely process that may cause delays in the overall project implementation. <p>Mitigation Strategies</p> <ul style="list-style-type: none">•AMCH PMO will structure funds flow to encourage organizational/provider buy-in as well as timely submission of all required documentation. (CONs) (1a/b/h).•DSRIP training and education teams in collaboration with our workforce training vendor (TBD) will provide resources, materials, and training to assist the staff to ensure they are comfortable with the potential shift in roles and responsibilities (1c).•AMCH PMO will analyze existing data, as well as identified hot spots in the CNA to determine which partnering facilities may have excess bed capacity and willing to participate in this project (1d).•AMCH PMO will review existing waivers and identify ones that are needed to ensure that the proper applications are in place in order to effectively implement 2av (1e).•AMCH PMO will work closely with KPMG and PCG to ensure that proper categorization of the providers and organizations attributed to the PPS network will be available and updated on a regular basis (1f).•Enhanced EHR capabilities will be important for the success of this project. AMCH PPS will ensure that constant communication and additional data resources will be accessible by all partnering providers engaged in 2av. MAPP Tool functionality, Salient Data and other information provided by the NYSDOH will be imperative (1g).



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.a.v.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY3,Q4	680

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
0	0	0.00%	100	0.00%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (100)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Templates	1_PMDL2415_1_3_20160128152608_AMCH_2.A.V._FINAL_FOR_MAPP_UPLOA D.xlsx	2AV Patient speed	01/28/2016 03:26 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.a.v.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Transform outdated (underperforming) nursing home capacity into a stand-alone emergency department/urgent care center or other healthcare-related purpose.	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task Execute project to reduce outdated nursing home capacity into a stand-alone, "medical village"	Project		In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO will survey and review all of the existing SNFs and Long Term Care Facilities in our PPS to determine current bed capacity, bed utilization, financial sustainability, and willingness to participate in 2av - with a specific focus on Daughters of Sarah Nursing Home, Albany County Nursing Home, and Saratoga Hospital Nursing Home.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO will analyze the Community Needs Assessment and other relevant sources to determine current gaps and highest demand (hot spots) for services provided, number of excess nursing home beds by county, current hospitalization/ED utilization rates, and Medicaid patient breakdown.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. AMCH PMO will select the SNFs that will be involved in Project 2av based on the data collected and willingness to participate. AMCH PPS will communicate these findings to the PPS Executive Committee of the PAC, PPS Board and PPS Providers.	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task M1:4. AMCH PMO will develop implementation plan with designated SNFs to include beds to be decertified, funding,	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
"Medical Village" implementation/re-use and feasibility within the existing time frames.									
Task M1:5. AMCH PMO will develop and execute contracts with partnering SNFs to establish contract deliverables, funding, timeframes, and additional service coordination needs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. AMCH PMO will execute implementation plan by working with partnering SNFs to complete CONs to decertify beds and re-use freed up space to create either a medical village construct with interdisciplinary care delivery, or alternative housing depending on the details of the scope of services.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Provide a clear statement of how the infrastructure transformation program will promote better service and outcomes (service volume, occupancy statistics, etc.) for the community based upon the community needs assessment including, evaluation of specific planning needs for any Naturally Occurring Retirement Community (NORC) occurring within the PPS.	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has completed evaluation of community needs, including planning needs for NORCs, and has developed goals to provide improved access to needed services.	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will analyze the Community Needs Assessment along with each SNFs current operating model, ED utilization patterns, and associated costs in order to address the need and the potential creation of NORC. C.N.A Data: (pg. 45-46, 181, 183,185)	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. After evaluating the current state of each SNF, AMCH PMO will determine what services can be provided for each Medical Village/Alternative Housing based on needs, availability and willingness of providers, as well as space availability.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Based on the prior steps, AMCH PMO will create and provide an implementation plan to outline an infrastructural	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
transformation program that will promote better service and outcomes for the community.									
Task M1:4. AMCH PMO will execute implementation plan by working with partnering SNFs to complete infrastructural transformation programs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will finalization of Medical Village/Alternative housing services will be linked to additional contracts to be executed, as well as a coordinated and integrated delivery system involving ambulatory care providers as necessary and appropriate for each SNF's business model.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Provide a clear description of how this re-configured facility will fit into a broader integrated delivery system that is committed to high quality care and willing/able to participate in payment reform.	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed a clear strategic plan, which includes, at a minimum: - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of nursing home infrastructure to other needed services - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village - Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will define services to be provided in medical villages based on CNA analysis.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO will execute the nursing home infrastructure transition plan that includes a detailed definition of needed medical services, as noted in previous milestones.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:3. AMCH PMO will work in collaboration with the CCAC to document a process for community engagement on the facility transformation process. AMCH PMO will market and promote the medical village and consumer education regarding access to medical village services.									
Task M1:4. Based on the results of the CRFPs, AMCH PMO will provide a detailed description of any additional required capital improvements. Without capital funding, the feasibility of the project is severely impacted.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Provide clear documentation that demonstrates housing plans are consistent with the Olmstead Decision and any other federal requirements.	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task Medical village services and housing are compliant with Olmstead Decision and federal requirements.	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will ensure that all Medical Villages are in compliance with the Omstead Decision and will request documentation supporting their compliance with federal requirements and regulations.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO will provide the documentation, referenced above, in the Quarterly Reports submitted to the NYSDOH.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Identify specific community-based services that will be developed in lieu of these beds based upon the community need.	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS increases capacity of community-based services as identified in Community Needs Assessment.	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Using existing relevant sources (CNA, Surveys, Hot spots), AMCH PMO will determine which health services are in the highest demand for each participating SNF in order to strategically plan what services should be implemented at each location. These may include addiction services, stand-alone	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
urgent care centers, medical villages, and/or other healthcare-related purposes.									
Task M1:2. Using existing relevant sources (CNA, Surveys, Hot spots), AMCH PMO will determine which community-based resources, community navigators, and community outreach programs are currently in the highest demand and are feasible to be developed in space available, if capacity exists or could be created, and are financially feasible.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. AMCH PMO, in collaboration with the Workforce Coordinating Council, will determine staff training and development, redeployment, retention, and recruitment needs based on the selected community-based services.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Using the results from previous steps, the WCC will work with individual providers and our workforce development vendor to assess future state staffing needs by site and incorporate them into the workforce roadmap.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Develop and finalize the infrastructure transition plan for each participating SNF that recognizes available capital funding, identified needs, capacity to meet those needs, and the feasibility of funding.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Compile a list of additional community and health services created through the implementation of the infrastructure transition plan and make this list available through the CCAC.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:2. AMCH PMO will assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH PMO will implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. AMCH PMO will implement training sessions to educate participating partners on how to utilize the additional technical platforms.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. AMCH PMO will generate required reports on the performance of individual and population health interventions implemented by the practice teams.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.	Project		In Progress	10/19/2015	03/31/2018	10/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Utilizing a standardized assessment tool, perform a	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
current state assessment of participating practices, relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.									
Task M1:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to assure successful recognition by DY3.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows, and other changes, to become NCQA 2014 Level 3 certified or APCM.	Project		In Progress	12/07/2015	03/31/2018	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership, as well as timelines to implement the action plan effectively to achieve the recognition by DY 3.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Track site-specific certification to assure all participating safety-net providers become NCQA 2014 Level 3 PCMH certified or APCM.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Ensure that all safety net providers participating in medical villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Project	N/A	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY	Provider	Safety Net Practitioner - Primary Care Provider	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirements.		(PCP)							
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Mental Health	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Nursing Home	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Ensure clinician and staff training on new processes is conducted.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Create a contingency plan for organizations that are at risk of not achieving Meaningful Use Stage 2 for all utilized systems. Included in this plan will be additional strategies to assist organizations toward completing these requirement.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Transform outdated (underperforming) nursing home capacity into a stand-alone emergency department/urgent care center or other healthcare-related purpose.										

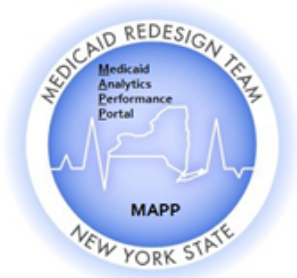


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Execute project to reduce outdated nursing home capacity into a stand-alone, "medical village"										
Task M1:1. AMCH PMO will survey and review all of the existing SNFs and Long Term Care Facilities in our PPS to determine current bed capacity, bed utilization, financial sustainability, and willingness to participate in 2av - with a specific focus on Daughters of Sarah Nursing Home, Albany County Nursing Home, and Saratoga Hospital Nursing Home.										
Task M1:2. AMCH PMO will analyze the Community Needs Assessment and other relevant sources to determine current gaps and highest demand (hot spots) for services provided, number of excess nursing home beds by county, current hospitalization/ED utilization rates, and Medicaid patient breakdown.										
Task M1:3. AMCH PMO will select the SNFs that will be involved in Project 2av based on the data collected and willingness to participate. AMCH PPS will communicate these findings to the PPS Executive Committee of the PAC, PPS Board and PPS Providers.										
Task M1:4. AMCH PMO will develop implementation plan with designated SNFs to include beds to be decertified, funding, "Medical Village" implementation/re-use and feasibility within the existing time frames.										
Task M1:5. AMCH PMO will develop and execute contracts with partnering SNFs to establish contract deliverables, funding, timeframes, and additional service coordination needs.										
Task M1:6. AMCH PMO will execute implementation plan by working with partnering SNFs to complete CONs to decertify beds and re-use freed up space to create either a medical village construct with interdisciplinary care delivery, or alternative housing depending on the details of the scope of services.										
Milestone #2 Provide a clear statement of how the infrastructure transformation program will promote better service and outcomes (service volume, occupancy statistics, etc.) for the community based upon the community needs assessment including, evaluation of specific planning needs for any Naturally Occurring Retirement Community (NORC) occurring within the PPS.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS has completed evaluation of community needs, including planning needs for NORCs, and has developed goals to provide improved access to needed services.										
Task M1:1. AMCH PMO will analyze the Community Needs Assessment along with each SNFs current operating model, ED utilization patterns, and associated costs in order to address the need and the potential creation of NORC. C.N.A Data: (pg. 45-46, 181, 183,185)										
Task M1:2. After evaluating the current state of each SNF, AMCH PMO will determine what services can be provided for each Medical Village/Alternative Housing based on needs, availability and willingness of providers, as well as space availability.										
Task M1:3. Based on the prior steps, AMCH PMO will create and provide an implementation plan to outline an infrastructural transformation program that will promote better service and outcomes for the community.										
Task M1:4. AMCH PMO will execute implementation plan by working with partnering SNFs to complete infrastructural transformation programs.										
Task M1:5. AMCH PMO will finalization of Medical Village/Alternative housing services will be linked to additional contracts to be executed, as well as a coordinated and integrated delivery system involving ambulatory care providers as necessary and appropriate for each SNF's business model.										
Milestone #3 Provide a clear description of how this re-configured facility will fit into a broader integrated delivery system that is committed to high quality care and willing/able to participate in payment reform.										
Task PPS has developed a clear strategic plan, which includes, at a minimum: - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of nursing home infrastructure to other needed services - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
- Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services										
Task M1:1. AMCH PMO will define services to be provided in medical villages based on CNA analysis.										
Task M1:2. AMCH PMO will execute the nursing home infrastructure transition plan that includes a detailed definition of needed medical services, as noted in previous milestones.										
Task M1:3. AMCH PMO will work in collaboration with the CCAC to document a process for community engagement on the facility transformation process. AMCH PMO will market and promote the medical village and consumer education regarding access to medical village services.										
Task M1:4. Based on the results of the CRFPs, AMCH PMO will provide a detailed description of any additional required capital improvements. Without capital funding, the feasibility of the project is severely impacted.										
Milestone #4 Provide clear documentation that demonstrates housing plans are consistent with the Olmstead Decision and any other federal requirements.										
Task Medical village services and housing are compliant with Olmstead Decision and federal requirements.										
Task M1:1. AMCH PMO will ensure that all Medical Villages are in compliance with the Omstead Decision and will request documentation supporting their compliance with federal requirements and regulations.										
Task M1:2. AMCH PMO will provide the documentation, referenced above, in the Quarterly Reports submitted to the NYSDOH.										
Milestone #5 Identify specific community-based services that will be developed in lieu of these beds based upon the community need.										
Task PPS increases capacity of community-based services as identified in Community Needs Assessment.										
Task M1:1. Using existing relevant sources (CNA, Surveys, Hot spots), AMCH PMO will determine which health services are in the highest demand for each participating SNF in order to										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
strategically plan what services should be implemented at each location. These may include addiction services, stand-alone urgent care centers, medical villages, and/or other healthcare-related purposes.										
Task M1:2. Using existing relevant sources (CNA, Surveys, Hot spots), AMCH PMO will determine which community-based resources, community navigators, and community outreach programs are currently in the highest demand and are feasible to be developed in space available, if capacity exists or could be created, and are financially feasible.										
Task M1:3. AMCH PMO, in collaboration with the Workforce Coordinating Council, will determine staff training and development, redeployment, retention, and recruitment needs based on the selected community-based services.										
Task M1:4. Using the results from previous steps, the WCC will work with individual providers and our workforce development vendor to assess future state staffing needs by site and incorporate them into the workforce roadmap.										
Task M1:5. Develop and finalize the infrastructure transition plan for each participating SNF that recognizes available capital funding, identified needs, capacity to meet those needs, and the feasibility of funding.										
Task M1:6. Compile a list of additional community and health services created through the implementation of the infrastructure transition plan and make this list available through the CCAC.										
Milestone #6 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. AMCH PMO will articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.										
Task M1:2. AMCH PMO will assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:3. AMCH PMO will implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.										
Task M1:4. AMCH PMO will implement training sessions to educate participating partners on how to utilize the additional technical platforms.										
Task M1:5. AMCH PMO will utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.										
Task M1:6. AMCH PMO will generate required reports on the performance of individual and population health interventions implemented by the practice teams.										
Milestone #7 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	0	0	0	0	53	53	53	53	53
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.										
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.										
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices, relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.										
Task M1:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to assure successful recognition by DY3.										
Task M1:5. Based on the gap analysis, establish priorities and develop										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
a practice specific action plan to achieve the recognition and transform the care delivery model.										
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows, and other changes, to become NCQA 2014 Level 3 certified or APCM.										
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership, as well as timelines to implement the action plan effectively to achieve the recognition by DY 3.										
Task M1:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.										
Task M1:9. Track site-specific certification to assure all participating safety-net providers become NCQA 2014 Level 3 PCMH certified or APCM.										
Milestone #8 Ensure that all safety net providers participating in medical villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
project sub-committee.										
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.										
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Milestone #9 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task M1:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.										
Task M1:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.										
Task M1:3. Ensure clinician and staff training on new processes is conducted.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.										
Task M1:5. Create a contingency plan for organizations that are at risk of not achieving Meaningful Use Stage 2 for all utilized systems. Included in this plan will be additional strategies to assist organizations toward completing these requirement.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Transform outdated (underperforming) nursing home capacity into a stand-alone emergency department/urgent care center or other healthcare-related purpose.										
Task Execute project to reduce outdated nursing home capacity into a stand-alone, "medical village"										
Task M1:1. AMCH PMO will survey and review all of the existing SNFs and Long Term Care Facilities in our PPS to determine current bed capacity, bed utilization, financial sustainability, and willingness to participate in 2av - with a specific focus on Daughters of Sarah Nursing Home, Albany County Nursing Home, and Saratoga Hospital Nursing Home.										
Task M1:2. AMCH PMO will analyze the Community Needs Assessment and other relevant sources to determine current gaps and highest demand (hot spots) for services provided, number of excess nursing home beds by county, current hospitalization/ED utilization rates, and Medicaid patient breakdown.										
Task M1:3. AMCH PMO will select the SNFs that will be involved in Project 2av based on the data collected and willingness to participate. AMCH PPS will communicate these findings to the PPS Executive Committee of the PAC, PPS Board and PPS Providers.										
Task M1:4. AMCH PMO will develop implementation plan with designated SNFs to include beds to be decertified, funding, "Medical Village" implementation/re-use and feasibility within the existing time frames.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:5. AMCH PMO will develop and execute contracts with partnering SNFs to establish contract deliverables, funding, timeframes, and additional service coordination needs.										
Task M1:6. AMCH PMO will execute implementation plan by working with partnering SNFs to complete CONs to decertify beds and re-use freed up space to create either a medical village construct with interdisciplinary care delivery, or alternative housing depending on the details of the scope of services.										
Milestone #2 Provide a clear statement of how the infrastructure transformation program will promote better service and outcomes (service volume, occupancy statistics, etc.) for the community based upon the community needs assessment including, evaluation of specific planning needs for any Naturally Occurring Retirement Community (NORC) occurring within the PPS.										
Task PPS has completed evaluation of community needs, including planning needs for NORCs, and has developed goals to provide improved access to needed services.										
Task M1:1. AMCH PMO will analyze the Community Needs Assessment along with each SNFs current operating model, ED utilization patterns, and associated costs in order to address the need and the potential creation of NORC. C.N.A Data: (pg. 45-46, 181, 183,185)										
Task M1:2. After evaluating the current state of each SNF, AMCH PMO will determine what services can be provided for each Medical Village/Alternative Housing based on needs, availability and willingness of providers, as well as space availability.										
Task M1:3. Based on the prior steps, AMCH PMO will create and provide an implementation plan to outline an infrastructural transformation program that will promote better service and outcomes for the community.										
Task M1:4. AMCH PMO will execute implementation plan by working with partnering SNFs to complete infrastructural transformation programs.										
Task M1:5. AMCH PMO will finalization of Medical Village/Alternative housing services will be linked to additional contracts to be executed, as well as a coordinated and integrated delivery										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
system involving ambulatory care providers as necessary and appropriate for each SNF's business model.										
Milestone #3 Provide a clear description of how this re-configured facility will fit into a broader integrated delivery system that is committed to high quality care and willing/able to participate in payment reform.										
Task PPS has developed a clear strategic plan, which includes, at a minimum: - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of nursing home infrastructure to other needed services - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village - Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services										
Task M1:1. AMCH PMO will define services to be provided in medical villages based on CNA analysis.										
Task M1:2. AMCH PMO will execute the nursing home infrastructure transition plan that includes a detailed definition of needed medical services, as noted in previous milestones.										
Task M1:3. AMCH PMO will work in collaboration with the CCAC to document a process for community engagement on the facility transformation process. AMCH PMO will market and promote the medical village and consumer education regarding access to medical village services.										
Task M1:4. Based on the results of the CRFPs, AMCH PMO will provide a detailed description of any additional required capital improvements. Without capital funding, the feasibility of the project is severely impacted.										
Milestone #4 Provide clear documentation that demonstrates housing plans are consistent with the Olmstead Decision and any other federal requirements.										
Task Medical village services and housing are compliant with Olmstead Decision and federal requirements.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:1. AMCH PMO will ensure that all Medical Villages are in compliance with the Omstead Decision and will request documentation supporting their compliance with federal requirements and regulations.										
Task M1:2. AMCH PMO will provide the documentation, referenced above, in the Quarterly Reports submitted to the NYSDOH.										
Milestone #5 Identify specific community-based services that will be developed in lieu of these beds based upon the community need.										
Task PPS increases capacity of community-based services as identified in Community Needs Assessment.										
Task M1:1. Using existing relevant sources (CNA, Surveys, Hot spots), AMCH PMO will determine which health services are in the highest demand for each participating SNF in order to strategically plan what services should be implemented at each location. These may include addiction services, stand-alone urgent care centers, medical villages, and/or other healthcare-related purposes.										
Task M1:2. Using existing relevant sources (CNA, Surveys, Hot spots), AMCH PMO will determine which community-based resources, community navigators, and community outreach programs are currently in the highest demand and are feasible to be developed in space available, if capacity exists or could be created, and are financially feasible.										
Task M1:3. AMCH PMO, in collaboration with the Workforce Coordinating Council, will determine staff training and development, redeployment, retention, and recruitment needs based on the selected community-based services.										
Task M1:4. Using the results from previous steps, the WCC will work with individual providers and our workforce development vendor to assess future state staffing needs by site and incorporate them into the workforce roadmap.										
Task M1:5. Develop and finalize the infrastructure transition plan for each participating SNF that recognizes available capital funding, identified needs, capacity to meet those needs, and the feasibility of funding.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:6. Compile a list of additional community and health services created through the implementation of the infrastructure transition plan and make this list available through the CCAC.										
Milestone #6 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. AMCH PMO will articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.										
Task M1:2. AMCH PMO will assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.										
Task M1:3. AMCH PMO will implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.										
Task M1:4. AMCH PMO will implement training sessions to educate participating partners on how to utilize the additional technical platforms.										
Task M1:5. AMCH PMO will utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.										
Task M1:6. AMCH PMO will generate required reports on the performance of individual and population health interventions implemented by the practice teams.										
Milestone #7 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	53	53	53	53	53	53	53	53	53	53
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.										
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.										
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices, relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.										
Task M1:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to assure successful recognition by DY3.										
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.										
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows, and other changes, to become NCQA 2014 Level 3 certified or APCM.										
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership, as well as timelines to implement the action plan effectively to achieve the recognition by DY 3.										
Task M1:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.										
Task M1:9. Track site-specific certification to assure all participating safety-net providers become NCQA 2014 Level 3 PCMH certified or APCM.										
Milestone #8 Ensure that all safety net providers participating in medical villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	53	53	53	53	53	53	53	53	53
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	22	22	22	22	22	22	22	22	22
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	4	4	4	4	4	4	4	4	4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	15	15	15	15	15	15	15	15	15
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.										
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #9 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task M1:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.										
Task M1:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.										
Task M1:3. Ensure clinician and staff training on new processes is conducted.										
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.										
Task M1:5. Create a contingency plan for organizations that are at risk of not achieving Meaningful Use Stage 2 for all utilized systems. Included in this plan will be additional strategies to assist organizations toward completing these requirement.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Transform outdated (underperforming) nursing home capacity into a stand-alone emergency department/urgent care center or other healthcare-related purpose.	
Provide a clear statement of how the infrastructure transformation program will promote better service and outcomes (service volume,	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
occupancy statistics, etc.) for the community based upon the community needs assessment including, evaluation of specific planning needs for any Naturally Occurring Retirement Community (NORC) occurring within the PPS.	
Provide a clear description of how this re-configured facility will fit into a broader integrated delivery system that is committed to high quality care and willing/able to participate in payment reform.	
Provide clear documentation that demonstrates housing plans are consistent with the Olmstead Decision and any other federal requirements.	
Identify specific community-based services that will be developed in lieu of these beds based upon the community need.	
Use EHRs and other technical platforms to track all patients engaged in the project.	
Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	
Ensure that all safety net providers participating in medical villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	
Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.a.v.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.a.v.5 - IA Monitoring

Instructions :



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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

IPQR Module 2.b.iii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

The primary risk for 2.b.iii relates to practitioner engagement. Currently most healthcare practitioners and health systems function as silos due to the current fee-for-service payment system. Without their active participation in our efforts to redesign the delivery of care management services system-wide, we will face substantial hurdles in implementing the steps necessary to achieve this project's milestones. Strong linkages to Level 3 PCMH primary care sites are essential to the success of this project. The inability of primary care practices to achieve this recognition will create additional challenges. Currently, there is a barrier to integration of physical and behavioral health care services which compromises the care of individuals with mental health and chemical dependency disorders and chronic medical conditions.

To mitigate this risk, we will:

- The CQAC in collaboration with the PMO will create teams, led by practicing clinician stakeholders, to develop clear lines of accountability and communication between relevant groups, and the development of clinical pathways using evidence-based standards of care and monitoring of clinical performance.
- With a dedicated team of experts, AMCH PMO will coach and support other primary care practitioners through the process of obtaining recognition as a Level 3 PCMH.
- Provide training and encourage a cultural shift across organizational boundaries to create a more collaborative, patient-centered approach whereby primary care practitioners are more attentive to behavioral health disorders.
- Assist our partners with the transition towards value based payments and away from traditional payment models.

A second risk to the successful implementation of this project is the reliance on IT infrastructure that is needed to support communication and data sharing between practitioners and organizations. The IT and data sharing survey conducted in November 2014 revealed that the partners within our PPS are at differing levels of IT capabilities and are on differing platforms, creating risks to integration. The current lack of infrastructure and capital and operating funding to support telemedicine, interoperability, real time connectivity, alerts and secure messaging limits successful implementation. Existing IT infrastructure is inadequate to support a region-wide interoperable system, and a comprehensive patient registry. Rolling out new tools for data sharing while trying to establish new lines of communication to coordinate care will be a complex challenge. To mitigate this risk, we will:

- Involve practitioners from our participating partners in the redesign and implementation of clinical IT and data sharing systems.
- Integrate a member of the AMCH Technology and Data Management Committee into the team to develop our clinical integration strategy. □



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.b.iii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY2,Q4	5,049

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
2,378	3,620	295.51%	-2,395	71.70%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Report(s)	1_PMDL2715_1_3_20160129141851_AMCH_2.B.III_FINAL_FOR_MAPP_UPLOA D.xlsx	AMCH PPS 2.B.III Patient Engagement	01/29/2016 02:19 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.b.iii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish ED care triage program for at-risk populations	Project	N/A	In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Stand up program based on project requirements	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Identify participating provider and/or sites, including Health Home providers, PCPs, Dentists, EDs, CBOs, Social Service agencies and care coordination providers.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Confirm participation of AMCH ED, Malta ED, Saratoga ED, and Columbia-Memorial ED as key stakeholders in this project.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Establish ED care triage sub-committee with representation based on identified providers.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Identify at-risk population and hotspots across the 5 county service area by analyzing member claims or other data to determine ED utilization patterns and share baseline metrics with project teams.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Complete a project specific current state assessment of the participating providers' ED care triage programs.	Project		In Progress	10/12/2015	03/31/2016	10/12/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Working with WCC, assess current care coordinator/patient navigator staffing patterns in participating EDs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Define future state for the ED Care Triage program utilizing hot spotting and current state assessment. Evaluate viability of models of care for implementation: EMTALA	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
screening/ Urgent Care diversion model, and care coordination/ patient navigator and medical home linkages.									
Task M1:8. ED care triage sub-committee will develop a draft action plan to implement steps necessary to achieve the identified future state ED care triage program across all participating EDs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. ED care triage sub-committee will select evidence-based guidelines for the prescription of narcotics and the appropriate use of I-STOP program in EDs.	Project		In Progress	10/12/2015	03/31/2016	10/12/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:10. Submit draft ED care triage action plan including guidelines for the use of narcotics to the CQAC for review and approval.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:11. Submit ED care triage plan to the PPS Board for review and approval.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:12. Assess existing workflows, referral patterns, access to primary care services and HIT capabilities for each participating ED site.	Project		In Progress	10/19/2015	03/31/2016	10/19/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:13. Complete gap analysis between the current state assessment and defined future state at the participating ED sites.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:14. Utilizing gap analysis and future state model, identify change activities and begin plan implementation utilizing the PDSA methodology.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:15. Identify future state care coordination/patient navigator staffing models in participating EDs and create a staffing plan including job descriptions and training requirements.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:16. Assist ED sites with staff recruitment, training and ongoing competency assessment.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:17. Working with neighboring PPSs, AMCH TDMC and HIXNY, evaluate the feasibility of developing and implementing a	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
system to exchange patient information electronically among local EDs.									
Task M1:18. Implement processes across PPS to connect patients with non-emergency needs to receive an appointment to see a primary care provider with whom they can establish a relationship.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:19. Working with CCHLC, develop culturally competent patient education materials on the appropriate use of ED services and benefits of primary care services offered at a PCMH.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:20. Provide training for ED providers and staff in how to talk to patients about where they should receive care for non-emergent needs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:21. Provide training for ED providers regarding the implementation of guidelines for prescription of narcotic use.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:22. Identify process metrics as well as data collection methods to facilitate evaluation reporting and implementation.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:23. Designate ED staff to review evaluation reports regarding ED utilization and to take appropriate action to assure adherence to project objectives.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)	Project		In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	Provider	Safety Net Hospital	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Establish a project sub-committee with representation from participating primary care practitioners, to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY3.	Project		In Progress	10/19/2015	03/31/2018	10/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Perform a practice-specific gap analysis to determine the financial, technical and operational support needed to assure successful recognition by DY3.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Based on the gap analysis, establish priorities and develop a practice-specific action plan to achieve the recognition and transform the care delivery model.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Create a learning collaborative for participating safety-net	Project		In Progress	12/07/2015	03/31/2018	12/07/2015	03/31/2018	03/31/2018	DY3 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.									
Task M1:7 Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Facilitate partnerships between participating EDs and community primary care providers including PCMHs to develop open-access models to assure timely access.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. The ED care triage sub-committee will draft process and procedures to assure timely access and effective communication for care transitions between the ED and community primary care practices.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:10. CQAC will review and approve the draft procedures.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:11. Designate staff at participating community sites to serve as contacts for ED care coordinators/patient navigators for access and care coordination needs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:12. Provide training to ED and practice staff on the new protocols to assure adherence.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:13. ED care coordinator/patient navigator will assure timely notification to the patient's Health Home care manager as applicable.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:14. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
performance on achieving the MU Stage 2 requirements.									
Task M2:3. Ensure clinician and staff training on new processes is conducted.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Conduct an analysis of current state PCPs and EDs ability to utilize secure messaging systems and alerts internally and externally.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M3:2. Define future state in terms of PPS-wide ENS utilization and technical parameters.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. AMCH PMO, in consultation with the TDMC, will identify and contract with a vendor for PPS-wide secure messaging and alerts through ADT feeds.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Ensure installation of ENS service in PCP offices and EDs as necessary and appropriate.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Project	N/A	In Progress	09/30/2016	09/30/2016	09/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.	Project		In Progress	09/30/2016	09/30/2016	09/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. ED care triage sub-committee will develop criteria for	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
effective, timely and efficient management of patients presenting to ED with minor illnesses.									
Task M1:2. Identify and select nationally recognized best practice evidenced-based processes of ED care triage for patients presenting without PCPs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Establish policies and procedures to assure timely referral from ED clinical staff to patient navigators for effective linkages to PCP.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Assess current state of staffing and systems in place to support effective patient navigation.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Define desired state of utilizing the patient navigators and community referrals to assist patients who do not have a primary care provider with timely access to community primary care.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Submit identified ED patient navigator processes to the CQAC for review and approval.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Submit identified ED patient navigator processes to the PPS Board for final approval.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Assess future staffing resources needed to support timely access to patient navigators and primary care providers.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Working in collaboration with WCC, develop additional trainings to providers and staff on the role of patient navigators in ED.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:10. Assist participating providers in creating and developing processes and protocols to transition from identified current state to the ideal future state that enables referrals of patients by patient navigators to non-emergency based PCP's, CBOs and other community based supports as appropriate.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:11. Conduct educational programs to participating sites and providers.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:12. Identify project participating non-emergency PCPs, CBOs and any other community support resources.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:13. Assess current state of access to primary care at identified PCMH sites and other CBOs for referrals from EDs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).	Provider	Safety Net Hospital	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
their population groups for population health management needs.									
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Establish ED care triage program for at-risk populations										
Task Stand up program based on project requirements										
Task M1:1. Identify participating provider and/or sites, including Health Home providers, PCPs, Dentists, EDs, CBOs, Social Service agencies and care coordination providers.										
Task M1:2. Confirm participation of AMCH ED, Malta ED, Saratoga ED, and Columbia-Memorial ED as key stakeholders in this project.										
Task M1:3. Establish ED care triage sub-committee with representation based on identified providers.										
Task M1:4. Identify at-risk population and hotspots across the 5 county service area by analyzing member claims or other data to determine ED utilization patterns and share baseline metrics with project teams.										
Task M1:5. Complete a project specific current state assessment of the participating providers' ED care triage programs.										
Task M1:6. Working with WCC, assess current care coordinator/patient navigator staffing patterns in participating EDs.										
Task M1:7. Define future state for the ED Care Triage program utilizing hot spotting and current state assessment. Evaluate viability of models of care for implementation: EMTALA screening/ Urgent Care diversion model, and care coordination/ patient navigator										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
and medical home linkages.										
Task M1:8. ED care triage sub-committee will develop a draft action plan to implement steps necessary to achieve the identified future state ED care triage program across all participating EDs.										
Task M1:9. ED care triage sub-committee will select evidence-based guidelines for the prescription of narcotics and the appropriate use of I-STOP program in EDs.										
Task M1:10. Submit draft ED care triage action plan including guidelines for the use of narcotics to the CQAC for review and approval.										
Task M1:11. Submit ED care triage plan to the PPS Board for review and approval.										
Task M1:12. Assess existing workflows, referral patterns, access to primary care services and HIT capabilities for each participating ED site.										
Task M1:13. Complete gap analysis between the current state assessment and defined future state at the participating ED sites.										
Task M1:14. Utilizing gap analysis and future state model, identify change activities and begin plan implementation utilizing the PDSA methodology.										
Task M1:15. Identify future state care coordination/patient navigator staffing models in participating EDs and create a staffing plan including job descriptions and training requirements.										
Task M1:16. Assist ED sites with staff recruitment, training and ongoing competency assessment.										
Task M1:17. Working with neighboring PPSs, AMCH TDMC and HIXNY, evaluate the feasibility of developing and implementing a system to exchange patient information electronically among local EDs.										
Task M1:18. Implement processes across PPS to connect patients with non-emergency needs to receive an appointment to see a primary care provider with whom they can establish a relationship.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:19. Working with CCHLC, develop culturally competent patient education materials on the appropriate use of ED services and benefits of primary care services offered at a PCMH.										
Task M1:20. Provide training for ED providers and staff in how to talk to patients about where they should receive care for non-emergent needs.										
Task M1:21. Provide training for ED providers regarding the implementation of guidelines for prescription of narcotic use.										
Task M1:22. Identify process metrics as well as data collection methods to facilitate evaluation reporting and implementation.										
Task M1:23. Designate ED staff to review evaluation reports regarding ED utilization and to take appropriate action to assure adherence to project objectives.										
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	0	0	0	0	53	53	53	53	53
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	0	0	0	0	0	53	53	53	53	53
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	0	0	0	0	0	4	4	4	4	4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:1. Establish a project sub-committee with representation from participating primary care practitioners, to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY3.										
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.										
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.										
Task M1:4. Perform a practice-specific gap analysis to determine the financial, technical and operational support needed to assure successful recognition by DY3.										
Task M1:5. Based on the gap analysis, establish priorities and develop a practice-specific action plan to achieve the recognition and transform the care delivery model.										
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.										
Task M1:7 Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.										
Task M1:8. Facilitate partnerships between participating EDs and community primary care providers including PCMHs to develop open-access models to assure timely access.										
Task M1:9. The ED care triage sub-committee will draft process and procedures to assure timely access and effective communication for care transitions between the ED and community primary care practices.										
Task M1:10. CQAC will review and approve the draft procedures.										
Task M1:11. Designate staff at participating community sites to serve as contacts for ED care coordinators/patient navigators for										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
access and care coordination needs.										
Task M1:12. Provide training to ED and practice staff on the new protocols to assure adherence.										
Task M1:13. ED care coordinator/patient navigator will assure timely notification to the patient's Health Home care manager as applicable.										
Task M1:14. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.										
Task M2:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.										
Task M2:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.										
Task M2:3. Ensure clinician and staff training on new processes is conducted.										
Task M2:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.										
Task M3:1. Conduct an analysis of current state PCPs and EDs ability to utilize secure messaging systems and alerts internally and externally.										
Task M3:2. Define future state in terms of PPS-wide ENS utilization and technical parameters.										
Task M3:3. AMCH PMO, in consultation with the TDMC, will identify and contract with a vendor for PPS-wide secure messaging and alerts through ADT feeds.										
Task M3:4. Ensure installation of ENS service in PCP offices and EDs as necessary and appropriate.										
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).										
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.										
Task M1:1. ED care triage sub-committee will develop criteria for effective, timely and efficient management of patients presenting to ED with minor illnesses.										
Task M1:2. Identify and select nationally recognized best practice evidenced-based processes of ED care triage for patients presenting without PCPs.										
Task M1:3. Establish policies and procedures to assure timely referral from ED clinical staff to patient navigators for effective linkages to PCP.										
Task M1:4. Assess current state of staffing and systems in place to support effective patient navigation.										
Task M1:5. Define desired state of utilizing the patient navigators and community referrals to assist patients who do not have a primary care provider with timely access to community primary care.										
Task M1:6. Submit identified ED patient navigator processes to the CQAC for review and approval.										
Task M1:7. Submit identified ED patient navigator processes to the PPS Board for final approval.										
Task M1:8. Assess future staffing resources needed to support timely access to patient navigators and primary care providers.										
Task M1:9. Working in collaboration with WCC, develop additional trainings to providers and staff on the role of patient navigators in ED.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:10. Assist participating providers in creating and developing processes and protocols to transition from identified current state to the ideal future state that enables referrals of patients by patient navigators to non-emergency based PCP's, CBOs and other community based supports as appropriate.										
Task M1:11. Conduct educational programs to participating sites and providers.										
Task M1:12. Identify project participating non-emergency PCPs, CBOs and any other community support resources.										
Task M1:13. Assess current state of access to primary care at identified PCMH sites and other CBOs for referrals from EDs.										
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)										
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).	0	0	0	0	0	0	0	0	0	0
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.										
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.										
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.										
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:5. Utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.										
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Establish ED care triage program for at-risk populations										
Task Stand up program based on project requirements										
Task M1:1. Identify participating provider and/or sites, including Health Home providers, PCPs, Dentists, EDs, CBOs, Social Service agencies and care coordination providers.										
Task M1:2. Confirm participation of AMCH ED, Malta ED, Saratoga ED, and Columbia-Memorial ED as key stakeholders in this project.										
Task M1:3. Establish ED care triage sub-committee with representation based on identified providers.										
Task M1:4. Identify at-risk population and hotspots across the 5 county service area by analyzing member claims or other data to determine ED utilization patterns and share baseline metrics with project teams.										
Task M1:5. Complete a project specific current state assessment of the participating providers' ED care triage programs.										
Task M1:6. Working with WCC, assess current care coordinator/patient navigator staffing patterns in participating EDs.										
Task M1:7. Define future state for the ED Care Triage program utilizing hot spotting and current state assessment. Evaluate viability of models of care for implementation: EMTALA screening/ Urgent Care diversion model, and care coordination/ patient navigator and medical home linkages.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:8. ED care triage sub-committee will develop a draft action plan to implement steps necessary to achieve the identified future state ED care triage program across all participating EDs.										
Task M1:9. ED care triage sub-committee will select evidence-based guidelines for the prescription of narcotics and the appropriate use of I-STOP program in EDs.										
Task M1:10. Submit draft ED care triage action plan including guidelines for the use of narcotics to the CQAC for review and approval.										
Task M1:11. Submit ED care triage plan to the PPS Board for review and approval.										
Task M1:12. Assess existing workflows, referral patterns, access to primary care services and HIT capabilities for each participating ED site.										
Task M1:13. Complete gap analysis between the current state assessment and defined future state at the participating ED sites.										
Task M1:14. Utilizing gap analysis and future state model, identify change activities and begin plan implementation utilizing the PDSA methodology.										
Task M1:15. Identify future state care coordination/patient navigator staffing models in participating EDs and create a staffing plan including job descriptions and training requirements.										
Task M1:16. Assist ED sites with staff recruitment, training and ongoing competency assessment.										
Task M1:17. Working with neighboring PPSs, AMCH TDMC and HIXNY, evaluate the feasibility of developing and implementing a system to exchange patient information electronically among local EDs.										
Task M1:18. Implement processes across PPS to connect patients with non-emergency needs to receive an appointment to see a primary care provider with whom they can establish a relationship.										
Task M1:19. Working with CCHLC, develop culturally competent										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
patient education materials on the appropriate use of ED services and benefits of primary care services offered at a PCMH.										
Task M1:20. Provide training for ED providers and staff in how to talk to patients about where they should receive care for non-emergent needs.										
Task M1:21. Provide training for ED providers regarding the implementation of guidelines for prescription of narcotic use.										
Task M1:22. Identify process metrics as well as data collection methods to facilitate evaluation reporting and implementation.										
Task M1:23. Designate ED staff to review evaluation reports regarding ED utilization and to take appropriate action to assure adherence to project objectives.										
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	53	53	53	53	53	53	53	53	53	53
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	53	53	53	53	53	53	53	53	53	53
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	4	4	4	4	4	4	4	4	4	4
Task M1:1. Establish a project sub-committee with representation from participating primary care practitioners, to facilitate and assure										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY3.										
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.										
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.										
Task M1:4. Perform a practice-specific gap analysis to determine the financial, technical and operational support needed to assure successful recognition by DY3.										
Task M1:5. Based on the gap analysis, establish priorities and develop a practice-specific action plan to achieve the recognition and transform the care delivery model.										
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.										
Task M1:7 Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.										
Task M1:8. Facilitate partnerships between participating EDs and community primary care providers including PCMHs to develop open-access models to assure timely access.										
Task M1:9. The ED care triage sub-committee will draft process and procedures to assure timely access and effective communication for care transitions between the ED and community primary care practices.										
Task M1:10. CQAC will review and approve the draft procedures.										
Task M1:11. Designate staff at participating community sites to serve as contacts for ED care coordinators/patient navigators for access and care coordination needs.										
Task M1:12. Provide training to ED and practice staff on the new										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
protocols to assure adherence.										
Task M1:13. ED care coordinator/patient navigator will assure timely notification to the patient's Health Home care manager as applicable.										
Task M1:14. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.										
Task M2:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.										
Task M2:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.										
Task M2:3. Ensure clinician and staff training on new processes is conducted.										
Task M2:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.										
Task M3:1. Conduct an analysis of current state PCPs and EDs ability to utilize secure messaging systems and alerts internally and externally.										
Task M3:2. Define future state in terms of PPS-wide ENS utilization and technical parameters.										
Task M3:3. AMCH PMO, in consultation with the TDMC, will identify and contract with a vendor for PPS-wide secure messaging and alerts through ADT feeds.										
Task M3:4. Ensure installation of ENS service in PCP offices and EDs as necessary and appropriate.										
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).										
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.										
Task M1:1. ED care triage sub-committee will develop criteria for effective, timely and efficient management of patients presenting to ED with minor illnesses.										
Task M1:2. Identify and select nationally recognized best practice evidenced-based processes of ED care triage for patients presenting without PCPs.										
Task M1:3. Establish policies and procedures to assure timely referral from ED clinical staff to patient navigators for effective linkages to PCP.										
Task M1:4. Assess current state of staffing and systems in place to support effective patient navigation.										
Task M1:5. Define desired state of utilizing the patient navigators and community referrals to assist patients who do not have a primary care provider with timely access to community primary care.										
Task M1:6. Submit identified ED patient navigator processes to the CQAC for review and approval.										
Task M1:7. Submit identified ED patient navigator processes to the PPS Board for final approval.										
Task M1:8. Assess future staffing resources needed to support timely access to patient navigators and primary care providers.										
Task M1:9. Working in collaboration with WCC, develop additional trainings to providers and staff on the role of patient navigators in ED.										
Task M1:10. Assist participating providers in creating and developing processes and protocols to transition from identified current state to the ideal future state that enables referrals of patients by										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
patient navigators to non-emergency based PCP's, CBOs and other community based supports as appropriate.										
Task M1:11. Conduct educational programs to participating sites and providers.										
Task M1:12. Identify project participating non-emergency PCPs, CBOs and any other community support resources.										
Task M1:13. Assess current state of access to primary care at identified PCMH sites and other CBOs for referrals from EDs.										
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)										
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).	0	0	0	0	0	0	0	0	0	0
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.										
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.										
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.										
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.										
Task M1:5. Utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish ED care triage program for at-risk populations	
Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	
For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	
Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.b.iii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.b.iii.5 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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

✓ IPQR Module 2.d.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

The 2.d.i project will face at least four challenges during implementation. The most significant risks focus on: 1) lack of community/patient engagement, 2) relevant real-time claims data 3) shortage of Patient Activation Measure (PAM) trained staff and 4) secure IT data sharing and communication.

Lack of patient engagement will make it difficult for individuals to take an active role in planning their own care. A lack of patient engagement may be due to language barriers, understanding medical conditions, cultural differences, age, gender, sexual orientation and socioeconomic status. This leads to disparities in care and disparate outcomes. Individuals who are not engaged in care may be harder to identify because there are no relevant claims data, or medical records that provide linkages to connect and engage them. In order to effectively track patient activation levels of the LU, NU and UI, relevant real time claims data is a necessity. A third risk when implementing 2.d.i, is a shortage of trained staff to conduct the PAM. The data captured by the PAM will be used for tracking and reporting in order to assist CBO's and others as they engage their clients. Providing training over the five-county area will be an intensive undertaking for the PMO. Another risk we face is this project's reliance on IT Infrastructure which is needed to support communication data collection and reporting. Many CBOs lack IT infrastructure including secure messaging, data storage, interoperability, and RHIO connectivity. This poses a risk in their abilities to manage data, and meet project deliverables.

However, with the aforementioned challenges, and others which are unforeseen, the PMO has established a plan for risk mitigation. To mitigate these risks, the PMO will:

- Collaborate with CBO partners to encourage patient engagement, participation, and use their leverage to community resources to reconnect beneficiaries to designated PCPs through the use of Patient Navigators and Community Navigators.
- Collaborate with CBO partners to identify hot spots for outreach and health navigation activities in key communities especially in underserved locations.
- Strategically place trained navigators at hot spots and ensure they have appropriate resources and materials to facilitate education related to health insurance coverage, age-appropriate primary and preventive healthcare services and resources.
- Collaborate with peer educators and other stakeholders, including consumers, to identify ways to build trust among target populations.
- Work with impacted sites and organizations to assist with training and technical support needed to ensure data is collected, entered and reported correctly.
- Utilize claims data to help identify hot spot areas of the LU, NU, and UI populations.
- Partner with MCOs to discuss data sharing and best practices for reconnecting beneficiaries to designated PCPs.
- Establish a PPS-wide team and train them in PAM. Utilization of the Train-the-Trainer method will allow for representatives from partnering organizations deliver the training and increase the number of PAM Trainers PPS-wide.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

- Provide training to all necessary staff in cultural competency, health literacy, data documentation and reporting.
 - Assist participating partners with IT infrastructure issues by pursuing step-wise strategies including manual data collection thru RHIO connectivity.
- Encourage alternative cost effective approaches to data integrity and security access across the PPS network.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.d.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY3,Q4	34,872

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
0	0	0.00%	17,436	0.00%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (17,436)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Templates	1_PMDL3615_1_3_20160128152329_AMCH_2.D.I_FINAL_FOR_MAPP_UPLOAD.xlsx	2.d.i patient speed	01/28/2016 03:24 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Fail	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.d.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	Project	N/A	In Progress	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.	Project		In Progress	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO, in collaboration with the CCAC, will engage key CBOs to assist with targeting populations to administer the Patient Activation Measure (PAM) and other potential patient activation techniques.	Project		Completed	07/16/2015	12/31/2015	07/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO, in collaboration with the CCAC, will develop partnership agreements with key CBOs to administer the PAM tool in hot-spot areas.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Identify safety-net providers that will establish agreements with CBOs to expand the reach of the PAM tool to appropriate hot-spot areas.	Project		In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	Project	N/A	In Progress	06/26/2015	03/31/2017	06/26/2015	03/31/2017	03/31/2017	DY2 Q4
Task Patient Activation Measure(R) (PAM(R)) training team established.	Project		In Progress	06/26/2015	03/31/2017	06/26/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will identify key CBOs and providers with	Project		Completed	06/26/2015	12/31/2015	06/26/2015	12/31/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resources available to participate in PAM training.									
Task M1:2. AMCH PMO, in collaboration with neighboring PPSs, will provide a "Train the Trainer" PAM technique workshop to appropriate PMO staff, as well as participating CBOs and healthcare providers.	Project		Completed	07/16/2015	07/16/2015	07/16/2015	07/16/2015	09/30/2015	DY1 Q2
Task M1:3. Roll out "Train the Trainer" method across the five-county region, utilizing trained CBO and provider resources to administer training to staff in their organizations and or across their region.	Project		In Progress	08/15/2015	03/31/2017	08/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. Annual network capacity assessments will be conducted by the PMO to determine whether there are an appropriate numbers of trainers in each of the five counties to achieve engagement.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Annual competency assessments will be completed by the PMO to determine training skills of the PAM trainers.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Project	N/A	In Progress	08/25/2015	03/31/2017	08/25/2015	03/31/2017	03/31/2017	DY2 Q4
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.	Project		In Progress	08/25/2015	03/31/2017	08/25/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will utilize the CNA and other data sources to identify "hot spot" areas of UI, NU, and LU and present them in map form.	Project		Completed	08/25/2015	12/31/2015	08/25/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO will utilize CBOs to assist in identifying UI, NU, and LU patient hot spot areas based on their knowledge of the communities they serve. Hot spot areas will be submitted to the CCAC for review and recommendations.	Project		Completed	08/25/2015	12/31/2015	08/25/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH PMO will develop contracts or partnership agreements with key CBOs to perform outreach within the identified "hot spot" areas to engage UI, NU, and LU.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Project	N/A	In Progress	07/06/2015	03/31/2017	07/06/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community engagement forums and other information-gathering mechanisms established and performed.	Project		In Progress	07/06/2015	03/31/2017	07/06/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO, in collaboration with the CCAC, will establish a community engagement plan. This plan will outline community events, forums, and other information-gathering mechanisms.	Project		Completed	07/06/2015	12/31/2015	07/06/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO, in collaboration with the CCAC, will administer a population specific survey or other information gathering mechanisms, to identify healthcare needs. This survey will be conducted via participating providers or local community forums.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:3. AMCH PMO will participate or host community forums and community engagement events at least semi-annually.	Project		In Progress	12/07/2015	03/31/2017	12/07/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	Project	N/A	In Progress	06/26/2015	03/31/2018	06/26/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".	Project		In Progress	06/26/2015	03/31/2018	06/26/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO, with assistance from CCHLC, will identify participating providers with resources available to participate in PAM, shared decision making, cultural competency, and health literacy training.	Project		In Progress	06/26/2015	03/31/2018	06/26/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:2. AMCH PMO, in collaboration with neighboring PPSs, will provide a "Train the Trainer" PAM workshop to appropriate PMO staff and healthcare providers.	Project		Completed	07/16/2015	12/31/2015	07/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Deploy trainers across the five-county region, utilizing staff to administer necessary and appropriate training to providers in	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
their organizations.									
Task M1:4. Generate lists of all providers trained on the following: PAM, shared decision making, cultural competency and health literacy. Conduct, at least annually, competency based assessments of knowledge, skills, and abilities.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. After the opt-out process has been completed, the AMCH PMO will establish BAAs with appropriate MCOs that will allow the PPS to share lists of PCPs assigned to NU and LU enrollees from MCOs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO will reach out to participating PCPs and provide patient lists for verification, potential outreach and engagement efforts.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Revised lists will be shared with MCOs and PCPs to accurately present patients who belong to the PCP for activation	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
purposes.									
Task M1:4. AMCH PMO will engage appropriate CBOs who will use their leverage and knowledge of the communities they serve to help reconnect beneficiaries to designated PCPs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will work with PPS partners to establish appropriate care coordination/patient navigation activities to assist CBOs and enable patients to become more engaged in care.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	Project	N/A	In Progress	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).	Project		In Progress	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO, in collaboration with the three overlapping PPSs in the region, will provide a "Train-the-Trainer" PAM workshop.	Project		Completed	07/16/2015	12/31/2015	07/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Per the method developed by the state, the AMCH PMO will establish baseline cohort data of PAM activation levels.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. AMCH PMO will utilize data from PAM to develop strategies for patient engagement and re-engagement, utilizing participating CBOs and providers. These strategies will include designated intervals for reassessment, and will facilitate the tracking of improvement for each cohort.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Data will be shared, at an aggregate level, across the PPS via dashboards and other means to facilitate tracking of patient activation score improvement.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Include beneficiaries in development team to promote preventive	Project	N/A	In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4

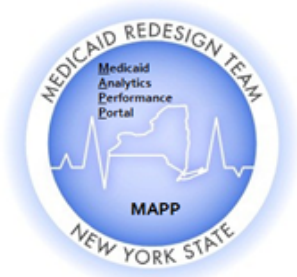


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
care.									
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will identify eligible beneficiaries to participate in consumer interviews, focus groups, community forums, work groups, committees, and/or engagement activities to ensure sufficient input from consumers in the design of preventive care services across the PPS. These activities will be done in collaboration with the CCAC and the CQAC. Consumer feedback will be used across the PPS to make necessary modifications and other changes to the project implementation plan.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Measure PAM(R) components, including: <ul style="list-style-type: none"> • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact 	Project	N/A	In Progress	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.									
Task Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement	Project		In Progress	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO, in collaboration with overlapping PPSs, will provide a "Train-the-Trainer" PAM workshop.	Project		Completed	07/16/2015	12/31/2015	07/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO will utilize performance measurement reports to determine the number of patients screened by engagement level. Patient status will be collected and, if UI, NU, or LU, assess and score the patient using PAM.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. AMCH PMO will establish benchmarks based on annually calculated assessment scores averaged for the cohort. The cohorts will be followed for the entirety of the DSRIP program.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. AMCH PMO will assess individual members' level of engagement with the goal of moving individual members to a higher activation level.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will provide contact information to appropriate MCOs related to beneficiaries who complete a PAM evaluation. The AMCH PMO will provide engagement lists for NU and LU to	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
the MCOs on a monthly basis. This information will be provided to the DOH on a quarterly basis.									
Task M1:6. AMCH PMO will utilize performance measures to provide annual reports assessing individual members and the overall cohort's level of engagement.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Project	N/A	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Volume of non-emergent visits for UI, NU, and LU populations increased.	Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO will evaluate ED utilization for NU, LU, and UI population attributed to the provider network.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO will work with designated patient navigators, care coordinators, and CBOs to educate targeted patients about alternatives to ED usage.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. AMCH PMO will track UI, NU, and LU targeted populations to longitudinally assess alternative healthcare system use over the life of the DSRIP project.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Reports will be generated regarding utilization of non-emergent services in comparison to baseline data for the target population annually.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators identified and contracted.	Provider	PAM(R) Providers	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	Provider	PAM(R) Providers	In Progress	11/09/2016	03/31/2018	11/09/2016	03/31/2018	03/31/2018	DY3 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:1. AMCH PMO will work with CBOs and other participating providers to identify and develop a team of community navigators to be trained in their region. These community navigators will have ties to their communities and basic knowledge of community resources.									
Task M1:2. AMCH PMO will execute participation agreements with CBOs to develop a group of community navigators as identified in metric 1, step 1.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. AMCH PMO, in collaboration with the WCC and workforce training vendor, will select community navigator training materials specific to linkages for healthcare and community healthcare resources. This training will be implemented, evaluated, and provided to appropriate staff on an annual basis.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures for customer service complaints and appeals developed.	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will develop patient complaint and grievance policies, which will be reviewed and approved by the PAC prior to network-wide implementation. Drafts of these policies and procedures will also be reviewed by consumer focus groups facilitated by the CCAC.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. The approved policies will be posted to the website, as well as presented at community forums, to clarify steps in the process and educate both patients and the community at large in terms of how to submit and what to expect.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Project	N/A	In Progress	07/16/2015	03/31/2017	07/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task List of community navigators formally trained in the PAM(R).	Provider	PAM(R) Providers	In Progress	07/16/2015	03/31/2017	07/16/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:1. AMCH PMO will work with PPS partners to identify representatives in each hub who will serve as community navigators and be trained in PAM.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO, in collaboration with Insignia and approved Train-the-Trainers, will utilize the PAM tool and conduct training to assist community navigators in patient activation and education. A list of all navigators formally trained in PAM will be maintained by the PMO and will be available upon request.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Project	N/A	In Progress	12/05/2015	03/31/2018	12/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	Provider	PAM(R) Providers	In Progress	12/05/2015	03/31/2018	12/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO will utilize the CNA to identify "hot spot" areas to assign navigators, as well as to identify various community events, health fairs, and high utilization EDs. 6	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Based on the identification of hot-spots, community events, and fairs, AMCH PMO will direct contracted CBOs to place navigators at these facilities and events to provide education to eligible individuals regarding the availability of health insurance coverage.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. AMCH PMO will provide culturally appropriate materials to community navigators to assist in a standardized approach to educate eligible individuals, and link them to insurance as appropriate. The CBOs and navigators will provide reports on the number of individuals engaged and referred.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Project	N/A	In Progress	03/01/2018	03/31/2018	03/01/2018	03/31/2018	03/31/2018	DY3 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Navigators educated about insurance options and healthcare resources available to populations in this project.	Project		In Progress	03/01/2018	03/31/2018	03/01/2018	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO, in collaboration with the WCC and workforce training vendor, will select community navigator training materials specific to insurance options and health resources available. This training will be implemented, evaluated, and provided to appropriate staff on an annual basis. In addition, AMCH PMO will provide culturally appropriate materials to the community navigators to assist in a standardized approach to educate eligible individuals, and link them to insurance as appropriate.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Project	N/A	In Progress	03/01/2018	03/31/2018	03/01/2018	03/31/2018	03/31/2018	DY3 Q4
Task Timely access for navigator when connecting members to services.	Project		In Progress	03/01/2018	03/31/2018	03/01/2018	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO will work with participating providers to develop policies and procedures to ensure appropriate and timely access for navigators connecting patients to services.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Based on the approved policies and procedures, navigators will be connected to appropriate staff at service locations to obtain primary and preventative care services for community members.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Contractual agreements will include evaluation criteria that allow for navigator feedback and specific reporting requirements to enable the PMO to determine adequacy of staffing, training needs, caseload ratios, and related items as identified for this project.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective patient registry and population health management across PPS entities.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems and patient registries.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of patients in registries as appropriate.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Implement training sessions to educate participating partners on how to utilize the registries and population health platforms.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track their registered patients.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Following quality improvement protocols, such as PDSA, evaluate clinical outcomes of patients in the registries and adjust clinical protocols and work flows as needed to improve outcomes.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.										
Task Partnerships with CBOs to assist in patient "hot-spotting" and										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.										
Task M1:1. AMCH PMO, in collaboration with the CCAC, will engage key CBOs to assist with targeting populations to administer the Patient Activation Measure (PAM) and other potential patient activation techniques.										
Task M1:2. AMCH PMO, in collaboration with the CCAC, will develop partnership agreements with key CBOs to administer the PAM tool in hot-spot areas.										
Task M1:3. Identify safety-net providers that will establish agreements with CBOs to expand the reach of the PAM tool to appropriate hot-spot areas.										
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.										
Task Patient Activation Measure(R) (PAM(R)) training team established.										
Task M1:1. AMCH PMO will identify key CBOs and providers with resources available to participate in PAM training.										
Task M1:2. AMCH PMO, in collaboration with neighboring PPSs, will provide a "Train the Trainer" PAM technique workshop to appropriate PMO staff, as well as participating CBOs and healthcare providers.										
Task M1:3. Roll out "Train the Trainer" method across the five-county region, utilizing trained CBO and provider resources to administer training to staff in their organizations and or across their region.										
Task M1:4. Annual network capacity assessments will be conducted by the PMO to determine whether there are an appropriate numbers of trainers in each of the five counties to achieve engagement.										
Task M1:5. Annual competency assessments will be completed by the PMO to determine training skills of the PAM trainers.										
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.										
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.										
Task M1:1. AMCH PMO will utilize the CNA and other data sources to identify "hot spot" areas of UI, NU, and LU and present them in map form.										
Task M1:2. AMCH PMO will utilize CBOs to assist in identifying UI, NU, and LU patient hot spot areas based on their knowledge of the communities they serve. Hot spot areas will be submitted to the CCAC for review and recommendations.										
Task M1:3. AMCH PMO will develop contracts or partnership agreements with key CBOs to perform outreach within the identified "hot spot" areas to engage UI, NU, and LU.										
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.										
Task Community engagement forums and other information-gathering mechanisms established and performed.										
Task M1:1. AMCH PMO, in collaboration with the CCAC, will establish a community engagement plan. This plan will outline community events, forums, and other information-gathering mechanisms.										
Task M1:2. AMCH PMO, in collaboration with the CCAC, will administer a population specific survey or other information gathering mechanisms, to identify healthcare needs. This survey will be conducted via participating providers or local community forums.										
Task M1:3. AMCH PMO will participate or host community forums and community engagement events at least semi-annually.										
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.										
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:1. AMCH PMO, with assistance from CCHLC, will identify participating providers with resources available to participate in PAM, shared decision making, cultural competency, and health literacy training.										
Task M1:2. AMCH PMO, in collaboration with neighboring PPSs, will provide a "Train the Trainer" PAM workshop to appropriate PMO staff and healthcare providers.										
Task M1:3. Deploy trainers across the five-county region, utilizing staff to administer necessary and appropriate training to providers in their organizations.										
Task M1:4. Generate lists of all providers trained on the following: PAM, shared decision making, cultural competency and health literacy. Conduct, at least annually, competency based assessments of knowledge, skills, and abilities.										
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.										
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.										
Task M1:1. After the opt-out process has been completed, the AMCH PMO will establish BAAs with appropriate MCOs that will allow the PPS to share lists of PCPs assigned to NU and LU enrollees from MCOs.										
Task										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
M1:2. AMCH PMO will reach out to participating PCPs and provide patient lists for verification, potential outreach and engagement efforts.										
Task M1:3. Revised lists will be shared with MCOs and PCPs to accurately present patients who belong to the PCP for activation purposes.										
Task M1:4. AMCH PMO will engage appropriate CBOs who will use their leverage and knowledge of the communities they serve to help reconnect beneficiaries to designated PCPs.										
Task M1:5. AMCH PMO will work with PPS partners to establish appropriate care coordination/patient navigation activities to assist CBOs and enable patients to become more engaged in care.										
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.										
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).										
Task M1:1. AMCH PMO, in collaboration with the three overlapping PPSs in the region, will provide a "Train-the-Trainer" PAM workshop.										
Task M1:2. Per the method developed by the state, the AMCH PMO will establish baseline cohort data of PAM activation levels.										
Task M1:3. AMCH PMO will utilize data from PAM to develop strategies for patient engagement and re-engagement, utilizing participating CBOs and providers. These strategies will include designated intervals for reassessment, and will facilitate the tracking of improvement for each cohort.										
Task M1:4. Data will be shared, at an aggregate level, across the PPS via dashboards and other means to facilitate tracking of patient activation score improvement.										
Milestone #8 Include beneficiaries in development team to promote preventive										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
care.										
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.										
Task M1:1. AMCH PMO will identify eligible beneficiaries to participate in consumer interviews, focus groups, community forums, work groups, committees, and/or engagement activities to ensure sufficient input from consumers in the design of preventive care services across the PPS. These activities will be done in collaboration with the CCAC and the CQAC. Consumer feedback will be used across the PPS to make necessary modifications and other changes to the project implementation plan.										
Milestone #9 Measure PAM(R) components, including: <ul style="list-style-type: none"> • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. 										
Task Performance measurement reports established, including but not limited to:										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
- Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement										
Task M1:1. AMCH PMO, in collaboration with overlapping PPSs, will provide a "Train-the-Trainer" PAM workshop.										
Task M1:2. AMCH PMO will utilize performance measurement reports to determine the number of patients screened by engagement level. Patient status will be collected and, if UI, NU, or LU, assess and score the patient using PAM.										
Task M1:3. AMCH PMO will establish benchmarks based on annually calculated assessment scores averaged for the cohort. The cohorts will be followed for the entirety of the DSRIP program.										
Task M1:4. AMCH PMO will assess individual members' level of engagement with the goal of moving individual members to a higher activation level.										
Task M1:5. AMCH PMO will provide contact information to appropriate MCOs related to beneficiaries who complete a PAM evaluation. The AMCH PMO will provide engagement lists for NU and LU to the MCOs on a monthly basis. This information will be provided to the DOH on a quarterly basis.										
Task M1:6. AMCH PMO will utilize performance measures to provide annual reports assessing individual members and the overall cohort's level of engagement.										
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.										
Task Volume of non-emergent visits for UI, NU, and LU populations increased.										
Task M1:1. AMCH PMO will evaluate ED utilization for NU, LU, and UI										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
population attributed to the provider network.										
Task M1:2. AMCH PMO will work with designated patient navigators, care coordinators, and CBOs to educate targeted patients about alternatives to ED usage.										
Task M1:3. AMCH PMO will track UI, NU, and LU targeted populations to longitudinally assess alternative healthcare system use over the life of the DSRIP project.										
Task M1:4. Reports will be generated regarding utilization of non-emergent services in comparison to baseline data for the target population annually.										
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.										
Task Community navigators identified and contracted.	0	0	0	0	20	40	50	55	60	65
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	0	0	0	0	0	20	40	55	60	65
Task M1:1. AMCH PMO will work with CBOs and other participating providers to identify and develop a team of community navigators to be trained in their region. These community navigators will have ties to their communities and basic knowledge of community resources.										
Task M1:2. AMCH PMO will execute participation agreements with CBOs to develop a group of community navigators as identified in metric 1, step 1.										
Task M2:1. AMCH PMO, in collaboration with the WCC and workforce training vendor, will select community navigator training materials specific to linkages for healthcare and community healthcare resources. This training will be implemented, evaluated, and provided to appropriate staff on an annual basis.										
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Policies and procedures for customer service complaints and appeals developed.										
Task M1:1. AMCH PMO will develop patient complaint and grievance policies, which will be reviewed and approved by the PAC prior to network-wide implementation. Drafts of these policies and procedures will also be reviewed by consumer focus groups facilitated by the CCAC.										
Task M1:2. The approved policies will be posted to the website, as well as presented at community forums, to clarify steps in the process and educate both patients and the community at large in terms of how to submit and what to expect.										
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).										
Task List of community navigators formally trained in the PAM(R).	0	20	40	50	55	60	65	68	68	68
Task M1:1. AMCH PMO will work with PPS partners to identify representatives in each hub who will serve as community navigators and be trained in PAM.										
Task M1:2. AMCH PMO, in collaboration with Insignia and approved Train-the-Trainers, will utilize the PAM tool and conduct training to assist community navigators in patient activation and education. A list of all navigators formally trained in PAM will be maintained by the PMO and will be available upon request.										
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.										
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	0	0	0	0	0	0	20	40	50	55
Task M1:1. AMCH PMO will utilize the CNA to identify "hot spot" areas to assign navigators, as well as to identify various community events, health fairs, and high utilization EDs. 6										
Task M1:2. Based on the identification of hot-spots, community events,										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
and fairs, AMCH PMO will direct contracted CBOs to place navigators at these facilities and events to provide education to eligible individuals regarding the availability of health insurance coverage.										
Task M1:3. AMCH PMO will provide culturally appropriate materials to community navigators to assist in a standardized approach to educate eligible individuals, and link them to insurance as appropriate. The CBOs and navigators will provide reports on the number of individuals engaged and referred.										
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task Navigators educated about insurance options and healthcare resources available to populations in this project.										
Task M1:1. AMCH PMO, in collaboration with the WCC and workforce training vendor, will select community navigator training materials specific to insurance options and health resources available. This training will be implemented, evaluated, and provided to appropriate staff on an annual basis. In addition, AMCH PMO will provide culturally appropriate materials to the community navigators to assist in a standardized approach to educate eligible individuals, and link them to insurance as appropriate.										
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.										
Task Timely access for navigator when connecting members to services.										
Task M1:1. AMCH PMO will work with participating providers to develop policies and procedures to ensure appropriate and timely access for navigators connecting patients to services.										
Task M1:2. Based on the approved policies and procedures, navigators will be connected to appropriate staff at service locations to obtain primary and preventative care services for community members.										
Task M1:3. Contractual agreements will include evaluation criteria that allow for navigator feedback and specific reporting requirements to enable the PMO to determine adequacy of staffing, training										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
needs, caseload ratios, and related items as identified for this project.										
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective patient registry and population health management across PPS entities.										
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems and patient registries.										
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of patients in registries as appropriate.										
Task M1:4. Implement training sessions to educate participating partners on how to utilize the registries and population health platforms.										
Task M1:5. Utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track their registered patients.										
Task M1:6. Following quality improvement protocols, such as PDSA, evaluate clinical outcomes of patients in the registries and adjust clinical protocols and work flows as needed to improve outcomes.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.										
Task M1:1. AMCH PMO, in collaboration with the CCAC, will engage key CBOs to assist with targeting populations to administer the Patient Activation Measure (PAM) and other potential patient activation techniques.										
Task M1:2. AMCH PMO, in collaboration with the CCAC, will develop partnership agreements with key CBOs to administer the PAM tool in hot-spot areas.										
Task M1:3. Identify safety-net providers that will establish agreements with CBOs to expand the reach of the PAM tool to appropriate hot-spot areas.										
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.										
Task Patient Activation Measure(R) (PAM(R)) training team established.										
Task M1:1. AMCH PMO will identify key CBOs and providers with resources available to participate in PAM training.										
Task M1:2. AMCH PMO, in collaboration with neighboring PPSs, will provide a "Train the Trainer" PAM technique workshop to appropriate PMO staff, as well as participating CBOs and healthcare providers.										
Task M1:3. Roll out "Train the Trainer" method across the five-county region, utilizing trained CBO and provider resources to administer training to staff in their organizations and or across their region.										
Task M1:4. Annual network capacity assessments will be conducted by the PMO to determine whether there are an appropriate numbers of trainers in each of the five counties to achieve engagement.										
Task M1:5. Annual competency assessments will be completed by the PMO to determine training skills of the PAM trainers.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.										
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.										
Task M1:1. AMCH PMO will utilize the CNA and other data sources to identify "hot spot" areas of UI, NU, and LU and present them in map form.										
Task M1:2. AMCH PMO will utilize CBOs to assist in identifying UI, NU, and LU patient hot spot areas based on their knowledge of the communities they serve. Hot spot areas will be submitted to the CCAC for review and recommendations.										
Task M1:3. AMCH PMO will develop contracts or partnership agreements with key CBOs to perform outreach within the identified "hot spot" areas to engage UI, NU, and LU.										
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.										
Task Community engagement forums and other information-gathering mechanisms established and performed.										
Task M1:1. AMCH PMO, in collaboration with the CCAC, will establish a community engagement plan. This plan will outline community events, forums, and other information-gathering mechanisms.										
Task M1:2. AMCH PMO, in collaboration with the CCAC, will administer a population specific survey or other information gathering mechanisms, to identify healthcare needs. This survey will be conducted via participating providers or local community forums.										
Task M1:3. AMCH PMO will participate or host community forums and community engagement events at least semi-annually.										
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.										
Task PPS Providers (located in "hot spot" areas) trained in patient										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
activation techniques by "PAM(R) trainers".										
Task M1:1. AMCH PMO, with assistance from CCHLC, will identify participating providers with resources available to participate in PAM, shared decision making, cultural competency, and health literacy training.										
Task M1:2. AMCH PMO, in collaboration with neighboring PPSs, will provide a "Train the Trainer" PAM workshop to appropriate PMO staff and healthcare providers.										
Task M1:3. Deploy trainers across the five-county region, utilizing staff to administer necessary and appropriate training to providers in their organizations.										
Task M1:4. Generate lists of all providers trained on the following: PAM, shared decision making, cultural competency and health literacy. Conduct, at least annually, competency based assessments of knowledge, skills, and abilities.										
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.										
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.										
Task M1:1. After the opt-out process has been completed, the AMCH PMO will establish BAAs with appropriate MCOs that will allow the PPS to share lists of PCPs assigned to NU and LU enrollees from MCOs.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:2. AMCH PMO will reach out to participating PCPs and provide patient lists for verification, potential outreach and engagement efforts.										
Task M1:3. Revised lists will be shared with MCOs and PCPs to accurately present patients who belong to the PCP for activation purposes.										
Task M1:4. AMCH PMO will engage appropriate CBOs who will use their leverage and knowledge of the communities they serve to help reconnect beneficiaries to designated PCPs.										
Task M1:5. AMCH PMO will work with PPS partners to establish appropriate care coordination/patient navigation activities to assist CBOs and enable patients to become more engaged in care.										
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.										
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).										
Task M1:1. AMCH PMO, in collaboration with the three overlapping PPSs in the region, will provide a "Train-the-Trainer" PAM workshop.										
Task M1:2. Per the method developed by the state, the AMCH PMO will establish baseline cohort data of PAM activation levels.										
Task M1:3. AMCH PMO will utilize data from PAM to develop strategies for patient engagement and re-engagement, utilizing participating CBOs and providers. These strategies will include designated intervals for reassessment, and will facilitate the tracking of improvement for each cohort.										
Task M1:4. Data will be shared, at an aggregate level, across the PPS via dashboards and other means to facilitate tracking of patient activation score improvement.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #8 Include beneficiaries in development team to promote preventive care.										
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.										
Task M1:1. AMCH PMO will identify eligible beneficiaries to participate in consumer interviews, focus groups, community forums, work groups, committees, and/or engagement activities to ensure sufficient input from consumers in the design of preventive care services across the PPS. These activities will be done in collaboration with the CCAC and the CQAC. Consumer feedback will be used across the PPS to make necessary modifications and other changes to the project implementation plan.										
Milestone #9 Measure PAM(R) components, including: <ul style="list-style-type: none"> • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. 										
Task										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement										
Task M1:1. AMCH PMO, in collaboration with overlapping PPSs, will provide a "Train-the-Trainer" PAM workshop.										
Task M1:2. AMCH PMO will utilize performance measurement reports to determine the number of patients screened by engagement level. Patient status will be collected and, if UI, NU, or LU, assess and score the patient using PAM.										
Task M1:3. AMCH PMO will establish benchmarks based on annually calculated assessment scores averaged for the cohort. The cohorts will be followed for the entirety of the DSRIP program.										
Task M1:4. AMCH PMO will assess individual members' level of engagement with the goal of moving individual members to a higher activation level.										
Task M1:5. AMCH PMO will provide contact information to appropriate MCOs related to beneficiaries who complete a PAM evaluation. The AMCH PMO will provide engagement lists for NU and LU to the MCOs on a monthly basis. This information will be provided to the DOH on a quarterly basis.										
Task M1:6. AMCH PMO will utilize performance measures to provide annual reports assessing individual members and the overall cohort's level of engagement.										
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.										
Task Volume of non-emergent visits for UI, NU, and LU populations increased.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:1. AMCH PMO will evaluate ED utilization for NU, LU, and UI population attributed to the provider network.										
Task M1:2. AMCH PMO will work with designated patient navigators, care coordinators, and CBOs to educate targeted patients about alternatives to ED usage.										
Task M1:3. AMCH PMO will track UI, NU, and LU targeted populations to longitudinally assess alternative healthcare system use over the life of the DSRIP project.										
Task M1:4. Reports will be generated regarding utilization of non-emergent services in comparison to baseline data for the target population annually.										
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.										
Task Community navigators identified and contracted.	68	68	68	68	68	68	68	68	68	68
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	68	68	68	68	68	68	68	68	68	68
Task M1:1. AMCH PMO will work with CBOs and other participating providers to identify and develop a team of community navigators to be trained in their region. These community navigators will have ties to their communities and basic knowledge of community resources.										
Task M1:2. AMCH PMO will execute participation agreements with CBOs to develop a group of community navigators as identified in metric 1, step 1.										
Task M2:1. AMCH PMO, in collaboration with the WCC and workforce training vendor, will select community navigator training materials specific to linkages for healthcare and community healthcare resources. This training will be implemented, evaluated, and provided to appropriate staff on an annual basis.										
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Policies and procedures for customer service complaints and appeals developed.										
Task M1:1. AMCH PMO will develop patient complaint and grievance policies, which will be reviewed and approved by the PAC prior to network-wide implementation. Drafts of these policies and procedures will also be reviewed by consumer focus groups facilitated by the CCAC.										
Task M1:2. The approved policies will be posted to the website, as well as presented at community forums, to clarify steps in the process and educate both patients and the community at large in terms of how to submit and what to expect.										
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).										
Task List of community navigators formally trained in the PAM(R).	68	68	68	68	68	68	68	68	68	68
Task M1:1. AMCH PMO will work with PPS partners to identify representatives in each hub who will serve as community navigators and be trained in PAM.										
Task M1:2. AMCH PMO, in collaboration with Insignia and approved Train-the-Trainers, will utilize the PAM tool and conduct training to assist community navigators in patient activation and education. A list of all navigators formally trained in PAM will be maintained by the PMO and will be available upon request.										
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.										
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	60	68	68	68	68	68	68	68	68	68
Task M1:1. AMCH PMO will utilize the CNA to identify "hot spot" areas to assign navigators, as well as to identify various community events, health fairs, and high utilization EDs. 6										
Task M1:2. Based on the identification of hot-spots, community events,										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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and fairs, AMCH PMO will direct contracted CBOs to place navigators at these facilities and events to provide education to eligible individuals regarding the availability of health insurance coverage.										
Task M1:3. AMCH PMO will provide culturally appropriate materials to community navigators to assist in a standardized approach to educate eligible individuals, and link them to insurance as appropriate. The CBOs and navigators will provide reports on the number of individuals engaged and referred.										
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task Navigators educated about insurance options and healthcare resources available to populations in this project.										
Task M1:1. AMCH PMO, in collaboration with the WCC and workforce training vendor, will select community navigator training materials specific to insurance options and health resources available. This training will be implemented, evaluated, and provided to appropriate staff on an annual basis. In addition, AMCH PMO will provide culturally appropriate materials to the community navigators to assist in a standardized approach to educate eligible individuals, and link them to insurance as appropriate.										
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.										
Task Timely access for navigator when connecting members to services.										
Task M1:1. AMCH PMO will work with participating providers to develop policies and procedures to ensure appropriate and timely access for navigators connecting patients to services.										
Task M1:2. Based on the approved policies and procedures, navigators will be connected to appropriate staff at service locations to obtain primary and preventative care services for community members.										
Task M1:3. Contractual agreements will include evaluation criteria that allow for navigator feedback and specific reporting requirements to enable the PMO to determine adequacy of staffing, training										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
needs, caseload ratios, and related items as identified for this project.										
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective patient registry and population health management across PPS entities.										
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems and patient registries.										
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of patients in registries as appropriate.										
Task M1:4. Implement training sessions to educate participating partners on how to utilize the registries and population health platforms.										
Task M1:5. Utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track their registered patients.										
Task M1:6. Following quality improvement protocols, such as PDSA, evaluate clinical outcomes of patients in the registries and adjust clinical protocols and work flows as needed to improve outcomes.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	
Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	
Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	
Survey the targeted population about healthcare needs in the PPS' region.	
Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	
<p>Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10).</p> <ul style="list-style-type: none"> • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104. 	
Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	
Include beneficiaries in development team to promote preventive care.	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Measure PAM(R) components, including: <ul style="list-style-type: none"> • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. <ul style="list-style-type: none"> • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. 	
Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	
Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	
Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	
Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.d.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.d.i.5 - IA Monitoring

Instructions :



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project 3.a.i – Integration of primary care and behavioral health services

IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risks for this project fall into three categories: logistical, financial/regulatory and organizational. The logistical risk relates to resource availability, including availability of clinical, counseling and office space, equipment, pharmacy resources, staff, IT, and materials. This project is dependent on these logistical resources in ways that others are not. The financial/regulatory risk relates to the need to create contracts with MCO's, to support payment for services, such as SBIRT and BH screenings. Alternative payment models for integrated care must be created allowing for co-located models in a VBP setting. For model 1, relevant staff will complete OASAS approved SBIRT training. Article 28 clinics will secure waivers allowing psychotherapy services by licensed practitioners. For Model 2, Article 31 clinical service providers will be required to secure waivers allowing on-site preventive, evaluation and management services. Model 3's will have to contract with a psychiatrist(s) to reflect consultation services. Article 28 clinics, allow individual and group psychotherapy services by licensed mental health practitioners, including clinical social workers. Lastly, BH staff must meet regulations required to Depression CM's including training on assessment, engagement, psychoeducational, and brief psychotherapeutic modalities as part of IMPACT. The third risk relates to organizational challenges. Changes to EHRs, new relationships and risks are inevitable for all models. Model 1 organizations will execute collaborative agreements with at least one outpatient specialty MH and outpatient SU treatment to extend services beyond on-site scope. Agreements will include access to care standards for referred patients, follow-up report standards, etc. Model 2 organizations will develop a collaborative agreement with specialty providers to address conditions beyond their on-site scope.

EHR will expand in decision support and pathways of care; Model 1 will expand to consider positive screenings for BH conditions, Model 2 will expand to include positive screenings for physical health conditions. Also, consulting agreements will be executed between PCMH and a consulting psychiatrist to provide the clinical and supervisory services described in the model. Similar agreements will be made with outpatient specialty mental health providers.

To mitigate these risks, the AMCH PMO and PPS will:

The Clinical Quality Affairs Committee (CQAC) led by the DSRIP Medical Director will create process and procedures to integrate providers. Workforce training vendors will provide resources for additional or new responsibilities. Working collaboratively with local NP, PA, social work, and psych program schools, behavioral health (BH) intern opportunities will be encouraged with job opportunities. Client-facing staff in all models will complete training on the new basic health challenges. This will include implementation of U.S. Preventative Services Task Force recommended screenings into clinical policy.

Model 3 risks are rooted in workflow changes and skill-set expansion. IMPACT combines a Care Manager (CM) and Consulting Psychiatrist to support the PCP, producing unique workflow risks. To prepare, providers will complete training on IMPACT and prescribing standards for basic psychotropic medications. Furthermore, relationships with the consulting psychiatrist will be established with primary care providers (PCP) to consult on complex cases. A similar relationship could be bridged with an Addiction Medicine specialist. Also, CM's and other staff must receive training on MDD symptomology, physiological effects, treatment options, self-management support, and Problem-Solving Treatment in PC.

Eventually evidence-based protocols will be disseminated throughout organizations for universal screening of all patients with depression using PHQ-2.



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.a.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY3,Q4	38,269

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
4,685	8,080	172.61%	-3,399	21.11%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Report(s)	1_PMDL3715_1_3_20160129142526_AMCH_3.A.I_FINAL_FOR_MAPP_UPLOAD.xlsx	AMCH PPS 3.A.I Patient Engagement	01/29/2016 02:25 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.a.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Model 1	Project	N/A	In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task Behavioral health services are co-located within PCMH/APC practices and are available.		Provider	Mental Health	In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3.		Project		In Progress	10/19/2015	09/30/2017	10/19/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQAC Level 3 PCMH recognition or APCM.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Perform a practice-specific gap analysis to determine the financial, technical and operational support needed to		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
assure successful recognition by DY3.										
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQAC Level 3 certified or APCM.		Project		In Progress	12/07/2015	09/30/2017	12/07/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Track site specific certification to assure all participating safety-net providers become Level 3 PCMH certified or APCM.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub-committee.		Project		In Progress	10/19/2015	09/30/2017	10/19/2015	09/30/2017	09/30/2017	DY3 Q2
Task M2:2. Perform an assessment of participating practitioners' current behavioral health service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.		Project		In Progress	10/05/2015	12/31/2015	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:3. Educate leadership within each organization participating in project of the benefits of co-located behavioral health services within a primary care setting.		Project		In Progress	10/26/2015	09/30/2017	10/26/2015	09/30/2017	09/30/2017	DY3 Q2
Task M2:4. PCMH/BH sub-committee to develop evidence-		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
based best practice models for co-locating behavioral health services in a primary care setting.										
Task M2:5. Perform gap analysis and identify key priorities to successful completion of co-located services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Create a list of BH service providers available for co-location including BH organizations willing to establish partnership arrangements.		Project		In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task M2:7. Develop alliances between BH service providers and primary care sites and, if required, complete written agreements between BH service providers and primary care sites.		Project		In Progress	10/05/2015	03/31/2016	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:8. AMCH PMO will assist participating practitioners with obtaining the necessary waivers, licensure, and/or certification to provide the additional on-site services.		Project		In Progress	10/05/2015	03/31/2016	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:9. MCOs will be engaged to ensure payment mechanisms are in place for co-location of services.		Project		In Progress	11/23/2015	03/31/2016	11/23/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:10. Develop an implementation work plan that addresses initial and ongoing training needs of the staff, sustainability issues, and reporting requirements.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:11. Provide support, trainings, resources and education to participating providers as needed to ensure successful implementation of co-located behavioral health services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:12. Provide training for all staff, including client-facing administrative staff, on the new protocols and their roles and responsibilities with respect to screening and treatment of behavioral health and physical health conditions, consistent with scope of practice and licensure.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M2:13. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.										
Task M2:14. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:15. Monitor progress towards completion of co-located services, as well as sustainability by PMO.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Model 1	Project	N/A	In Progress	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		In Progress	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.		Project		In Progress	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish regularly scheduled meetings with leadership from participating providers to develop best practice protocols.		Project		In Progress	11/16/2015	03/31/2016	11/16/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:2. Assist with identification of key team members needed at formal meetings who will assist with assigning roles and responsibilities for practice specific implementation and action plans to engage behavioral health specialists		Project		Completed	11/16/2015	12/31/2015	11/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Finalize collaborative care practices, reviewed and approved by the Clinical and Quality Affairs Committee (CQAC).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. As a contractual requirement, participating providers		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
will implement, at the minimum, weekly interdisciplinary team huddles to review current list of patients and ongoing development of team approach. Every other week interdisciplinary team meetings will focus on case consultation (at least monthly) and overall development of team approach.										
Task M2:1. BH/PCMH sub-committee will review established evidence-based guidelines and protocols for BH co-location including medication management and care engagement processes. The sub-committee will draft guidelines that will be reviewed and adopted by the CQAC.		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task M2:2. Participating practices will develop site specific operational policies and procedures describing how evidence-based guidelines will be integrated into care at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Develop and implement evidence-based care protocols, to include, managing positive screenings including follow-up assessment, crisis/high risk response plan, and treatment.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Monitor the outcomes of developed protocols and update evidence-based guidelines as needed with approval by CQAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Model 1	Project	N/A	In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task Policies and procedures are in place to facilitate and document completion of screenings.		Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task Screenings are documented in Electronic Health Record.		Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	12/31/2015	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Develop protocols for universal screening for behavioral health conditions using evidence-based tools, including, at a minimum, use of PHQ-2 for depression and SBIRT screening tool for alcohol use.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1: 2. Finalize policies and procedures to facilitate and document completion of the above screenings. These policies and procedures will be reviewed and approved by CQAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Policies will be disseminated for implementation. Technical assistance will be provided for participating providers to facilitate implementation based on gap analysis of current state and future implementation state.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Monitor outcomes and sustainability of implemented screening protocols by PMO.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Ensure a policy is established and implemented for timely documentation of screenings in the electronic health record.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Ensure timely and accurate documentation in the electronic health record.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Assess participating providers current rates of completion of PHQ-2 and SBIRT patient assessments		Project		In Progress	10/05/2015	12/31/2015	10/05/2015	03/31/2016	03/31/2016	DY1 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
tools.										
Task M3:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. In collaboration with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Ensure implementation of approved process for ongoing screenings.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and provide improvement plans as needed to ensure success.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:1. Assess participating providers' current procedures for managing patients who receive a positive screening.		Project		In Progress	10/05/2015	12/31/2015	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M4:2. Create and finalize policies on implementing "warm transfers" for patients who have a positive screening.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:3. Provide education/training as needed by sub-committee to ensure success.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:4. Implement "warm transfer" policies and procedures, as well as instructions on appropriate documentation in the electronic health record.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:5. Monitor outcomes and sustainability of implemented "warm transfer" protocols.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 1	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating providers with increased awareness of HIXNY and SHIN-NY capabilities for implementation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Technical support provided by PCMH sub-committee as needed.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Education/Training provided as needed to participating providers on how to utilize the technical platform.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Sub-committee to make recommendations to CQAC on best methods to track outcomes and quality indicators to ensure success.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Implement CQAC's policy to track outcomes and monitor progress.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #5 Co-locate primary care services at behavioral health sites.	Model 2	Project	N/A	In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Mental Health	In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3.		Project		In Progress	10/19/2015	09/30/2017	10/19/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQAC Level 3 PCMH recognition or APCM.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4 Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to assure successful recognition by DY3.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of		Project		In Progress	12/07/2015	12/31/2015	12/07/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
necessary workflows and other changes to become NCQAC Level 3 certified or APCM.										
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY3.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Track site specific certification to assure all participating safety-net providers become NCQA Level 3 PCMH certified or APCM.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub-committee.		Project		In Progress	10/19/2015	09/30/2017	10/19/2015	09/30/2017	09/30/2017	DY3 Q2
Task M2:2. Perform an assessment of participating practitioners' current behavioral health and primary care service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.		Project		In Progress	10/05/2015	12/31/2015	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:3. Educate leadership within each organization participating in the project about the benefits of co-located primary care services within a behavioral health service setting.		Project		In Progress	10/26/2015	09/30/2017	10/26/2015	09/30/2017	09/30/2017	DY3 Q2
Task M2:4. BH/PCMH sub-committees to develop evidence-based best practice models for co-locating primary care services in a behavioral health service setting.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Perform gap analysis and identify key priorities to successful completion of co-located services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M2:6. Create a list of primary care service providers available for co-location including primary care service organizations willing to establish partnership arrangement.										
Task M2:7. Develop alliances between BH service providers and primary care sites and, if required, complete written agreements between BH service providers and primary care sites.		Project		In Progress	10/05/2015	03/31/2016	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:8. Ensure that the participating practitioners have obtained the necessary waivers, licensure, and/or certification to provide the additional on-site services.		Project		In Progress	10/05/2015	03/31/2016	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:9. MCOs will be engaged to ensure payment mechanisms are in place for co-location of services.		Project		In Progress	11/23/2015	03/31/2016	11/23/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:10. Develop an implementation work plan that addresses; initial and ongoing training needs of the staff, sustainability issues, and reporting requirements.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:11. Provide support, trainings, resources and education to participating providers as needed to ensure successful completion of co-located primary care services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:12. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:13. Ensure all client-facing staff complete training on chronic illness management including common physical health medications, preventive care, and chronic conditions.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:14. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M2:15. Ensure that the primary care service space has been appropriately outfitted for compliance with NYS regulations and associated waivers.										
Task M2:16. Monitor progress towards completion of co-located services, as well as sustainability by PMO.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Model 2	Project	N/A	In Progress	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		In Progress	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish regularly scheduled meetings with leadership from participating providers to develop best practice protocols.		Project		In Progress	11/16/2015	03/31/2016	11/16/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:2. Assist with identification of key team members needed at formal meetings who will assist with assigning roles and responsibilities for practice specific implementation and action plans to engage primary care specialists.		Project		Completed	11/16/2015	12/31/2015	11/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Finalize collaborative care practices, reviewed and approved by the Clinical and Quality Affairs Committee (CQAC).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. As a contractual requirement, participating providers will implement, at the minimum, weekly interdisciplinary team huddles to review current list of patients and ongoing development of team approach. Every other week interdisciplinary team meetings will focus on case		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
consultation (at least monthly) and overall development of team approach.										
Task M2:1. BH/PCMH sub-committees will review established evidence-based guidelines and protocols for primary care co-location including medication management and care engagement processes. The sub-committee will draft guidelines that will be reviewed and adopted by the CQAC.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:2. Participating practices will develop site specific operational polices and procedures describing how evidence-based guidelines will be integrated into care at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Develop and implement protocols for screening, assessment, crisis/high risk response plan, and treatment including development of an integrated care plan, follow-up, and management for at least one target condition (e.g., diabetes, hypertension, obesity, chronic pain).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Monitor the outcomes of developed protocols and update evidence-based guidelines as needed with approval by CQAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Model 2	Project	N/A	In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Screenings are documented in Electronic Health Record.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the		Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Develop and implement protocols for universal screening for behavioral health conditions using evidence-based tools, including, at a minimum, use of PHQ-2 for depression and SBIRT screening tool for alcohol use.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Develop and implement clinic policies and procedures to reflect U.S. Preventive Services Task Force recommended screenings for all appropriate patients.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Provide training for all staff, including client-facing administrative staff, on the new workflows and operational protocols and their roles and responsibilities with respect to screening and treatment of behavioral health and physical health conditions consistent with scope of practice and licensure.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Monitor outcomes and sustainability of implemented screening protocols by PMO.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Ensure a policy is established and implemented for timely documentation of screenings in the electronic health record.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Ensure timely and accurate documentation in the electronic health record.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Assess participating providers current rates of completion of PHQ-2 and SBIRT patient assessments tools.		Project		In Progress	10/05/2015	12/31/2015	10/05/2015	03/31/2016	03/31/2016	DY1 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M3:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. In collaboration with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Ensure implementation of approved process for ongoing screenings.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and provide improvement plans as needed to ensure success.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:1. Assess participating providers' current procedures for managing patients who receive a positive screening.		Project		In Progress	10/05/2015	12/31/2015	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M4:2. Create and finalize policies on implementing "warm transfers" for patients who have a positive screening.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:3. Provide education/training as needed by sub-committee to ensure success.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:4. Implement "warm transfer" policies and procedures, as well as instructions on appropriate documentation in the electronic health record.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:5. Monitor outcomes and sustainability of implemented "warm transfer" protocols.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 2	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
engaged patients for project milestone reporting.										
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating providers with increased awareness of HIXNY and SHIN-NY capabilities for implementation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Technical support provided by PCMH sub-committee as needed.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.		Project		Completed	04/01/2015	03/31/2020	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Education/Training provided as needed to participating providers on how to utilize the technical platform.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Sub committee to make recommendations to CQAC on best methods to track outcomes and quality indicators to ensure success.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Implement CQAC's policy to track outcomes and monitor progress.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.		Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub-committee to guide the implementation of IMPACT Model at participating primary care sites.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Perform an assessment of participating practitioners' current behavioral health and primary care service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Educate leadership and clinicians within each organization participating in project of the benefits of IMPACT model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. BH/PCMH sub-committees to develop evidence-based best practice models for implementing IMPACT model at primary care settings.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Ensure that the participating practitioners have obtained the necessary waivers, licensure, and/or certification to provide the additional on-site services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Work with Managed Care Organizations to facilitate adequate reimbursement for treatment interventions that are required elements of collaborative care models. These financial agreements may include fee-for-service, case rate, and pay-for-performance reimbursement schemes.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Develop an implementation work plan that addresses initial and ongoing training needs of the staff, sustainability issues, and reporting requirements.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:8. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.										
Task M1:9. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:10. Monitor provider transformation sustainability and outcomes with implementation of IMPACT Model by the Project Management Office (PMO).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Policies and procedures include process for consulting with Psychiatrist.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:1. BH/PCMH sub-committee will review established evidence-based guidelines and protocols for the depression care management using the IMPACT model including medication management and care engagement processes. The sub-committee will draft guidelines that will be reviewed and adopted by the CQAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Participating practices will develop site specific operational policies and procedures describing how evidence-based guidelines will be integrated into care at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:3. Develop and implement evidence-based care protocols for operationalizing IMPACT model, to include, follow-up assessment, crisis/high risk response plan, and treatment.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Monitor the outcomes of developed protocols and update evidence-based guidelines as needed with approval by CQAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Sub-committee will assess current participating providers best-practices to begin to formulate implementable policies and procedures for psychiatrist consultation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Develop draft evidence-based policies and procedures for consulting with a psychiatrist.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Finalize policies, procedures and protocols with approval by the CQAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. In collaboration with WCC, ensure appropriate staff are provided education, training and resources as needed for successful implementation of policies and procedures.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Implement policies, procedures and protocols for successful consultation with psychiatrist.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Monitor outcomes of developed policies, procedures and protocol and update as needed.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.										
Task M1:1 Identify qualified staff member to serve as DCM and be identified as such in the Electronic Health Record (E.H.R.).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. In collaboration with WCC, establish job description of DCM as defined by IMPACT model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Evaluate clinical competency of the DCMs to ensure that standards of the IMPACT model are met. In collaboration with the WCC, develop training protocols and procedures for DCM role to ensure they are efficient in all required IMPACT interventions.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Provide training to DCM on Major Depressive Disorder symptomatology, physiologic effects, and biopsychosocial cycle; treatment options including antidepressant medications (basics of dosing and side effects), Cognitive-Behavioral Therapy, and Interpersonal Therapy; self-management support through education, behavioral activation, Problem-Solving Treatment in Primary Care (PST-PC) and motivational interviewing (MI).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Continuously monitor and re-evaluate the effectiveness of the individual/individuals in the DCM position to ensure that the requirements of IMPACT model continue to be met into the future.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Psychiatrist.										
Task M1:1. Establish contract or employment agreement with participating Psychiatrists to provide the clinical and supervisory services described in the IMPACT model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Provide assistance with resources for successful training/hiring of designated psychiatrists to ensure they are able to adequately perform the requirements of the position as created in Milestone 12; metric1; step 1.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Continuously monitor and evaluate the availability of psychiatrists to adequately perform the requirements of the model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:1. Assess participating providers current rates of completion of PHQ-2 and SBIRT patient assessments tools.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. In collaboration with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Ensure implementation of approved process for ongoing screenings.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and provide		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
improvement plans as needed to ensure success.										
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Draft protocols to adjust treatment according to evidence-based algorithm if a patient is not improving, including a patient evaluation 10-12 weeks after the start of the treatment plan.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Implement protocols related to patient evaluation at the 10-12 week mark after treatment plan approval by the CQAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Monitor outcomes to ensure success and ongoing sustainability of protocols.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating providers with increased awareness of HIXNY and SHIN-NY capabilities for implementation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:3. Technical support provided by PCMH sub-committee as needed.										
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Workflow and registries are created to track and trend PHQ-9 scores.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Education/Training provided as needed to participating providers on how to utilize the technical platform.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Sub committee to make recommendations to CQAC on best methods to track outcomes and quality indicators to ensure success.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:7. Implement CQAC's policy to track outcomes and monitor progress.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	0	0	0	0	0	53	53	53	53	53
Task Behavioral health services are co-located within PCMH/APC practices and are available.	0	0	0	0	0	0	0	0	0	54
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3.										
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQAC Level 3 PCMH recognition or APCM.										
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.										
Task M1:4. Perform a practice-specific gap analysis to determine the financial, technical and operational support needed to assure successful recognition by DY3.										
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.										
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQAC Level 3 certified or APCM.										
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.										
Task M1:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.										
Task M1:9. Track site specific certification to assure all participating safety-net providers become Level 3 PCMH certified or APCM.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M2:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub-committee.										
Task M2:2. Perform an assessment of participating practitioners' current behavioral health service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.										
Task M2:3. Educate leadership within each organization participating in project of the benefits of co-located behavioral health services within a primary care setting.										
Task M2:4. PCMH/BH sub-committee to develop evidence-based best practice models for co-locating behavioral health services in a primary care setting.										
Task M2:5. Perform gap analysis and identify key priorities to successful completion of co-located services.										
Task M2:6. Create a list of BH service providers available for co-location including BH organizations willing to establish partnership arrangements.										
Task M2:7. Develop alliances between BH service providers and primary care sites and, if required, complete written agreements between BH service providers and primary care sites.										
Task M2:8. AMCH PMO will assist participating practitioners with obtaining the necessary waivers, licensure, and/or certification to provide the additional on-site services.										
Task M2:9. MCOs will be engaged to ensure payment mechanisms are in place for co-location of services.										
Task M2:10. Develop an implementation work plan that addresses initial and ongoing training needs of the staff, sustainability issues, and reporting requirements.										
Task M2:11. Provide support, trainings, resources and education to participating providers as needed to ensure successful implementation of co-located behavioral health services.										
Task M2:12. Provide training for all staff, including client-facing administrative staff, on the new protocols and their roles and responsibilities with respect to screening and treatment of										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
behavioral health and physical health conditions, consistent with scope of practice and licensure.										
Task M2:13. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.										
Task M2:14. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.										
Task M2:15. Monitor progress towards completion of co-located services, as well as sustainability by PMO.										
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.										
Task M1:1. Establish regularly scheduled meetings with leadership from participating providers to develop best practice protocols.										
Task M1:2. Assist with identification of key team members needed at formal meetings who will assist with assigning roles and responsibilities for practice specific implementation and action plans to engage behavioral health specialists										
Task M1:3. Finalize collaborative care practices, reviewed and approved by the Clinical and Quality Affairs Committee (CQAC).										
Task M1:4. As a contractual requirement, participating providers will implement, at the minimum, weekly interdisciplinary team huddles to review current list of patients and ongoing development of team approach. Every other week interdisciplinary team meetings will focus on case consultation (at least monthly) and overall development of team approach.										
Task M2:1. BH/PCMH sub-committee will review established evidence-based guidelines and protocols for BH co-location										

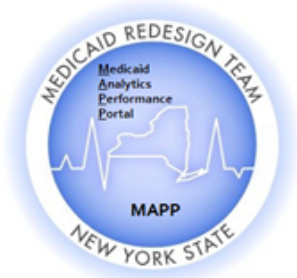


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
including medication management and care engagement processes. The sub-committee will draft guidelines that will be reviewed and adopted by the CQAC.										
Task M2:2. Participating practices will develop site specific operational policies and procedures describing how evidence-based guidelines will be integrated into care at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).										
Task M2:3. Develop and implement evidence-based care protocols, to include, managing positive screenings including follow-up assessment, crisis/high risk response plan, and treatment.										
Task M2:4. Monitor the outcomes of developed protocols and update evidence-based guidelines as needed with approval by CQAC.										
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Policies and procedures are in place to facilitate and document completion of screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	0	0	0	0	0	0	0	53	53
Task M1:1. Develop protocols for universal screening for behavioral health conditions using evidence-based tools, including, at a minimum, use of PHQ-2 for depression and SBIRT screening tool for alcohol use.										
Task M1: 2. Finalize policies and procedures to facilitate and document completion of the above screenings. These policies and procedures will be reviewed and approved by CQAC.										
Task M1:3. Policies will be disseminated for implementation.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Technical assistance will be provided for participating providers to facilitate implementation based on gap analysis of current state and future implementation state.										
Task M1:4. Monitor outcomes and sustainability of implemented screening protocols by PMO.										
Task M2:1. Ensure a policy is established and implemented for timely documentation of screenings in the electronic health record.										
Task M2:2. Ensure timely and accurate documentation in the electronic health record.										
Task M3:1. Assess participating providers current rates of completion of PHQ-2 and SBIRT patient assessments tools.										
Task M3:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.										
Task M3:3. In collaboration with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.										
Task M3:4. Ensure implementation of approved process for ongoing screenings.										
Task M3:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and provide improvement plans as needed to ensure success.										
Task M4:1. Assess participating providers' current procedures for managing patients who receive a positive screening.										
Task M4:2. Create and finalize policies on implementing "warm transfers" for patients who have a positive screening.										
Task M4:3. Provide education/training as needed by sub-committee to ensure success.										
Task M4:4. Implement "warm transfer" policies and procedures, as well as instructions on appropriate documentation in the electronic health record.										
Task M4:5. Monitor outcomes and sustainability of implemented "warm transfer" protocols.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.										
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating providers with increased awareness of HIXNY and SHIN-NY capabilities for implementation.										
Task M1:3. Technical support provided by PCMH sub-committee as needed.										
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.										
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.										
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.										
Task M2:3. Education/Training provided as needed to participating providers on how to utilize the technical platform.										
Task M2:4. Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting.										
Task M2:5. Sub-committee to make recommendations to CQAC on best methods to track outcomes and quality indicators to ensure success.										
Task M2:6. Implement CQAC's policy to track outcomes and monitor progress.										
Milestone #5										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Co-locate primary care services at behavioral health sites.										
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.	0	0	0	0	0	53	53	53	53	53
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	0	0	0	0	0	53	53
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	0	0	0	0	0	0	54
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3.										
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQAC Level 3 PCMH recognition or APCM.										
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.										
Task M1:4 Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to assure successful recognition by DY3.										
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.										
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQAC Level 3 certified or APCM.										
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY3.										
Task M1:8. Monitor progress on a monthly basis to evaluate progress										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
and assess needed additional resources to support practice transformation.										
Task M1:9. Track site specific certification to assure all participating safety-net providers become NCQA Level 3 PCMH certified or APCM.										
Task M2:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub-committee.										
Task M2:2. Perform an assessment of participating practitioners' current behavioral health and primary care service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.										
Task M2:3. Educate leadership within each organization participating in the project about the benefits of co-located primary care services within a behavioral health service setting.										
Task M2:4. BH/PCMH sub-committees to develop evidence-based best practice models for co-locating primary care services in a behavioral health service setting.										
Task M2:5. Perform gap analysis and identify key priorities to successful completion of co-located services.										
Task M2:6. Create a list of primary care service providers available for co-location including primary care service organizations willing to establish partnership arrangement.										
Task M2:7. Develop alliances between BH service providers and primary care sites and, if required, complete written agreements between BH service providers and primary care sites.										
Task M2:8. Ensure that the participating practitioners have obtained the necessary waivers, licensure, and/or certification to provide the additional on-site services.										
Task M2:9. MCOs will be engaged to ensure payment mechanisms are in place for co-location of services.										
Task M2:10. Develop an implementation work plan that addresses; initial and ongoing training needs of the staff, sustainability issues, and reporting requirements.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M2:11. Provide support, trainings, resources and education to participating providers as needed to ensure successful completion of co-located primary care services.										
Task M2:12. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.										
Task M2:13. Ensure all client-facing staff complete training on chronic illness management including common physical health medications, preventive care, and chronic conditions.										
Task M2:14. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.										
Task M2:15. Ensure that the primary care service space has been appropriately outfitted for compliance with NYS regulations and associated waivers.										
Task M2:16. Monitor progress towards completion of co-located services, as well as sustainability by PMO.										
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.										
Task M1:1. Establish regularly scheduled meetings with leadership from participating providers to develop best practice protocols.										
Task M1:2. Assist with identification of key team members needed at formal meetings who will assist with assigning roles and responsibilities for practice specific implementation and action plans to engage primary care specialists.										
Task M1:3. Finalize collaborative care practices, reviewed and approved by the Clinical and Quality Affairs Committee (CQAC).										



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2	
Task M1:4. As a contractual requirement, participating providers will implement, at the minimum, weekly interdisciplinary team huddles to review current list of patients and ongoing development of team approach. Every other week interdisciplinary team meetings will focus on case consultation (at least monthly) and overall development of team approach.											
Task M2:1. BH/PCMH sub-committees will review established evidence-based guidelines and protocols for primary care co-location including medication management and care engagement processes. The sub-committee will draft guidelines that will be reviewed and adopted by the CQAC.											
Task M2:2. Participating practices will develop site specific operational polices and procedures describing how evidence-based guidelines will be integrated into care at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).											
Task M2:3. Develop and implement protocols for screening, assessment, crisis/high risk response plan, and treatment including development of an integrated care plan, follow-up, and management for at least one target condition (e.g., diabetes, hypertension, obesity, chronic pain).											
Task M2:4. Monitor the outcomes of developed protocols and update evidence-based guidelines as needed with approval by CQAC.											
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.											
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.											
Task Screenings are documented in Electronic Health Record.											
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).											
Task Positive screenings result in "warm transfer" to behavioral health	0	0	0	0	0	0	0	57	82	97	180



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
provider as measured by documentation in Electronic Health Record.										
Task M1:1. Develop and implement protocols for universal screening for behavioral health conditions using evidence-based tools, including, at a minimum, use of PHQ-2 for depression and SBIRT screening tool for alcohol use.										
Task M1:2. Develop and implement clinic policies and procedures to reflect U.S. Preventive Services Task Force recommended screenings for all appropriate patients.										
Task M1:3. Provide training for all staff, including client-facing administrative staff, on the new workflows and operational protocols and their roles and responsibilities with respect to screening and treatment of behavioral health and physical health conditions consistent with scope of practice and licensure.										
Task M1:4. Monitor outcomes and sustainability of implemented screening protocols by PMO.										
Task M2:1. Ensure a policy is established and implemented for timely documentation of screenings in the electronic health record.										
Task M2:2. Ensure timely and accurate documentation in the electronic health record.										
Task M3:1. Assess participating providers current rates of completion of PHQ-2 and SBIRT patient assessments tools.										
Task M3:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.										
Task M3:3. In collaboration with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.										
Task M3:4. Ensure implementation of approved process for ongoing screenings.										
Task M3:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and provide improvement plans as needed to ensure success.										
Task M4:1. Assess participating providers' current procedures for managing patients who receive a positive screening.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M4:2. Create and finalize policies on implementing "warm transfers" for patients who have a positive screening.										
Task M4:3. Provide education/training as needed by sub-committee to ensure success.										
Task M4:4. Implement "warm transfer" policies and procedures, as well as instructions on appropriate documentation in the electronic health record.										
Task M4:5. Monitor outcomes and sustainability of implemented "warm transfer" protocols.										
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.										
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating providers with increased awareness of HIXNY and SHIN-NY capabilities for implementation.										
Task M1:3. Technical support provided by PCMH sub- committee as needed.										
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.										
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.										
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.										
Task M2:3. Education/Training provided as needed to participating										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
providers on how to utilize the technical platform.										
Task M2:4. Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting.										
Task M2:5. Sub committee to make recommendations to CQAC on best methods to track outcomes and quality indicators to ensure success.										
Task M2:6. Implement CQAC's policy to track outcomes and monitor progress.										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.	0	0	0	0	0	0	0	0	0	0
Task M1:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub-committee to guide the implementation of IMPACT Model at participating primary care sites.										
Task M1:2. Perform an assessment of participating practitioners' current behavioral health and primary care service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.										
Task M1:3. Educate leadership and clinicians within each organization participating in project of the benefits of IMPACT model.										
Task M1:4. BH/PCMH sub-committees to develop evidence-based best practice models for implementing IMPACT model at primary care settings.										
Task M1:5. Ensure that the participating practitioners have obtained the necessary waivers, licensure, and/or certification to provide the additional on-site services.										
Task M1:6. Work with Managed Care Organizations to facilitate adequate reimbursement for treatment interventions that are required elements of collaborative care models. These financial agreements may include fee-for-service, case rate, and pay-for-performance reimbursement schemes.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:7. Develop an implementation work plan that addresses initial and ongoing training needs of the staff, sustainability issues, and reporting requirements.										
Task M1:8. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.										
Task M1:9. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.										
Task M1:10. Monitor provider transformation sustainability and outcomes with implementation of IMPACT Model by the Project Management Office (PMO).										
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.										
Task Policies and procedures include process for consulting with Psychiatrist.										
Task M1:1. BH/PCMH sub-committee will review established evidence-based guidelines and protocols for the depression care management using the IMPACT model including medication management and care engagement processes. The sub-committee will draft guidelines that will be reviewed and adopted by the CQAC.										
Task M1:2. Participating practices will develop site specific operational policies and procedures describing how evidence-based guidelines will be integrated into care at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).										
Task M1:3. Develop and implement evidence-based care protocols for operationalizing IMPACT model, to include, follow-up assessment, crisis/high risk response plan, and treatment.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:4. Monitor the outcomes of developed protocols and update evidence-based guidelines as needed with approval by CQAC.										
Task M2:1. Sub-committee will assess current participating providers best-practices to begin to formulate implementable policies and procedures for psychiatrist consultation.										
Task M2:2. Develop draft evidence-based policies and procedures for consulting with a psychiatrist.										
Task M2:3. Finalize policies, procedures and protocols with approval by the CQAC.										
Task M2:4. In collaboration with WCC, ensure appropriate staff are provided education, training and resources as needed for successful implementation of policies and procedures.										
Task M2:5. Implement policies, procedures and protocols for successful consultation with psychiatrist.										
Task M2:6. Monitor outcomes of developed policies, procedures and protocol and update as needed.										
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.										
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.										
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.										
Task M1:1 Identify qualified staff member to serve as DCM and be identified as such in the Electronic Health Record (E.H.R.).										
Task M2:1. In collaboration with WCC, establish job description of DCM as defined by IMPACT model.										
Task M2:2. Evaluate clinical competency of the DCMs to ensure that standards of the IMPACT model are met. In collaboration with										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
the WCC, develop training protocols and procedures for DCM role to ensure they are efficient in all required IMPACT interventions.										
Task M2:3. Provide training to DCM on Major Depressive Disorder symptomatology, physiologic effects, and biopsychosocial cycle; treatment options including antidepressant medications (basics of dosing and side effects), Cognitive-Behavioral Therapy, and Interpersonal Therapy; self-management support through education, behavioral activation, Problem-Solving Treatment in Primary Care (PST-PC) and motivational interviewing (MI).										
Task M2:4. Continuously monitor and re-evaluate the effectiveness of the individual/individuals in the DCM position to ensure that the requirements of IMPACT model continue to be met into the future.										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
Task M1:1. Establish contract or employment agreement with participating Psychiatrists to provide the clinical and supervisory services described in the IMPACT model.										
Task M1:2. Provide assistance with resources for successful training/hiring of designated psychiatrists to ensure they are able to adequately perform the requirements of the position as created in Milestone 12; metric1; step 1.										
Task M1:3. Continuously monitor and evaluate the availability of psychiatrists to adequately perform the requirements of the model.										
Milestone #13 Measure outcomes as required in the IMPACT Model.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task M1:1. Assess participating providers current rates of completion of PHQ-2 and SBIRT patient assessments tools.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.										
Task M1:3. In collaboration with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.										
Task M1:4. Ensure implementation of approved process for ongoing screenings.										
Task M1:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and provide improvement plans as needed to ensure success.										
Milestone #14 Provide "stepped care" as required by the IMPACT Model.										
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.										
Task 1. Draft protocols to adjust treatment according to evidence-based algorithm if a patient is not improving, including a patient evaluation 10-12 weeks after the start of the treatment plan.										
Task 2. Implement protocols related to patient evaluation at the 10-12 week mark after treatment plan approval by the CQAC.										
Task 3. Monitor outcomes to ensure success and ongoing sustainability of protocols.										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.										
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
providers with increased awareness of HIXNY and SHIN-NY capabilities for implementation.										
Task M1:3. Technical support provided by PCMH sub- committee as needed.										
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.										
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.										
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.										
Task M2:3. Workflow and registries are created to track and trend PHQ-9 scores.										
Task M2:4. Education/Training provided as needed to participating providers on how to utilize the technical platform.										
Task M2:5. Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting.										
Task M2:6. Sub committee to make recommendations to CQAC on best methods to track outcomes and quality indicators to ensure success.										
Task M2:7. Implement CQAC's policy to track outcomes and monitor progress.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	53	53	53	53	53	53	53	53	53	53
Task Behavioral health services are co-located within PCMH/APC	54	54	54	54	54	54	54	54	54	54



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
practices and are available.										
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3.										
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQAC Level 3 PCMH recognition or APCM.										
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.										
Task M1:4. Perform a practice-specific gap analysis to determine the financial, technical and operational support needed to assure successful recognition by DY3.										
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.										
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQAC Level 3 certified or APCM.										
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.										
Task M1:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.										
Task M1:9. Track site specific certification to assure all participating safety-net providers become Level 3 PCMH certified or APCM.										
Task M2:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub-committee.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M2:2. Perform an assessment of participating practitioners' current behavioral health service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.										
Task M2:3. Educate leadership within each organization participating in project of the benefits of co-located behavioral health services within a primary care setting.										
Task M2:4. PCMH/BH sub-committee to develop evidence-based best practice models for co-locating behavioral health services in a primary care setting.										
Task M2:5. Perform gap analysis and identify key priorities to successful completion of co-located services.										
Task M2:6. Create a list of BH service providers available for co-location including BH organizations willing to establish partnership arrangements.										
Task M2:7. Develop alliances between BH service providers and primary care sites and, if required, complete written agreements between BH service providers and primary care sites.										
Task M2:8. AMCH PMO will assist participating practitioners with obtaining the necessary waivers, licensure, and/or certification to provide the additional on-site services.										
Task M2:9. MCOs will be engaged to ensure payment mechanisms are in place for co-location of services.										
Task M2:10. Develop an implementation work plan that addresses initial and ongoing training needs of the staff, sustainability issues, and reporting requirements.										
Task M2:11. Provide support, trainings, resources and education to participating providers as needed to ensure successful implementation of co-located behavioral health services.										
Task M2:12. Provide training for all staff, including client-facing administrative staff, on the new protocols and their roles and responsibilities with respect to screening and treatment of behavioral health and physical health conditions, consistent with scope of practice and licensure.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M2:13. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.										
Task M2:14. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.										
Task M2:15. Monitor progress towards completion of co-located services, as well as sustainability by PMO.										
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.										
Task M1:1. Establish regularly scheduled meetings with leadership from participating providers to develop best practice protocols.										
Task M1:2. Assist with identification of key team members needed at formal meetings who will assist with assigning roles and responsibilities for practice specific implementation and action plans to engage behavioral health specialists										
Task M1:3. Finalize collaborative care practices, reviewed and approved by the Clinical and Quality Affairs Committee (CQAC).										
Task M1:4. As a contractual requirement, participating providers will implement, at the minimum, weekly interdisciplinary team huddles to review current list of patients and ongoing development of team approach. Every other week interdisciplinary team meetings will focus on case consultation (at least monthly) and overall development of team approach.										
Task M2:1. BH/PCMH sub-committee will review established evidence-based guidelines and protocols for BH co-location including medication management and care engagement processes. The sub-committee will draft guidelines that will be										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
reviewed and adopted by the CQAC.										
Task M2:2. Participating practices will develop site specific operational policies and procedures describing how evidence-based guidelines will be integrated into care at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).										
Task M2:3. Develop and implement evidence-based care protocols, to include, managing positive screenings including follow-up assessment, crisis/high risk response plan, and treatment.										
Task M2:4. Monitor the outcomes of developed protocols and update evidence-based guidelines as needed with approval by CQAC.										
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Policies and procedures are in place to facilitate and document completion of screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	53	53	53	53	53	53	53	53	53	53
Task M1:1. Develop protocols for universal screening for behavioral health conditions using evidence-based tools, including, at a minimum, use of PHQ-2 for depression and SBIRT screening tool for alcohol use.										
Task M1: 2. Finalize policies and procedures to facilitate and document completion of the above screenings. These policies and procedures will be reviewed and approved by CQAC.										
Task M1:3. Policies will be disseminated for implementation. Technical assistance will be provided for participating providers										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
to facilitate implementation based on gap analysis of current state and future implementation state.										
Task M1:4. Monitor outcomes and sustainability of implemented screening protocols by PMO.										
Task M2:1. Ensure a policy is established and implemented for timely documentation of screenings in the electronic health record.										
Task M2:2. Ensure timely and accurate documentation in the electronic health record.										
Task M3:1. Assess participating providers current rates of completion of PHQ-2 and SBIRT patient assessments tools.										
Task M3:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.										
Task M3:3. In collaboration with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.										
Task M3:4. Ensure implementation of approved process for ongoing screenings.										
Task M3:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and provide improvement plans as needed to ensure success.										
Task M4:1. Assess participating providers' current procedures for managing patients who receive a positive screening.										
Task M4:2. Create and finalize policies on implementing "warm transfers" for patients who have a positive screening.										
Task M4:3. Provide education/training as needed by sub-committee to ensure success.										
Task M4:4. Implement "warm transfer" policies and procedures, as well as instructions on appropriate documentation in the electronic health record.										
Task M4:5. Monitor outcomes and sustainability of implemented "warm transfer" protocols.										
Milestone #4										

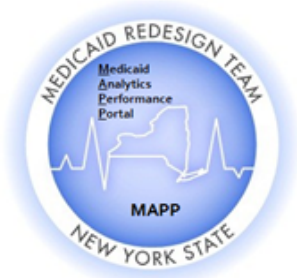


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.										
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating providers with increased awareness of HIXNY and SHIN-NY capabilities for implementation.										
Task M1:3. Technical support provided by PCMH sub-committee as needed.										
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.										
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.										
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.										
Task M2:3. Education/Training provided as needed to participating providers on how to utilize the technical platform.										
Task M2:4. Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting.										
Task M2:5. Sub-committee to make recommendations to CQAC on best methods to track outcomes and quality indicators to ensure success.										
Task M2:6. Implement CQAC's policy to track outcomes and monitor progress.										
Milestone #5 Co-locate primary care services at behavioral health sites.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.	53	53	53	53	53	53	53	53	53	53
Task Primary care services are co-located within behavioral Health practices and are available.	53	53	53	53	53	53	53	53	53	53
Task Primary care services are co-located within behavioral Health practices and are available.	54	54	54	54	54	54	54	54	54	54
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3.										
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQAC Level 3 PCMH recognition or APCM.										
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.										
Task M1:4 Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to assure successful recognition by DY3.										
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.										
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQAC Level 3 certified or APCM.										
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY3.										
Task M1:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:9. Track site specific certification to assure all participating safety-net providers become NCQA Level 3 PCMH certified or APCM.										
Task M2:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub-committee.										
Task M2:2. Perform an assessment of participating practitioners' current behavioral health and primary care service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.										
Task M2:3. Educate leadership within each organization participating in the project about the benefits of co-located primary care services within a behavioral health service setting.										
Task M2:4. BH/PCMH sub-committees to develop evidence-based best practice models for co-locating primary care services in a behavioral health service setting.										
Task M2:5. Perform gap analysis and identify key priorities to successful completion of co-located services.										
Task M2:6. Create a list of primary care service providers available for co-location including primary care service organizations willing to establish partnership arrangement.										
Task M2:7. Develop alliances between BH service providers and primary care sites and, if required, complete written agreements between BH service providers and primary care sites.										
Task M2:8. Ensure that the participating practitioners have obtained the necessary waivers, licensure, and/or certification to provide the additional on-site services.										
Task M2:9. MCOs will be engaged to ensure payment mechanisms are in place for co-location of services.										
Task M2:10. Develop an implementation work plan that addresses; initial and ongoing training needs of the staff, sustainability issues, and reporting requirements.										
Task M2:11. Provide support, trainings, resources and education to participating providers as needed to ensure successful										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
completion of co-located primary care services.										
Task M2:12. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.										
Task M2:13. Ensure all client-facing staff complete training on chronic illness management including common physical health medications, preventive care, and chronic conditions.										
Task M2:14. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.										
Task M2:15. Ensure that the primary care service space has been appropriately outfitted for compliance with NYS regulations and associated waivers.										
Task M2:16. Monitor progress towards completion of co-located services, as well as sustainability by PMO.										
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.										
Task M1:1. Establish regularly scheduled meetings with leadership from participating providers to develop best practice protocols.										
Task M1:2. Assist with identification of key team members needed at formal meetings who will assist with assigning roles and responsibilities for practice specific implementation and action plans to engage primary care specialists.										
Task M1:3. Finalize collaborative care practices, reviewed and approved by the Clinical and Quality Affairs Committee (CQAC).										
Task M1:4. As a contractual requirement, participating providers will										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
implement, at the minimum, weekly interdisciplinary team huddles to review current list of patients and ongoing development of team approach. Every other week interdisciplinary team meetings will focus on case consultation (at least monthly) and overall development of team approach.										
Task M2:1. BH/PCMH sub-committees will review established evidence-based guidelines and protocols for primary care co-location including medication management and care engagement processes. The sub-committee will draft guidelines that will be reviewed and adopted by the CQAC.										
Task M2:2. Participating practices will develop site specific operational polices and procedures describing how evidence-based guidelines will be integrated into care at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).										
Task M2:3. Develop and implement protocols for screening, assessment, crisis/high risk response plan, and treatment including development of an integrated care plan, follow-up, and management for at least one target condition (e.g., diabetes, hypertension, obesity, chronic pain).										
Task M2:4. Monitor the outcomes of developed protocols and update evidence-based guidelines as needed with approval by CQAC.										
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	180	180	180	180	180	180	180	180	180	180



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:1. Develop and implement protocols for universal screening for behavioral health conditions using evidence-based tools, including, at a minimum, use of PHQ-2 for depression and SBIRT screening tool for alcohol use.										
Task M1:2. Develop and implement clinic policies and procedures to reflect U.S. Preventive Services Task Force recommended screenings for all appropriate patients.										
Task M1:3. Provide training for all staff, including client-facing administrative staff, on the new workflows and operational protocols and their roles and responsibilities with respect to screening and treatment of behavioral health and physical health conditions consistent with scope of practice and licensure.										
Task M1:4. Monitor outcomes and sustainability of implemented screening protocols by PMO.										
Task M2:1. Ensure a policy is established and implemented for timely documentation of screenings in the electronic health record.										
Task M2:2. Ensure timely and accurate documentation in the electronic health record.										
Task M3:1. Assess participating providers current rates of completion of PHQ-2 and SBIRT patient assessments tools.										
Task M3:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.										
Task M3:3. In collaboration with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.										
Task M3:4. Ensure implementation of approved process for ongoing screenings.										
Task M3:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and provide improvement plans as needed to ensure success.										
Task M4:1. Assess participating providers' current procedures for managing patients who receive a positive screening.										
Task M4:2. Create and finalize policies on implementing "warm										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
transfers" for patients who have a positive screening.										
Task M4:3. Provide education/training as needed by sub-committee to ensure success.										
Task M4:4. Implement "warm transfer" policies and procedures, as well as instructions on appropriate documentation in the electronic health record.										
Task M4:5. Monitor outcomes and sustainability of implemented "warm transfer" protocols.										
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.										
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating providers with increased awareness of HIXNY and SHIN-NY capabilities for implementation.										
Task M1:3. Technical support provided by PCMH sub- committee as needed.										
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.										
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.										
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.										
Task M2:3. Education/Training provided as needed to participating providers on how to utilize the technical platform.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M2:4. Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting.										
Task M2:5. Sub committee to make recommendations to CQAC on best methods to track outcomes and quality indicators to ensure success.										
Task M2:6. Implement CQAC's policy to track outcomes and monitor progress.										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.	0	0	0	0	0	0	0	0	0	0
Task M1:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub-committee to guide the implementation of IMPACT Model at participating primary care sites.										
Task M1:2. Perform an assessment of participating practitioners' current behavioral health and primary care service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.										
Task M1:3. Educate leadership and clinicians within each organization participating in project of the benefits of IMPACT model.										
Task M1:4. BH/PCMH sub-committees to develop evidence-based best practice models for implementing IMPACT model at primary care settings.										
Task M1:5. Ensure that the participating practitioners have obtained the necessary waivers, licensure, and/or certification to provide the additional on-site services.										
Task M1:6. Work with Managed Care Organizations to facilitate adequate reimbursement for treatment interventions that are required elements of collaborative care models. These financial agreements may include fee-for-service, case rate, and pay-for-performance reimbursement schemes.										
Task M1:7. Develop an implementation work plan that addresses initial and ongoing training needs of the staff, sustainability issues, and										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
reporting requirements.										
Task M1:8. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.										
Task M1:9. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.										
Task M1:10. Monitor provider transformation sustainability and outcomes with implementation of IMPACT Model by the Project Management Office (PMO).										
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.										
Task Policies and procedures include process for consulting with Psychiatrist.										
Task M1:1. BH/PCMH sub-committee will review established evidence-based guidelines and protocols for the depression care management using the IMPACT model including medication management and care engagement processes. The sub-committee will draft guidelines that will be reviewed and adopted by the CQAC.										
Task M1:2. Participating practices will develop site specific operational policies and procedures describing how evidence-based guidelines will be integrated into care at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).										
Task M1:3. Develop and implement evidence-based care protocols for operationalizing IMPACT model, to include, follow-up assessment, crisis/high risk response plan, and treatment.										
Task M1:4. Monitor the outcomes of developed protocols and update										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
evidence-based guidelines as needed with approval by CQAC.										
Task M2:1. Sub-committee will assess current participating providers best-practices to begin to formulate implementable policies and procedures for psychiatrist consultation.										
Task M2:2. Develop draft evidence-based policies and procedures for consulting with a psychiatrist.										
Task M2:3. Finalize policies, procedures and protocols with approval by the CQAC.										
Task M2:4. In collaboration with WCC, ensure appropriate staff are provided education, training and resources as needed for successful implementation of policies and procedures.										
Task M2:5. Implement policies, procedures and protocols for successful consultation with psychiatrist.										
Task M2:6. Monitor outcomes of developed policies, procedures and protocol and update as needed.										
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.										
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.										
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.										
Task M1:1 Identify qualified staff member to serve as DCM and be identified as such in the Electronic Health Record (E.H.R.).										
Task M2:1. In collaboration with WCC, establish job description of DCM as defined by IMPACT model.										
Task M2:2. Evaluate clinical competency of the DCMs to ensure that standards of the IMPACT model are met. In collaboration with the WCC, develop training protocols and procedures for DCM										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
role to ensure they are efficient in all required IMPACT interventions.										
Task M2:3. Provide training to DCM on Major Depressive Disorder symptomatology, physiologic effects, and biopsychosocial cycle; treatment options including antidepressant medications (basics of dosing and side effects), Cognitive-Behavioral Therapy, and Interpersonal Therapy; self-management support through education, behavioral activation, Problem-Solving Treatment in Primary Care (PST-PC) and motivational interviewing (MI).										
Task M2:4. Continuously monitor and re-evaluate the effectiveness of the individual/individuals in the DCM position to ensure that the requirements of IMPACT model continue to be met into the future.										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
Task M1:1. Establish contract or employment agreement with participating Psychiatrists to provide the clinical and supervisory services described in the IMPACT model.										
Task M1:2. Provide assistance with resources for successful training/hiring of designated psychiatrists to ensure they are able to adequately perform the requirements of the position as created in Milestone 12; metric1; step 1.										
Task M1:3. Continuously monitor and evaluate the availability of psychiatrists to adequately perform the requirements of the model.										
Milestone #13 Measure outcomes as required in the IMPACT Model.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task M1:1. Assess participating providers current rates of completion of PHQ-2 and SBIRT patient assessments tools.										
Task M1:2. Develop a documented process to ensure completion of										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
PHQ and SBIRT assessments for appropriate patients.										
Task M1:3. In collaboration with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.										
Task M1:4. Ensure implementation of approved process for ongoing screenings.										
Task M1:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and provide improvement plans as needed to ensure success.										
Milestone #14 Provide "stepped care" as required by the IMPACT Model.										
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.										
Task 1. Draft protocols to adjust treatment according to evidence-based algorithm if a patient is not improving, including a patient evaluation 10-12 weeks after the start of the treatment plan.										
Task 2. Implement protocols related to patient evaluation at the 10-12 week mark after treatment plan approval by the CQAC.										
Task 3. Monitor outcomes to ensure success and ongoing sustainability of protocols.										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.										
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating providers with increased awareness of HIXNY and SHIN-NY capabilities for implementation.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:3. Technical support provided by PCMH sub- committee as needed.										
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.										
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.										
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.										
Task M2:3. Workflow and registries are created to track and trend PHQ-9 scores.										
Task M2:4. Education/Training provided as needed to participating providers on how to utilize the technical platform.										
Task M2:5. Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting.										
Task M2:6. Sub committee to make recommendations to CQAC on best methods to track outcomes and quality indicators to ensure success.										
Task M2:7. Implement CQAC's policy to track outcomes and monitor progress.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Metric 2:2 will be complete DY1Q4 This task was started on 9/30/2015 with a comprehensive baseline assessment tool distributed to PPS providers. A draft project specific assessment has



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	been created to further assess work flow, service delivery capabilities, etc., from the organizations who will be participating in this project. This additional assessment will be finalized and distributed in early 2016.
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	<p>Metric 3.1 will be complete DY1Q4 With the completion of DY1Q2, several PPS providers provided the PMO with data on the number of PHQ-2/9 and SBIRT screens completed for speed and scale reporting during the reporting period. We continue to collect data from all providers participating in this project and have developed an assessment tool that captures current rates of completion for both PHQ-2 and SBIRT. BAA's have been executed with participating providers allowing patient data exchange on an ongoing basis. This project specific assessment will be distributed in early 2016.</p> <p>Metric 4.1 will be complete DY1Q4 With the end of the second quarter, several PPS providers provided the PMO with data on the number of PHQ-2/9 and SBIRT screens completed for speed and scale reporting purposes. We continue to collect data from all providers participating in this project via an assessment tool that will capture detailed provider information regarding their current procedures for managing patients with a positive screen. This project specific assessment will be finalized and distributed in early 2016.</p>
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	<p>Metric 1.6 will be realigned with existing timelines for overlapping milestones The Patient Centered Medical Home (PCMH) subcommittee at a meeting in December 2015, determined the approach for the development and implementation of a PCMH learning collaborative for our partners. In September 2015, the AMCH PPS project management office (PMO) created and disseminated an initial survey to capture baseline data at the organizational level on areas such as access, care coordination/care management, referral work flows, EHR readiness and current recognitions for our partnering practices. In the December meeting, the subcommittee elected to narrow the focus and create an additional PCMH assessment tool for our partners at the primary care level. This assessment will allow the subcommittee to understand network-wide readiness to meet PCMH deliverables at the site level, providing a more refined understanding of the collective needs as they relate to learning collaborative content, frequency, and delivery. After reviewing the results of the assessment, the subcommittee will recommend the best approach for designing and implementing a learning collaborative. Depending on the network's aggregated readiness, this approach may include the engagement of consultants to assist with the PCMH transformation.</p> <p>Metric 2.2 will be completed DY1Q4 This task was started with the comprehensive baseline assessment tool distributed to PPS providers on 9/30/2015. Data from that assessment has been analyzed and has helped uniform decision-making regarding behavioral health and PCP service delivery. The PMO determined, however, that it would be beneficial to obtain additional information regarding work flow, service delivery capabilities, etc.. This additional assessment will be finalized and distributed in early 2016.</p>
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT)	<p>Metric 3.1 will be complete DY1Q4 With the completion of DY1Q2, several PPS providers provided the PMO with data on the number of PHQ-2/9 and SBIRT screens completed for speed and</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
implemented for all patients to identify unmet needs.	<p>scale reporting during the reporting period. We continue to collect data from all providers participating in this project and have developed as assessment tool that captures current rates of completion for both PHQ-2 and SBIRT. BAA's have been executed with participating providers allowing patient data exchange on an ongoing basis. This project specific assessment will be distributed in early 2016</p> <p>.Metric 4.1 will be complete DY1Q4</p> <p>With the end of the second quarter, several PPS providers provided the PMO with data on the number of PHQ-2/9 and SBIRT screens completed for speed and scale reporting purposes. We continue to collect data from all providers participating in this project via an assessment tool that will capture detailed provider information regarding their current procedures for managing patients with a positive screen. This project specific assessment will be finalized and distributed in early 2016.</p>
Use EHRs or other technical platforms to track all patients engaged in this project.	
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	
Designate a Psychiatrist meeting requirements of the IMPACT Model.	
Measure outcomes as required in the IMPACT Model.	
Provide "stepped care" as required by the IMPACT Model.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.a.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.a.i.5 - IA Monitoring

Instructions :



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project 3.a.ii – Behavioral health community crisis stabilization services

IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Lack of capital funding to expand physical capacity to observe patients for up to 48 hours will put this project at risk. Without funding to build, construct, or repurpose licensed beds, it will be a challenge for participating providers to be successful. Additional risks include funding for additional staff to observe patients in crisis for up to 48 hours, as well as the readiness of MCOs to reimburse for services provided. Implementation of a collaboratively developed VBP agreement, as well as a process for funds flow will help to mitigate these risks across the PPS and will ensure that funding will be provided for all crisis intervention program services.

The success of this project will depend largely on participating provider, hospital, first responder and community buy-in. Development of best practice protocols, diversion strategies, and the willingness of community EDs to engage is essential. This same challenge will exist with mobile crisis units, community agencies, and local police units who may feel it would be "safer" to send a patient to the ED. Establishing a behavioral health sub-committee with leadership from each participating agency, as well as providing education and training will help mitigate these risks. The CQAC will work with hospital and crisis programs to develop the protocols for diversion and identify the resources they will need. Communication and education will be available for first responders and community agencies on the benefits of the diversion protocol, as well as how to utilize these services.

Staffing, training and timely resources are crucial. Willingness to participate in shared decision-making among medical professionals and substance abuse treatment providers may also provide challenges. The workforce training vendor will provide appropriate training in an effort to ensure that all staff are comfortable with any additional responsibilities. The CQAC will ensure processes and procedures are in place for system integration among performing providers. This committee will work closely with providers to ensure they are adequately prepared and are aware of resources available to them.

The availability of timely and appropriate community resources for referrals will be imperative to the success of this project. Formal access and responsiveness agreements will be created with community based providers, and tele-health services will be available when immediate community resources are unavailable. AMCH PMO will work collaboratively with two local NP schools, one PA school, one social work school, and two psychiatric program schools, and will encourage their support.

IT challenges exist within this project. Success will be dependent on HIXNY's readiness for behavioral health consents and standardization within HIXNY across our network. Implementation of cross-PPS EHR capabilities, including excel transfer in lieu of MAPP functionality will help to bridge the IT gap in the short term. As the DSRIP year progresses, we will have better access through care coordination, direct messaging, and additional data through the MAPP tool and SHIN-NY. This plan will be largely based on functionality of the MAPP tool and the availability of data through Salient and other data sources provided by the state.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 3.a.ii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY3,Q4	7,927

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
794	966	48.74%	1,016	12.19%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (1,982)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Report(s)	1_PMDL3815_1_3_20160129142830_AMCH_3.A.II_FINAL_FOR_MAPP_UPLOAD.xlsx	AMCH PPS 3.A.II patient engagement	01/29/2016 02:29 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its actively engaged commitments for DY1Q3. The documentation does not support the reported actively engaged numbers.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.a.ii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Project	N/A	In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.	Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Establish an ad-hoc Behavioral Health (BH) Community Crisis Stabilization (BHCCS) workgroup under the auspices of BH sub-committee to oversee the development/enhancement of regionally-based behavioral health community crisis stabilization programs that include outreach, mobile crisis, and intensive crisis services.	Project		In Progress	10/19/2015	09/30/2017	10/19/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. The ad-hoc workgroup will be the lead author of the community crisis stabilization plan. The plan will be reviewed and approved by the CQAC.	Project		In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. Ensure participation of a broad spectrum of stakeholders in the planning process for crisis services in the community by engaging the CCAC, WCC, and CCHLC.	Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:4. Utilizing the CNA, assess the adequacy of the current community-based services available across the PPS region, including timely community crisis intervention for consumers in behavioral health crisis.	Project		Completed	11/09/2015	12/31/2015	11/09/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Establish agreements with at least one hospital with specialty inpatient psychiatric services, one hospital with specialty detoxification services, key PPS hospital emergency	Project		In Progress	04/01/2015	03/31/2020	10/05/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
departments, key PPS health home providers, key PPS outpatient mental health providers, key PPS outpatient substance use providers, and key PPS ambulatory detox providers (if available), to coordinate and provide services as defined by the crisis intervention plan.									
Task M1:6. Ensure that participating organizational contracts specify access and responsiveness standards, information sharing standards, care coordination protocols, designated leads for each organization for clinical collaboration, staff training topics and frequency.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:7. Execute contracts only to participating organizations that are licensed or designated by OMH/OASAS to provide specific crisis services described in the New York State Medicaid state plan or Home and Community-Based Services benefit package.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Establish agreements for Psychiatric and Addiction Medicine consultation services to the crisis team that include specific response times consistent with New York State and local regulatory body guidance.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Identify and implement evidence-based tools, such as Zero Suicide Toolkit to assess risk and stabilize patients in crisis.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:10. Hire peer and recovery specialists with defined job functions that include responsibilities such as, handoff to a warm line for callers who primarily present to crisis team with need for talk support.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:11. In collaboration with the CCHLC and WCC, implement staff training program to train staff on: suicide risk assessment and interventions, safety planning, crisis stabilization and de-escalation techniques, motivational interviewing, working with police, working with peers, mental health first aid or other first-responder interventions, cultural competency, health literacy, and community resources availability.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:12. Collaborate with one local police department to evaluate the feasibility of starting programs like the Memphis Crisis Intervention Team (CIT) program.									
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	Project	N/A	In Progress	09/30/2017	09/30/2017	09/30/2017	09/30/2017	09/30/2017	DY3 Q2
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).	Project		In Progress	09/30/2017	09/30/2017	09/30/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. BH subcommittee/ED Triage sub-committees will review current community and hospital protocols for diversion of patients with behavioral health crisis from emergency room and inpatient services, as appropriate.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. BH sub-committee/ED Triage committee will research successful evidence-based programs for diversion management.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. BH sub-committee/ED Triage committee will draft updates to protocols, if necessary, for approval by CQAC.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Educate, train and provide resources, as needed, for successful implementation of diversion management protocol by sub-committee and PMO.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Develop and implement regional diversion management protocols with PPS emergency departments under the direction of the CQAC.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Survey stakeholders and additional service users for regular feedback and potential opportunities for improvement.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Monitor sustainability and outcomes of implemented diversion management protocol by PMO.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Project	N/A	In Progress	11/05/2015	09/30/2017	11/05/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.	Project		In Progress	11/05/2015	09/30/2017	11/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework that can be applied across the regional provider network	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with MCOs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Develop written treatment protocols with consensus from	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
participating providers and facilities.									
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated treatment care protocols are in place.	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Convene a group of expert clinicians and specialists from participating organizations and establish regular meeting schedule to develop consensus on draft treatment protocols.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Assess participating providers current treatment protocols and guidelines for review by the PPS expert panel.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Finalize draft treatment protocols developed with consensus from participating practitioners.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. CQAC will review and approve the draft treatment protocols.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Establish transition of care protocol, which includes personal contact by crisis team member during transition in care within one week post-transition.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Develop protocols to assure timely documentation, including same day documentation, but no later than 48 hours after the event.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Develop and implement ongoing training materials for all appropriate staff to keep them current on policies, procedures and treatment protocols.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Monitor outcomes of developed protocols, with updates made as needed with approval by CQAC.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Project	N/A	In Progress	10/26/2015	03/31/2017	10/26/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	10/26/2015	03/31/2017	10/26/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network									
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Hospital	In Progress	10/26/2015	03/31/2017	10/26/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish agreements with at least one hospital with specialty inpatient psychiatric services and crisis-oriented psychiatric services.	Project		Completed	11/09/2015	12/31/2015	11/09/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Establish agreements with at least one hospital with specialty detoxification services.	Project		On Hold	11/09/2015	12/31/2015	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Establish agreements with key PPS hospital emergency departments, key PPS health homes providers, key PPS outpatient mental health and substance abuse providers.	Project		Completed	11/09/2015	12/31/2015	11/09/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:1. Based on the Community Needs Assessments (CNA), service wait time reports, and hot-spot maps, evaluate access to PPS-wide psychiatric services, and identify improvement areas.	Project		Completed	10/26/2015	12/31/2015	10/26/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Identify areas of high need for pilot locations to potentially implement improvement steps in terms of access.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. With approval of successful pilot, roll out improvement steps, working in collaboration with PPSs partners, to improve access.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Project	N/A	In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.	Project		In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS evaluates access to observation unit or off campus crisis	Provider	Safety Net Hospital	In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.									
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Clinic	In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Mental Health	In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Establish participation agreements with hospitals with observation units or off campus crisis residence locations for crisis monitoring.	Project		In Progress	11/09/2015	12/31/2015	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task M2:1. Based on the information from Community Needs Assessments (CNA), evaluate access to PPS-wide crisis observation units or off campus crisis residence services, and identify gaps in available services.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Develop a comprehensive access assessment, including access plans for psychiatric and crisis-oriented services, access improvement plans, and access reports based on geography and wait times.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Based on access assessment, identify PPS resources available to close gaps and improve access, reduce wait times and facilitate after-hours care.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Working in collaboration with PPS partners, implement improvement steps to improve access.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Project	N/A	In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.	Project		In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.	Project		In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Establish agreements with regional mobile crisis teams to help meet crisis stabilization needs of the community	Project		Completed	11/09/2015	12/31/2015	11/09/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:1. BH sub-committee to review current protocols for mobile crisis team, including ability to screen, provide crisis intervention and supportive counseling services, and to provide information, referrals and linkages to appropriate CBOs for on going treatment.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. BH sub-committee to recommend updates to current protocols, as necessary, based on evidence-based protocols and guidelines.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Collaborate with community mobile crisis providers to implement regional protocols as necessary.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Provide support, training, education and resources as needed.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Monitor success of developed protocols, updates made as needed with approval by CQAC.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Project	N/A	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.	Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Provider	Safety Net Practitioner -	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Primary Care Provider (PCP)							
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospital	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Mental Health	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.	Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. In collaboration with TDMC, assess current capabilities of EHR systems across the participating provider organizations to determine their ability to integrate medical and behavioral health records within individual patient records.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Collaborate with EHR vendors and participating providers to outline functionality for integrated medical records within their current systems and incentivize providers to adopt these functions.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Completion/confirmation of an integrated health record at each participating organization.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
for connectivity to SHIN-NY and HIXNY.									
Task M2:3. Work with participating providers not currently using EHRs, to incentivize EHR adoption for patient care management.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task M3:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate crisis intervention services.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M3:2. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. Implement training and secure messaging to support the use of alerts across the PPS.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Implement necessary technical and operational system changes needed to support the achievement of future state for use of alerts and secure messaging.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Establish central triage service with agreements among	Project	N/A	In Progress	09/30/2017	09/30/2017	09/30/2017	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
participating psychiatrists, mental health, behavioral health, and substance abuse providers.									
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.	Project		In Progress	09/30/2017	09/30/2017	09/30/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Assess current policies, procedures and resources related to triage services among participating behavioral health providers.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Working with Psychiatrists and other Behavioral Health Providers, develop agreements for participating providers to establish/expand central triage services.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Finalize contracts with participating providers to be in agreement with policies, procedures and protocols after approval by CQAC.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Develop or update current protocols, if necessary, to augment central triage services to include: • Access to Peer Warm-Lines • Decision-making tool that leads to clinically appropriate interventions • Ability to deploy staff rapidly	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Develop work plans for outreach, education and training regarding triage protocol and value of triage and diversion for: • Psychiatrists & Behavioral health providers • Law enforcement departments • Emergency responders, including police and EMT • Community shelters • Schools and universities • Nursing homes and other residential centers • Primary care providers • Consumer and advocacy groups	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Monitor success of triage service as well as sustainability	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
by PMO.									
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Project	N/A	In Progress	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.	Project		In Progress	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.	Project		In Progress	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.	Project		In Progress	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.	Project		In Progress	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.	Project		In Progress	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish a Behavioral Health (BH) sub-committee under the auspices of the Clinical and Quality Affairs (CQA) Committee.	Project		Completed	10/19/2015	12/31/2015	10/19/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Assure representation from key medical and behavioral health practitioners participating in behavioral health related projects.	Project		Completed	10/19/2015	12/31/2015	10/19/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. CQAC will develop the charge for the BH sub-committee to oversee the effective implementation of goals and objectives	Project		Completed	10/19/2015	12/31/2015	10/19/2015	12/31/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
of the BH projects.									
Task M2:1. BH sub-committee will define the desired future state for each BH project, incorporating many perspectives including patient populations, practitioners, PPS partners and others.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. BH sub-committee will assist in the development of a plan to identify quality improvement opportunities and related operational changes at clinical sites for the successful implementation of elements of project plans.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Sub-committee will document quality improvement activities including: data collection, data analysis, identification and implementation of improvement activities using the PDSA methodology.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Monitor outcomes of developed plan, updates made as needed with approval by CQAC.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. BH sub-committee will review all applicable BH metrics, including available baseline data.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:2. Sub-committee will assist in prioritizing the key quality metrics and the development of action plans to identify causative factors of outcomes, develop improvement strategies, support metric evaluation and facilitate milestone reporting for their respective projects over the duration of DSRIP.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. Implement action plans and monitor ongoing progress making adjustments as necessary.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:1. CQAC, in collaboration with vendor, will identify a medical record audit tool and auditing process, to ensure compliance with process and procedures developed.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:2. As part of the participating provider agreement, AMCH PPS will ensure access to medical records for audit purposes.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:3. The sub-committee will conduct a semi-annual review to	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
ensure adherence to project-specific processes and procedures, QA/QI activities, and the achievement of project objectives.									
Task M5:1. The sub-committee will assist in the development of dashboards of quality metrics for ongoing performance improvement.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M5:2. The sub-committee will provide quarterly updates to the AMCH PPS CQAC and other stakeholders on activities, results and next steps. Access to AMCH PPS web portal will be available in subsequent quarters for aggregated performance dashboards.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective population health management across PPS entities.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organization/practice to track their population groups for population health management needs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Generate required reports on the performance of	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



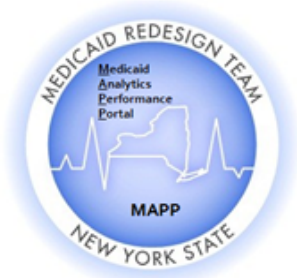
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
individual and population health interventions implemented by the practice teams.									

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.										
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.										
Task M1:1. Establish an ad-hoc Behavioral Health (BH) Community Crisis Stabilization (BHCCS) workgroup under the auspices of BH sub-committee to oversee the development/enhancement of regionally-based behavioral health community crisis stabilization programs that include outreach, mobile crisis, and intensive crisis services.										
Task M1:2. The ad-hoc workgroup will be the lead author of the community crisis stabilization plan. The plan will be reviewed and approved by the CQAC.										
Task M1:3. Ensure participation of a broad spectrum of stakeholders in the planning process for crisis services in the community by engaging the CCAC, WCC, and CCHLC.										
Task M1:4. Utilizing the CNA, assess the adequacy of the current community-based services available across the PPS region, including timely community crisis intervention for consumers in behavioral health crisis.										
Task M1:5. Establish agreements with at least one hospital with specialty inpatient psychiatric services, one hospital with specialty detoxification services, key PPS hospital emergency departments, key PPS health home providers, key PPS outpatient mental health providers, key PPS outpatient substance use providers, and key PPS ambulatory detox providers (if available), to coordinate and provide services as defined by the crisis intervention plan.										
Task M1:6. Ensure that participating organizational contracts specify										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
access and responsiveness standards, information sharing standards, care coordination protocols, designated leads for each organization for clinical collaboration, staff training topics and frequency.										
Task M1:7. Execute contracts only to participating organizations that are licensed or designated by OMH/OASAS to provide specific crisis services described in the New York State Medicaid state plan or Home and Community-Based Services benefit package.										
Task M1:8. Establish agreements for Psychiatric and Addiction Medicine consultation services to the crisis team that include specific response times consistent with New York State and local regulatory body guidance.										
Task M1:9. Identify and implement evidence-based tools, such as Zero Suicide Toolkit to assess risk and stabilize patients in crisis.										
Task M1:10. Hire peer and recovery specialists with defined job functions that include responsibilities such as, handoff to a warm line for callers who primarily present to crisis team with need for talk support.										
Task M1:11. In collaboration with the CCHLC and WCC, implement staff training program to train staff on: suicide risk assessment and interventions, safety planning, crisis stabilization and de-escalation techniques, motivational interviewing, working with police, working with peers, mental health first aid or other first-responder interventions, cultural competency, health literacy, and community resources availability.										
Task M1:12. Collaborate with one local police department to evaluate the feasibility of starting programs like the Memphis Crisis Intervention Team (CIT) program.										
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.										
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).										
Task M1:1. BH subcommittee/ED Triage sub-committees will review current community and hospital protocols for diversion of patients with behavioral health crisis from emergency room and inpatient										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
services, as appropriate.										
Task M1:2. BH sub-committee/ED Triage committee will research successful evidence-based programs for diversion management.										
Task M1:3. BH sub-committee/ED Triage committee will draft updates to protocols, if necessary, for approval by CQAC.										
Task M1:4. Educate, train and provide resources, as needed, for successful implementation of diversion management protocol by sub-committee and PMO.										
Task M1:5. Develop and implement regional diversion management protocols with PPS emergency departments under the direction of the CQAC.										
Task M1:6. Survey stakeholders and additional service users for regular feedback and potential opportunities for improvement.										
Task M1:7. Monitor sustainability and outcomes of implemented diversion management protocol by PMO.										
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.										
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.										
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework that can be applied across the regional provider network										
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.										
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
service contracts.										
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with MCOs.										
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.										
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors										
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.										
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.										
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.										
Task Coordinated treatment care protocols are in place.										
Task M1:1. Convene a group of expert clinicians and specialists from participating organizations and establish regular meeting schedule to develop consensus on draft treatment protocols.										
Task M1:2. Assess participating providers current treatment protocols and guidelines for review by the PPS expert panel.										
Task M1:3. Finalize draft treatment protocols developed with consensus from participating practitioners.										
Task M2:1. CQAC will review and approve the draft treatment protocols.										
Task M2:2. Establish transition of care protocol, which includes personal contact by crisis team member during transition in care within one week post-transition.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2	
Task M2:3. Develop protocols to assure timely documentation, including same day documentation, but no later than 48 hours after the event.											
Task M2:4. Develop and implement ongoing training materials for all appropriate staff to keep them current on policies, procedures and treatment protocols.											
Task M2:5. Monitor outcomes of developed protocols, with updates made as needed with approval by CQAC.											
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.											
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network											
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	0	0	0	0	3	3	7
Task M1:1. Establish agreements with at least one hospital with specialty inpatient psychiatric services and crisis-oriented psychiatric services.											
Task M1:2. Establish agreements with at least one hospital with specialty detoxification services.											
Task M1:3. Establish agreements with key PPS hospital emergency departments, key PPS health homes providers, key PPS outpatient mental health and substance abuse providers.											
Task M2:1. Based on the Community Needs Assessments (CNA), service wait time reports, and hot-spot maps, evaluate access to PPS-wide psychiatric services, and identify improvement areas.											
Task M2:2. Identify areas of high need for pilot locations to potentially implement improvement steps in terms of access.											
Task M2:3. With approval of successful pilot, roll out improvement steps, working in collaboration with PPSs partners, to improve											



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
access.										
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).										
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.										
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	0	0	0	3	3	7
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	0	0	0	21	21	21
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	0	0	20	54	54	54
Task M1:1. Establish participation agreements with hospitals with observation units or off campus crisis residence locations for crisis monitoring.										
Task M2:1. Based on the information from Community Needs Assessments (CNA), evaluate access to PPS-wide crisis observation units or off campus crisis residence services, and identify gaps in available services.										
Task M2:2. Develop a comprehensive access assessment, including access plans for psychiatric and crisis-oriented services, access improvement plans, and access reports based on geography and wait times.										
Task M2:3. Based on access assessment, identify PPS resources available to close gaps and improve access, reduce wait times and facilitate after-hours care.										
Task M2:4. Working in collaboration with PPS partners, implement improvement steps to improve access.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.										
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.										
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.										
Task M1:1. Establish agreements with regional mobile crisis teams to help meet crisis stabilization needs of the community										
Task M2:1. BH sub-committee to review current protocols for mobile crisis team, including ability to screen, provide crisis intervention and supportive counseling services, and to provide information, referrals and linkages to appropriate CBOs for on going treatment.										
Task M2:2. BH sub-committee to recommend updates to current protocols, as necessary, based on evidence-based protocols and guidelines.										
Task M2:3. Collaborate with community mobile crisis providers to implement regional protocols as necessary.										
Task M2:4. Provide support, training, education and resources as needed.										
Task M2:5. Monitor success of developed protocols, updates made as needed with approval by CQAC.										
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	53



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	7
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	54
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.										
Task M1:1. In collaboration with TDMC, assess current capabilities of EHR systems across the participating provider organizations to determine their ability to integrate medical and behavioral health records within individual patient records.										
Task M1:2. Collaborate with EHR vendors and participating providers to outline functionality for integrated medical records within their current systems and incentivize providers to adopt these functions.										
Task M1:3. Completion/confirmation of an integrated health record at each participating organization.										
Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M2:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M2:3. Work with participating providers not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M2:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.										
Task M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Task M3:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate crisis intervention services.										
Task M3:2. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.										
Task M3:3. Implement training and secure messaging to support the use of alerts across the PPS.										
Task M3:4. Implement necessary technical and operational system changes needed to support the achievement of future state for use of alerts and secure messaging.										
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.										
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.										
Task M1:1. Assess current policies, procedures and resources related to triage services among participating behavioral health providers.										
Task M1:2. Working with Psychiatrists and other Behavioral Health Providers, develop agreements for participating providers to establish/expand central triage services.										
Task M1:3. Finalize contracts with participating providers to be in agreement with policies, procedures and protocols after approval										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
by CQAC.										
Task M1:4. Develop or update current protocols, if necessary, to augment central triage services to include: <ul style="list-style-type: none"> • Access to Peer Warm-Lines • Decision-making tool that leads to clinically appropriate interventions • Ability to deploy staff rapidly 										
Task M1:5. Develop work plans for outreach, education and training regarding triage protocol and value of triage and diversion for: <ul style="list-style-type: none"> • Psychiatrists & Behavioral health providers • Law enforcement departments • Emergency responders, including police and EMT • Community shelters • Schools and universities • Nursing homes and other residential centers • Primary care providers • Consumer and advocacy groups 										
Task M1:6. Monitor success of triage service as well as sustainability by PMO.										
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.										
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.										
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.										
Task M1:1. Establish a Behavioral Health (BH) sub-committee under the auspices of the Clinical and Quality Affairs (CQA) Committee.										
Task M1:2. Assure representation from key medical and behavioral health practitioners participating in behavioral health related projects.										
Task M1:3. CQAC will develop the charge for the BH sub-committee to oversee the effective implementation of goals and objectives of the BH projects.										
Task M2:1. BH sub-committee will define the desired future state for each BH project, incorporating many perspectives including patient populations, practitioners, PPS partners and others.										
Task M2:2. BH sub-committee will assist in the development of a plan to identify quality improvement opportunities and related operational changes at clinical sites for the successful implementation of elements of project plans.										
Task M2:3. Sub-committee will document quality improvement activities including: data collection, data analysis, identification and implementation of improvement activities using the PDSA methodology.										
Task M2:4. Monitor outcomes of developed plan, updates made as needed with approval by CQAC.										
Task M3:1. BH sub-committee will review all applicable BH metrics, including available baseline data.										
Task M3:2. Sub-committee will assist in prioritizing the key quality metrics and the development of action plans to identify causative factors of outcomes, develop improvement strategies, support metric evaluation and facilitate milestone reporting for their respective projects over the duration of DSRIP.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M3:3. Implement action plans and monitor ongoing progress making adjustments as necessary.										
Task M4:1. CQAC, in collaboration with vendor, will identify a medical record audit tool and auditing process, to ensure compliance with process and procedures developed.										
Task M4:2. As part of the participating provider agreement, AMCH PPS will ensure access to medical records for audit purposes.										
Task M4:3. The sub-committee will conduct a semi-annual review to ensure adherence to project-specific processes and procedures, QA/QI activities, and the achievement of project objectives.										
Task M5:1. The sub-committee will assist in the development of dashboards of quality metrics for ongoing performance improvement.										
Task M5:2. The sub-committee will provide quarterly updates to the AMCH PPS CQAC and other stakeholders on activities, results and next steps. Access to AMCH PPS web portal will be available in subsequent quarters for aggregated performance dashboards.										
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective population health management across PPS entities.										
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.										
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.										
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organization/practice to track their population groups for population health management needs.										
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.										
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.										
Task M1:1. Establish an ad-hoc Behavioral Health (BH) Community Crisis Stabilization (BHCCS) workgroup under the auspices of BH sub-committee to oversee the development/enhancement of regionally-based behavioral health community crisis stabilization programs that include outreach, mobile crisis, and intensive crisis services.										
Task M1:2. The ad-hoc workgroup will be the lead author of the community crisis stabilization plan. The plan will be reviewed and approved by the CQAC.										
Task M1:3. Ensure participation of a broad spectrum of stakeholders in the planning process for crisis services in the community by engaging the CCAC, WCC, and CCHLC.										
Task M1:4. Utilizing the CNA, assess the adequacy of the current community-based services available across the PPS region, including timely community crisis intervention for consumers in behavioral health crisis.										
Task M1:5. Establish agreements with at least one hospital with specialty inpatient psychiatric services, one hospital with specialty detoxification services, key PPS hospital emergency departments, key PPS health home providers, key PPS outpatient mental health providers, key PPS outpatient substance use providers, and key PPS ambulatory detox										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
providers (if available), to coordinate and provide services as defined by the crisis intervention plan.										
Task M1:6. Ensure that participating organizational contracts specify access and responsiveness standards, information sharing standards, care coordination protocols, designated leads for each organization for clinical collaboration, staff training topics and frequency.										
Task M1:7. Execute contracts only to participating organizations that are licensed or designated by OMH/OASAS to provide specific crisis services described in the New York State Medicaid state plan or Home and Community-Based Services benefit package.										
Task M1:8. Establish agreements for Psychiatric and Addiction Medicine consultation services to the crisis team that include specific response times consistent with New York State and local regulatory body guidance.										
Task M1:9. Identify and implement evidence-based tools, such as Zero Suicide Toolkit to assess risk and stabilize patients in crisis.										
Task M1:10. Hire peer and recovery specialists with defined job functions that include responsibilities such as, handoff to a warm line for callers who primarily present to crisis team with need for talk support.										
Task M1:11. In collaboration with the CCHLC and WCC, implement staff training program to train staff on: suicide risk assessment and interventions, safety planning, crisis stabilization and de-escalation techniques, motivational interviewing, working with police, working with peers, mental health first aid or other first-responder interventions, cultural competency, health literacy, and community resources availability.										
Task M1:12. Collaborate with one local police department to evaluate the feasibility of starting programs like the Memphis Crisis Intervention Team (CIT) program.										
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.										
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:1. BH subcommittee/ED Triage sub-committees will review current community and hospital protocols for diversion of patients with behavioral health crisis from emergency room and inpatient services, as appropriate.										
Task M1:2. BH sub-committee/ED Triage committee will research successful evidence-based programs for diversion management.										
Task M1:3. BH sub-committee/ED Triage committee will draft updates to protocols, if necessary, for approval by CQAC.										
Task M1:4. Educate, train and provide resources, as needed, for successful implementation of diversion management protocol by sub-committee and PMO.										
Task M1:5. Develop and implement regional diversion management protocols with PPS emergency departments under the direction of the CQAC.										
Task M1:6. Survey stakeholders and additional service users for regular feedback and potential opportunities for improvement.										
Task M1:7. Monitor sustainability and outcomes of implemented diversion management protocol by PMO.										
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.										
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.										
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework that can be applied across the regional provider network										
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.										
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with MCOs.										
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.										
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors										
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.										
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.										
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.										
Task Coordinated treatment care protocols are in place.										
Task M1:1. Convene a group of expert clinicians and specialists from participating organizations and establish regular meeting schedule to develop consensus on draft treatment protocols.										
Task M1:2. Assess participating providers current treatment protocols and guidelines for review by the PPS expert panel.										
Task M1:3. Finalize draft treatment protocols developed with consensus from participating practitioners.										
Task M2:1. CQAC will review and approve the draft treatment protocols.										
Task M2:2. Establish transition of care protocol, which includes personal contact by crisis team member during transition in care										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
within one week post-transition.										
Task M2:3. Develop protocols to assure timely documentation, including same day documentation, but no later than 48 hours after the event.										
Task M2:4. Develop and implement ongoing training materials for all appropriate staff to keep them current on policies, procedures and treatment protocols.										
Task M2:5. Monitor outcomes of developed protocols, with updates made as needed with approval by CQAC.										
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.										
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network										
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	7	7	7	7	7	7	7	7	7	7
Task M1:1. Establish agreements with at least one hospital with specialty inpatient psychiatric services and crisis-oriented psychiatric services.										
Task M1:2. Establish agreements with at least one hospital with specialty detoxification services.										
Task M1:3. Establish agreements with key PPS hospital emergency departments, key PPS health homes providers, key PPS outpatient mental health and substance abuse providers.										
Task M2:1. Based on the Community Needs Assessments (CNA), service wait time reports, and hot-spot maps, evaluate access to PPS-wide psychiatric services, and identify improvement areas.										
Task M2:2. Identify areas of high need for pilot locations to potentially implement improvement steps in terms of access.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M2:3. With approval of successful pilot, roll out improvement steps, working in collaboration with PPSs partners, to improve access.										
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).										
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.										
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	7	7	7	7	7	7	7	7	7	7
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	21	21	21	21	21	21	21	21	21	21
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	54	54	54	54	54	54	54	54	54	54
Task M1:1. Establish participation agreements with hospitals with observation units or off campus crisis residence locations for crisis monitoring.										
Task M2:1. Based on the information from Community Needs Assessments (CNA), evaluate access to PPS-wide crisis observation units or off campus crisis residence services, and identify gaps in available services.										
Task M2:2. Develop a comprehensive access assessment, including access plans for psychiatric and crisis-oriented services, access improvement plans, and access reports based on geography and wait times.										
Task M2:3. Based on access assessment, identify PPS resources available to close gaps and improve access, reduce wait times and facilitate after-hours care.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M2:4. Working in collaboration with PPS partners, implement improvement steps to improve access.										
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.										
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.										
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.										
Task M1:1. Establish agreements with regional mobile crisis teams to help meet crisis stabilization needs of the community										
Task M2:1. BH sub-committee to review current protocols for mobile crisis team, including ability to screen, provide crisis intervention and supportive counseling services, and to provide information, referrals and linkages to appropriate CBOs for on going treatment.										
Task M2:2. BH sub-committee to recommend updates to current protocols, as necessary, based on evidence-based protocols and guidelines.										
Task M2:3. Collaborate with community mobile crisis providers to implement regional protocols as necessary.										
Task M2:4. Provide support, training, education and resources as needed.										
Task M2:5. Monitor success of developed protocols, updates made as needed with approval by CQAC.										
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	53	53	53	53	53	53	53	53	53	53
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	7	7	7	7	7	7	7	7	7	7
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	54	54	54	54	54	54	54	54	54	54
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.										
Task M1:1. In collaboration with TDMC, assess current capabilities of EHR systems across the participating provider organizations to determine their ability to integrate medical and behavioral health records within individual patient records.										
Task M1:2. Collaborate with EHR vendors and participating providers to outline functionality for integrated medical records within their current systems and incentivize providers to adopt these functions.										
Task M1:3. Completion/confirmation of an integrated health record at each participating organization.										
Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M2:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M2:3. Work with participating providers not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M2:4. Develop and execute partner agreements and appropriate										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
BAA's with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.										
Task M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Task M3:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate crisis intervention services.										
Task M3:2. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.										
Task M3:3. Implement training and secure messaging to support the use of alerts across the PPS.										
Task M3:4. Implement necessary technical and operational system changes needed to support the achievement of future state for use of alerts and secure messaging.										
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.										
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.										
Task M1:1. Assess current policies, procedures and resources related to triage services among participating behavioral health providers.										
Task M1:2. Working with Psychiatrists and other Behavioral Health Providers, develop agreements for participating providers to establish/expand central triage services.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:3. Finalize contracts with participating providers to be in agreement with policies, procedures and protocols after approval by CQAC.										
Task M1:4. Develop or update current protocols, if necessary, to augment central triage services to include: • Access to Peer Warm-Lines • Decision-making tool that leads to clinically appropriate interventions • Ability to deploy staff rapidly										
Task M1:5. Develop work plans for outreach, education and training regarding triage protocol and value of triage and diversion for: • Psychiatrists & Behavioral health providers • Law enforcement departments • Emergency responders, including police and EMT • Community shelters • Schools and universities • Nursing homes and other residential centers • Primary care providers • Consumer and advocacy groups										
Task M1:6. Monitor success of triage service as well as sustainability by PMO.										
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.										
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.										
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.										
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.										
Task M1:1. Establish a Behavioral Health (BH) sub-committee under the auspices of the Clinical and Quality Affairs (CQA) Committee.										
Task M1:2. Assure representation from key medical and behavioral health practitioners participating in behavioral health related projects.										
Task M1:3. CQAC will develop the charge for the BH sub-committee to oversee the effective implementation of goals and objectives of the BH projects.										
Task M2:1. BH sub-committee will define the desired future state for each BH project, incorporating many perspectives including patient populations, practitioners, PPS partners and others.										
Task M2:2. BH sub-committee will assist in the development of a plan to identify quality improvement opportunities and related operational changes at clinical sites for the successful implementation of elements of project plans.										
Task M2:3. Sub-committee will document quality improvement activities including: data collection, data analysis, identification and implementation of improvement activities using the PDSA methodology.										
Task M2:4. Monitor outcomes of developed plan, updates made as needed with approval by CQAC.										
Task M3:1. BH sub-committee will review all applicable BH metrics, including available baseline data.										
Task M3:2. Sub-committee will assist in prioritizing the key quality metrics and the development of action plans to identify causative factors of outcomes, develop improvement strategies, support metric evaluation and facilitate milestone reporting for their										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
respective projects over the duration of DSRIP.										
Task M3:3. Implement action plans and monitor ongoing progress making adjustments as necessary.										
Task M4:1. CQAC, in collaboration with vendor, will identify a medical record audit tool and auditing process, to ensure compliance with process and procedures developed.										
Task M4:2. As part of the participating provider agreement, AMCH PPS will ensure access to medical records for audit purposes.										
Task M4:3. The sub-committee will conduct a semi-annual review to ensure adherence to project-specific processes and procedures, QA/QI activities, and the achievement of project objectives.										
Task M5:1. The sub-committee will assist in the development of dashboards of quality metrics for ongoing performance improvement.										
Task M5:2. The sub-committee will provide quarterly updates to the AMCH PPS CQAC and other stakeholders on activities, results and next steps. Access to AMCH PPS web portal will be available in subsequent quarters for aggregated performance dashboards.										
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective population health management across PPS entities.										
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.										
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.										
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organization/practice to track their population groups for population health management needs.										
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	
Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	
Develop written treatment protocols with consensus from participating providers and facilities.	
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.a.ii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.a.ii.5 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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

✓ IPQR Module 3.b.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

There are several risks to this project, including the creation of evidence-based guidelines for disease management and obtaining provider buy-in. Changing care protocols will require the identification of physician champions to lead the initiatives and a significant number of providers will be required to adopt the established protocols. Many of these new care protocols will require additional staffing and training, which will be a cost born upon the organization. PCP and CBO participation is essential to make this project successful. It will also be imperative to get organizations to agree to open-access blood pressure measurements. Achieving NCQA 2014 Level 3 PCMH standards within the speed and scale constraints is a risk because of delays in patient attribution, opt-out, and related data issues.

This project also requires patient cooperation, which will be difficult to achieve. Relying on individual patients to actively participate in their care and be personally responsible for blood pressure measurements and self-management goals will be difficult. Finally, the inconsistency in technology from provider-to-provider will have to be reduced. Technology includes home monitoring equipment, which will require a coordinated effort to deploy and utilize.

The identified risks above can be mitigated through incentives, education, engagement, and innovative technology. In order to obtain provider, organization, PCP and CBO buy-in, incentives will be provided for the use of established care protocols. Physician champions will be offered additional stipends as leaders within the PPS. With new care guidelines, unnecessary ER visits could be reduced, thus decreasing the expenses to the participating MCOs. Patients will have to be educated and trained on proper use of equipment including home monitoring equipment. Providers will have to be diligent in their efforts to keep patients engaged. Finally, incentives will be provided to organizations that upgrade/update their technologies to be more in line with their PPS partners. To address PCMH certification timeline requirements, the PMO will expedite the learning collaborative and provide technical assistance to locations needing help and guidance in the certification process.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.b.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY2,Q2	7,179

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
1,612	2,276	45.29%	2,749	31.70%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (5,025)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Report(s)	1_PMDL4215_1_3_20160129143157_AMCH_3.B.I_FINAL_FOR_MAPP_UPLOAD.xlsx	AMCH PPS 3.B.I patient engagement	01/29/2016 02:32 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its actively engaged commitments for DY1Q3. The documentation does not support the reported actively engaged numbers.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.b.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Project	N/A	In Progress	09/07/2015	09/30/2017	09/07/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Project		In Progress	09/07/2015	09/30/2017	09/07/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Identify key stakeholders and participating provider organizations critical for successful project implementation.	Project		In Progress	09/07/2015	09/30/2017	09/07/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. Create a PPS wide project sub-committee with representation from key stakeholders to oversee the project implementation.	Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. Survey key stakeholders to assess current use and adherence to guideline-concordant care, range of services provided, and referral mechanisms.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Working in collaboration with the project sub-committee and clinical experts across PPS, develop a draft document defining the future state for the management of cardiovascular disease utilizing evidence-based strategies.	Project		In Progress	10/05/2015	12/31/2015	10/05/2015	06/30/2016	06/30/2016	DY2 Q1
Task M1:5. Submit the draft future state document to Clinical and Quality Affairs committee for review and approval.	Project		In Progress	11/23/2015	12/31/2015	11/23/2015	06/30/2016	06/30/2016	DY2 Q1
Task M1:6. Identify a participating provider organization located in a geographic area with high burden of cardiovascular disease across the PPS region and finalize agreements for piloting the	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
new model.									
Task M1:7. Complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with the practice team, develop an action plan for the implementation of the new model.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Implement the approved action plan at the pilot participating provider site utilizing the PDSA approach.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:10. Implement PPS-wide CVD management program based on successful PDSA identified in steps 6-9.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Project	N/A	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Mental Health	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS wide EHR	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.									
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS wide future state connectivity model.	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, Hospitals,	Project		In Progress	12/05/2015	06/27/2016	12/05/2015	06/27/2016	06/30/2016	DY2 Q1



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
specialists and PCMH site.									
Task M2:3: Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Implement training and secure messaging to support the use of alerts across the PPS.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Implement the necessary technical and operational system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Develop practice specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Ensure clinician and staff training on new processes is conducted.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Establish a project sub-committee with representation	Project		In Progress	10/19/2015	03/31/2018	10/19/2015	03/31/2018	03/31/2018	DY3 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.									
Task M2:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to assure successful recognition by DY3.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.	Project		In Progress	12/07/2015	03/31/2018	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:9. Track site specific certification to assure all participating safety-net providers become Level 3 PCMH certified or APCM.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective population health management across PPS entities.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organization/practice to track their population groups for population health management needs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt providers to complete the 5 A's of	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
tobacco control.									
Task M1:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Define guidelines for required tobacco control prompts in participating safety-net EHR systems.	Project		In Progress	10/05/2015	10/30/2015	10/05/2015	10/31/2016	12/31/2016	DY2 Q3
Task M1:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Create training protocols and education participating providers about using the EHR to document the 5 A's of tobacco control.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Use these training protocols to provide periodic clinician and staff training at the practice level to make effective use of the new CDSS features in EHR to prompt the use of 5 A's of tobacco control.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. The CQAC will oversee the implementation of evidence-based strategies for the management of CVD in high-risk individuals. Ensure clinician representation from key primary care and specialist practices across AMCH PPS.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:2. Complete a gap-analysis utilizing the current treatment protocols and defined future state, creating an implementation plan by provider and a phased roll-out.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. The CQAC, in collaboration with partners will review protocols outlined in national guidelines such as National Cholesterol Education Program (NCEP) and/or U.S. Preventive Services Task Force (USPSTF). Draft a PPS-wide policy for clinical practice guidelines and treatment protocols for hypertension and high cholesterol.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. The CQAC will review and approve policies and treatment guidelines prior to dissemination.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Using a PDSA approach, pilot policies and treatment guidelines at one or more selected sites to field-test feasibility and adoptability at the provider level.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Adopt standardized clinical protocols for the management of hypertension and high cholesterol across the PPS.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Evaluate adherence to the treatment protocols and align incentives as necessary to improve adoption.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are in place.	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:1. Perform current state assessment of the IT and Clinical Information Systems (CIS) available at participating provider organizations.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Identify participating sites that utilize a care coordination team from the current state assessment.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Identify opportunities to enhance care coordination through additional staffing, processes, shared care plans, patient self-management training.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Utilizing the IT-TOM pilot experience, design the PPS-wide future state CIS integration.	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:5. Identify standardized toolkits to support care coordination efforts across the PPS.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Submit the draft future state of partners in relation to CIS connectivity, utilizing the current state assessment.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan by provider and a phased roll-out.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. CQAC and TDMC will oversee the development and implementation of the action plan to ensure a Clinically Interoperable System is in place in order to share information and ongoing metrics with team members. Ensure key representation from identified providers and partners on these committees.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Monitor progress on the effectiveness of the connectivity and its ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up to support timely care management decisions.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Based on best practice models, the CQAC along with the PMO will define and develop appropriate care coordination/care	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
management models to support a patient-centered approach. Ensure clinician representation from key primary care and specialist practices across AMCH PPS.									
Task M2:2. Collaborate with Workforce Coordinating Council to identify existing/future staffing resources required for an effective implementation of the new care coordination/care management model.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Identify a network of an actively engaged practice and community-based organizations to pilot the new care coordination/care management model for managing hypertension.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Create a multi-disciplinary team comprising of nursing staff, pharmacists, dietitians, community health workers and Health Home care managers as appropriate linked to the pilot sites.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Based on the successful pilots, expand the team approach for care management and coordination to other participating safety-net providers as appropriate.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Identify and evaluate existing care coordination/care management processes within the participating organizations.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:2. Develop and implement policies and procedures to support and sustain effective care coordination/care management across participating practitioner organizations for managing CVD.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. Identify a network of an actively engaged practice and community-based organizations to pilot the new care coordination/care management model for managing CVD.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Develop an action plan, including an assessment of lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy, and confidence in self-management, to	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
pilot the new care coordination model for patients with CVD across the pilot sites.									
Task M3:5. At the pilot practice sites, identify the appropriate patient population for care coordination/care management and assign them to identified care coordination/management teams for ongoing care management.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:6. Conduct PDSAs to define effective and sustainable changes for expansion to other participating entities.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:7. Implement processes to assure lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy, and confidence in self-management to achieve improved clinical outcomes, such as BP control.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:8. Provide training to participating sites to ensure processes are supported and understood by staff as necessary.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:9. Expand care management processes across the PPS as necessary and appropriate, to include at least 80% of participating PCPs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Project	N/A	In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Assess current policy and procedures at participating practices related to timely and effective follow-up of patients with hypertension.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Identify a pilot site and determine required changes to policy and procedures, system and workflow issues required to establish an open access model for timely follow-up of BP.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Implement open access and elimination of copays in collaboration with pilot site administration and medical staff.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:4. Working with TDMC, identify patient registries to support patient reminders for follow-up blood pressure checks. Implement patient registries and identify opportunities for collaboration with CBOs and community resources for follow-up blood pressure checks.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Coordinate with pharmacies to increase patient awareness of "Million Hearts™ Team Up. Pressure Down." education program.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Provide health coaching/aid in self management goals, (i.e. blood pressure journals and medication tracker wallet card).	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Expand pilot to include participating primary care sites by creating open access and elimination of copays for BP checks.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Project sub-committee or CQAC will define best practices and develop policy and procedures for taking accurate blood pressure measurements at all participating practitioner sites.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Ensure availability of correct equipment at all locations, evaluate current workflows and implement new processes supported by appropriate staff training on accurate blood pressure measurement and documentation by applicable staff.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Assure ongoing staff competencies for accurate measurement of blood pressure by direct observation, frequent assessment, and training.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of	Project	N/A	In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
hypertension and schedule them for a hypertension visit.									
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.	Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.	Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.	Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. TDMC will survey participating providers to assess system capabilities and processes regarding BP measurement. Survey results will inform the PMO regarding the feasibility of patient registries by site that can identify and stratify patients who have repeated elevated blood pressure readings but do not have a diagnosis of hypertension.	Project		In Progress	10/05/2015	06/30/2016	10/05/2015	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. At one pilot site, generate a list of patients with elevated blood pressure readings who do not have a diagnosis of hypertension. Validate the accuracy of the list with a review of sample of medical records.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Assist practices without effective patient registries to acquire system capabilities for patient stratification.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt staff to schedule targeted hypertension patients for follow up.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Define guidelines for required hypertension control prompts in participating safety-net EHR systems.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Implement processes to generate practice and practitioner	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
specific dashboards for performance improvement initiatives.									
Task M2:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Provide periodic staff training and feedback at the practice level to make effective use of the Clinical Decision Support System features in EHR to identify and schedule patients who need a hypertension visit.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:2: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Project subcommittee, in collaboration with hypertension specialists, will develop clinical algorithms for medication management of hypertension with particular emphasis on once-daily regimens or fixed-dose combination pills when appropriate.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Determine the current status of the above regimens in payor and provider formularies, as well as the ease of prescribing in various EMRs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. CQAC will review and approve the clinical algorithm for medication management.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Clinical leaders at participating practices will assume responsibilities for implementation of medication management guidelines at their facilities. When medication regimens are modified, adherence is reassessed to determine patient compliance.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:5. Collaborate across the PPS to advocate for MCO formularies that align with recommended clinical medication algorithms, including preferred once-daily or fixed-dose combination pills without medication limitations or need for prior authorizations.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Implement continuous quality improvement processes to assure consistent adherence to the new medication management guidelines by all practitioners at the participating practices.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Project	N/A	In Progress	09/30/2016	09/30/2016	09/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Self-management goals are documented in the clinical record.	Project		In Progress	09/30/2016	09/30/2016	09/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.	Project		In Progress	09/30/2016	09/30/2016	09/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Clinical leaders will assure the development of systems required for self-management plans. These plans will be documented by practice team members in collaboration with patients/families/caregivers, as appropriate.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Clinical leaders at participating practices will assure implementation of required workflow changes to support consistent documentation of patient self-management goals in clinical records and review with patients at each visit.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Provide clinician and staff training at initial orientation and annually on person-centered methods that include documentation of self-management goals within the EHR.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2: Develop role specific competency standards for each staff member and implement processes for evaluating staff competencies annually.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3: Develop clinician, staff and practice recognition program to	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
acknowledge high performance and motivate other practices to improve their performance.									
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Project	N/A	In Progress	09/30/2016	09/30/2016	09/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS has developed referral and follow-up process and adheres to process.	Project		In Progress	09/30/2016	09/30/2016	09/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS provides periodic training to staff on warm referral and follow-up process.	Project		In Progress	09/30/2016	09/30/2016	09/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.	Project		In Progress	09/30/2016	09/30/2016	09/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Develop and implement PPS wide policies and procedures for referrals to community based programs and tracking referrals.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Identify and establish appropriate formal and informal agreements with community based organizations to facilitate timely access to services and feedback on the status of the referral.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Participating practices will implement required workflow changes, staff training and information technology infrastructure to support operationalization of policies and procedures.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Implement PDSA and Rapid Cycle Improvement processes to monitor and continuously improve referral process and outcomes.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Develop "Warm referral" protocol and annual clinician and staff training at the participating practice level on the new protocol and active tracking.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Provide training on a periodic basis to appropriate clinical	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and non-clinical staff across the PPS.									
Task M2:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Develop specific participation agreements to incentivize participation from community based organizations in a standardized feedback process.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:2. Execute participation agreements with targeted specific CBOs identified as participants in this project.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. Develop ongoing processes to facilitate ongoing communication between various practice-based and community-based providers to support an integrated approach to managing patient's hypertension.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Review and, if necessary, update, agreements annually.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and implemented protocols for home blood pressure monitoring.	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. CQAC will develop and approves protocols for implementation of home blood pressure monitoring with follow-up support for appropriate patients identified by clinicians across the participating practitioner organizations.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Utilizing a PDSA cycle, the CQAC and Clinical leaders	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
will identify a pilot location and implement protocols to provide appropriate follow-up clinical support for patients who self-monitor their blood pressure.									
Task M1:3. Staff will be identified and trained on how patients should be taught to self-monitor their blood pressure.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Based on the success of the pilot, protocols will be rolled-out to participating providers for implementation of appropriate follow-up clinical support for patients who self-monitor their blood pressure.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. CQAC will identify sites demonstrating best practices using data reports and dashboards to be shared with practitioners on self-measured blood pressure monitoring with follow-up clinical support model.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Implement PDSA and Rapid Cycle Improvement processes to continuously monitor changes in blood pressure control rates.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. CQAC and clinical leaders at participating practices will identify and implement protocols to provide appropriate follow-up clinical support for patients who self-monitor their blood pressure.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Assist participating practitioners in identifying the appropriate type/s of follow-up clinical support to support their patients who self-monitor their blood pressure.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Assist participating practitioners to identify support staff resources who can teach patients how to use monitors, validate devices, and review action plans and blood pressure logs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Data analysis will be conducted to establish baseline BP measures, track and monitor changes to baseline.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Based on pilot sites identified above, additional patients and sites will be added to the home monitoring program as	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
identified by PCPs across the PPS.									
Task M2:6. Consistent with manufacturer specifications routinely evaluate the accuracy of home monitoring equipment to ensure that readings are complete accurate and recorded correctly.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:7. Working with the care team, assess self-reports to determine accuracy and completeness of home monitoring data for clinical evaluation purposes, and record standardized information in the EHR.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Develop "warm referral" protocol and annual clinician and staff training at the participating practice level on the new protocol and active tracking.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:2. Provide training on a periodic basis to appropriate clinical and non-clinical staff across the PPS.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt staff to schedule targeted hypertension patients for follow up.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Define guidelines for required hypertension control prompts in participating safety-net EHR systems.	Project		In Progress	10/05/2015	10/30/2015	10/05/2015	10/31/2016	12/31/2016	DY2 Q3
Task	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.									
Task M1:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed referral and follow-up process and adheres to process.	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Identify current referral rates to NYS Quit line and follow-up policies and procedures.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Develop and implement PPS wide policy, procedures and action plan for referrals to NYS Smoker's Quit line.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Utilize EHR reporting to ensure adherence and sustainability to changes in referral and follow-up processes.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Project	N/A	In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.	Project		In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task If applicable, PPS has established linkages to health homes for targeted patient populations.	Project		In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.	Project		In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Collect and analyze valid and reliable REAL data to risk stratify targeted high risk populations.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:2. Develop improvement and training activities to improve clinical outcomes and address health disparities.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Implement continuous quality improvement strategies to improve processes and workflows and assess the effectiveness of the process.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Create a list of participating health home providers in the PPS network who serve the targeted patient populations.	Project		Completed	10/05/2015	10/30/2015	10/05/2015	10/30/2015	12/31/2015	DY1 Q3
Task M2:2. Assess the current capabilities of participating health home providers for community care coordination and linkages to Patient Centered Medical Homes.	Project		Completed	11/02/2015	12/31/2015	11/02/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:3. Establish contractual agreements, if appropriate, with health home providers for care coordination and linkages to Patient Centered Medical Homes.	Project		In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M3:1. Identify community-based organizations providing Stanford Model program to support self-management by patients with hypertension and elevated cholesterol.	Project		Completed	10/05/2015	10/31/2015	10/05/2015	10/31/2015	12/31/2015	DY1 Q3
Task M3:2. Collaborate with identified community-based organizations to strengthen their existing capacity to expand access to Stanford Model for high-risk population with chronic illnesses.	Project		In Progress	11/02/2015	01/29/2016	11/02/2015	01/29/2016	03/31/2016	DY1 Q4
Task M3:3. Establish referral agreements between participating practitioners and CBOs for referral to Stanford Model training program.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Establish contractual agreements with CBOs to provide ongoing training to participating providers and staff on Stanford Model.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #18 Adopt strategies from the Million Hearts Campaign.	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Hearts Campaign.									
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	Provider	Practitioner - Non-Primary Care Provider (PCP)	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	Provider	Mental Health	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Develop, working in collaboration with the project sub-committee and clinical experts across PPS, a draft document highlighting strategies of the Million Hearts Campaign, including the Hypertension Change Package.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Based on best practice models, the CQAC will develop appropriate care coordination/care management models to support a patient-centered approach to managing hypertension.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. CQAC will develop protocols for implementation of home blood pressure monitoring with follow-up support for patients identified by clinicians across the participating practitioner organizations. (see milestone 14)	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Monitor effectiveness of tobacco use screening, cessation interventions and treatment using MU reports at the provider level.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Provide ongoing training and make recommendations, as needed, to participating providers and staff on Million Hearts Campaign principles and initiatives, as well as best methods to track outcomes and quality indicators to ensure success.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	Project	N/A	In Progress	09/30/2016	09/30/2016	09/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation	Project		In Progress	09/30/2016	09/30/2016	09/30/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.									
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework that can be applied across the regional provider network.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with MCOs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Provider	Practitioner - Primary	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has engaged at least 80% of their PCPs in this activity.		Care Provider (PCP)							
Task M1:1. Based on updated attribution lists, community needs assessments, and other data the PMO will ensure that appropriate safety-net PCPs are added to the PPS during OE periods. The inclusion of additional PCPs will assist in patient engagement to reach the 80% threshold.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. Establish contractual agreements with participating primary care organizations to assure engagement of at least 80% of their primary care practitioners in this project.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:3. Track primary care practitioner engagement in the project on an ongoing basis to assure contractual agreements are met.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task M1:1. Identify key stakeholders and participating provider organizations critical for successful project implementation.										
Task M1:2. Create a PPS wide project sub-committee with representation from key stakeholders to oversee the project implementation.										
Task M1:3. Survey key stakeholders to assess current use and adherence to guideline-concordant care, range of services provided, and referral mechanisms.										
Task M1:4. Working in collaboration with the project sub-committee and clinical experts across PPS, develop a draft document defining the future state for the management of cardiovascular disease utilizing evidence-based strategies.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:5. Submit the draft future state document to Clinical and Quality Affairs committee for review and approval.										
Task M1:6. Identify a participating provider organization located in a geographic area with high burden of cardiovascular disease across the PPS region and finalize agreements for piloting the new model.										
Task M1:7. Complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with the practice team, develop an action plan for the implementation of the new model.										
Task M1:8. Implement the approved action plan at the pilot participating provider site utilizing the PDSA approach.										
Task M1:9. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change.										
Task M1:10. Implement PPS-wide CVD management program based on successful PDSA identified in steps 6-9.										
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	53	53	53	53	53
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	33	33	33	33	33
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	54	54	54	54	54
Task PPS uses alerts and secure messaging functionality.										
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS wide EHR										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS wide future state connectivity model.										
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Task M2:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.										
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, Hospitals, specialists and PCMH site.										
Task M2:3. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.										
Task M2:4. Implement training and secure messaging to support the use of alerts across the PPS.										

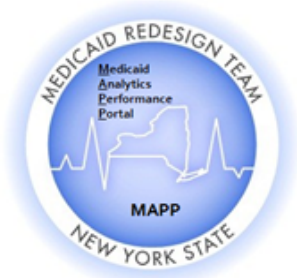


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M2:5. Implement the necessary technical and operational system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.										
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	50	494	494	494	494	494
Task M1:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.										
Task M1:2. Develop practice specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.										
Task M1:3. Ensure clinician and staff training on new processes is conducted.										
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.										
Task M2:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.										
Task M2:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.										
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M2:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to assure successful recognition by DY3.										
Task M2:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.										
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.										
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.										
Task M2:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.										
Task M2:9. Track site specific certification to assure all participating safety-net providers become Level 3 PCMH certified or APCM.										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective population health management across PPS entities.										
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.										
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.										
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organization/practice to track their population groups for population health management needs.										
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.										
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).										
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.										
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.										
Task M1:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt providers to complete the 5 A's of tobacco control.										
Task M1:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.										
Task M1:3. Define guidelines for required tobacco control prompts in participating safety-net EHR systems.										
Task M1:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.										
Task M1:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.										
Task M2:1. Create training protocols and education participating providers about using the EHR to document the 5 A's of tobacco control.										
Task M2:2. Use these training protocols to provide periodic clinician and staff training at the practice level to make effective use of the new CDSS features in EHR to prompt the use of 5 A's of tobacco control.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M2:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.										
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.										
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).										
Task M1:1. The CQAC will oversee the implementation of evidence-based strategies for the management of CVD in high-risk individuals. Ensure clinician representation from key primary care and specialist practices across AMCH PPS.										
Task M1:2. Complete a gap-analysis utilizing the current treatment protocols and defined future state, creating an implementation plan by provider and a phased roll-out.										
Task M1:3. The CQAC, in collaboration with partners will review protocols outlined in national guidelines such as National Cholesterol Education Program (NCEP) and/or U.S. Preventive Services Task Force (USPSTF). Draft a PPS-wide policy for clinical practice guidelines and treatment protocols for hypertension and high cholesterol.										
Task M1:4. The CQAC will review and approve policies and treatment guidelines prior to dissemination.										
Task M1:5. Using a PDSA approach, pilot policies and treatment guidelines at one or more selected sites to field-test feasibility and adoptability at the provider level.										
Task M1:6. Adopt standardized clinical protocols for the management of hypertension and high cholesterol across the PPS.										
Task M1:7. Evaluate adherence to the treatment protocols and align incentives as necessary to improve adoption.										
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dietitians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are in place.										
Task M1:1. Perform current state assessment of the IT and Clinical Information Systems (CIS) available at participating provider organizations.										
Task M1:2. Identify participating sites that utilize a care coordination team from the current state assessment.										
Task M1:3. Identify opportunities to enhance care coordination through additional staffing, processes, shared care plans, patient self-management training.										
Task M1:4. Utilizing the IT-TOM pilot experience, design the PPS-wide future state CIS integration.										
Task M1:5. Identify standardized toolkits to support care coordination efforts across the PPS.										
Task M1:6. Submit the draft future state of partners in relation to CIS connectivity, utilizing the current state assessment.										
Task M1:7. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan by provider and a phased roll-out.										
Task M1:8. CQAC and TDMC will oversee the development and implementation of the action plan to ensure a Clinically Interoperable System is in place in order to share information and ongoing metrics with team members. Ensure key representation from identified providers and partners on these committees.										
Task M1:9. Monitor progress on the effectiveness of the connectivity and its ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up to support timely care management decisions.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M2:1. Based on best practice models, the CQAC along with the PMO will define and develop appropriate care coordination/care management models to support a patient-centered approach. Ensure clinician representation from key primary care and specialist practices across AMCH PPS.										
Task M2:2. Collaborate with Workforce Coordinating Council to identify existing/future staffing resources required for an effective implementation of the new care coordination/care management model.										
Task M2:3. Identify a network of an actively engaged practice and community-based organizations to pilot the new care coordination/care management model for managing hypertension.										
Task M2:4. Create a multi-disciplinary team comprising of nursing staff, pharmacists, dieticians, community health workers and Health Home care managers as appropriate linked to the pilot sites.										
Task M2:5. Based on the successful pilots, expand the team approach for care management and coordination to other participating safety-net providers as appropriate.										
Task M3:1. Identify and evaluate existing care coordination/care management processes within the participating organizations.										
Task M3:2. Develop and implement policies and procedures to support and sustain effective care coordination/care management across participating practitioner organizations for managing CVD.										
Task M3:3. Identify a network of an actively engaged practice and community-based organizations to pilot the new care coordination/care management model for managing CVD.										
Task M3:4. Develop an action plan, including an assessment of lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy, and confidence in self-management, to pilot the new care coordination model for patients with CVD across the pilot sites.										
Task M3:5. At the pilot practice sites, identify the appropriate patient population for care coordination/care management and assign										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
them to identified care coordination/management teams for ongoing care management.										
Task M3:6. Conduct PDSAs to define effective and sustainable changes for expansion to other participating entities.										
Task M3:7. Implement processes to assure lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy, and confidence in self-management to achieve improved clinical outcomes, such as BP control.										
Task M3:8. Provide training to participating sites to ensure processes are supported and understood by staff as necessary.										
Task M3:9. Expand care management processes across the PPS as necessary and appropriate, to include at least 80% of participating PCPs.										
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.										
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.	0	0	0	0	50	494	494	494	494	494
Task M1:1. Assess current policy and procedures at participating practices related to timely and effective follow-up of patients with hypertension.										
Task M1:2. Identify a pilot site and determine required changes to policy and procedures, system and workflow issues required to establish an open access model for timely follow-up of BP.										
Task M1:3. Implement open access and elimination of copays in collaboration with pilot site administration and medical staff.										
Task M1:4. Working with TDMC, identify patient registries to support patient reminders for follow-up blood pressure checks. Implement patient registries and identify opportunities for collaboration with CBOs and community resources for follow-up blood pressure checks.										
Task M1:5. Coordinate with pharmacies to increase patient awareness of "Million Hearts™ Team Up. Pressure Down." education program.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:6. Provide health coaching/aid in self management goals, (i.e. blood pressure journals and medication tracker wallet card).										
Task M1:7. Expand pilot to include participating primary care sites by creating open access and elimination of copays for BP checks.										
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.										
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.										
Task M1:1. Project sub-committee or CQAC will define best practices and develop policy and procedures for taking accurate blood pressure measurements at all participating practitioner sites.										
Task M1:2. Ensure availability of correct equipment at all locations, evaluate current workflows and implement new processes supported by appropriate staff training on accurate blood pressure measurement and documentation by applicable staff.										
Task M1:3. Assure ongoing staff competencies for accurate measurement of blood pressure by direct observation, frequent assessment, and training.										
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.										
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.										
Task M1:1. TDMC will survey participating providers to assess system capabilities and processes regarding BP measurement. Survey results will inform the PMO regarding the feasibility of patient registries by site that can identify and stratify patients who have										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
repeated elevated blood pressure readings but do not have a diagnosis of hypertension.										
Task M1:2. At one pilot site, generate a list of patients with elevated blood pressure readings who do not have a diagnosis of hypertension. Validate the accuracy of the list with a review of sample of medical records.										
Task M1:3. Assist practices without effective patient registries to acquire system capabilities for patient stratification.										
Task M2:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt staff to schedule targeted hypertension patients for follow up.										
Task M2:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.										
Task M2:3. Define guidelines for required hypertension control prompts in participating safety-net EHR systems.										
Task M2:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.										
Task M2:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.										
Task M3:1. Provide periodic staff training and feedback at the practice level to make effective use of the Clinical Decision Support System features in EHR to identify and schedule patients who need a hypertension visit.										
Task M3:2. Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.										
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.										
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:1. Project subcommittee, in collaboration with hypertension specialists, will develop clinical algorithms for medication management of hypertension with particular emphasis on once-daily regimens or fixed-dose combination pills when appropriate.										
Task M1:2. Determine the current status of the above regimens in payor and provider formularies, as well as the ease of prescribing in various EMRs.										
Task M1:3. CQAC will review and approve the clinical algorithm for medication management.										
Task M1:4. Clinical leaders at participating practices will assume responsibilities for implementation of medication management guidelines at their facilities. When medication regimens are modified, adherence is reassessed to determine patient compliance.										
Task M1:5. Collaborate across the PPS to advocate for MCO formularies that align with recommended clinical medication algorithms, including preferred once-daily or fixed-dose combination pills without medication limitations or need for prior authorizations.										
Task M1:6. Implement continuous quality improvement processes to assure consistent adherence to the new medication management guidelines by all practitioners at the participating practices.										
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.										
Task Self-management goals are documented in the clinical record.										
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.										
Task M1:1. Clinical leaders will assure the development of systems required for self-management plans. These plans will be documented by practice team members in collaboration with patients/families/caregivers, as appropriate.										
Task M1:2. Clinical leaders at participating practices will assure implementation of required workflow changes to support consistent documentation of patient self-management goals in										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
clinical records and review with patients at each visit.										
Task M2:1. Provide clinician and staff training at initial orientation and annually on person-centered methods that include documentation of self-management goals within the EHR.										
Task M2:2: Develop role specific competency standards for each staff member and implement processes for evaluating staff competencies annually.										
Task M2:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.										
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.										
Task M1:1. Develop and implement PPS wide policies and procedures for referrals to community based programs and tracking referrals.										
Task M1:2. Identify and establish appropriate formal and informal agreements with community based organizations to facilitate timely access to services and feedback on the status of the referral.										
Task M1:3. Participating practices will implement required workflow changes, staff training and information technology infrastructure to support operationalization of policies and procedures.										
Task M1:4. Implement PDSA and Rapid Cycle Improvement processes to monitor and continuously improve referral process and outcomes.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M2:1. Develop "Warm referral" protocol and annual clinician and staff training at the participating practice level on the new protocol and active tracking.										
Task M2:2. Provide training on a periodic basis to appropriate clinical and non-clinical staff across the PPS.										
Task M2:3. Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.										
Task M3:1. Develop specific participation agreements to incentivize participation from community based organizations in a standardized feedback process.										
Task M3:2. Execute participation agreements with targeted specific CBOs identified as participants in this project.										
Task M3:3. Develop ongoing processes to facilitate ongoing communication between various practice-based and community-based providers to support an integrated approach to managing patient's hypertension.										
Task M3:4. Review and, if necessary, update, agreements annually.										
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.										
Task PPS has developed and implemented protocols for home blood pressure monitoring.										
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task M1:1. CQAC will develop and approves protocols for implementation of home blood pressure monitoring with follow-up support for appropriate patients identified by clinicians across the participating practitioner organizations.										
Task M1:2. Utilizing a PDSA cycle, the CQAC and Clinical leaders										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
will identify a pilot location and implement protocols to provide appropriate follow-up clinical support for patients who self-monitor their blood pressure.										
Task M1:3. Staff will be identified and trained on how patients should be taught to self-monitor their blood pressure.										
Task M1:4. Based on the success of the pilot, protocols will be rolled-out to participating providers for implementation of appropriate follow-up clinical support for patients who self-monitor their blood pressure.										
Task M1:5. CQAC will identify sites demonstrating best practices using data reports and dashboards to be shared with practitioners on self-measured blood pressure monitoring with follow-up clinical support model.										
Task M1:6. Implement PDSA and Rapid Cycle Improvement processes to continuously monitor changes in blood pressure control rates.										
Task M2:1. CQAC and clinical leaders at participating practices will identify and implement protocols to provide appropriate follow-up clinical support for patients who self-monitor their blood pressure.										
Task M2:2. Assist participating practitioners in identifying the appropriate type/s of follow-up clinical support to support their patients who self-monitor their blood pressure.										
Task M2:3. Assist participating practitioners to identify support staff resources who can teach patients how to use monitors, validate devices, and review action plans and blood pressure logs.										
Task M2:4. Data analysis will be conducted to establish baseline BP measures, track and monitor changes to baseline.										
Task M2:5. Based on pilot sites identified above, additional patients and sites will be added to the home monitoring program as identified by PCPs across the PPS.										
Task M2:6. Consistent with manufacturer specifications routinely evaluate the accuracy of home monitoring equipment to ensure that readings are complete accurate and recorded correctly.										
Task M2:7. Working with the care team, assess self-reports to										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
determine accuracy and completeness of home monitoring data for clinical evaluation purposes, and record standardized information in the EHR.										
Task M3:1. Develop "warm referral" protocol and annual clinician and staff training at the participating practice level on the new protocol and active tracking.										
Task M3:2. Provide training on a periodic basis to appropriate clinical and non-clinical staff across the PPS.										
Task M3:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.										
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task M1:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt staff to schedule targeted hypertension patients for follow up.										
Task M1:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.										
Task M1:3. Define guidelines for required hypertension control prompts in participating safety-net EHR systems.										
Task M1:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.										
Task M1:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.										
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
M1:1. Identify current referral rates to NYS Quit line and follow-up policies and procedures.										
Task M1:2. Develop and implement PPS wide policy, procedures and action plan for referrals to NYS Smoker's Quit line.										
Task M1:3. Utilize EHR reporting to ensure adherence and sustainability to changes in referral and follow-up processes.										
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.										
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task M1:1. Collect and analyze valid and reliable REAL data to risk stratify targeted high risk populations.										
Task M1:2. Develop improvement and training activities to improve clinical outcomes and address health disparities.										
Task M1:3. Implement continuous quality improvement strategies to improve processes and workflows and assess the effectiveness of the process.										
Task M2:1. Create a list of participating health home providers in the PPS network who serve the targeted patient populations.										
Task M2:2. Assess the current capabilities of participating health home providers for community care coordination and linkages to Patient Centered Medical Homes.										
Task M2:3. Establish contractual agreements, if appropriate, with health home providers for care coordination and linkages to Patient Centered Medical Homes.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M3:1. Identify community-based organizations providing Stanford Model program to support self-management by patients with hypertension and elevated cholesterol.										
Task M3:2. Collaborate with identified community-based organizations to strengthen their existing capacity to expand access to Stanford Model for high-risk population with chronic illnesses.										
Task M3:3. Establish referral agreements between participating practitioners and CBOs for referral to Stanford Model training program.										
Task M3:4. Establish contractual agreements with CBOs to provide ongoing training to participating providers and staff on Stanford Model.										
Milestone #18 Adopt strategies from the Million Hearts Campaign.										
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	0	0	50	494	494	494	494	494
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	0	0	29	212	212	212	212	212
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	0	0	5	54	54	54	54	54
Task M1:1. Develop, working in collaboration with the project sub-committee and clinical experts across PPS, a draft document highlighting strategies of the Million Hearts Campaign, including the Hypertension Change Package.										
Task M1:2. Based on best practice models, the CQAC will develop appropriate care coordination/care management models to support a patient-centered approach to managing hypertension.										
Task M1:3. CQAC will develop protocols for implementation of home blood pressure monitoring with follow-up support for patients identified by clinicians across the participating practitioner organizations. (see milestone 14)										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:4. Monitor effectiveness of tobacco use screening, cessation interventions and treatment using MU reports at the provider level.										
Task M1:5. Provide ongoing training and make recommendations, as needed, to participating providers and staff on Million Hearts Campaign principles and initiatives, as well as best methods to track outcomes and quality indicators to ensure success.										
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.										
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework that can be applied across the regional provider network.										
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.										
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.										
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with MCOs.										
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.										
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors.										
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.										
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.										
Task PPS has engaged at least 80% of their PCPs in this activity.	0	0	0	0	50	494	494	494	494	494
Task M1:1. Based on updated attribution lists, community needs assessments, and other data the PMO will ensure that appropriate safety-net PCPs are added to the PPS during OE periods. The inclusion of additional PCPs will assist in patient engagement to reach the 80% threshold.										
Task M1:2. Establish contractual agreements with participating primary care organizations to assure engagement of at least 80% of their primary care practitioners in this project.										
Task M1:3. Track primary care practitioner engagement in the project on an ongoing basis to assure contractual agreements are met.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task M1:1. Identify key stakeholders and participating provider organizations critical for successful project implementation.										
Task M1:2. Create a PPS wide project sub-committee with representation from key stakeholders to oversee the project implementation.										
Task M1:3. Survey key stakeholders to assess current use and										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
adherence to guideline-concordant care, range of services provided, and referral mechanisms.										
Task M1:4. Working in collaboration with the project sub-committee and clinical experts across PPS, develop a draft document defining the future state for the management of cardiovascular disease utilizing evidence-based strategies.										
Task M1:5. Submit the draft future state document to Clinical and Quality Affairs committee for review and approval.										
Task M1:6. Identify a participating provider organization located in a geographic area with high burden of cardiovascular disease across the PPS region and finalize agreements for piloting the new model.										
Task M1:7. Complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with the practice team, develop an action plan for the implementation of the new model.										
Task M1:8. Implement the approved action plan at the pilot participating provider site utilizing the PDSA approach.										
Task M1:9. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change.										
Task M1:10. Implement PPS-wide CVD management program based on successful PDSA identified in steps 6-9.										
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	53	53	53	53	53	53	53	53	53	53
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	33	33	33	33	33	33	33	33	33	33
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	54	54	54	54	54	54	54	54	54	54



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS uses alerts and secure messaging functionality.										
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS wide future state connectivity model.										
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Task M2:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.										
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, Hospitals, specialists and PCMH site.										

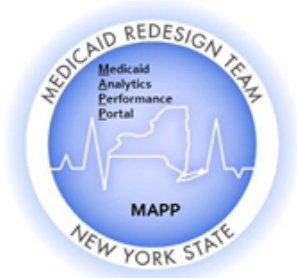


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M2:3: Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.										
Task M2:4: Implement training and secure messaging to support the use of alerts across the PPS.										
Task M2:5: Implement the necessary technical and operational system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.										
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	494	494	494	494	494	494	494	494	494	494
Task M1:1: Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.										
Task M1:2: Develop practice specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.										
Task M1:3: Ensure clinician and staff training on new processes is conducted.										
Task M1:4: Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.										
Task M2:1: Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.										
Task M2:2: Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.										
Task M2:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to assure successful recognition by DY3.										
Task M2:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.										
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.										
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.										
Task M2:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.										
Task M2:9. Track site specific certification to assure all participating safety-net providers become Level 3 PCMH certified or APCM.										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective population health management across PPS entities.										
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.										
Task M1:3. Implement additional technical and workflow changes										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
required for consistent and accurate tracking of targeted patient groups.										
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.										
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organization/practice to track their population groups for population health management needs.										
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.										
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).										
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.										
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.										
Task M1:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt providers to complete the 5 A's of tobacco control.										
Task M1:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.										
Task M1:3. Define guidelines for required tobacco control prompts in participating safety-net EHR systems.										
Task M1:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.										
Task M1:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.										
Task M2:1. Create training protocols and education participating providers about using the EHR to document the 5 A's of tobacco control.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M2:2. Use these training protocols to provide periodic clinician and staff training at the practice level to make effective use of the new CDSS features in EHR to prompt the use of 5 A's of tobacco control.										
Task M2:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.										
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.										
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).										
Task M1:1. The CQAC will oversee the implementation of evidence-based strategies for the management of CVD in high-risk individuals. Ensure clinician representation from key primary care and specialist practices across AMCH PPS.										
Task M1:2. Complete a gap-analysis utilizing the current treatment protocols and defined future state, creating an implementation plan by provider and a phased roll-out.										
Task M1:3. The CQAC, in collaboration with partners will review protocols outlined in national guidelines such as National Cholesterol Education Program (NCEP) and/or U.S. Preventive Services Task Force (USPSTF). Draft a PPS-wide policy for clinical practice guidelines and treatment protocols for hypertension and high cholesterol.										
Task M1:4. The CQAC will review and approve policies and treatment guidelines prior to dissemination.										
Task M1:5. Using a PDSA approach, pilot policies and treatment guidelines at one or more selected sites to field-test feasibility and adoptability at the provider level.										
Task M1:6. Adopt standardized clinical protocols for the management of hypertension and high cholesterol across the PPS.										
Task M1:7. Evaluate adherence to the treatment protocols and align incentives as necessary to improve adoption.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.										
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are in place.										
Task M1:1. Perform current state assessment of the IT and Clinical Information Systems (CIS) available at participating provider organizations.										
Task M1:2. Identify participating sites that utilize a care coordination team from the current state assessment.										
Task M1:3. Identify opportunities to enhance care coordination through additional staffing, processes, shared care plans, patient self-management training.										
Task M1:4. Utilizing the IT-TOM pilot experience, design the PPS-wide future state CIS integration.										
Task M1:5. Identify standardized toolkits to support care coordination efforts across the PPS.										
Task M1:6. Submit the draft future state of partners in relation to CIS connectivity, utilizing the current state assessment.										
Task M1:7. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan by provider and a phased roll-out.										
Task M1:8. CQAC and TDMC will oversee the development and implementation of the action plan to ensure a Clinically Interoperable System is in place in order to share information and ongoing metrics with team members. Ensure key representation from identified providers and partners on these committees.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:9. Monitor progress on the effectiveness of the connectivity and its ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up to support timely care management decisions.										
Task M2:1. Based on best practice models, the CQAC along with the PMO will define and develop appropriate care coordination/care management models to support a patient-centered approach. Ensure clinician representation from key primary care and specialist practices across AMCH PPS.										
Task M2:2. Collaborate with Workforce Coordinating Council to identify existing/future staffing resources required for an effective implementation of the new care coordination/care management model.										
Task M2:3. Identify a network of an actively engaged practice and community-based organizations to pilot the new care coordination/care management model for managing hypertension.										
Task M2:4. Create a multi-disciplinary team comprising of nursing staff, pharmacists, dieticians, community health workers and Health Home care managers as appropriate linked to the pilot sites.										
Task M2:5. Based on the successful pilots, expand the team approach for care management and coordination to other participating safety-net providers as appropriate.										
Task M3:1. Identify and evaluate existing care coordination/care management processes within the participating organizations.										
Task M3:2. Develop and implement policies and procedures to support and sustain effective care coordination/care management across participating practitioner organizations for managing CVD.										
Task M3:3. Identify a network of an actively engaged practice and community-based organizations to pilot the new care coordination/care management model for managing CVD.										
Task M3:4. Develop an action plan, including an assessment of lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy, and confidence in self-management, to										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
pilot the new care coordination model for patients with CVD across the pilot sites.										
Task M3:5. At the pilot practice sites, identify the appropriate patient population for care coordination/care management and assign them to identified care coordination/management teams for ongoing care management.										
Task M3:6. Conduct PDSAs to define effective and sustainable changes for expansion to other participating entities.										
Task M3:7. Implement processes to assure lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy, and confidence in self-management to achieve improved clinical outcomes, such as BP control.										
Task M3:8. Provide training to participating sites to ensure processes are supported and understood by staff as necessary.										
Task M3:9. Expand care management processes across the PPS as necessary and appropriate, to include at least 80% of participating PCPs.										
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.										
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.	494	494	494	494	494	494	494	494	494	494
Task M1:1. Assess current policy and procedures at participating practices related to timely and effective follow-up of patients with hypertension.										
Task M1:2. Identify a pilot site and determine required changes to policy and procedures, system and workflow issues required to establish an open access model for timely follow-up of BP.										
Task M1:3. Implement open access and elimination of copays in collaboration with pilot site administration and medical staff.										
Task M1:4. Working with TDMC, identify patient registries to support patient reminders for follow-up blood pressure checks. Implement patient registries and identify opportunities for collaboration with CBOs and community resources for follow-up blood pressure checks.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:5. Coordinate with pharmacies to increase patient awareness of "Million Hearts™ Team Up. Pressure Down." education program.										
Task M1:6. Provide health coaching/aid in self management goals, (i.e. blood pressure journals and medication tracker wallet card).										
Task M1:7. Expand pilot to include participating primary care sites by creating open access and elimination of copays for BP checks.										
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.										
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.										
Task M1:1. Project sub-committee or CQAC will define best practices and develop policy and procedures for taking accurate blood pressure measurements at all participating practitioner sites.										
Task M1:2. Ensure availability of correct equipment at all locations, evaluate current workflows and implement new processes supported by appropriate staff training on accurate blood pressure measurement and documentation by applicable staff.										
Task M1:3. Assure ongoing staff competencies for accurate measurement of blood pressure by direct observation, frequent assessment, and training.										
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.										
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.										

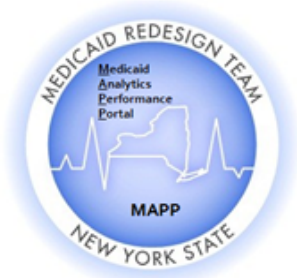


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:1. TDMC will survey participating providers to assess system capabilities and processes regarding BP measurement. Survey results will inform the PMO regarding the feasibility of patient registries by site that can identify and stratify patients who have repeated elevated blood pressure readings but do not have a diagnosis of hypertension.										
Task M1:2. At one pilot site, generate a list of patients with elevated blood pressure readings who do not have a diagnosis of hypertension. Validate the accuracy of the list with a review of sample of medical records.										
Task M1:3. Assist practices without effective patient registries to acquire system capabilities for patient stratification.										
Task M2:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt staff to schedule targeted hypertension patients for follow up.										
Task M2:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.										
Task M2:3. Define guidelines for required hypertension control prompts in participating safety-net EHR systems.										
Task M2:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.										
Task M2:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.										
Task M3:1. Provide periodic staff training and feedback at the practice level to make effective use of the Clinical Decision Support System features in EHR to identify and schedule patients who need a hypertension visit.										
Task M3:2. Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.										
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.										
Task M1:1. Project subcommittee, in collaboration with hypertension specialists, will develop clinical algorithms for medication management of hypertension with particular emphasis on once-daily regimens or fixed-dose combination pills when appropriate.										
Task M1:2. Determine the current status of the above regimens in payor and provider formularies, as well as the ease of prescribing in various EMRs.										
Task M1:3. CQAC will review and approve the clinical algorithm for medication management.										
Task M1:4. Clinical leaders at participating practices will assume responsibilities for implementation of medication management guidelines at their facilities. When medication regimens are modified, adherence is reassessed to determine patient compliance.										
Task M1:5. Collaborate across the PPS to advocate for MCO formularies that align with recommended clinical medication algorithms, including preferred once-daily or fixed-dose combination pills without medication limitations or need for prior authorizations.										
Task M1:6. Implement continuous quality improvement processes to assure consistent adherence to the new medication management guidelines by all practitioners at the participating practices.										
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.										
Task Self-management goals are documented in the clinical record.										
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.										
Task M1:1. Clinical leaders will assure the development of systems required for self-management plans. These plans will be documented by practice team members in collaboration with patients/families/caregivers, as appropriate.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:2. Clinical leaders at participating practices will assure implementation of required workflow changes to support consistent documentation of patient self-management goals in clinical records and review with patients at each visit.										
Task M2:1. Provide clinician and staff training at initial orientation and annually on person-centered methods that include documentation of self-management goals within the EHR.										
Task M2:2: Develop role specific competency standards for each staff member and implement processes for evaluating staff competencies annually.										
Task M2:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.										
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.										
Task M1:1. Develop and implement PPS wide policies and procedures for referrals to community based programs and tracking referrals.										
Task M1:2. Identify and establish appropriate formal and informal agreements with community based organizations to facilitate timely access to services and feedback on the status of the referral.										
Task M1:3. Participating practices will implement required workflow changes, staff training and information technology infrastructure to support operationalization of policies and procedures.										
Task M1:4. Implement PDSA and Rapid Cycle Improvement										

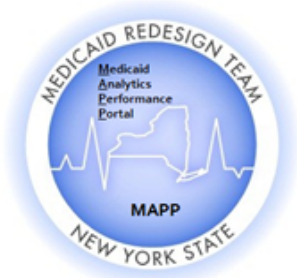


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
processes to monitor and continuously improve referral process and outcomes.										
Task M2:1. Develop "Warm referral" protocol and annual clinician and staff training at the participating practice level on the new protocol and active tracking.										
Task M2:2. Provide training on a periodic basis to appropriate clinical and non-clinical staff across the PPS.										
Task M2:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.										
Task M3:1. Develop specific participation agreements to incentivize participation from community based organizations in a standardized feedback process.										
Task M3:2. Execute participation agreements with targeted specific CBOs identified as participants in this project.										
Task M3:3. Develop ongoing processes to facilitate ongoing communication between various practice-based and community-based providers to support an integrated approach to managing patient's hypertension.										
Task M3:4. Review and, if necessary, update, agreements annually.										
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.										
Task PPS has developed and implemented protocols for home blood pressure monitoring.										
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task M1:1. CQAC will develop and approves protocols for implementation of home blood pressure monitoring with follow-up support for appropriate patients identified by clinicians across the participating practitioner organizations.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:2. Utilizing a PDSA cycle, the CQAC and Clinical leaders will identify a pilot location and implement protocols to provide appropriate follow-up clinical support for patients who self-monitor their blood pressure.										
Task M1:3. Staff will be identified and trained on how patients should be taught to self-monitor their blood pressure.										
Task M1:4. Based on the success of the pilot, protocols will be rolled-out to participating providers for implementation of appropriate follow-up clinical support for patients who self-monitor their blood pressure.										
Task M1:5. CQAC will identify sites demonstrating best practices using data reports and dashboards to be shared with practitioners on self-measured blood pressure monitoring with follow-up clinical support model.										
Task M1:6. Implement PDSA and Rapid Cycle Improvement processes to continuously monitor changes in blood pressure control rates.										
Task M2:1. CQAC and clinical leaders at participating practices will identify and implement protocols to provide appropriate follow-up clinical support for patients who self-monitor their blood pressure.										
Task M2:2. Assist participating practitioners in identifying the appropriate type/s of follow-up clinical support to support their patients who self-monitor their blood pressure.										
Task M2:3. Assist participating practitioners to identify support staff resources who can teach patients how to use monitors, validate devices, and review action plans and blood pressure logs.										
Task M2:4. Data analysis will be conducted to establish baseline BP measures, track and monitor changes to baseline.										
Task M2:5. Based on pilot sites identified above, additional patients and sites will be added to the home monitoring program as identified by PCPs across the PPS.										
Task M2:6. Consistent with manufacturer specifications routinely evaluate the accuracy of home monitoring equipment to ensure that readings are complete accurate and recorded correctly.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M2:7. Working with the care team, assess self-reports to determine accuracy and completeness of home monitoring data for clinical evaluation purposes, and record standardized information in the EHR.										
Task M3:1. Develop "warm referral" protocol and annual clinician and staff training at the participating practice level on the new protocol and active tracking.										
Task M3:2. Provide training on a periodic basis to appropriate clinical and non-clinical staff across the PPS.										
Task M3:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.										
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task M1:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt staff to schedule targeted hypertension patients for follow up.										
Task M1:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.										
Task M1:3. Define guidelines for required hypertension control prompts in participating safety-net EHR systems.										
Task M1:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.										
Task M1:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.										
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.										
Task PPS has developed referral and follow-up process and adheres to process.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:1. Identify current referral rates to NYS Quit line and follow-up policies and procedures.										
Task M1:2. Develop and implement PPS wide policy, procedures and action plan for referrals to NYS Smoker's Quit line.										
Task M1:3. Utilize EHR reporting to ensure adherence and sustainability to changes in referral and follow-up processes.										
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.										
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task M1:1. Collect and analyze valid and reliable REAL data to risk stratify targeted high risk populations.										
Task M1:2. Develop improvement and training activities to improve clinical outcomes and address health disparities.										
Task M1:3. Implement continuous quality improvement strategies to improve processes and workflows and assess the effectiveness of the process.										
Task M2:1. Create a list of participating health home providers in the PPS network who serve the targeted patient populations.										
Task M2:2. Assess the current capabilities of participating health home providers for community care coordination and linkages to Patient Centered Medical Homes.										
Task M2:3. Establish contractual agreements, if appropriate, with health home providers for care coordination and linkages to										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patient Centered Medical Homes.										
Task M3:1. Identify community-based organizations providing Stanford Model program to support self-management by patients with hypertension and elevated cholesterol.										
Task M3:2. Collaborate with identified community-based organizations to strengthen their existing capacity to expand access to Stanford Model for high-risk population with chronic illnesses.										
Task M3:3. Establish referral agreements between participating practitioners and CBOs for referral to Stanford Model training program.										
Task M3:4. Establish contractual agreements with CBOs to provide ongoing training to participating providers and staff on Stanford Model.										
Milestone #18 Adopt strategies from the Million Hearts Campaign.										
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	494	494	494	494	494	494	494	494	494	494
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	212	212	212	212	212	212	212	212	212	212
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	54	54	54	54	54	54	54	54	54	54
Task M1:1. Develop, working in collaboration with the project sub-committee and clinical experts across PPS, a draft document highlighting strategies of the Million Hearts Campaign, including the Hypertension Change Package.										
Task M1:2. Based on best practice models, the CQAC will develop appropriate care coordination/care management models to support a patient-centered approach to managing hypertension.										
Task M1:3. CQAC will develop protocols for implementation of home blood pressure monitoring with follow-up support for patients identified by clinicians across the participating practitioner										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
organizations. (see milestone 14)										
Task M1:4. Monitor effectiveness of tobacco use screening, cessation interventions and treatment using MU reports at the provider level.										
Task M1:5. Provide ongoing training and make recommendations, as needed, to participating providers and staff on Million Hearts Campaign principles and initiatives, as well as best methods to track outcomes and quality indicators to ensure success.										
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.										
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework that can be applied across the regional provider network.										
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.										
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.										
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with MCOs.										
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors.										
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.										
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.										
Task PPS has engaged at least 80% of their PCPs in this activity.	494	494	494	494	494	494	494	494	494	494
Task M1:1. Based on updated attribution lists, community needs assessments, and other data the PMO will ensure that appropriate safety-net PCPs are added to the PPS during OE periods. The inclusion of additional PCPs will assist in patient engagement to reach the 80% threshold.										
Task M1:2. Establish contractual agreements with participating primary care organizations to assure engagement of at least 80% of their primary care practitioners in this project.										
Task M1:3. Track primary care practitioner engagement in the project on an ongoing basis to assure contractual agreements are met.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Task 1:4 and 1:5 The 12/31 deadline was unrealistic. We will need active buy-in requiring subcommittee input. DY2 Q1 will provide a more realistic timeframe and allow us to complete the milestone deliverables as required.
Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or ACPM by the end of Demonstration Year 3.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Task 1:3 Defining guidelines is an ongoing process that is expected to occur over the course of a year. We are currently researching best practices to identify guidelines that may be best suited for this project. However, this task will need to take into account the existing capabilities and roadblocks of the participating providers' EHR systems, which will not be known until after completion of the IT Roadmap. It is expected that this task be complete no later than 10/30/2016.
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	
Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	
Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	
Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	
Document patient driven self-management goals in the medical record and review with patients at each visit.	
Follow up with referrals to community based programs to document participation and behavioral and health status changes.	
Develop and implement protocols for home blood pressure monitoring with follow up support.	
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Task 1:3 Defining guidelines is an ongoing process that is expected to occur over the course of a year. We are currently researching best practices to identify guidelines that may be suited for this project. However, this task will need to take into account the existing capabilities and challenges faced by participating



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	providers' EHR systems, which will not be known until after completion of the IT Roadmap. It is expected that this task be complete no later than 10/30/2016.
Facilitate referrals to NYS Smoker's Quitline.	
Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	
Adopt strategies from the Million Hearts Campaign.	
Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	
Engage a majority (at least 80%) of primary care providers in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	
Milestone #18	Pass & Ongoing	
Milestone #19	Pass & Ongoing	
Milestone #20	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.b.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.b.i.5 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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

✓ IPQR Module 3.d.iii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

We have identified several risks of implementing this project, including creating evidence-based guidelines for asthma management. One of the risks is obtaining provider buy-in. Changing care protocols will require the identification of physician champions to lead the initiatives and a significant number of providers will be required to adopt the established protocols. We will also have to obtain significant provider buy-in in order to establish telemedicine services. Providers will have serious concerns about providing care without the patient physically present. Another impediment will be aligning initiatives with neighboring PPSs. With different demographics in the varying counties, designing a care model to meet everyone's needs will be difficult. Since the AMCH PPS does not have any identified Health Homes in our network, we will have to work with the surrounding PPSs on this deliverable as well. Finally, the inconsistency in technology from provider-to-provider will have to be addressed. To mitigate these risks we will, obtain provider and organizational buy-in, incentives will be provided for the use of established care protocols. Physician champions will be offered additional stipends as leaders within the PPS. Guidelines will be created and education will be conducted in order to engage providers using telemedicine technologies. When collaborating with neighboring PPSs and The Capital District Asthma Coalition, the providers will have to outline a mutually beneficial plan that helps achieve all deliverables in all areas, including identifying health home providers in our PPS region. With new care guidelines, unnecessary ER visits could be reduced, thus decreasing the expenses to the participating MCOs. Finally, incentives will be provided to organizations that upgrade/update their technologies to be more in line with their PPS partners.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.d.iii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY2,Q2	4,312

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
344	554	16.06%	2,896	12.85%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (3,450)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Report(s)	1_PMDL4815_1_3_20160129143441_AMCH_3.D.III_FINAL_FOR_MAPP_UPLOA D.xlsx	AMCH PPS 3.D.III Patient Engagement	01/29/2016 02:35 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its actively engaged commitments for DY1Q3. The documentation does not support the reported actively engaged numbers.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.d.iii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	Project	N/A	In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has agreements from participating providers and community programs to support a evidence-based asthma management guidelines.	Project		In Progress	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task All participating practices have a Clinical Interoperability System in place for all participating providers.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task All participating practices have a Clinical Interoperability System in place for all participating providers.	Provider	Practitioner - Non-Primary Care Provider (PCP)	In Progress	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Identify key stakeholders and participating provider organizations critical for successful project implementation.	Project		In Progress	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Create a PPS-wide project sub-committee with representation from key stakeholders to oversee the project implementation.	Project		In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Collaborate and form agreements with overlapping PPSs (i.e. Alliance for Better Health Care will be implementing 3.d.ii), Asthma Coalition of the Capital Region, and other stakeholders to align initiatives to support the guideline-concordant care.	Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Survey key stakeholders to assess current use and adherence to guideline-concordant care Expert Panel Review-3	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
(EPR-3) guidelines, range of services provided, and referral mechanisms.									
Task M1:5. Develop, working in collaboration with the project sub-committee and clinical experts across the PPS, a draft document defining the future state for the management of asthma utilizing evidence-based strategies.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Submit the draft future state document to Clinical and Quality Affairs committee for review and approval.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Execute written contracts with participating providers implementation of asthma guidelines.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Identify a participating provider organization located in a geographic area with high burden of asthma across the PPS sub-regions and finalize agreements for piloting the new model.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with the practice team, develop an action plan for the implementation of the new model.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:10. Implement the approved action plan at the pilot participating provider site utilizing the PDSA approach.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:11. Monitor ongoing performance, analyze clinical and operational outcomes, and identify timelines/practice sites for spread of successful tests of change.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Perform a current state assessment on the participating	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.									
Task M2:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.	Project		In Progress	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	Project	N/A	In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Agreements with asthma specialists and asthma educators are established.	Project		In Progress	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Telemedicine service implemented, based on evaluation of	Project		In Progress	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
<p>impact to underserved areas including, but not limited to:</p> <ul style="list-style-type: none"> - analysis of the availability of broadband access in the geographic area being served - gaps in services - geographic areas where PPS lacks resources and telemedicine will be used to increase the reach of these patients - why telemedicine is the best alternative to provide these services - challenges expected and plan to pro-actively resolve - plan for long term sustainability 									
<p>Task M1:1. Create a list of participating asthma and allergy specialists in the PPS network who serve the targeted patient populations.</p>	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
<p>Task M1:2. Utilizing recognized best care practices, the CQAC will establish a methodology to define a patient/physician ratio across the PPS.</p>	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<p>Task M1:3. Establish appropriate contractual agreements with regional asthma specialists, including the Asthma Coalition of the Capital Region, to support a comprehensive, coordinated and patient-centered asthma care plan in the community, including training and development of practice based asthma educators.</p>	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<p>Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.</p>	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
<p>Task M2:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.</p>	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
<p>Task M2:3. Work with participating providers, not currently using</p>	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHRs, to incentivize EHR adoption for patient care management.									
Task M2:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.	Project		In Progress	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M3:1. Establish a telemedicine sub-committee to evaluate the impact of telemedicine on underserved areas as outlined in Milestone 2 Metric 3.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:2: Based on the results of the evaluation, the two sub-committees will develop a draft telemedicine implementation plan that will include a vendor selection process if necessary. The draft document will be reviewed and approved by CQAC and the TDMC.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. EHR subcommittee and TDMC will identify a pilot organization based on gaps in service and resources and develop a detailed organization-specific action plan for piloting the program.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Based on the experience from the initial pilot, the model will be updated, with resolution of identified challenges from the pilot, and spread to other regions with similar gaps in services	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and resources needed for effective evidence-based management of asthma.									
Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task Participating providers receive training in evidence-based asthma management.	Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Project sub-committee will survey participating practitioners and relevant CBOs on current utilization of EPR-3 guidelines for managing patients with asthma.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Project sub-committee, working in collaboration with asthma specialists, will develop/adopt evidence-based asthma protocols, care pathways and training tools to train participating practitioners and staff working at CBOs responsible for providing care for asthma patients.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Project sub-committee, working in collaboration with WCC and participating partners, will identify appropriate training methods, including "train the trainer model", to train staff on EPR-3 guidelines and PPS adopted asthma care protocols.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Project sub-committee will collaborate with Albany Medical College and other educational institutions to conduct annual CME programs to update practitioners and staff on new developments in asthma care and management.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Conduct periodic educational sessions for participating partner locations, CBOs and school nurses, on asthma education and adopted guidelines/models.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Collaborate with overlapping PPSs, as appropriate, to offer training on becoming a Certified Asthma Educator.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	Project	N/A	In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task	Project		In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with participating health home care managers, PCPs, and specialty providers.									
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework that can be applied across the regional provider network.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with MCOs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Use EHRs or other technical platforms to track all patients	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
engaged in this project.									
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.	Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.										
Task PPS has agreements from participating providers and community programs to support a evidence-based asthma management										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
guidelines.										
Task All participating practices have a Clinical Interoperability System in place for all participating providers.	0	0	0	0	60	494	494	494	494	494
Task All participating practices have a Clinical Interoperability System in place for all participating providers.	0	0	0	0	16	16	16	16	16	16
Task M1:1. Identify key stakeholders and participating provider organizations critical for successful project implementation.										
Task M1:2. Create a PPS-wide project sub-committee with representation from key stakeholders to oversee the project implementation.										
Task M1:3. Collaborate and form agreements with overlapping PPSs (i.e. Alliance for Better Health Care will be implementing 3.d.ii), Asthma Coalition of the Capital Region, and other stakeholders to align initiatives to support the guideline-concordant care.										
Task M1:4. Survey key stakeholders to assess current use and adherence to guideline-concordant care Expert Panel Review-3 (EPR-3) guidelines, range of services provided, and referral mechanisms.										
Task M1:5. Develop, working in collaboration with the project sub-committee and clinical experts across the PPS, a draft document defining the future state for the management of asthma utilizing evidence-based strategies.										
Task M1:6. Submit the draft future state document to Clinical and Quality Affairs committee for review and approval.										
Task M1:7. Execute written contracts with participating providers implementation of asthma guidelines.										
Task M1:8. Identify a participating provider organization located in a geographic area with high burden of asthma across the PPS sub-regions and finalize agreements for piloting the new model.										
Task M1:9. Complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with the practice team, develop an action plan for the implementation of the new model.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:10. Implement the approved action plan at the pilot participating provider site utilizing the PDSA approach.										
Task M1:11. Monitor ongoing performance, analyze clinical and operational outcomes, and identify timelines/practice sites for spread of successful tests of change.										
Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M2:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M2:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M2:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.										
Task M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.										
Task Agreements with asthma specialists and asthma educators are										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
established.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	53	53	53	53	53	53
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	70	70	70	70	70	70
Task Telemedicine service implemented, based on evaluation of impact to underserved areas including, but not limited to: - analysis of the availability of broadband access in the geographic area being served - gaps in services - geographic areas where PPS lacks resources and telemedicine will be used to increase the reach of these patients - why telemedicine is the best alternative to provide these services - challenges expected and plan to pro-actively resolve - plan for long term sustainability										
Task M1:1. Create a list of participating asthma and allergy specialists in the PPS network who serve the targeted patient populations.										
Task M1:2. Utilizing recognized best care practices, the CQAC will establish a methodology to define a patient/physician ratio across the PPS.										
Task M1:3. Establish appropriate contractual agreements with regional asthma specialists, including the Asthma Coalition of the Capital Region, to support a comprehensive, coordinated and patient-centered asthma care plan in the community, including training and development of practice based asthma educators.										
Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M2:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M2:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M2:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.										
Task M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Task M3:1. Establish a telemedicine sub-committee to evaluate the impact of telemedicine on underserved areas as outlined in Milestone 2 Metric 3.										
Task M3:2: Based on the results of the evaluation, the two sub-committees will develop a draft telemedicine implementation plan that will include a vendor selection process if necessary. The draft document will be reviewed and approved by CQAC and the TDMC.										
Task M3:3. EHR subcommittee and TDMC will identify a pilot organization based on gaps in service and resources and develop a detailed organization-specific action plan for piloting the program.										
Task M3:4. Based on the experience from the initial pilot, the model will be updated, with resolution of identified challenges from the pilot, and spread to other regions with similar gaps in services and resources needed for effective evidence-based management of asthma.										
Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Participating providers receive training in evidence-based asthma management.										
Task M1:1. Project sub-committee will survey participating practitioners and relevant CBOs on current utilization of EPR-3 guidelines for managing patients with asthma.										
Task M1:2. Project sub-committee, working in collaboration with asthma specialists, will develop/adopt evidence-based asthma protocols, care pathways and training tools to train participating practitioners and staff working at CBOs responsible for providing care for asthma patients.										
Task M1:3. Project sub-committee, working in collaboration with WCC and participating partners, will identify appropriate training methods, including "train the trainer model", to train staff on EPR-3 guidelines and PPS adopted asthma care protocols.										
Task M1:4. Project sub-committee will collaborate with Albany Medical College and other educational institutions to conduct annual CME programs to update practitioners and staff on new developments in asthma care and management.										
Task M1:5. Conduct periodic educational sessions for participating partner locations, CBOs and school nurses, on asthma education and adopted guidelines/models.										
Task M1:6. Collaborate with overlapping PPSs, as appropriate, to offer training on becoming a Certified Asthma Educator.										
Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.										
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with participating health home care managers, PCPs, and specialty providers.										
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.										
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
that can be applied across the regional provider network.										
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.										
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.										
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with MCOs.										
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.										
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors.										
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.										
Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.										
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.										
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.										
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.										
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.										
Task PPS has agreements from participating providers and community programs to support a evidence-based asthma management guidelines.										
Task All participating practices have a Clinical Interoperability System in place for all participating providers.	494	494	494	494	494	494	494	494	494	494
Task All participating practices have a Clinical Interoperability System in place for all participating providers.	16	16	16	16	16	16	16	16	16	16
Task M1:1. Identify key stakeholders and participating provider organizations critical for successful project implementation.										
Task M1:2. Create a PPS-wide project sub-committee with representation from key stakeholders to oversee the project implementation.										
Task M1:3. Collaborate and form agreements with overlapping PPSs (i.e. Alliance for Better Health Care will be implementing 3.d.ii), Asthma Coalition of the Capital Region, and other stakeholders to align initiatives to support the guideline-concordant care.										
Task M1:4. Survey key stakeholders to assess current use and										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
adherence to guideline-concordant care Expert Panel Review-3 (EPR-3) guidelines, range of services provided, and referral mechanisms.										
Task M1:5. Develop, working in collaboration with the project sub-committee and clinical experts across the PPS, a draft document defining the future state for the management of asthma utilizing evidence-based strategies.										
Task M1:6. Submit the draft future state document to Clinical and Quality Affairs committee for review and approval.										
Task M1:7. Execute written contracts with participating providers implementation of asthma guidelines.										
Task M1:8. Identify a participating provider organization located in a geographic area with high burden of asthma across the PPS sub-regions and finalize agreements for piloting the new model.										
Task M1:9. Complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with the practice team, develop an action plan for the implementation of the new model.										
Task M1:10. Implement the approved action plan at the pilot participating provider site utilizing the PDSA approach.										
Task M1:11. Monitor ongoing performance, analyze clinical and operational outcomes, and identify timelines/practice sites for spread of successful tests of change.										
Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M2:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M2:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M2:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.										
Task M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.										
Task Agreements with asthma specialists and asthma educators are established.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	53	53	53	53	53	53	53	53	53	53
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	70	70	70	70	70	70	70	70	70	70
Task Telemedicine service implemented, based on evaluation of impact to underserved areas including, but not limited to: - analysis of the availability of broadband access in the geographic area being served - gaps in services - geographic areas where PPS lacks resources and telemedicine will be used to increase the reach of these patients - why telemedicine is the best alternative to provide these services - challenges expected and plan to pro-actively resolve - plan for long term sustainability										
Task M1:1. Create a list of participating asthma and allergy specialists in the PPS network who serve the targeted patient populations.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:2. Utilizing recognized best care practices, the CQAC will establish a methodology to define a patient/physician ratio across the PPS.										
Task M1:3. Establish appropriate contractual agreements with regional asthma specialists, including the Asthma Coalition of the Capital Region, to support a comprehensive, coordinated and patient-centered asthma care plan in the community, including training and development of practice based asthma educators.										
Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M2:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M2:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M2:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.										
Task M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.										
Task M3:1. Establish a telemedicine sub-committee to evaluate the impact of telemedicine on underserved areas as outlined in										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone 2 Metric 3.										
Task M3:2: Based on the results of the evaluation, the two sub-committees will develop a draft telemedicine implementation plan that will include a vendor selection process if necessary. The draft document will be reviewed and approved by CQAC and the TDMC.										
Task M3:3: EHR subcommittee and TDMC will identify a pilot organization based on gaps in service and resources and develop a detailed organization-specific action plan for piloting the program.										
Task M3:4: Based on the experience from the initial pilot, the model will be updated, with resolution of identified challenges from the pilot, and spread to other regions with similar gaps in services and resources needed for effective evidence-based management of asthma.										
Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.										
Task Participating providers receive training in evidence-based asthma management.										
Task M1:1: Project sub-committee will survey participating practitioners and relevant CBOs on current utilization of EPR-3 guidelines for managing patients with asthma.										
Task M1:2: Project sub-committee, working in collaboration with asthma specialists, will develop/adopt evidence-based asthma protocols, care pathways and training tools to train participating practitioners and staff working at CBOs responsible for providing care for asthma patients.										
Task M1:3: Project sub-committee, working in collaboration with WCC and participating partners, will identify appropriate training methods, including "train the trainer model", to train staff on EPR-3 guidelines and PPS adopted asthma care protocols.										
Task M1:4: Project sub-committee will collaborate with Albany Medical College and other educational institutions to conduct annual CME programs to update practitioners and staff on new developments in asthma care and management.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:5. Conduct periodic educational sessions for participating partner locations, CBOs and school nurses, on asthma education and adopted guidelines/models.										
Task M1:6. Collaborate with overlapping PPSs, as appropriate, to offer training on becoming a Certified Asthma Educator.										
Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.										
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with participating health home care managers, PCPs, and specialty providers.										
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.										
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework that can be applied across the regional provider network.										
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.										
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.										
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with MCOs.										
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.										
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors.										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.										
Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.										
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.										
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.										
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.										
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.										
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	
Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	
Deliver educational activities addressing asthma management to participating primary care providers.	
Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.d.iii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.d.iii.5 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project 4.b.i – Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

✓ IPQR Module 4.b.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

There are many risks to successfully implementing this project especially among low SES populations and those with poor mental health.

Lack of understanding of cessation medications & counseling, and lack of referrals to the NYS Smokers' Quitline are barriers to success. Lack of time spent providing tobacco cessation counseling and education to patients, and the lack of integration between primary care and behavioral health providers are also barriers. A lack of organizational commitment may also hinder cessation efforts. MCOs may need to modify buy into the value of the program and agree to reimburse for tobacco cessation services.

To mitigate these risks AMCH PPS will:

- Form a project subcommittee or ensure relevant tobacco cessation discussions occur in the appropriate subcommittees.
- Identify opportunities to meet multiple project milestones related to tobacco use cessation with cross-cutting requirements in EHR tracking and Behavioral Health.
- Implement cross-PPS EHR capabilities including excel transfer of data in lieu of MAPP functionality.
- Activate WCC to provide resources and materials to organizations and providers for collaboration, coordination, and patient engagement.
- In collaboration with our workforce training vendor, the PMO will provide training and resources for the current workforce to ensure cessation counseling is provided in a culturally and linguistically appropriate way.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 4.b.i.2 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Engage community partners in collaboration regarding tobacco cessation initiatives.	In Progress	Engage community partners in collaboration regarding tobacco cessation initiatives.	10/05/2015	03/31/2020	10/05/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. AMCH PMO will identify community partners including providers, CBOs, and advocacy groups.	In Progress	1. AMCH PMO will identify community partners including providers, CBOs, and advocacy groups.	10/05/2015	03/31/2020	10/05/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Through the CCAC, AMCH PMO will communicate planned actions to increase access to tobacco cessation resources for appropriate patient populations.	On Hold	2. Through the CCAC, AMCH PMO will communicate planned actions to increase access to tobacco cessation resources for appropriate patient populations.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. In collaboration with identified participants, AMCH PPS will consider system wide approaches to identify patients for tobacco-use screening and appropriate follow-up.	On Hold	3. In collaboration with identified participants, AMCH PMO will consider system wide approaches to identify patients for tobacco-use screening and appropriate follow-up.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Review and update a summary of current institutional policies regarding tobacco-free environment (one time).	In Progress	Review and update a summary of current institutional policies regarding tobacco-free environment (one time).	10/05/2015	03/31/2020	10/05/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Create project sub-committee with representation from key stakeholders, including Advancing Tobacco-Free Communities, to oversee the project implementation.	In Progress	1. Create project sub-committee with representation from key stakeholders, including Advancing Tobacco-Free Communities, to oversee the project implementation.	10/05/2015	03/31/2020	10/05/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Coordinate with neighboring and overlapping PPS's and other key stakeholders	On Hold	2. Coordinate with neighboring and overlapping PPS's and other key stakeholders to assess partners and identify PPS partner sites with existing tobacco-free environment policies.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
to assess partners and identify PPS partner sites with existing tobacco-free environment policies.								
Task 3. Engage executive leadership at sites that lack policies, to support adoption of tobacco-free environment policies.	On Hold	3. Engage executive leadership at sites that lack policies, to support adoption of tobacco-free environment policies.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Incorporate provider training in tobacco dependence treatment.	On Hold	Incorporate provider training in tobacco dependence treatment.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. In collaboration with WCC, approve trainings to be offered to providers as part of awareness of tobacco cessation initiatives.	On Hold	1. In collaboration with WCC, approve trainings to be offered to providers as part of awareness of tobacco cessation initiatives.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Track, through WCC, providers who complete these trainings on a biennial schedule.	On Hold	2. Track, through WCC, providers who complete these trainings on a biennial schedule.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone A PPS-wide policy that ensures tobacco status is queried and documented consistent with USPSTF guidelines.	On Hold	A PPS-wide policy that ensures tobacco status is queried and documented consistent with USPSTF guidelines.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Make recommendations in the form of a practice/site specific action plan for referral and follow-up policies and procedures based on findings and best practices.	On Hold	1. Make recommendations in the form of a practice/site specific action plan for referral and follow-up policies and procedures based on findings and best practices.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Development and use of routine performance measures for monitoring tobacco use screening and treatment.	On Hold	Development and use of routine performance measures for monitoring tobacco use screening and treatment.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Identify available, routine performance measures captured by participating providers regarding tobacco use, screening, and treatment.	On Hold	1. Identify available, routine performance measures captured by participating providers regarding tobacco use, screening, and treatment.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	On Hold	2. Share routine performance measures with participating providers	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
2. Share routine performance measures with participating providers to encourage adoption of appropriate screening and treatment activities to assist with reporting and measurement.		to encourage adoption of appropriate screening and treatment activities to assist with reporting and measurement.						
Milestone Identify dedicated staff who will provide tobacco dependency treatment as outlined by the USPHS Clinical Practice Guidelines and assess the delivery of this treatment in staff performance evaluations.	On Hold	Identify dedicated staff who will provide tobacco dependency treatment as outlined by the USPHS Clinical Practice Guidelines and assess the delivery of this treatment in staff performance evaluations.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. In collaboration with WCC, identify needs for training across PPS partners, with special focus on those providing behavioral health services.	On Hold	1. In collaboration with WCC, identify needs for training across PPS partners, with special focus on those providing behavioral health services.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Following USPHS Clinical Practice Guidelines, encourage participating partners to report treatment outcomes.	On Hold	2. Following USPHS Clinical Practice Guidelines, encourage participating partners to report treatment outcomes.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Encourage participating providers to conduct staff evaluations annually regarding competencies associated with USPHS Clinical Practice Guidelines.	On Hold	3. Encourage participating providers to conduct staff evaluations annually regarding competencies associated with USPHS Clinical Practice Guidelines.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.	On Hold	4. Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Engage in MOUs with NYS DOH Bureau of Tobacco Control's Health Systems for a Tobacco-Free NY's contractors to receive technical assistance on system improvements related to tobacco use cessation.	On Hold	Engage in MOUs with NYS DOH Bureau of Tobacco Control's Health Systems for a Tobacco-Free NY's contractors to receive technical assistance on system improvements related to tobacco use cessation.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	On Hold	1. Execute MOUs with NYS DOH Bureau of Tobacco Control's	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
1. Execute MOUs with NYS DOH Bureau of Tobacco Control's Health Systems to receive support on system improvements related to tobacco use cessation.		Health Systems to receive support on system improvements related to tobacco use cessation.						
Task 2. Collaborate with overlapping and neighboring PPS's to coordinate tobacco cessation programs across the region.	On Hold	2. Collaborate with overlapping and neighboring PPS's to coordinate tobacco cessation programs across the region.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Resources budgeted for related community service plan activities.	Completed	Resources budgeted for related community service plan activities.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Resources budgeted for related community service plan activities.	Completed	Resources budgeted for related community service plan activities.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Resources budgeted for related community service plan activities.	mcintyc	Documentation/Certification	1_PMDL5704_1_3_20160311121137_Tobacco_Cessation_Budget_by_Project.pdf	Tobacco Cessation Budget by Project	03/11/2016 12:11 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Engage community partners in collaboration regarding tobacco cessation initiatives.	
Review and update a summary of current institutional policies regarding tobacco-free environment (one time).	
Incorporate provider training in tobacco dependence treatment.	
A PPS-wide policy that ensures tobacco status is queried and documented consistent with USPSTF guidelines.	
Development and use of routine performance measures for monitoring tobacco use screening and treatment.	
Identify dedicated staff who will provide tobacco dependency	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
treatment as outlined by the USPHS Clinical Practice Guidelines and assess the delivery of this treatment in staff performance evaluations.	
Engage in MOUs with NYS DOH Bureau of Tobacco Control's Health Systems for a Tobacco-Free NY's contractors to receive technical assistance on system improvements related to tobacco use cessation.	
Resources budgeted for related community service plan activities.	<p>Milestone: Resources budgeted for related community service plan activities.</p> <p>In September 2015, the Consumer and Community Affairs Committee (CCAC), PAC Leadership, the PPS Board, and the PAC approved the Community Engagement Plan (CEP) that was created by the Project Management Office (PMO) to outline the PMO's outreach activities, strategies to engage the community and consumers, and two-way communication strategy.</p> <p>Financial resources from this project have been identified and are being used to help increase community awareness, provider engagement, and support cultural change through hosting and/or participating in forums and community events as required by the CEP. Examples of such include health fairs, consumer forums, focus groups, listening sessions, street fairs and other sponsored community events. The Finance Committee and the PPS Board both formally approved DY1 and DY2 budgets prepared by the Budget Sub-committee in December 2015; that address community related activities including the service plan. Furthermore, the AMCH PPS will collaborate with The Alliance for Better Health Care (AFBHC) and the Adirondack Health Institute (AHI) to plan and organize community forums in an effort to reduce redundant work efforts and effectively reach more consumers. These events will be held across the five-county region and will be open to the public. A master calendar detailing all engagement activities the PMO will be attending or hosting will be made available through the PPS website and will be updated quarterly.</p> <p>In addition, the PMO continues to actively participate in regional efforts funded by SHIP and PHIP, COREStat, various county health department community engagement initiatives, needs assessments and community service planning efforts.</p>

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 4.b.i.3 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project 4.b.ii – Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer

✓ IPQR Module 4.b.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Barriers identified in our CNA include: wait time for appointments, lack of specialists, transportation and stigma. Patient engagement may also be negatively impacted by cultural differences, age, sex and socioeconomic status. Such factors leave community members at a disadvantage. The second risk is the capability to obtain and facilitate training, education and workforce resources. It will be vital to provide ongoing education, and providing training over such an expansive area is challenging. Provider and non-provider staff must be trained and demonstrate competency in preventive care initiatives. Community-based training resources will also need to be developed. Another risk is EHR compatibility across the PPS Network. IT capabilities and capacities vary across providers. A number of partnering organizations lack sophisticated IT infrastructure and EHR system connectivity, necessary to facilitate this project. The PMO will need protocols, consents, care teams, IT infrastructure, etc., Connections to RHIO/HIXNY/SHINY will be important in addressing this risk

To mitigate these risks, the PMO will:

- Activate WCC to provide resources to providers for collaboration, coordination, and patient engagement.
- Our workforce training vendor will provide extensive resources for the current workforce.
- Health Navigators will assist patients with their health care needs.
- The PMO will work with MCOs to ensure that cancer screenings are affordable and accessible
- Care teams will utilize protocols to track patient appointments and screening results.
- Mobile breast cancer screening vans will also be deployed in the regional "hot spots."
- Take advantage of developing EHR capabilities and EHR prompts.
- The PMO will also use, follow-up calls, health navigators and other case managers to process and address cancer screening results.
- The PPS and its partners have applied for capital funding to enhance IT infrastructure.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ IPQR Module 4.b.ii.2 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Devise a communication strategy to community partners on intention to take action on this project and invitation for collaboration.	Completed	Devise a communication strategy to community partners on intention to take action on this project and invitation for collaboration.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1. AMCH PMO will identify community partners including providers, CBOs, and advocacy groups.	Completed	1. AMCH PMO will identify community partners including providers, CBOs, and advocacy groups.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Through the CCAC, AMCH PMO will communicate planned actions to increase access to preventative screenings for appropriate patient populations.	Completed	2. Through the CCAC, AMCH PMO will communicate planned actions to increase access to preventative screenings for appropriate patient populations.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. In collaboration with identified participants, AMCH PMO will adopt system-wide approaches to identify patients for screening and follow-up.	On Hold	3. In collaboration with identified participants, AMCH PMO will adopt system-wide approaches to identify patients for screening and follow-up.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Increase provider/care team knowledge of screening protocols and clinical practice guidelines.	In Progress	Increase provider/care team knowledge of screening protocols and clinical practice guidelines.	12/01/2015	03/31/2020	12/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. CQAC will review information from the NYS Cancer Services Program website. This information will be used to recommend comprehensive cancer screening policies and protocols, for adoption, as appropriate.	In Progress	1. CQAC will review information from the NYS Cancer Services Program website. This information will be used to recommend comprehensive cancer screening policies and protocols, for adoption, as appropriate.	12/01/2015	03/31/2020	12/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. AMCH PMO, in collaboration with CQAC,	On Hold	2. AMCH PMO, in collaboration with CQAC, will review, recommend, and distribute screening protocols to participating providers.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
will review, recommend, and distribute screening protocols to participating providers.								
Task 3. AMCH PMO will encourage participating providers to adopt policies and protocols and make EHR updates to alert and remind patients in need of follow-up for abnormal results.	On Hold	3. AMCH PMO will encourage participating providers to adopt polices and protocols and make EHR updates to alert and remind patients in need of follow-up for abnormal results.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Increase rates of screening (or re-screening) among defined patient populations.	On Hold	Increase rates of screening (or re-screening) among defined patient populations.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. AMCH PMO will work with population health vendors, as well as Health Departments and others, to collect and analyze baseline rates of cancer screenings conducted across the network for the target population.	On Hold	1. AMCH PMO will work with population health vendors, as well as Health Departments and others, to collect and analyze baseline rates of cancer screenings conducted across the network for the target population.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Working with identified community partners and population health IT platforms, AMCH PMO will recommend a system-wide approach for monitoring performance and sharing results.	On Hold	2. Working with identified community partners and population health IT platforms, AMCH PMO will recommend a system-wide approach for monitoring performance and sharing results.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Following PDSA or Rapid Cycle Improvement methodologies, the AMCH PMO will assist participating practice sites, where improvement opportunities might exist, and facilitate performance improvement to the extent feasible.	On Hold	3. Following PDSA or Rapid Cycle Improvement methodologies, the AMCH PMO will assist participating practice sites, where improvement opportunities might exist, and facilitate performance improvement to the extent feasible.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Increase follow-up of abnormal cancer screening results on a timely basis.	On Hold	Increase follow-up of abnormal cancer screening results on a timely basis.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. AMCH PMO will work with population health vendors to collect and analyze baseline rates of follow-up of abnormal cancer	On Hold	1. AMCH PMO will work with population health vendors to collect and analyze baseline rates of follow-up of abnormal cancer screening results.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
screening results.								
Task 2. AMCH PMO will provide guidance to participating providers for alerting and reminding patients in need of follow-up for abnormal results.	On Hold	2. AMCH PMO will provide guidance to participating providers for alerting and reminding patients in need of follow-up for abnormal results.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Following PDSA or Rapid Cycle Improvement methodologies, the AMCH PMO will assist participating practice sites, where improvement opportunities might exist, and facilitate performance improvement where feasible.	On Hold	3. Following PDSA or Rapid Cycle Improvement methodologies, the AMCH PMO will assist participating practice sites, where improvement opportunities might exist, and facilitate performance improvement where feasible.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. AMCH PMO, in collaboration with the WCC and CCHLC, will coordinate training of community navigators with culturally-appropriate navigation materials for patient populations with low screening rates.	On Hold	4. AMCH PMO, in collaboration with the WCC and CCHLC, will coordinate training of community navigators with culturally-appropriate navigation materials for patient populations with low screening rates.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. AMCH PMO will publish aggregated cancer screening rates, for the network of providers at least annually.	On Hold	5. AMCH PMO will publish aggregated cancer screening rates, for the network of providers at least annually.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Resources budgeted for related community service plan activities.	Completed	Resources budgeted for related community service plan activities.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1. The AMCH PPS Finance Committee will develop a budget to support the achievement of project milestones.	Completed	1. The AMCH PPS Finance Committee will develop a budget to support the achievement of project milestones.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Devise a communication strategy to community partners on intention to take action on this project	mcintyc	Documentation/Certification	1_PMDL5804_1_3_20160314130404_AMCH_PPS_Communications_Plan_Outline_20151231.docx	AMCH PPS Communication Strategy	03/14/2016 01:04 PM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
and invitation for collaboration.					
Resources budgeted for related community service plan activities.	mcintyc	Documentation/Certification	1_PMDL5804_1_3_20160311121352_Cancer_Budget_by_Project.pdf	Cancer_Budget_by_Project	03/11/2016 12:13 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Devise a communication strategy to community partners on intention to take action on this project and invitation for collaboration.	<p>In December of 2015, a PPS-wide Communications Strategy was drafted to create required and effective guidelines for all communication efforts led by the Project Management Office (PMO). The communication strategy codifies approaches that the PPS and PMO will continue to pursue to focus on two-way communication between our consumers, community partners, and participating providers. Recognizing that Domain Four projects are specific to population health management, and require a different target or focus in terms of communication, the AMCH PPS will exert any and all efforts toward maintaining a high standard when it comes to the level of transparency, honesty, and timeliness within our communication efforts. As the guiding element in the identification of community partners and advocacy groups, this strategy will continue to promote a network-wide approach that is collaborative, all-encompassing, and will lead to increased awareness of and access to chronic disease preventative initiatives for the targeted patient population, consistent with PPS-wide efforts regarding tobacco cessation and cancer screening.</p> <p>Ongoing participation from our partnering providers stems from the communications they receive; thus, outreach to current members of our PPS is directly correlated to the effectiveness and success of the DSRIP initiatives. Monthly PAC meetings not only provide updates from the PMO office related to milestone advancements and project progression, but provide a platform for our partners to voice any related questions and/or concerns. In an effort to continue the all-inclusive nature our PPS was built upon these PAC meetings utilize voting/polling capabilities to encourage active participation and allow for objectivity in high-level, decision-making scenarios. Additional PPS-wide outreach includes the creation and roll-out of geographic specific hubs, ongoing standing committee meetings, utilization of the newly developed website platform, along with the future implementation of culturally sensitive and linguistically appropriate PMO newsletters, coordinated noteworthy email blasts, and the application of Social Media Platforms.</p> <p>The elements found within our Communications Strategy, in collaboration with the previously approved Community Engagement Plan, will serve as the basis for successfully reaching out to the Medicaid and Uninsured populations at large. As the liaison between the PMO and the community, the Consumer and Community Affairs Committee (CCAC) will continue to play a vital role in the preservation of the clinical team-patient relationship. Consumer focus groups, public forums, listening sessions, health fairs, and the future administration of patient surveys will offer invaluable feedback, while meaningfully collaborating with residents and advocacy organizations in the community we serve. Furthermore, frequent outreach to the general public is essential; attendance at Albany COrESTAT meetings, community outreach events, and engagement meetings with CBOs will be documented regularly in the CCAC Master Calendar and uploaded to the website for public viewing. Finally, there is significant overlap between these efforts and the work underway by the Technology and Data Management Committee (TDMC).</p>
Increase provider/care team knowledge of screening protocols and clinical practice guidelines.	
Increase rates of screening (or re-screening) among defined patient populations.	
Increase follow-up of abnormal cancer screening results on a timely basis.	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Resources budgeted for related community service plan activities.	<p>In September 2015, the Consumer and Community Affairs Committee (CCAC), PAC Leadership, the PPS Board, and the PAC approved the Community Engagement Plan (CEP) that was created by the Project Management Office (PMO) to outline the PMO's outreach activities, strategies to engage the community and consumers, and two-way communication strategy.</p> <p>Financial resources from this project will be identified and used to help increase community awareness, provider engagement, and support cultural change through hosting and/or participating in forums and community events as required by the CEP. Examples of such include health fairs, consumer forums, focus groups, listening sessions. Furthermore, the AMCH PPS will collaborate with The Alliance for Better Health Care (AFBHC) and the Adirondack Health Institute (AHI) to plan and organize community forums in an effort to reduce redundant work efforts and effectively reach more consumers. These events will be held across the five-county region and will be open to the public. A master calendar detailing all engagement activities the PMO will be attending or hosting will be made available through the PPS website and will be updated quarterly.</p> <p>In addition, the PMO continues to actively participate in regional efforts funded by SHIP and PHIP, COREStat, various county health department community engagement initiatives, needs assessments and community service planning efforts.</p> <p>The PMO has been invited to participate with the Health Capital District Initiatives efforts to bring all of the regional hospitals together to update the community service plan. We have been engaged in this on-going effort since October 2015.</p>

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 4.b.ii.3 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Attestation

The Lead Representative has been designated by the Primary Lead PPS Provider (PPS Lead Entity) as the signing officiate for the DSRIP Quarterly Report. The Lead Representative has the authority to complete this attestation on behalf of the PPS network. The Lead Representative and PPS Lead Entity are responsible for the authenticity and accuracy of the material submitted in this report.

The Lead Representative of the Performing Provider System (PPS) must complete this attestation form in order for the project application to be accepted by the NYS Department of Health. Once the attestation is complete, the Quarterly Report will be locked down from any further editing. Do not complete this section until the entire Quarterly Report is complete.

If the Quarterly Report becomes locked in error and additional changes are necessary, please use the contact information on the Home Page to request that the Quarterly Report be unlocked.

To electronically sign this Quarterly Report, please enter the required information and check the box below:

I here by attest, as the Lead Representative of the 'Albany Medical Center Hospital', that all information provided on this Quarterly report is true and accurate to the best of my knowledge, and that, following initial submission in the current quarterly reporting period as defined by NY DOH, changes made to this report were pursuant only to documented instructions or documented approval of changes from DOH or DSRIP Independent Assessor.

Primary Lead PPS Provider:	ALBANY MEDICAL CTR HOSPITAL
Secondary Lead PPS Provider:	
Lead Representative:	George Clifford
Submission Date:	03/16/2016 10:49 AM

Comments:



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Status Log				
Quarterly Report (DY,Q)	Status	Lead Representative Name	User ID	Date Timestamp
DY1, Q3	Adjudicated	George Clifford	mrurak	03/31/2016 05:14 PM
DY1, Q3	Submitted	George Clifford	cliffog	03/16/2016 10:49 AM
DY1, Q3	Returned	George Clifford	mrurak	03/01/2016 05:13 PM
DY1, Q3	Submitted	George Clifford	cliffog	01/29/2016 03:27 PM
DY1, Q3	In Process		ETL	01/03/2016 08:01 PM

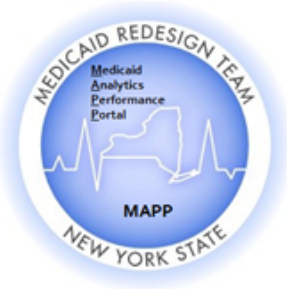


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Comments Log			
Status	Comments	User ID	Date Timestamp
Adjudicated	The IA has adjudicated the DY1Q3 Quarterly Report.	mrurak	03/31/2016 05:14 PM
Returned	The IA is returning the DY1Q3 Quarterly Report to the PPS for Remediation.	mrurak	03/01/2016 05:13 PM
Submitted	<p>From: Weber III, Joseph [mailto:jweber@pcgus.com] Sent: Friday, January 29, 2016 2:04 PM To: Clifford, George Cc: McIntyre, Christine; Ayers, Lauren; Mane, Jennifer; Connors, Meghan; Chan, Peggy (HEALTH); Greg Allen (gregory.allen@health.ny.gov); Hargrove, Jordan M Subject: Q3 Quarterly Report Submission Importance: High</p> <p>Hi George,</p> <p>The Independent Assessor and the Department of Health (DOH) are aware of the concerns Albany Medical Center PPS has raised in regards to the number of Safety Net Nursing Homes reflected in MAPP for Milestone #4 on Project 2.a.i. Specifically, Albany Medical Center PPS has raised concerns in regards to the system error reflected below:</p> <ul style="list-style-type: none"> • 'Cannot be saved. Number of Providers under the Provider Type 'Safety Net Nursing Home' in 'DY2, Q2' for the Task under the Milestone #4 must be greater than or equal to the Total Commitment Providers (34) from the Project Plan Application scale and speed commitments.' o Albany Medical Center PPS noted that "The total number of safety net nursing homes that we committed to in our project plan submission July 31 was 25 and that is the number identified in DY2Q2" <p>The Independent Assessor is working to investigate the reason for the discrepancy between the 25 Safety Net Nursing Homes reflected in your 2nd Quarterly Report and the 34 Safety Net Nursing Homes reflected in your 3rd Quarterly Report. However, given the timing of this issue, the Independent Assessor is requesting that you submit the 3rd Quarterly Report with the 34 Nursing Homes entered in MAPP as is necessary to complete the report for the February 3, 2016 submission deadline.</p> <p>The Independent Assessor will not be evaluating the PPS against this figure at this time given the concerns raised over its validity. The independent Assessor will continue reviewing the data to provide Albany Medical Center PPS with further explanation and guidance prior to the finalization of the 3rd Quarterly Report on March 31, 2016.</p> <p>The Independent Assessor acknowledges and agrees to accept the submission of Albany Medical Center PPS' with the accompanying attestation for the purposes of evaluating all components of the 3rd Quarterly Report with the exception of the number of Safety Net Nursing Homes for Project 2.a.i.</p> <p>Albany Medical Center PPS is also encouraged to include an attachment with the submission that indicates the attestation of the report does not apply to the 34 Safety Net Nursing Homes included in Project 2.a.i.</p>	cliffog	01/29/2016 03:27 PM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Comments Log			
Status	Comments	User ID	Date Timestamp
	Thanks, Joe		



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section	Module Name	Status
Section 01	IPQR Module 1.1 - PPS Budget Report (Baseline)	✔ Completed
	IPQR Module 1.2 - PPS Budget Report (Quarterly)	✔ Completed
	IPQR Module 1.3 - PPS Flow of Funds (Baseline)	✔ Completed
	IPQR Module 1.4 - PPS Flow of Funds (Quarterly)	✔ Completed
	IPQR Module 1.5 - Prescribed Milestones	✔ Completed
	IPQR Module 1.6 - PPS Defined Milestones	✔ Completed
	IPQR Module 1.7 - IA Monitoring	
Section 02	IPQR Module 2.1 - Prescribed Milestones	✔ Completed
	IPQR Module 2.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 2.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 2.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 2.6 - Key Stakeholders	✔ Completed
	IPQR Module 2.7 - IT Expectations	✔ Completed
	IPQR Module 2.8 - Progress Reporting	✔ Completed
	IPQR Module 2.9 - IA Monitoring	
Section 03	IPQR Module 3.1 - Prescribed Milestones	✔ Completed
	IPQR Module 3.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 3.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 3.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 3.6 - Key Stakeholders	✔ Completed
	IPQR Module 3.7 - IT Expectations	✔ Completed
	IPQR Module 3.8 - Progress Reporting	✔ Completed
	IPQR Module 3.9 - IA Monitoring	
Section 04	IPQR Module 4.1 - Prescribed Milestones	✔ Completed
	IPQR Module 4.2 - PPS Defined Milestones	✔ Completed

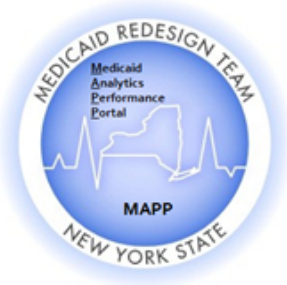


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section	Module Name	Status
	IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 4.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 4.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 4.6 - Key Stakeholders	✔ Completed
	IPQR Module 4.7 - IT Expectations	✔ Completed
	IPQR Module 4.8 - Progress Reporting	✔ Completed
	IPQR Module 4.9 - IA Monitoring	
Section 05	IPQR Module 5.1 - Prescribed Milestones	✔ Completed
	IPQR Module 5.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 5.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 5.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 5.6 - Key Stakeholders	✔ Completed
	IPQR Module 5.7 - Progress Reporting	✔ Completed
	IPQR Module 5.8 - IA Monitoring	
Section 06	IPQR Module 6.1 - Prescribed Milestones	✔ Completed
	IPQR Module 6.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 6.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 6.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 6.6 - Key Stakeholders	✔ Completed
	IPQR Module 6.7 - IT Expectations	✔ Completed
	IPQR Module 6.8 - Progress Reporting	✔ Completed
	IPQR Module 6.9 - IA Monitoring	
Section 07	IPQR Module 7.1 - Prescribed Milestones	✔ Completed
	IPQR Module 7.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 7.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 7.5 - Roles and Responsibilities	✔ Completed



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section	Module Name	Status
	IPQR Module 7.6 - Key Stakeholders	✔ Completed
	IPQR Module 7.7 - IT Expectations	✔ Completed
	IPQR Module 7.8 - Progress Reporting	✔ Completed
	IPQR Module 7.9 - IA Monitoring	
Section 08	IPQR Module 8.1 - Prescribed Milestones	✔ Completed
	IPQR Module 8.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 8.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 8.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 8.6 - Key Stakeholders	✔ Completed
	IPQR Module 8.7 - IT Expectations	✔ Completed
	IPQR Module 8.8 - Progress Reporting	✔ Completed
	IPQR Module 8.9 - IA Monitoring	
Section 09	IPQR Module 9.1 - Prescribed Milestones	✔ Completed
	IPQR Module 9.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 9.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 9.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 9.6 - Key Stakeholders	✔ Completed
	IPQR Module 9.7 - IT Expectations	✔ Completed
	IPQR Module 9.8 - Progress Reporting	✔ Completed
	IPQR Module 9.9 - IA Monitoring	
Section 10	IPQR Module 10.1 - Overall approach to implementation	✔ Completed
	IPQR Module 10.2 - Major dependencies between work streams and coordination of projects	✔ Completed
	IPQR Module 10.3 - Project Roles and Responsibilities	✔ Completed
	IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects	✔ Completed
	IPQR Module 10.5 - IT Requirements	✔ Completed
	IPQR Module 10.6 - Performance Monitoring	✔ Completed
	IPQR Module 10.7 - Community Engagement	✔ Completed



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section	Module Name	Status
	IPQR Module 10.8 - IA Monitoring	
Section 11	IPQR Module 11.1 - Workforce Strategy Spending	✔ Completed
	IPQR Module 11.2 - Prescribed Milestones	✔ Completed
	IPQR Module 11.3 - PPS Defined Milestones	✔ Completed
	IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 11.5 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 11.6 - Roles and Responsibilities	✔ Completed
	IPQR Module 11.7 - Key Stakeholders	✔ Completed
	IPQR Module 11.8 - IT Expectations	✔ Completed
	IPQR Module 11.9 - Progress Reporting	✔ Completed
	IPQR Module 11.10 - Staff Impact	✔ Completed
	IPQR Module 11.11 - IA Monitoring	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project ID	Module Name	Status
2.a.i	IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.a.i.2 - Prescribed Milestones	✔ Completed
	IPQR Module 2.a.i.3 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.a.i.4 - IA Monitoring	
2.a.iii	IPQR Module 2.a.iii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.a.iii.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 2.a.iii.3 - Prescribed Milestones	✔ Completed
	IPQR Module 2.a.iii.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.a.iii.5 - IA Monitoring	
2.a.v	IPQR Module 2.a.v.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.a.v.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 2.a.v.3 - Prescribed Milestones	✔ Completed
	IPQR Module 2.a.v.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.a.v.5 - IA Monitoring	
2.b.iii	IPQR Module 2.b.iii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.b.iii.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 2.b.iii.3 - Prescribed Milestones	✔ Completed
	IPQR Module 2.b.iii.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.b.iii.5 - IA Monitoring	
2.d.i	IPQR Module 2.d.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.d.i.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 2.d.i.3 - Prescribed Milestones	✔ Completed
	IPQR Module 2.d.i.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.d.i.5 - IA Monitoring	
3.a.i	IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 3.a.i.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 3.a.i.3 - Prescribed Milestones	✔ Completed

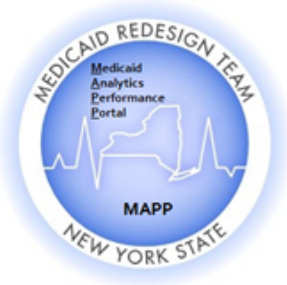


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)





















Project ID	Module Name	Status
	IPQR Module 3.a.i.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.a.i.5 - IA Monitoring	
3.a.ii	IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 3.a.ii.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 3.a.ii.3 - Prescribed Milestones	✔ Completed
	IPQR Module 3.a.ii.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.a.ii.5 - IA Monitoring	
3.b.i	IPQR Module 3.b.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 3.b.i.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 3.b.i.3 - Prescribed Milestones	✔ Completed
	IPQR Module 3.b.i.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.b.i.5 - IA Monitoring	
3.d.iii	IPQR Module 3.d.iii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 3.d.iii.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 3.d.iii.3 - Prescribed Milestones	✔ Completed
	IPQR Module 3.d.iii.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.d.iii.5 - IA Monitoring	
4.b.i	IPQR Module 4.b.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 4.b.i.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 4.b.i.3 - IA Monitoring	
4.b.ii	IPQR Module 4.b.ii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 4.b.ii.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 4.b.ii.3 - IA Monitoring	

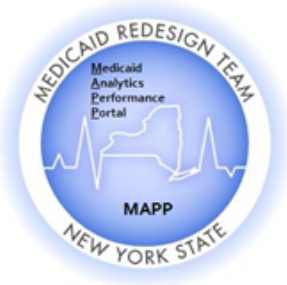


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)













Section	Module Name / Milestone #	Review Status	
Section 01	Module 1.1 - PPS Budget Report (Baseline)	Pass & Complete	
	Module 1.2 - PPS Budget Report (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds (Baseline)	Pass & Complete	
	Module 1.4 - PPS Flow of Funds (Quarterly)	Pass & Ongoing	
	Module 1.5 - Prescribed Milestones		
	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Fail	  
Section 02	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	 
	Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Pass & Complete	 
	Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Pass & Complete	
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	 
	Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Pass & Complete	
	Milestone #6 Finalize partnership agreements or contracts with CBOs	Fail	  
	Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Pass & Ongoing	
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Ongoing	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Ongoing	
Section 03	Module 3.1 - Prescribed Milestones		
	Milestone #1 Finalize PPS finance structure, including reporting structure	Pass & Complete	 
	Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Pass & Complete	 
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	 
	Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	Pass & Ongoing	
	Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)



Section	Module Name / Milestone #	Review Status	
	latest		
	Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	Pass & Ongoing	
	Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	Pass & Ongoing	
	Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
Section 04	Module 4.1 - Prescribed Milestones		
	Milestone #1 Finalize cultural competency / health literacy strategy.	Pass & Complete	 
	Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Pass & Ongoing	
Section 05	Module 5.1 - Prescribed Milestones		
	Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Pass & Complete	 
	Milestone #2 Develop an IT Change Management Strategy.	Pass & Ongoing	
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & Ongoing	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Ongoing	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Ongoing	
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Ongoing	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Ongoing	
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Ongoing	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Complete	 
Section 08	Module 8.1 - Prescribed Milestones		
	Milestone #1 Develop population health management roadmap.	Pass & Ongoing	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Ongoing	
Section 09	Module 9.1 - Prescribed Milestones		
	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Complete	 

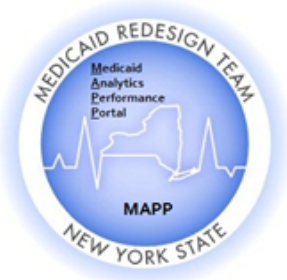


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section	Module Name / Milestone #	Review Status	
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Ongoing	
Section 11	Module 11.2 - Prescribed Milestones		
	Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Pass & Ongoing	
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Ongoing	
	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Ongoing	
	Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Pass & Ongoing	
	Milestone #5 Develop training strategy.	Pass & Ongoing	

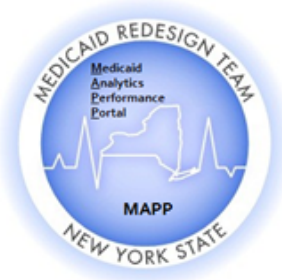


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)



Project ID	Module Name / Milestone #	Review Status	
2.a.i	Module 2.a.i.2 - Prescribed Milestones		
	Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Pass & Ongoing	
	Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Pass & Ongoing	
	Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Pass & Ongoing	
	Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	
	Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Pass & Ongoing	
	Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Pass & Ongoing	
	Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Pass & Ongoing	
	Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Pass & Ongoing	
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Pass & Ongoing		
2.a.iii	Module 2.a.iii.2 - Patient Engagement Speed	Fail	
	Module 2.a.iii.3 - Prescribed Milestones		
	Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	Pass & Ongoing	
	Milestone #2 Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	Pass & Ongoing	

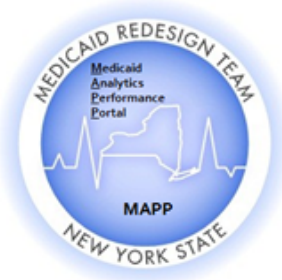


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)





Project ID	Module Name / Milestone #	Review Status	
	Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Pass & Ongoing	
	Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	Pass & Ongoing	
	Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	
	Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	Pass & Ongoing	
	Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	Pass & Ongoing	
	Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	Pass & Ongoing	
	Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	Pass & Ongoing	
2.a.v	Module 2.a.v.2 - Patient Engagement Speed	Pass & Ongoing	 
	Module 2.a.v.3 - Prescribed Milestones		
	Milestone #1 Transform outdated (underperforming) nursing home capacity into a stand-alone emergency department/urgent care center or other healthcare-related purpose.	Pass & Ongoing	
	Milestone #2 Provide a clear statement of how the infrastructure transformation program will promote better service and outcomes (service volume, occupancy statistics, etc.) for the community based upon the community needs assessment including, evaluation of specific planning needs for any Naturally Occurring Retirement Community (NORC) occurring within the PPS.	Pass & Ongoing	
	Milestone #3 Provide a clear description of how this re-configured facility will fit into a broader integrated delivery system that is committed to high quality care and willing/able to participate in payment reform.	Pass & Ongoing	
	Milestone #4 Provide clear documentation that demonstrates housing plans are consistent with the Olmstead Decision and any other federal requirements.	Pass & Ongoing	
	Milestone #5 Identify specific community-based services that will be developed in lieu of these beds based upon the community need.	Pass & Ongoing	
	Milestone #6 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
	Milestone #7 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Pass & Ongoing	
	Milestone #8 Ensure that all safety net providers participating in medical villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Pass & Ongoing	

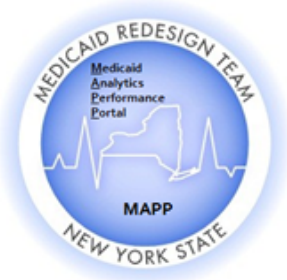


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project ID	Module Name / Milestone #	Review Status	
	Milestone #9 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	Pass & Ongoing	
2.b.iii	Module 2.b.iii.2 - Patient Engagement Speed	Pass & Ongoing	 
	Module 2.b.iii.3 - Prescribed Milestones		
	Milestone #1 Establish ED care triage program for at-risk populations	Pass & Ongoing	
	Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	Pass & Ongoing	
	Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Pass & Ongoing	
	Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Pass & Ongoing	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
2.d.i	Module 2.d.i.2 - Patient Engagement Speed	Fail	 
	Module 2.d.i.3 - Prescribed Milestones		
	Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	Pass & Ongoing	
	Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	Pass & Ongoing	
	Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Pass & Ongoing	
	Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Pass & Ongoing	
	Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	Pass & Ongoing	
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and	Pass & Ongoing		

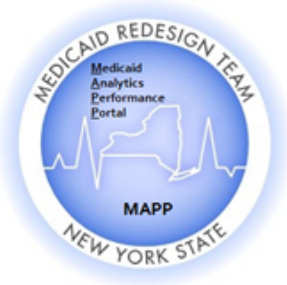


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)










Project ID	Module Name / Milestone #	Review Status	
	assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). <ul style="list-style-type: none"> • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104. 		
	Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	Pass & Ongoing	
	Milestone #8 Include beneficiaries in development team to promote preventive care.	Pass & Ongoing	
	Milestone #9 Measure PAM(R) components, including: <ul style="list-style-type: none"> • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. <ul style="list-style-type: none"> • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. 	Pass & Ongoing	
	Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Pass & Ongoing	
	Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	Pass & Ongoing	
	Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Pass & Ongoing	
	Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Pass & Ongoing	
	Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Pass & Ongoing	

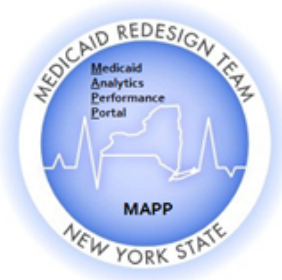


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project






Albany Medical Center Hospital (PPS ID:1)

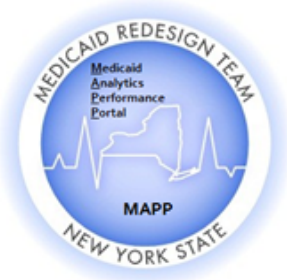
Project ID	Module Name / Milestone #	Review Status	
	Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Pass & Ongoing	
	Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Pass & Ongoing	
	Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	Pass & Ongoing	
3.a.i	Module 3.a.i.2 - Patient Engagement Speed	Pass & Ongoing	 
	Module 3.a.i.3 - Prescribed Milestones		
	Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Pass & Ongoing	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Ongoing	
	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Ongoing	
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Ongoing	
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Ongoing	
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Ongoing	
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass & Ongoing	
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Ongoing		
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing		
3.a.ii	Module 3.a.ii.2 - Patient Engagement Speed	Fail	  
	Module 3.a.ii.3 - Prescribed Milestones		



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project ID	Module Name / Milestone #	Review Status	
	Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Pass & Ongoing	
	Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	Pass & Ongoing	
	Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Pass & Ongoing	
	Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Pass & Ongoing	
	Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Pass & Ongoing	
	Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Pass & Ongoing	
	Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Pass & Ongoing	
	Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Pass & Ongoing	
	Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Pass & Ongoing	
	Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.b.i	Module 3.b.i.2 - Patient Engagement Speed	Fail	  
	Module 3.b.i.3 - Prescribed Milestones		
	Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Pass & Ongoing	
	Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Pass & Ongoing	
	Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or ACPM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Pass & Ongoing	
	Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	Pass & Ongoing	
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health	Pass & Ongoing		



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project ID	Module Name / Milestone #	Review Status	
	workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.		
	Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Pass & Ongoing	
	Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	Pass & Ongoing	
	Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Pass & Ongoing	
	Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Pass & Ongoing	
	Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Pass & Ongoing	
	Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Pass & Ongoing	
	Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	Pass & Ongoing	
	Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Pass & Ongoing	
	Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Pass & Ongoing	
	Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Pass & Ongoing	
	Milestone #18 Adopt strategies from the Million Hearts Campaign.	Pass & Ongoing	
	Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	Pass & Ongoing	
	Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	Pass & Ongoing	
3.d.iii	Module 3.d.iii.2 - Patient Engagement Speed	Fail	
	Module 3.d.iii.3 - Prescribed Milestones		
	Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	Pass & Ongoing	
	Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	Pass & Ongoing	
	Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.	Pass & Ongoing	
	Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	Pass & Ongoing	
	Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
4.b.i	Module 4.b.i.2 - PPS Defined Milestones	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project ID	Module Name / Milestone #	Review Status	
4.b.ii	Module 4.b.ii.2 - PPS Defined Milestones	Pass & Ongoing	