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

Albany Medical Center Hospital (PPS ID:1)

Page 3 of 523
Run Date : 09/24/2015

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

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Albany Medical Center Hospital (PPS ID:1)

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

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Page 5 of 523
Run Date : 09/24/2015

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Quarterly Report - Implementation Plan for Albany Medical Center Hospital

Year and Quarter: DY1, Q1   **Application Status:** 🔒 Submitted

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

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**

Instructions :

This table contains five budget categories. Please add rows to this table as necessary in order to add your own additional categories and 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 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	133,974,887
Cost of Project Implementation & Administration	**9,549,730**	**6,784,488**	**9,137,087**	**4,855,250**	**1,697,730**	32,024,285
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
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**	**2**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

NYS Confidentiality – High

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 Flow of Funds**

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	133,974,887
Primary Care Physicians	1,828,146	1,911,787	3,266,093	2,944,636	2,005,713	11,956,375
Non-PCP Practitioners	1,080,373	1,135,888	1,910,482	1,714,050	1,155,614	6,996,407
Hospitals	2,579,392	6,787,572	12,914,858	11,499,586	7,023,778	40,805,186
Clinics	1,977,469	2,285,139	3,963,835	3,563,459	2,380,873	14,170,775
Health Home / Care Management	1,593,551	1,668,367	2,840,804	2,558,570	1,739,015	10,400,307
Behavioral Health	1,410,273	1,478,196	2,508,546	2,256,956	1,530,658	9,184,629
Substance Abuse	1,043,718	1,097,854	1,844,030	1,653,728	1,113,942	6,753,272
Skilled Nursing Facilities / Nursing Homes	428,291	453,327	747,580	666,493	443,339	2,739,030
Pharmacies	58,649	60,855	106,322	96,516	66,674	389,016
Hospice	0	0	0	0	0	0
Community Based Organizations	809,123	854,434	1,418,740	1,267,662	847,244	5,197,203
All Other	6,518,768	5,107,691	7,219,961	4,470,360	2,065,907	25,382,687
Total Funds Distributed	**19,327,753**	**22,841,110**	**38,741,251**	**32,692,016**	**20,372,757**	**133,974,887**
Undistributed Revenue	**1,887,614**	**0**	**0**	**0**	**842,610**	**0**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

NYS Confidentiality – High

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 - Prescribed Milestones**

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Milestone/Task Name	Status	Description	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	In Progress	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	03/31/2016	DY1 Q4	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	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.	In Progress	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	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.	In Progress	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	09/30/2015	DY1 Q2	
Task 4. The PMO will develop a timeline to guide the work of the Finance Committee.	In Progress	4. The PMO will develop a timeline to guide the work of the Finance Committee.	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 funds to the PPS Providers.	In Progress	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	09/30/2015	DY1 Q2	
Task 6. The PPS Board will approve each project	In Progress	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	09/01/2015	12/30/2015	12/31/2015	DY1 Q3	

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.		through the PPS PMO or specific vendors such as IT Solutions with broad application across multiple projects and throughout the PPS.					
Task 7. The Finance Committee will review and update the budget at least quarterly and as needed.	In Progress	7. The Finance Committee will review and update the budget at least quarterly and as needed.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
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.	In Progress	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	03/31/2016	DY1 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Complete funds flow budget and distribution plan and communicate with 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 1.4 - 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 1.5 - 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)

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	In Progress	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	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.	In Progress	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 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.)	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	In Progress	2. AMCH will ensure adequacy of regional and key stakeholder participation	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.					
Task 3. Election of members of PAC Executive Commiittee.	In Progress	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	09/30/2015	DY1 Q2	
Task 4. Establishment of subcommittees.	In Progress	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	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	In Progress	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. The PAC will adopt a detailed charge for the Clinical and Quality Affairs Committee.	In Progress	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	09/30/2015	DY1 Q2	
Task 2. The Clinical and Quality Affairs Committee may elect to create sub-committees for the projects selected.	In Progress	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 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	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		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.	In Progress	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	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.	In Progress	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	09/30/2015	DY1 Q2	
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.	In Progress	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	09/30/2015	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.	In Progress	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	09/30/2015	DY1 Q2	
Milestone #3	In Progress	This milestone must be completed by 9/30/2015. Upload of bylaws and	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES

NYS Confidentiality – **High**

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Finalize bylaws and policies or Committee Guidelines where applicable		policies document or committee guidelines.					
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	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.	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 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.	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3. The PAC Executive Committee will develop dispute resolution procedures.	In Progress	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	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.	In Progress	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	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).	In Progress	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	09/30/2015	DY1 Q2	
Milestone #4	In Progress	This milestone must be completed by 12/31/2015. Governance and	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES

NYS Confidentiality – **High**

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Establish governance structure reporting and monitoring processes		committee structure document, including description of two-way reporting processes and governance monitoring processes					
Task 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 governance committee and to the PPS Board.	In Progress	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 governance committee and to the PPS Board.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
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.	In Progress	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	12/31/2015	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.	In Progress	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	12/31/2015	DY1 Q3	
Task 4. AMCH will develop tools for collecting and reporting data from all participating providers.	In Progress	4. AMCH will develop tools for collecting and reporting data from all participating providers.	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.	In Progress	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	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches,	In Progress	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
homeless services, housing providers, law enforcement)							
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 Engagment Plan (CEP). This plan will require the PMO to conduct specific community engagement activities such as health forums, focus groups and other health related community events as may be necessary.	In Progress	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 Engagment Plan (CEP). This plan will require the PMO to conduct specific community engagement activities such as health forums, focus groups and other health related community events as may be necessary.	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
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.	In Progress	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	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.	In Progress	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	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	In Progress	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS is doing and coordinate ongoing outreach activities to encourage participation.							
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.	In Progress	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	09/30/2015	DY1 Q2	
Task 6. AMCH PPS PMO will present the CEP to the PAC Executive Committee for final approval.	In Progress	6. AMCH PPS PMO will present the CEP to the PAC Executive Committee for final approval.	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #6 Finalize partnership agreements or contracts with CBOs	In Progress	Signed CBO partnership agreements or contracts.	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.	In Progress	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	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.	In Progress	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	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	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.	In Progress	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	12/31/2015	DY1 Q3	
Task 2. Consistent with the approved coordination	In Progress	2. Consistent with the approved coordination plan, the PMO will recruit participants from the various public sector agencies in coordination with	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

NYS Confidentiality – **High**

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
plan, the PMO will recruit participants from the various public sector agencies in coordination with municipal authorities, COReSTAT and SHIP.		municipal authorities, COReSTAT and SHIP.					
Task 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, 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.	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, 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.	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #8 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 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.	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
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	In Progress	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.,	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.		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.					
Milestone #9 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	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.	In Progress	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	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.	In Progress	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	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	In Progress	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	12/31/2015	DY1 Q3	

NYS Confidentiality – **High**

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
engage the workforce.							
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	03/31/2016	DY1 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	
Finalize bylaws and policies or Committee Guidelines where applicable	Task 1. A PAC meeting was held on September 27, 2014. At this meeting legal counsel from Bond, Shoneck and King, LLC, presented the AMCH PAC's charter, operating principles and guidelines. After minor modifications, the documents were overwhelmingly approved and adopted. Using a shared governance model, the PAC has been organized into committees, each with a defined mission statement or charter. An organization chart was developed and presented to the PAC that clearly defined the organizational structure. Monthly meetings of the PAC and PAC Executive Committee will provide on-going direction to the Project Management Office, including oversight of day-to-day operations and required deliverables. Task 2. The PAC Executive Committee has met six times since its creation in October, 2014. The PAC Exec has provided effective management and direction to help guide the evolution of the PPS. The PAC Exec provided guidance regarding final project selection, execution of contracts with consultants, preparation and dissemination of survey instruments and related activities. The Executive Director of the Center for Health Systems Transformation provides updates to the PAC Exec at each meeting including upcoming due dates, action steps needed, documents requiring review and approval, committee updates, AMC organizational updates and other information. The PAC Exec has reviewed and approved numerous documents, including the applications submitted in December and January, the projects selected for capital funding under CRFP, the draft financial plan, the Compliance Plan, the Code of Conduct, membership lists for the various committees, executive summary of the Community Needs Assessment and other items. Their advice and direction has been particularly valuable in terms of stakeholder engagement meetings, timelines and potential areas of overlap in terms of committee responsibilities.

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 governance structure reporting and monitoring processes	
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	
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.	

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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**

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. L. Whelan	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.

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)

Page 31 of 523

Run Date : 09/24/2015

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	In Progress	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	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	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	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.	In Progress	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	09/30/2015	DY1 Q2	
Task 4. The PPS Board will approve the charter for the Finance Committee of the PPS.	In Progress	4. The PPS Board will approve the charter for the Finance Committee of the PPS. The Finance Committee will develop financial budgeting and reporting processes working with other PAC committees, providers and PMO leadership.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. AMCH PPS's Finance Committee will	In Progress	5. AMCH PPS's Finance Committee will recommend financial budgeting, management and reporting structures to the PPS Board, ensuring that funds	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.		are appropriately segregated, managed and utilized in a manner that is consistent with the goals and objectives of DSRIP.					
Task 6. The PAC Executive Committee approves budgeting and reporting structure, and recommends the structure for approval by the PPS AMC Board.	In Progress	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	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	In Progress	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	03/31/2016	DY1 Q4	YES
Task 1. AMCH PPS Finance Committee will identify appropriate financial metrics and conduct a survey to identify financially fragile members of the PPS.	In Progress	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	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 phase. A key component of this assessment will be to identify partners experiencing financial distress that are essential to DSRIP Project success.	In Progress	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 distress that are essential to DSRIP Project success.	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. AMCH PPS Finance Committee will identify necessary steps, such as evaluation of staffing,	In Progress	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	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.		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.					
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.	In Progress	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	03/31/2016	DY1 Q4	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	In Progress	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	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 Social Services Compliance Law 363-d as applied to the PPS.	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	06/30/2015	DY1 Q1	
Task 2. AMCH PPS Audit and Compliance Committee will present the Code of Conduct	In Progress	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	12/31/2015	DY1 Q3	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
and Compliance Plan to the PPS Board for review and approval.							
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.	In Progress	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	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.	In Progress	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	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.	In Progress	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	12/31/2015	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	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.	In Progress	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	09/30/2015	DY1 Q2	
Task 2. AMCH's PMO staff and Finance Committee will develop and disseminate educational materials.	In Progress	2. AMCH's PMO staff and Finance Committee will develop and disseminate educational materials as part of a broader communication strategy for the PPS network including information to be shared with providers.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. AMCH's PMO will assess network readiness to transform to VBP.	In Progress	3. AMCH's PMO will assess network readiness to transform to VBP.	09/30/2015	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 4. AMCH PPS will survey providers regarding their VBP contracts.	In Progress	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	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.	In Progress	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	12/31/2015	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	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	03/31/2016	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	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	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 value based payment methodologies.	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	06/30/2015	DY1 Q1	
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,	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
shared savings arrangements, IT structure requirements and contracting complexities.							
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	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	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	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	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	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	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	03/31/2020	DY5 Q4	YES
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	03/31/2020	DY5 Q4	YES

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 Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	Task 1. AMCH PPS formed the PAC's Finance Committee in October 2014. At that time, the PAC approved formal operating principles and guidelines which included a mission / charter statement for the Finance Committee. The Finance Committee met several times to review the financial sections of the application prior to its submission in December 2014 and again in February to review and prioritize capital budget requests submitted under CRFP and again in May to re-review and resubmit. At the PAC meeting in May, a discussion was held about expanding the Finance Committee to include additional members. The PAC Executive Committee met in executive session on May 27, 2015 and reviewed a list of names, most of whom were nominated by participating provider and CBO organizations. The list represents a diverse group of individuals from across the five county region from hospitals, clinics, CBOs, health home providers and others. Without dissent, the list was recommended for approval and was referred to AMCH's Executive Steering Committee (ESC). On May 1, 2015, the ESC formally reviewed and approved all of the proposed members of the expanded finance committee recommended by the PAC Exec.

Task 2. At its first meeting in November, 2014, the Finance Committee reviewed and accepted the mission/charter statement adopted by the PAC Executive Committee and approved by the entire PAC on September 29, 2014. The committee agreed that it may make revisions to the mission statement, from time to time as necessary. Changes will be submitted to the PAC Executive Committee and AMCH's PPS Board for review and approval. |
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Task 1. The AMCH PPS Audit and Compliance Committee developed a Code of Conduct and Compliance Plan at its monthly meeting on June 2, 2015. The plan was reviewed by outside legal counsel and amended. The amended Compliance Plan is in compliance with all required elements of the NYS Social Services Law 363-d. It was distributed to the committee and approved via electronic polling. Both documents have been submitted to the full PAC for their review and comment, with adoption anticipated in DY1Q2.
Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	
Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	Task 2. AMCH's PMO and the director of Integrated Delivery Systems met in May to discuss engagement strategies to develop a dialogue concerning value based payment strategies and methodologies with Medicaid MCOs. In both May and June, the director engaged various MCOs in dialogue regarding their knowledge and involvement with DSRIP, their awareness of the Value Based Purchasing roadmap and other relevant items. Calls are held at least monthly. In June, we also met with the largest Medicaid MCO, Capital District Physician's Health Plan, to discuss ways in which we can work together to share relevant information to improve risk stratification, care management and coordination, quality and access. Additional involvement and engagement activities are planned and monthly calls will continue for the immediate future.
Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or	

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
subpopulation	
Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	
>=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	

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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 MCOs. 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 MCOs 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

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

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.

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 :

Key Stakeholders: PPS should provide more detail regarding the specific stakeholders and role each will play within this organizational workstream

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	In Progress	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	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 cultural norms and mores, health burden of selected chronic diseases, the role of religious and other	In Progress	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 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.	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	

NYS Confidentiality – **High**

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.							
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.	In Progress	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	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 accessibility of appropriate linguistic services and CBO availability to provide these services.	In Progress	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	12/31/2015	DY1 Q3	

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.	In Progress	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	12/31/2015	DY1 Q3	
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 material development and dissemination.	In Progress	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.	In Progress	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	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.	In Progress	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	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.	In Progress	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	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on	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	06/30/2016	DY2 Q1	YES

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
addressing the drivers of health disparities (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.	In Progress	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	12/31/2015	DY1 Q3	
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.	In Progress	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	12/31/2015	DY1 Q3	
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	In Progress	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 education credits, where appropriate.	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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 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	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	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	06/30/2016	DY2 Q1	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
area.							

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Albany Medical Center Hospital (PPS ID:1)

engagement, consumer affairs and IT systems, including data collection, reporting and analysis. AMC's Project Management Office will oversee 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.

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.

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.

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:

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

- Avoidable ED and inpatient utilization associated with cultural & socio-demographic groups. This should facilitate our ability to evaluate the 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 :

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	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).	In Progress	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	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.	In Progress	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	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.	In Progress	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	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.	In Progress	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	09/30/2015	DY1 Q2	
Task	In Progress	4. AMCH PMO and the TDMC, will review and analyze results of the survey	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
4. AMCH PMO and the TDMC, will review and analyze results of the survey and the 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.		and the 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.					
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	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.	In Progress	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	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.	In Progress	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	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.	In Progress	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	12/31/2015	DY1 Q3	
Task	In Progress	4. AMCH PMO will facilitate change management through effective	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.		communication strategies such as conference calls, meetings, 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	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	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	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	03/31/2016	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	03/31/2016	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	06/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO

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

Page 63 of 523
Run Date : 09/24/2015

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs 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.	In Progress	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	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	In Progress	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	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	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	03/31/2016	DY1 Q4	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 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.	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	03/31/2016	DY1 Q4	
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	06/30/2016	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	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.	In Progress	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	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	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	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	03/31/2016	DY1 Q4	

NYS Confidentiality – High

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
plan based on the above findings.							
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 attributed members who have not yet completed a HIXNY consent form identified in previous steps.	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 attributed members who have not yet completed a HIXNY consent form identified in previous steps.	04/20/2016	06/30/2016	06/30/2016	DY2 Q1	
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	06/30/2016	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	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.	In Progress	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	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.	In Progress	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	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.	In Progress	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	12/31/2015	DY1 Q3	
Task 4. The TDMC will establish and create a	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	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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 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.		and federal policies, regulations and requirements as they pertain to data 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.					
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	03/31/2016	DY1 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

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).	
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	

NYS Confidentiality – **High**

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 specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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 :

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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

The IT work steam 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.

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.

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.

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	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	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.	In Progress	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	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.	In Progress	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	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	03/31/2016	DY1 Q4	
Task	In Progress	4. AMCH PMO will define processes to provide access to state provided	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

NYS Confidentiality – High

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
4. AMCH PMO will define processes to provide 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.		Medicaid confidential data to PPS Providers 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	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	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	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	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	In Progress	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
then work with partner groups, professional groups and identified leaders from each area of expertise to 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	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	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	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	06/30/2016	DY2 Q1	

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	
Develop training program for organizations and	

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
individuals throughout the network, focused on clinical quality and performance reporting.	

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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.

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.

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.

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

NYS Confidentiality – **High**

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	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	03/31/2016	DY1 Q4	NO
Task 1. Appoint AMCH PPS 'Practitioner Champions'	In Progress	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	09/30/2015	DY1 Q2	
Task 2. Clinical and Quality Affairs Committee will develop a draft communication and engagement plan.	In Progress	2. Clinical and Quality Affairs Committee will develop a draft communication and engagement plan, including: 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.	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		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.	In Progress	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	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.	In Progress	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	09/30/2015	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	03/31/2016	DY1 Q4	
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.	In Progress	Practitioner training / education plan.	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.	In Progress	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	12/31/2015	DY1 Q3	
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	In Progress	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.		module will address DSRIP project delivery components including VBP, case management, and clinical integration.					
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.	In Progress	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	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.	In Progress	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	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.	In Progress	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	12/31/2015	DY1 Q3	
Task 6. Encourage practitioner organizations to share PPS objectives with their consumers and solicit feedback.	In Progress	6. Encourage practitioner organizations to share PPS objectives with their consumers and solicit feedback.	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Make appropriate modifications to the plan and train additional practitioners and staff providing care at remaining participating	In Progress	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
practitioner organizations.							
Task 8. Implement a PDSA approach to obtain necessary feedback from the participants and make appropriate changes to the training model.	In Progress	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	12/31/2015	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.	In Progress	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	12/31/2015	DY1 Q3	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

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.	

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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**

NYS Confidentiality – **High**

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.

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.

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 :

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	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	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.	In Progress	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	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	12/31/2015	DY1 Q3	
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.	In Progress	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	12/31/2015	DY1 Q3	
Task	In Progress	4. Based on the approved dashboard framework, AMCH PMO will update the	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	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.		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	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	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	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	06/30/2016	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	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	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	12/31/2015	DY1 Q3	

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS, with particular emphasis on nursing home bed 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	12/31/2015	DY1 Q3	
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	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	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	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	06/30/2016	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	06/30/2016	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	06/30/2016	DY2 Q1	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	
Finalize PPS-wide 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 8.2 - 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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.

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.

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

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

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

administrative steps consistent with the CON process will be followed, tracked and reported as indicators of progress during DY2-3. Reporting of 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 :

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	In Progress	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	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.	In Progress	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	12/31/2015	DY1 Q3	
Task 2. Select a validated CI needs assessment tool for review and approval by Clinical and Quality Affairs committee.	In Progress	2. Select a validated CI needs assessment tool for review and approval by Clinical and Quality Affairs committee.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Obtain approval by Clinical and Quality Affairs committee.	In Progress	3. Obtain approval by Clinical and Quality Affairs committee.	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.	In Progress	4. Generate a list of potential participating practitioner organizations for distribution of approved tool.	10/20/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Develop a process for distribution and	In Progress	5. Develop a process for distribution and implementation of needs assessment tool.	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
implementation of needs assessment tool.							
Task 6. Distribute CI needs assessment.	In Progress	6. Distribute CI needs assessment.	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.	In Progress	7. Collect, aggregate and analyze responses to identify providers' requirements for clinical integration, gaps and CI focus areas.	12/01/2015	12/31/2015	12/31/2015	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.	In Progress	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	12/31/2015	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	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	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	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	03/31/2016	DY1 Q4	

NYS Confidentiality – **High**

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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	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	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	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	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	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	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 10. Present draft CI strategy to the Clinical and Quality Affairs committee for review and approval.	In Progress	10. Present draft CI strategy to the Clinical and Quality Affairs committee for review and approval.	01/01/2016	02/29/2016	03/31/2016	DY1 Q4	
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	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	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	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	06/30/2016	DY2 Q1	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	
Develop a Clinical Integration strategy.	

NYS Confidentiality – **High**

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

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

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

Page 116 of 523
Run Date : 09/24/2015

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 :

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.

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.

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 lingistic 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 (HCDI)	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

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 - IA Monitoring

Instructions :

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)

Page 123 of 523
Run Date : 09/24/2015

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 - Project Implementation Speed**

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY2,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	**DY1,Q2**	**DY1,Q3**	**DY1,Q4**	**DY2,Q1**	**DY2,Q2**	**DY2,Q3**	**DY2,Q4**	**DY3,Q1**	**DY3,Q2**
Primary Care Physicians	494	0	0	0	0	50	494	494	494	494	494
Non-PCP Practitioners	1,655	0	0	0	0	212	1,655	1,655	1,655	1,655	1,655
Hospitals	10	0	0	0	0	0	10	10	10	10	10
Clinics	30	0	0	0	0	3	30	30	30	30	30
Health Home / Care Management	14	0	0	0	0	2	14	14	14	14	14
Behavioral Health	156	0	0	0	0	49	156	156	156	156	156
Substance Abuse	15	0	0	0	0	2	15	15	15	15	15
Skilled Nursing Facilities / Nursing Homes	41	0	0	0	0	0	41	41	41	41	41
Pharmacies	76	0	0	0	0	0	76	76	76	76	76
Hospice	1	0	0	0	0	0	1	1	1	1	1
Community Based Organizations	35	0	0	0	0	0	35	35	35	35	35
All Other	1,123	0	0	0	0	18	1,123	1,123	1,123	1,123	1,123
Total Committed Providers	**3,650**	**0**	**0**	**0**	**0**	**336**	**3,650**	**3,650**	**3,650**	**3,650**	**3,650**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**9.21**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	**DY3,Q4**	**DY4,Q1**	**DY4,Q2**	**DY4,Q3**	**DY4,Q4**	**DY5,Q1**	**DY5,Q2**	**DY5,Q3**	**DY5,Q4**
Primary Care Physicians	494	494	494	494	494	494	494	494	494	494	494
Non-PCP Practitioners	1,655	1,655	1,655	1,655	1,655	1,655	1,655	1,655	1,655	1,655	1,655

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

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Hospitals	10	10	10	10	10	10	10	10	10	10	10
Clinics	30	30	30	30	30	30	30	30	30	30	30
Health Home / Care Management	14	14	14	14	14	14	14	14	14	14	14
Behavioral Health	156	156	156	156	156	156	156	156	156	156	156
Substance Abuse	15	15	15	15	15	15	15	15	15	15	15
Skilled Nursing Facilities / Nursing Homes	41	41	41	41	41	41	41	41	41	41	41
Pharmacies	76	76	76	76	76	76	76	76	76	76	76
Hospice	1	1	1	1	1	1	1	1	1	1	1
Community Based Organizations	35	35	35	35	35	35	35	35	35	35	35
All Other	1,123	1,123	1,123	1,123	1,123	1,123	1,123	1,123	1,123	1,123	1,123
Total Committed Providers	**3,650**	**3,650**	**3,650**	**3,650**	**3,650**	**3,650**	**3,650**	**3,650**	**3,650**	**3,650**	**3,650**
Percent Committed Providers(%)		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

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 - Prescribed Milestones**

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	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	09/30/2016	DY2 Q2
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.	Project		In Progress	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		In Progress	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		In Progress	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 within the PPS.	Project		In Progress	02/16/2016	04/15/2016	06/30/2016	DY2 Q1
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	06/30/2016	DY2 Q1
Task M1:5. AMCH PMO will develop and disseminate participation agreements with	Project		In Progress	09/15/2015	09/30/2016	09/30/2016	DY2 Q2

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	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	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.	Project		In Progress	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	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	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will create a list of participating health home providers in the PPS network.	Project		In Progress	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		In Progress	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		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
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.	Project		In Progress	10/19/2015	12/31/2015	12/31/2015	DY1 Q3
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	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	03/31/2017	DY2 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	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	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	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.	Project		In Progress	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		In Progress	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		In Progress	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	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		In Progress	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	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	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	03/31/2017	DY2 Q4
Task M2:1. AMCH PMO will identify the current state of care coordination, services	Project		In Progress	10/05/2015	02/05/2016	03/31/2016	DY1 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	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	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	03/31/2020	DY5 Q4
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.	Project		In Progress	10/05/2015	02/05/2016	03/31/2016	DY1 Q4
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	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	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	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	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	03/31/2020	DY5 Q4
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	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	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 Non-PCP Practitioners	In Progress	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 Hospitals	In Progress	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 Behavioral Health	In Progress	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 Skilled Nursing Facilities / Nursing Homes	In Progress	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	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		In Progress	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		In Progress	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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		In Progress	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	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	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	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		In Progress	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	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	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	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	03/31/2020	DY5 Q4
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	03/31/2018	DY3 Q4
Task	Project		In Progress	10/05/2015	03/31/2018	03/31/2018	DY3 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Provider	Safety Net Primary Care Physicians	In Progress	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.	Provider	Safety Net Primary Care Physicians	In Progress	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.	Provider	Safety Net Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Ensure clinician and staff training on new processes is conducted.	Provider	Safety Net Primary Care Physicians	On Hold	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.	Provider	Safety Net Primary Care Physicians	On Hold	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.	Provider	Safety Net Primary Care Physicians	In Progress	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.	Provider	Safety Net Primary Care Physicians	On Hold	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.	Provider	Safety Net Primary Care Physicians	In Progress	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 ensure successful recognition by DY3.	Provider	Safety Net Primary Care Physicians	On Hold	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.	Provider	Safety Net Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Provider	Safety Net Primary Care Physicians	In Progress	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.	Provider	Safety Net Primary Care Physicians	On Hold	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.	Provider	Safety Net Primary Care Physicians	On Hold	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 certifed or APCM.	Provider	Safety Net Primary Care Physicians	On Hold	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	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	09/30/2016	DY2 Q2
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.	Project		On Hold	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		In Progress	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	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	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	03/31/2020	DY5 Q4
Milestone #7	Project	N/A	In Progress	08/15/2015	03/31/2018	03/31/2018	DY3 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	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	Primary Care Physicians	In Progress	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	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	03/31/2018	DY3 Q4
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.	Project		In Progress	10/19/2015	03/31/2018	03/31/2018	DY3 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.	Project		In Progress	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	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	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	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	03/31/2018	DY3 Q4

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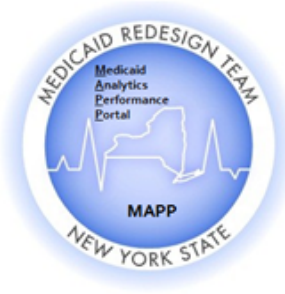
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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		In Progress	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	03/31/2020	DY5 Q4
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.	Project		On Hold	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	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	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	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	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		In Progress	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	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M3:3. Ensure clinician and staff training on new processes is conducted.	Project		On Hold	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	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	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	09/30/2016	DY2 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 to support VBP.	Project		In Progress	01/11/2016	01/31/2016	03/31/2016	DY1 Q4
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	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	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	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	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	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	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems	Project		In Progress	10/26/2015	03/31/2017	03/31/2017	DY2 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	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	09/30/2016	DY2 Q2
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	09/30/2016	DY2 Q2
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.	Project		In Progress	09/30/2015	09/30/2016	09/30/2016	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	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	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	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	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	03/31/2020	DY5 Q4
Milestone #11 Engage patients in the integrated delivery system through outreach and	Project	N/A	In Progress	08/10/2015	09/30/2016	09/30/2016	DY2 Q2

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	08/10/2015	09/30/2016	09/30/2016	DY2 Q2
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		In Progress	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		In Progress	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	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	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	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	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										

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
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.										
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.										

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 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.										
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.										

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, 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. 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.										

New York State Department 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. 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.										
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.										

New York State Department 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 M4:1. 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.	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	25	25	25	25	25
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										

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
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 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).										

New York State Department 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 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.										
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.										

New York State Department 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 M2:7. 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 certifed 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										

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 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.	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.										

NYS Confidentiality – High

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. 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 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										

New York State Department 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
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-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										

New York State Department 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 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 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.										

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. 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 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.										

NYS Confidentiality – High

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 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 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										

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
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-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.										

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. 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 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.										

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 M2:6. 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 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

New York State Department 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.	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
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.	25	25	25	25	25	25	25	25	25	25
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										

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
(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.	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										

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
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 transformation.										
Task M2:9. Track site-specific certification to assure all participating safety-net providers become NCQA 2014 Level 3 PCMH certifed or APCM.										

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 #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.										
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.)										

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. 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.										
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										

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 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 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										

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
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.										
Task M1:1. AMCH PMO will analyze relevant documentation and information to understand compensation related to patient diagnosis 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)	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 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 worker capacity to meet the outreach and navigation needs.										
Task M1:4. AMCH PMO will evaluate patient satisfaction with										

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
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.										

Prescribed Milestones Current File Uploads

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

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.	
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	

NYS Confidentiality – High

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	
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.	

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 - 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

New York State Department Of Health

Delivery System Reform Incentive Payment Project

Page 167 of 523

Run Date : 09/24/2015

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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

Instructions :

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 - Project Implementation Speed**

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY2,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	494	0	0	0	0	0	247	247	494	494	494
Non-PCP Practitioners	1,655	0	0	0	0	0	212	626	1,029	1,029	1,029
Clinics	10	0	0	0	0	0	10	10	10	10	10
Health Home / Care Management	9	0	0	0	0	0	3	3	9	9	9
Behavioral Health	156	0	0	0	0	0	49	68	156	156	156
Substance Abuse	15	0	0	0	0	0	13	13	15	15	15
Pharmacies	0	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	12	0	0	0	0	0	0	6	12	12	12
All Other	148	0	0	0	0	0	18	55	148	148	148
Total Committed Providers	**2,499**	**0**	**0**	**0**	**0**	**0**	**552**	**1,028**	**1,873**	**1,873**	**1,873**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**22.09**	**41.14**	**74.95**	**74.95**	**74.95**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	494	494	494	494	494	494	494	494	494	494	494
Non-PCP Practitioners	1,655	1,029	1,029	1,029	1,029	1,029	1,029	1,029	1,029	1,029	1,029
Clinics	10	10	10	10	10	10	10	10	10	10	10
Health Home / Care Management	9	9	9	9	9	9	9	9	9	9	9
Behavioral Health	156	156	156	156	156	156	156	156	156	156	156

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Substance Abuse	15	15	15	15	15	15	15	15	15	15	15
Pharmacies	0	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	12	12	12	12	12	12	12	12	12	12	12
All Other	148	148	148	148	148	148	148	148	148	148	148
Total Committed Providers	**2,499**	**1,873**	**1,873**	**1,873**	**1,873**	**1,873**	**1,873**	**1,873**	**1,873**	**1,873**	**1,873**
Percent Committed Providers(%)		**74.95**	**74.95**	**74.95**	**74.95**	**74.95**	**74.95**	**74.95**	**74.95**	**74.95**	**74.95**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✅ **IPQR Module 2.a.iii.3 - Patient Engagement Speed**

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

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

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	7,522	10,887	14,252	9,478	9,977	12,907	15,836	10,098	11,085
Percent of Expected Patient Engagement(%)	**0.00**	**47.50**	**68.75**	**90.00**	**59.85**	**63.00**	**81.50**	**100.00**	**63.77**	**70.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	13,410	15,836	13,461	11,085	12,907	15,836	0	0	0	0
Percent of Expected Patient Engagement(%)	**84.68**	**100.00**	**85.00**	**70.00**	**81.50**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ **IPQR Module 2.a.iii.4 - Prescribed Milestones**

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	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	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	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		In Progress	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		In Progress	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		In Progress	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	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	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	03/31/2020	DY5 Q4
Task M1:7. Complete gap analysis between the current state assessment and defined future state.	Project		On Hold	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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and APCM standards	Provider	Primary Care Physicians	In Progress	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.	Provider	Primary Care Physicians	In Progress	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.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	In Progress	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 to assure successful recognition by DY3.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	In Progress	12/07/2015	03/31/2018	03/31/2018	DY3 Q4

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	On Hold	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	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	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 Non-PCP Practitioners	In Progress	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 Health Home / Care Management	In Progress	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	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		In Progress	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		In Progress	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	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		In Progress	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	Project		In Progress	06/01/2015	03/31/2016	03/31/2016	DY1 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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		In Progress	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 site.	Project		In Progress	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	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	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	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	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	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Primary Care Physicians	In Progress	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	Provider	Safety Net Primary Care Physicians	In Progress	10/05/2015	11/30/2015	12/31/2015	DY1 Q3

NYS Confidentiality – **High**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Provider	Safety Net Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Ensure clinician and staff training on new processes is conducted.	Provider	Safety Net Primary Care Physicians	On Hold	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.	Provider	Safety Net Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.	Provider	Safety Net Primary Care Physicians	In Progress	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.	Provider	Safety Net Primary Care Physicians	On Hold	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.	Provider	Safety Net Primary Care Physicians	In Progress	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.	Provider	Safety Net Primary Care Physicians	On Hold	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.	Provider	Safety Net Primary Care Physicians	On Hold	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.	Provider	Safety Net Primary Care Physicians	In Progress	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.	Provider	Safety Net Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M2:8. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.	Provider	Safety Net Primary Care Physicians	On Hold	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	03/31/2017	DY2 Q4
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	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	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		In Progress	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	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	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	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	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	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	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	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	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	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	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	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	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.	Provider	Primary Care Physicians	In Progress	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	Health Home / Care Management	In Progress	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.	Provider	Health Home / Care Management	In Progress	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.	Provider	Health Home / Care Management	On Hold	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.	Provider	Health Home / Care Management	On Hold	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 needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	Project	N/A	In Progress	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.	Provider	Primary Care Physicians	In Progress	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Provider	Health Home / Care	In Progress	10/05/2015	03/31/2017	03/31/2017	DY2 Q4

NYS Confidentiality – High

New York State Department 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has established partnerships to medical, behavioral health, and social services.		Management					
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.	Project		In Progress	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		In Progress	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	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	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	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		In Progress	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	06/30/2016	DY2 Q1
Task M2:3. Establish standards for reporting EHR documentation of referrals to needed services.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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	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	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		In Progress	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	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	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	03/31/2020	DY5 Q4
Task M1:5. AMCH PPS participating providers will adopt identified guidelines.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		In Progress	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	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		In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M3:2. Establish appropriate written agreements with Social Service Agencies.	Project		On Hold	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	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	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	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	03/31/2020	DY5 Q4
Task M4:3. Disseminate training materials as appropriate.	Project		On Hold	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.										
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										

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 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.										
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.										

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. 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.										
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										

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.										
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.										

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 #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	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 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.										

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 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, 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										

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
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.										
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										

New York State Department 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
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 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.										

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
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.										
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.										

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. 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.										
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										

New York State Department 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
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.										

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 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 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.										

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.	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 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.										

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 M2:1. 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 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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
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 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										

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
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.										
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.										

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. 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 partnerships with needed services.										
Task M1:1. Established project sub-committee will identify the										

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
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.										
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.										
Task PPS has included social services agencies in development of										

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
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 M3:4. Risk reduction and evidence-based care practices will be presented to CQAC for approval when appropriate.										

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 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 Name	Description	Upload Date

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	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
of targeted patient registries, for all participating safety net providers.	
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.	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ IPQR Module 2.a.iii.5 - 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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)

Page 203 of 523
Run Date : 09/24/2015

IPQR Module 2.a.iii.6 - IA Monitoring

Instructions :

Milestone 7: Tasks do not clearly demonstrate how the partnership agreements will be developed and finalized. PPS should consider additional tasks clearly demonstrating how the partnership agreements will be developed and finalized.

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.

Risks

•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.

Mitigation Strategies

•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).

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ **IPQR Module 2.a.v.2 - Project Implementation Speed**

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	**DY1,Q2**	**DY1,Q3**	**DY1,Q4**	**DY2,Q1**	**DY2,Q2**	**DY2,Q3**	**DY2,Q4**	**DY3,Q1**	**DY3,Q2**
Expected Number of Medical Villages Established	4	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**4**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	**DY3,Q4**	**DY4,Q1**	**DY4,Q2**	**DY4,Q3**	**DY4,Q4**	**DY5,Q1**	**DY5,Q2**	**DY5,Q3**	**DY5,Q4**
Expected Number of Medical Villages Established	4	1	4	4	4	4	4	4	4	4	4
Total Committed Providers	**4**	**1**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
Percent Committed Providers(%)		**25.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

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 - Patient Engagement Speed**

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

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

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	0	0	100	120	180	220	300	320	450
Percent of Expected Patient Engagement(%)	**0.00**	**0.00**	**0.00**	**14.71**	**17.65**	**26.47**	**32.35**	**44.12**	**47.06**	**66.18**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	600	680	600	680	600	680	600	680	600	680
Percent of Expected Patient Engagement(%)	**88.24**	**100.00**	**88.24**	**100.00**	**88.24**	**100.00**	**88.24**	**100.00**	**88.24**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ **IPQR Module 2.a.v.4 - Prescribed Milestones**

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	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	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	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		In Progress	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	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	12/31/2016	DY2 Q3
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project	N/A	In Progress	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	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	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	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 transformation program that will promote better service and outcomes for the community.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	DY2 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		In Progress	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	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	03/31/2020	DY5 Q4
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO will provide the documentation, referenced above, in the	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project	N/A	In Progress	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	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 urgent care centers, medical villages, and/or other healthcare-related purposes.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	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	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	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	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	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	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		In Progress	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	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	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	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	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	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	Provider	Safety Net Primary Care Physicians	In Progress	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.	Provider	Primary Care Physicians	In Progress	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.	Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Provider	Primary Care Physicians	In Progress	10/05/2015	12/31/2015	12/31/2015	DY1 Q3

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	In Progress	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.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	On Hold	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	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	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 Non-PCP Practitioners	In Progress	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 Behavioral Health	In Progress	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 Skilled Nursing Facilities / Nursing Homes	In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Provider	Safety Net Skilled Nursing Facilities / Nursing Homes	In Progress	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.	Provider	Safety Net Skilled Nursing Facilities / Nursing Homes	In Progress	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.	Provider	Safety Net Skilled Nursing Facilities / Nursing Homes	On Hold	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.	Provider	Safety Net Skilled Nursing Facilities / Nursing Homes	In Progress	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.	Provider	Safety Net Skilled Nursing Facilities / Nursing Homes	In Progress	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.	Provider	Safety Net Skilled Nursing Facilities / Nursing Homes	On Hold	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.	Provider	Safety Net Skilled Nursing Facilities / Nursing Homes	In Progress	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	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	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		In Progress	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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	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.										
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										

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
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.										
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.										

NYS Confidentiality – High

New York State Department 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. 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 - 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										

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 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 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										

NYS Confidentiality – **High**

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
M1:4. 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.										
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.										

New York State Department 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 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 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.										

New York State Department 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 M1:9. 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 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-										

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
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.										
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.										

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 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										

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 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 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										

NYS Confidentiality – High

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
- 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.										
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.										

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. 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.										
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.										

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 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 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										

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
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.										
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-										

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
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.										
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.										

NYS Confidentiality – **High**

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. 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 Name	Description	Upload Date

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.	The PPS has several nursing homes who have expressed an interest in using their existing infrastructures for freed up use. Two of them have submitted corresponding capital budget requests that would facilitate the conversion of their existing space. They include Albany County Nursing Home and Daughters of Sarah Nursing Home. Both nursing homes are conveniently located in Albany county, are served by public transportation and already serve a large volume of Medicaid eligible patients. Saratoga Hospital's nursing home remains interested. Until such time as capital funding decisions are made, it will not be possible for the PPS to release requests for proposals, which will then lead to contracts and full scale implementation. Once nursing homes have been identified and contracts executed, the second phase of project implementation will include identification of willing and able care partners who would staff the redesigned space. Numerous discussions have occurred regarding this, with interest expressed by Albany Medical College's Faculty Physicians Group, Capital Care Physicians, Community Care Physicians and other interested parties. Whoever is ultimately selected to provide staffing will utilize existing connectivity through their parent organizational structure and evolve interoperability, real-time connectivity and related IT items, consistent with the IT roadmap under development.
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.	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ **IPQR Module 2.a.v.5 - 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Page 232 of 523
Run Date : 09/24/2015

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.a.v.6 - IA Monitoring

Instructions :

Milestone 9: Tasks included do not include steps on what the PPS will do if they are not Meaningful Use Stage 2 compliant.The IA recommends the PPS include tasks on how they will achieve Meaningful Use Stage 2 for all utilized systems.

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 - Project Implementation Speed**

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY2,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Emergency Departments with Care Triage	4	0	0	0	0	0	4	4	4	4	4
Total Committed Providers	**4**	**0**	**0**	**0**	**0**	**0**	**4**	**4**	**4**	**4**	**4**
Percent Committed Providers(%)		0.00	0.00	0.00	0.00	0.00	100.00	100.00	100.00	100.00	100.00

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Emergency Departments with Care Triage	4	4	4	4	4	4	4	4	4	4	4
Total Committed Providers	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
Percent Committed Providers(%)		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ **IPQR Module 2.b.iii.3 - Patient Engagement Speed**

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY2,Q4	5,049

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	505	865	1,225	1,875	2,525	3,788	5,049	3,029	3,534
Percent of Expected Patient Engagement(%)	**0.00**	**10.00**	**17.13**	**24.26**	**37.14**	**50.01**	**75.02**	**100.00**	**59.99**	**69.99**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	3,788	5,049	3,029	3,534	3,788	5,049	3,029	3,534	3,788	5,049
Percent of Expected Patient Engagement(%)	**75.02**	**100.00**	**59.99**	**69.99**	**75.02**	**100.00**	**59.99**	**69.99**	**75.02**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ **IPQR Module 2.b.iii.4 - Prescribed Milestones**

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	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	09/30/2016	DY2 Q2
Task Stand up program based on project requirements	Project		In Progress	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		In Progress	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		In Progress	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		In Progress	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		In Progress	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	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	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 screening/ Urgent Care diversion model, and care coordination/ patient navigator and medical home linkages.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	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	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	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	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	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	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	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	03/31/2020	DY5 Q4
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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	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	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	Provider	Safety Net Primary Care Physicians	In Progress	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	03/31/2018	DY3 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	Provider	Safety Net Primary Care Physicians	In Progress	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 Hospitals	In Progress	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	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	03/31/2020	DY5 Q4
Task	Project		In Progress	10/05/2015	12/31/2015	12/31/2015	DY1 Q3

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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	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	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	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	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	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	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	03/31/2020	DY5 Q4
Task M1:13. ED care coordinator/patient navigator will assure timely notification to	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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		In Progress	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 performance on achieving the MU Stage 2 requirements.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Ensure clinician and staff training on new processes is conducted.	Project		On Hold	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	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		In Progress	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	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	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	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	DY2 Q2
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	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	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	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	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	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	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	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – High
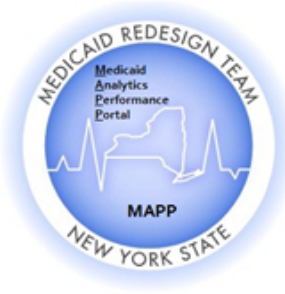
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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 Hospitals	On Hold	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	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	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	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		In Progress	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	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	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 population groups for population health management needs.	Project		On Hold	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	03/31/2020	DY5 Q4

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 #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.										
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										

NYS Confidentiality – High

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
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 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										

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
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
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										

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
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 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										

NYS Confidentiality – **High**

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
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. 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										

New York State Department 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
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 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.										

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 M1:12. 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.										
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.										

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 #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.										
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										

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
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 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										

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
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 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										

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
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 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										

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.										
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. 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										

New York State Department 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
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 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.										

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 M1:12. 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.										
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.										

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 Name	Description	Upload Date

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-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care.	

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
(This requirement is optional.)	
Use EHRs and other technical platforms to track all patients engaged in the project.	

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 - 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.b.iii.6 - IA Monitoring

Instructions :

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.

• Provide training to all necessary staff in cultural competency, health literacy, data documentation and reporting.

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

• 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 - Project Implementation Speed**

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
PAM(R) Providers	68	0	20	30	40	55	60	65	68	68	68
Total Committed Providers	**68**	**0**	**20**	**30**	**40**	**55**	**60**	**65**	**68**	**68**	**68**
Percent Committed Providers(%)		**0.00**	**29.41**	**44.12**	**58.82**	**80.88**	**88.24**	**95.59**	**100.00**	**100.00**	**100.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
PAM(R) Providers	68	68	68	68	68	68	68	68	68	68	68
Total Committed Providers	**68**	**68**	**68**	**68**	**68**	**68**	**68**	**68**	**68**	**68**	**68**
Percent Committed Providers(%)		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✅ **IPQR Module 2.d.i.3 - Patient Engagement Speed**

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY3,Q4	34,872

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	6,863	8,579	17,436	23,539	24,532	26,715	28,980	30,037	31,094
Percent of Expected Patient Engagement(%)	**0.00**	**19.68**	**24.60**	**50.00**	**67.50**	**70.35**	**76.61**	**83.10**	**86.14**	**89.17**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	32,983	34,872	24,110	24,532	29,702	34,872	24,110	24,532	29,702	34,872
Percent of Expected Patient Engagement(%)	**94.58**	**100.00**	**69.14**	**70.35**	**85.17**	**100.00**	**69.14**	**70.35**	**85.17**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

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

DSRIP Implementation Plan Project
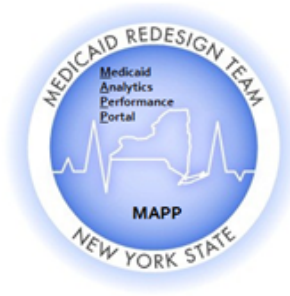
Albany Medical Center Hospital (PPS ID:1)

✅ **IPQR Module 2.d.i.4 - Prescribed Milestones**

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	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	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	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		In Progress	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		In Progress	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	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	03/31/2017	DY2 Q4
Task Patient Activation Measure(R) (PAM(R)) training team established.	Project		In Progress	06/26/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will identify key CBOs and providers with resources available to participate in PAM training.	Project		In Progress	06/26/2015	12/31/2015	12/31/2015	DY1 Q3
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		In Progress	07/16/2015	07/16/2015	09/30/2015	DY1 Q2
Task	Project		In Progress	08/15/2015	03/31/2017	03/31/2017	DY2 Q4

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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	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	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		In Progress	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		In Progress	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	03/31/2017	DY2 Q4
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Project	N/A	In Progress	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	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		In Progress	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	Project		In Progress	10/05/2015	03/31/2017	03/31/2017	DY2 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	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	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	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	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		In Progress	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 their organizations.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	DY2 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	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	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	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 purposes.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	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		In Progress	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	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	03/31/2020	DY5 Q4
Milestone #8 Include beneficiaries in development team to promote preventive care.	Project	N/A	In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
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	03/31/2017	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	03/31/2020	DY5 Q4
Milestone #9 Measure PAM(R) components, including: • 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.	Project	N/A	In Progress	07/16/2015	03/31/2018	03/31/2018	DY3 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
• 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: - 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	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO, in collaboration with overlapping PPSs, will provide a "Train-the-Trainer" PAM workshop.	Project		In Progress	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	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	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	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 the MCOs on a monthly basis. This information will be provided to the DOH on a quarterly basis.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		On Hold	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project	N/A	In Progress	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	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	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	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	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	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	03/31/2018	DY3 Q4
Task Community navigators identified and contracted.	Provider	PAM(R) Providers	In Progress	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	03/31/2018	DY3 Q4
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.	Provider	PAM(R) Providers	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO will execute participation agreements with CBOs to develop	Provider	PAM(R) Providers	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Provider	PAM(R) Providers	On Hold	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	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	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	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	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	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	03/31/2017	DY2 Q4
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.	Provider	PAM(R) Providers	On Hold	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.	Provider	PAM(R) Providers	On Hold	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	Project	N/A	In Progress	12/05/2015	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
primary and preventive healthcare services and resources.							
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	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	Provider	PAM(R) Providers	On Hold	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.	Provider	PAM(R) Providers	On Hold	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.	Provider	PAM(R) Providers	On Hold	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	03/31/2018	DY3 Q4
Task Navigators educated about insurance options and healthcare resources available to populations in this project.	Project		In Progress	03/01/2018	03/31/2018	03/31/2018	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	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	03/31/2018	DY3 Q4
Task Timely access for navigator when connecting members to services.	Project		In Progress	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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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	03/31/2017	DY2 Q4
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	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	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		In Progress	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	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	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	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	03/31/2020	DY5 Q4

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 #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 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										

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
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 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.										

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 #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".										
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.										

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. 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 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.										

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. 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 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: • 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.										

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
• 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										
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.										

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 #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 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										

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
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.										
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)	0	0	0	0	0	0	20	40	50	55

NYS Confidentiality – **High**

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
at appropriate locations within identified "hot spot" areas.										
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, 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.										

New York State Department 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. 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 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.										

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 #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 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										

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
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 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.										

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 #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".										
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.										

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. 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 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.										

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. 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 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: • 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.										

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
• 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										
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.										

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 #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 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										

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
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.										
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)	60	68	68	68	68	68	68	68	68	68

NYS Confidentiality – High

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
at appropriate locations within identified "hot spot" areas.										
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, 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.										

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. 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 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.										

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

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.	
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	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	
Measure PAM(R) components, including: • 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	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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).	
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	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ **IPQR Module 2.d.i.5 - 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.d.i.6 - IA Monitoring

Instructions :

Milestone 8: IA recommends the PPS include more tasks describing the role of beneficiaries in the development team.

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 - Project Implementation Speed**

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY3,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	**DY1,Q2**	**DY1,Q3**	**DY1,Q4**	**DY2,Q1**	**DY2,Q2**	**DY2,Q3**	**DY2,Q4**	**DY3,Q1**	**DY3,Q2**
Primary Care Physicians	180	0	0	0	0	0	0	57	82	97	180
Non-PCP Practitioners	0	0	0	0	0	0	0	0	0	0	0
Clinics	14	0	0	0	0	0	0	0	0	0	14
Behavioral Health	54	0	0	0	0	0	0	13	13	23	54
Substance Abuse	15	0	0	0	0	0	0	4	4	10	15
Community Based Organizations	0	0	0	0	0	0	0	0	0	0	0
All Other	0	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**263**	**0**	**0**	**0**	**0**	**0**	**0**	**74**	**99**	**130**	**263**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**28.14**	**37.64**	**49.43**	**100.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	**DY3,Q4**	**DY4,Q1**	**DY4,Q2**	**DY4,Q3**	**DY4,Q4**	**DY5,Q1**	**DY5,Q2**	**DY5,Q3**	**DY5,Q4**
Primary Care Physicians	180	180	180	180	180	180	180	180	180	180	180
Non-PCP Practitioners	0	0	0	0	0	0	0	0	0	0	0
Clinics	14	14	14	14	14	14	14	14	14	14	14
Behavioral Health	54	54	54	54	54	54	54	54	54	54	54
Substance Abuse	15	15	15	15	15	15	15	15	15	15	15
Community Based Organizations	0	0	0	0	0	0	0	0	0	0	0
All Other	0	0	0	0	0	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)

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Total Committed Providers	263	263	263	263	263	263	263	263	263	263	263
Percent Committed Providers(%)		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✅ **IPQR Module 3.a.i.3 - Patient Engagement Speed**

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY3,Q4	38,269

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	2,340	3,510	4,681	8,191	19,136	22,050	24,982	28,304	31,626
Percent of Expected Patient Engagement(%)	**0.00**	**6.11**	**9.17**	**12.23**	**21.40**	**50.00**	**57.62**	**65.28**	**73.96**	**82.64**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	34,948	38,269	22,961	26,788	0	38,269	22,961	26,788	32,529	38,269
Percent of Expected Patient Engagement(%)	**91.32**	**100.00**	**60.00**	**70.00**	**0.00**	**100.00**	**60.00**	**70.00**	**85.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

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 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	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	09/30/2017	DY3 Q2
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.		Provider	Primary Care Physicians	In Progress	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	Behavioral Health	In Progress	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.		Provider	Behavioral Health	In Progress	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.		Provider	Behavioral Health	In Progress	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.		Provider	Behavioral Health	In Progress	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.		Provider	Behavioral Health	On Hold	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		Provider	Behavioral Health	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Provider	Behavioral Health	In Progress	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	In Progress	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.		Provider	Behavioral Health	In Progress	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
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.		Provider	Behavioral Health	In Progress	10/26/2015	09/30/2017	09/30/2017	DY3 Q2
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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	In Progress	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task		Provider	Behavioral Health	In Progress	10/05/2015	03/31/2016	03/31/2016	DY1 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Provider	Behavioral Health	In Progress	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.		Provider	Behavioral Health	In Progress	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	On Hold	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, consistant with scope of practice and licensure.		Provider	Behavioral Health	On Hold	04/01/2015	03/31/2020	03/31/2020	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	On Hold	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	03/31/2017	DY2 Q4
Task		Project		In Progress	11/16/2015	03/31/2017	03/31/2017	DY2 Q4

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Project		In Progress	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	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		In Progress	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	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 consultation (at least monthly) and overall development of team approach.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

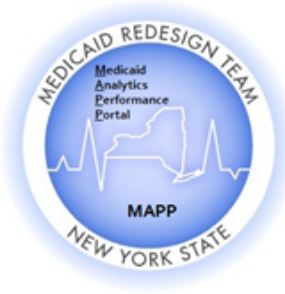## Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Model 1	Project	N/A	In Progress	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	09/30/2017	DY3 Q2
Task Screenings are documented in Electronic Health Record.		Project		In Progress	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
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	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	Primary Care Physicians	In Progress	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
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.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Monitor outcomes and sustainability of implemented screening protocols by PMO.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Ensure a policy is established and implemented for timely		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
documentation of screenings in the electronic health record.								
Task M2:2. Ensure timely and accurate documentation in the electronic health record.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	In Progress	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M3:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. In collabroation with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Ensure implementation of approved process for ongoing screenings.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	In Progress	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M4:2. Create and finalize policies on implementing "warm transfers" for patients who have a positive screening.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:5. Monitor outcomes and sustainability of implemented "warm transfer" protocols.		Provider	Primary Care Physicians	On Hold	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	03/31/2017	DY2 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

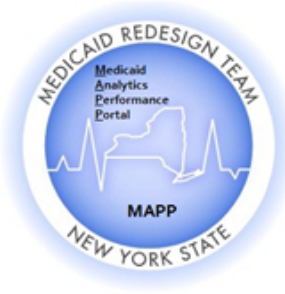| Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	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	03/31/2017	DY2 Q4
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.		Project		In Progress	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	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	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	03/31/2020	DY5 Q4
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.		Project		In Progress	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	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	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	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	03/31/2020	DY5 Q4
Task M2:6. Implement CQAC's policy to track outcomes and monitor		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
progress.								
Milestone #5 Co-locate primary care services at behavioral health sites.	Model 2	Project	N/A	In Progress	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.		Provider	Primary Care Physicians	In Progress	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	Primary Care Physicians	In Progress	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	Behavioral Health	In Progress	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.		Provider	Behavioral Health	In Progress	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	In Progress	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	In Progress	12/07/2015	12/31/2015	12/31/2015	DY1 Q3

DSRIP Implementation Plan Project

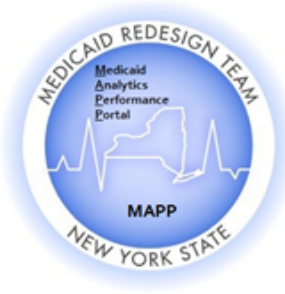## Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	In Progress	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.		Provider	Behavioral Health	In Progress	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
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.		Provider	Behavioral Health	In Progress	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 primacy care services in a behavioral health service setting.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.		Provider	Behavioral Health	In Progress	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.		Provider	Behavioral Health	In Progress	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task		Provider	Behavioral Health	In Progress	10/05/2015	03/31/2016	03/31/2016	DY1 Q4

NYS Confidentiality – High

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Provider	Behavioral Health	In Progress	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	On Hold	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.		Provider	Behavioral Health	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:15. Ensure that the primary care service space has been appropriately outfitted for compliance with NYS regulations and associated waivers.		Provider	Behavioral Health	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:16. Monitor progress towards completion of co-located services, as well as sustainability by PMO.		Provider	Behavioral Health	On Hold	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	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	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project
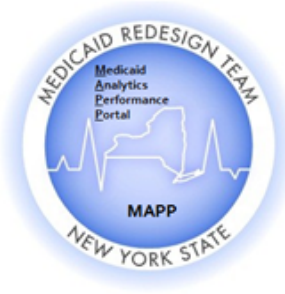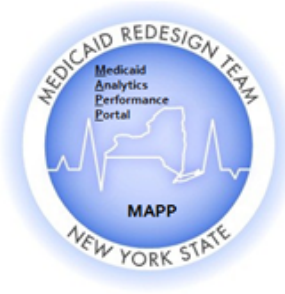
Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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		In Progress	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	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 consultation (at least monthly) and overall development of team approach.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

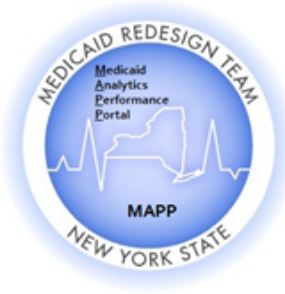**Albany Medical Center Hospital (PPS ID:1)**

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Model 2	Project	N/A	In Progress	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	03/31/2020	DY5 Q4
Task Screenings are documented in Electronic Health Record.		Project		On Hold	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		In Progress	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	Primary Care Physicians	In Progress	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.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Monitor outcomes and sustainability of implemented screening protocols by PMO.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M2:1. Ensure a policy is established and implemented for timely documentation of screenings in the electronic health record.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Ensure timely and accurate documentation in the electronic health record.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	In Progress	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M3:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Ensure implementation of approved process for ongoing screenings.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	In Progress	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M4:2. Create and finalize policies on implementing "warm transfers" for patients who have a positive screening.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:5. Monitor outcomes and sustainability of implemented "warm transfer" protocols.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8	Model 2	Project	N/A	In Progress	10/05/2015	03/31/2017	03/31/2017	DY2 Q4

NYS Confidentiality – **High**

New York State Department 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Project		In Progress	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	03/31/2017	DY2 Q4
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.		Project		In Progress	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	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	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	03/31/2020	DY5 Q4
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.		Project		On Hold	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	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	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	03/31/2020	DY5 Q4

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M2:6. Implement CQAC's policy to track outcomes and monitor progress.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	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.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. In collaboration with the WCC, ensure that relevant staff		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

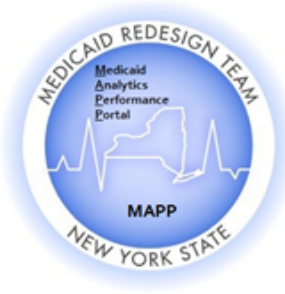**Albany Medical Center Hospital (PPS ID:1)**

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Provider	Primary Care Physicians	On Hold	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).		Provider	Primary Care Physicians	On Hold	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	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	03/31/2020	DY5 Q4
Task Policies and procedures include process for consulting with Psychiatrist.		Project		On Hold	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	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	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

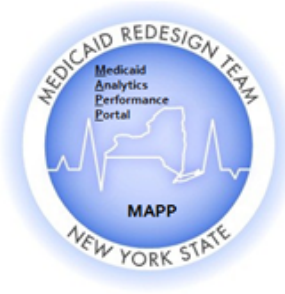**Albany Medical Center Hospital (PPS ID:1)**

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Project		On Hold	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	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	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	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	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	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	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	03/31/2020	DY5 Q4
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.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Task M2:1. In collaboration with WCC, establish job description of DCM		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

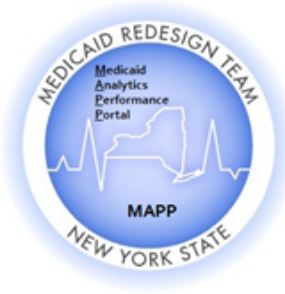| Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
as defined by IMPACT model.								
Task M2:2. Evaluate clinical competency of the DCMs to ensure that standards of the IMPACT model are met. In collaboration with the WCC, develop training protocols and procedures for DCM role to ensure they are efficient in all required IMPACT interventions.		Project		On Hold	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	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	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	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the established		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Project		On Hold	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	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	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	03/31/2020	DY5 Q4
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.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Model 3	Project	N/A	On Hold	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	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	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	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	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	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Project		On Hold	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	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	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	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	03/31/2020	DY5 Q4
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.		Project		In Progress	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	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	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	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	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	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

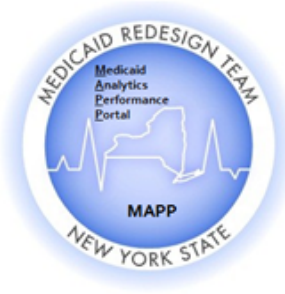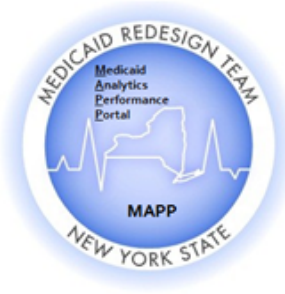**Albany Medical Center Hospital (PPS ID:1)**

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M2:7. Implement CQAC's policy to track outcomes and monitor progress.		Project		On Hold	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.										
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										

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 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.										
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.										

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 M2:9. 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, consistant 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										

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
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 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										

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
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. 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 collabroation 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.										

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 M4:1. 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 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.										

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. 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.										
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.										

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. 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.										
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 primacy 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.										

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 M2:7. 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 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.										

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 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 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.										

New York State Department 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 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.	0	0	0	0	0	0	57	82	97	180
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.										

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. 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 #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.										

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. 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 #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.										

NYS Confidentiality – High

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. 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 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										

New York State Department 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
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 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.										

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 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 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.										

NYS Confidentiality – **High**

New York State Department 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. 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 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.										

NYS Confidentiality – High

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 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.										
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										

NYS Confidentiality – High

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
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 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 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										

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 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.										
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										

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
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, consistant 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										

NYS Confidentiality – High

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
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 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										

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
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 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 collabroation 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.										

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 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 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.										

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. 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.										
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.										

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. 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.										
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 primacy 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.										

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. 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 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.										

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 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 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.										

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 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
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.										

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 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 #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.										

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. 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 #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.										

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. 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 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										

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
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 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.										

New York State Department 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 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 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.										

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. 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 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.										

NYS Confidentiality – High

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 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.										
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										

NYS Confidentiality – High

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
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 Name	Description	Upload Date
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.	
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.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	
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.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ **IPQR Module 3.a.i.5 - 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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)

Page 364 of 523

Run Date : 09/24/2015

IPQR Module 3.a.i.6 - 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)

Page 365 of 523
Run Date : 09/24/2015

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.

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ **IPQR Module 3.a.ii.2 - Project Implementation Speed**

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application. Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY3,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	**DY1,Q2**	**DY1,Q3**	**DY1,Q4**	**DY2,Q1**	**DY2,Q2**	**DY2,Q3**	**DY2,Q4**	**DY3,Q1**	**DY3,Q2**
Expected Number of Crisis Intervention Programs Established	4	0	0	0	0	0	0	0	0	1	4
Total Committed Providers	**4**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**4**
Percent Committed Providers(%)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	100.00

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	**DY3,Q4**	**DY4,Q1**	**DY4,Q2**	**DY4,Q3**	**DY4,Q4**	**DY5,Q1**	**DY5,Q2**	**DY5,Q3**	**DY5,Q4**
Expected Number of Crisis Intervention Programs Established	4	4	4	4	4	4	4	4	4	4	4
Total Committed Providers	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
Percent Committed Providers(%)		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ **IPQR Module 3.a.ii.3 - Patient Engagement Speed**

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY3,Q4	7,927

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	1,585	1,786	1,982	2,190	2,397	3,180	3,964	4,955	5,945
Percent of Expected Patient Engagement(%)	**0.00**	**19.99**	**22.53**	**25.00**	**27.63**	**30.24**	**40.12**	**50.01**	**62.51**	**75.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	6,936	7,927	5,155	5,549	6,936	7,927	5,155	5,549	6,936	7,927
Percent of Expected Patient Engagement(%)	**87.50**	**100.00**	**65.03**	**70.00**	**87.50**	**100.00**	**65.03**	**70.00**	**87.50**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✅ **IPQR Module 3.a.ii.4 - Prescribed Milestones**

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	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	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	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	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	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	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		In Progress	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 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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Ensure that participating organizational contracts specify access and	Project		In Progress	10/05/2015	12/31/2015	12/31/2015	DY1 Q3

NYS Confidentiality – **High**

New York State Department 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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	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	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	03/31/2020	DY5 Q4
Task M1:12. Collaborate with one local police department to evaluate the feasibility of starting programs like the Memphis Crisis Intervention Team (CIT) program.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	DY3 Q2
Task M1:1. BH subcommittee/ED Triage sub-committees will review current community and hospital protocols for diversion of patients with behavioral	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

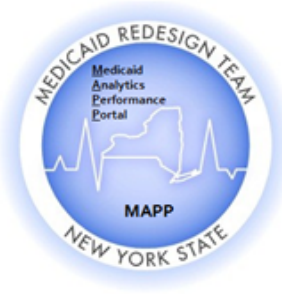| Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
health crisis from emergency room and inpatient services, as appropriate.							
Task M1:2. BH sub-committee/ED Triage committee will research successful evidence-based programs for diversion management.	Project		On Hold	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	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	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	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	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	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	09/30/2017	DY3 Q2
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	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	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	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	03/31/2020	DY5 Q4
Task M1:4. AMCH PMO will work with its provider network to provide technical	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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	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	03/31/2020	DY5 Q4
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
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	DY2 Q4
Task Coordinated treatment care protocols are in place.	Project		In Progress	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	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	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	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	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	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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	03/31/2017	DY2 Q4
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network	Project		In Progress	10/26/2015	03/31/2017	03/31/2017	DY2 Q4
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 Hospitals	In Progress	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.	Provider	Hospitals	In Progress	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.	Provider	Hospitals	In Progress	11/09/2015	12/31/2015	12/31/2015	DY1 Q3
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.	Provider	Hospitals	In Progress	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.	Provider	Hospitals	In Progress	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.	Provider	Hospitals	On Hold	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.	Provider	Hospitals	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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 Hospitals	In Progress	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 Clinics	In Progress	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 Behavioral Health	In Progress	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.	Provider	Behavioral Health	In Progress	11/09/2015	12/31/2015	12/31/2015	DY1 Q3
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.	Provider	Behavioral Health	On Hold	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.	Provider	Behavioral Health	On Hold	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.	Provider	Behavioral Health	On Hold	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.	Provider	Behavioral Health	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7	Project	N/A	In Progress	11/09/2015	09/30/2017	09/30/2017	DY3 Q2

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	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	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		In Progress	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	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	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	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	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	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	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	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Provider	Safety Net Non-PCP	In Progress	06/01/2015	03/31/2018	03/31/2018	DY3 Q4

NYS Confidentiality – High

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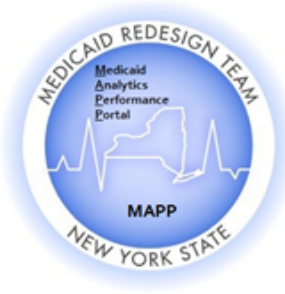
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Practitioners					
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospitals	In Progress	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 Behavioral Health	In Progress	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	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		In Progress	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	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	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		In Progress	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 for connectivity to SHIN-NY and HIXNY.	Project		In Progress	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
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	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		In Progress	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	Project		In Progress	06/01/2015	03/31/2016	03/31/2016	DY1 Q4

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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		In Progress	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	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	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	03/31/2020	DY5 Q4
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Project	N/A	In Progress	09/30/2017	09/30/2017	09/30/2017	DY3 Q2
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	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	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	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	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Monitor success of triage service as well as sustainability by PMO.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	03/31/2017	DY2 Q4
Task	Project		In Progress	10/19/2015	03/31/2017	03/31/2017	DY2 Q4

NYS Confidentiality – High

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	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		In Progress	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		In Progress	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 of the BH projects.	Project		In Progress	10/19/2015	12/31/2015	12/31/2015	DY1 Q3
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	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	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	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	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	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	03/31/2020	DY5 Q4
Task M3:3. Implement action plans and monitor ongoing progress making	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Albany Medical Center Hospital (PPS ID:1)

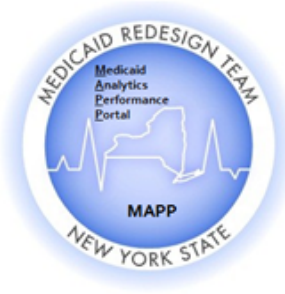| Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
adjustments as necessary.							
Task M4:1. CQAC, in collaboration with vendor, will identify a medical record audit tool and auditing process, to ensure compliance with process and procedures developed.	Project		On Hold	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	03/31/2020	DY5 Q4
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	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	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		In Progress	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	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	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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 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										

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
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.										
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.										

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 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 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										

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
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										
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.										

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. 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.										
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	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										

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
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 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.										

New York State Department 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. 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.										
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										

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
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
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.										

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. 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										

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
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 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										

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
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.										
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.										

New York State Department 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. 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.										
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.										

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. 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 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										

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
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 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,										

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

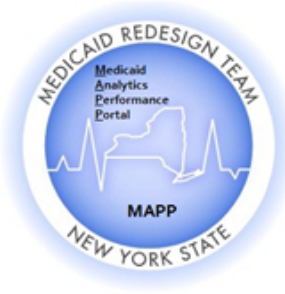| Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
and community resources availability.										
Task M1:12. Collaborate with one local police department to evaluate the feasibility of starting programs like the Memphis Crisis Intervention 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 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										

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
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-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.										

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. 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.										
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.										

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. 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 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.										

New York State Department 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 M2:1. 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.										
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										

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
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.	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										

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
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. 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										

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 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 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										

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
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.										
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										

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
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.										
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.										

New York State Department 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 #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.										
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 Name	Description	Upload Date

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.	

NYS Confidentiality – High

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 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.	
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.	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ **IPQR Module 3.a.ii.5 - 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.a.ii.6 - IA Monitoring

Instructions :

Milestone 3: Task demonstrating how the agreements will be developed and finalized not included. The IA recommends the PPS include tasks demonstrating how the MCO agreements will be developed and finalized.

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 - Project Implementation Speed

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY2,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	494	0	0	0	0	50	494	494	494	494	494
Non-PCP Practitioners	212	0	0	0	0	29	212	212	212	212	212
Clinics	30	0	0	0	0	3	30	30	30	30	30
Health Home / Care Management	14	0	0	0	0	2	14	14	14	14	14
Behavioral Health	54	0	0	0	0	5	54	54	54	54	54
Substance Abuse	15	0	0	0	0	2	15	15	15	15	15
Pharmacies	76	0	0	0	0	0	76	76	76	76	76
Community Based Organizations	0	0	0	0	0	0	0	0	0	0	0
All Other	0	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**895**	**0**	**0**	**0**	**0**	**91**	**895**	**895**	**895**	**895**	**895**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**10.17**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	494	494	494	494	494	494	494	494	494	494	494
Non-PCP Practitioners	212	212	212	212	212	212	212	212	212	212	212
Clinics	30	30	30	30	30	30	30	30	30	30	30
Health Home / Care Management	14	14	14	14	14	14	14	14	14	14	14
Behavioral Health	54	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)

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Substance Abuse	15	15	15	15	15	15	15	15	15	15	15
Pharmacies	76	76	76	76	76	76	76	76	76	76	76
Community Based Organizations	0	0	0	0	0	0	0	0	0	0	0
All Other	0	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**895**	**895**	**895**	**895**	**895**	**895**	**895**	**895**	**895**	**895**	**895**
Percent Committed Providers(%)		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

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 - Patient Engagement Speed**

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY2,Q2	7,179

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	2,871	3,015	5,025	6,102	7,179	6,461	7,179	4,667	5,025
Percent of Expected Patient Engagement(%)	**0.00**	**39.99**	**42.00**	**70.00**	**85.00**	**100.00**	**90.00**	**100.00**	**65.01**	**70.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	6,102	7,179	4,667	5,025	0	7,179	4,667	5,025	6,102	7,179
Percent of Expected Patient Engagement(%)	**85.00**	**100.00**	**65.01**	**70.00**	**0.00**	**100.00**	**65.01**	**70.00**	**85.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✅ **IPQR Module 3.b.i.4 - Prescribed Milestones**

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	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	09/30/2017	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	09/30/2017	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	09/30/2017	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	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		In Progress	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	12/31/2015	DY1 Q3
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	12/31/2015	DY1 Q3
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.	Project		On Hold	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 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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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	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	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	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 Non-PCP Practitioners	In Progress	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 Behavioral Health	In Progress	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	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		In Progress	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		In Progress	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	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		In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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	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		In Progress	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 site.	Project		In Progress	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	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	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	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	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	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Primary Care Physicians	In Progress	10/05/2015	03/31/2018	03/31/2018	DY3 Q4

NYS Confidentiality – High

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Provider	Primary Care Physicians	In Progress	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.	Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Ensure clinician and staff training on new processes is conducted.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	On Hold	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 DY 3.	Provider	Primary Care Physicians	In Progress	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.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	In Progress	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.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	In Progress	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – High

New York State Department 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	On Hold	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	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	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	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		In Progress	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	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	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	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	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	03/31/2017	DY2 Q4
Task	Project		In Progress	10/05/2015	03/31/2017	03/31/2017	DY2 Q4

NYS Confidentiality – High
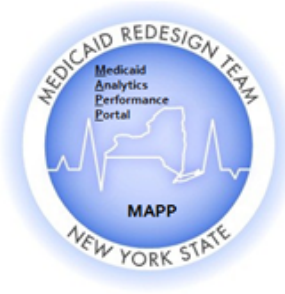
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	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 tobacco control.	Project		On Hold	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	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	12/31/2015	DY1 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	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	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	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	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	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	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	DY2 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	03/31/2020	DY5 Q4
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	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	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	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	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	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	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	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	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Care coordination processes are in place.	Project		In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Perform current state assessment of the IT and Clinical Information Systems (CIS) available at participating provider organizations.	Project		In Progress	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	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	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	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	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	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	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	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	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 management models to support a patient-centered approach. Ensure clinician representation from key primary care and specialist practices across AMCH PPS.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	03/31/2020	DY5 Q4
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.	Project		On Hold	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	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	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	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	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 pilot the new care coordination model for patients with CVD across the pilot sites.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

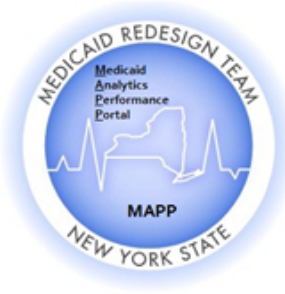| Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M3:7. Implement processes to assure lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy, and confidence in self-management to achieve improved clinical outcomes, such as BP control.	Project		On Hold	04/01/2015	03/31/2020	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	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	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	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	Primary Care Physicians	In Progress	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.	Provider	Primary Care Physicians	In Progress	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.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.	Provider	Primary Care Physicians	On Hold	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.	Provider	Primary Care Physicians	On Hold	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).	Provider	Primary Care Physicians	On Hold	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	Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project	N/A	In Progress	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	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	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	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	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 hypertension and schedule them for a hypertension visit.	Project	N/A	In Progress	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
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	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	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	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	06/30/2016	DY2 Q1
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – High

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

DSRIP Implementation Plan Project
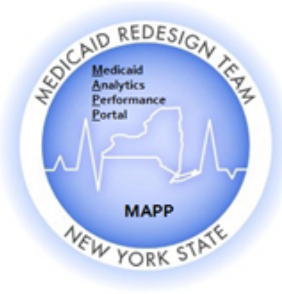
Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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	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	03/31/2020	DY5 Q4
Task M2:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	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	DY2 Q4
Task M1:1. Project subcommittee, in collaboration with hypertension specialists, will	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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	03/31/2020	DY5 Q4
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	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	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	DY2 Q2
Task Self-management goals are documented in the clinical record.	Project		In Progress	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	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	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	03/31/2020	DY5 Q4

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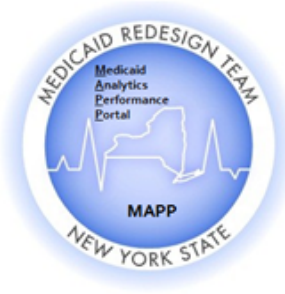
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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	03/31/2020	DY5 Q4
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	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	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	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	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	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	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	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	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	03/31/2020	DY5 Q4
Task M2:2. Provide training on a periodic basis to appropriate clinical and non-	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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	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	03/31/2020	DY5 Q4
Task M3:4. Review and, if necessary, update, agreements annually.	Project		On Hold	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	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	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	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	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	03/31/2020	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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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	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	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	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	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	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 identified by PCPs across the PPS.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	03/31/2020	DY5 Q4
Task M3:1. Develop "warm referral" protocol and annual clinician and staff training at	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – High
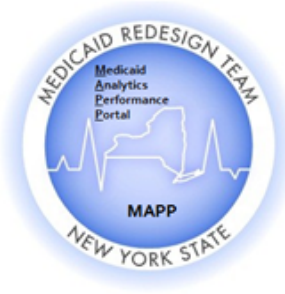
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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	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	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	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	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	12/31/2015	DY1 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	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	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	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	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	03/31/2020	DY5 Q4
Task M1:2. Develop and implement PPS wide policy, procedures and action plan for	Project		On Hold	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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	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	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	09/30/2016	DY2 Q2
Task M1:1. Collect and analyze valid and reliable REAL data to risk stratify targeted high risk populations.	Project		In Progress	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
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	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	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		In Progress	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		In Progress	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	09/30/2016	DY2 Q2
Task M3:1. Identify community-based organizations providing Stanford Model	Project		In Progress	10/05/2015	10/31/2015	12/31/2015	DY1 Q3

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	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	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	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	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	Provider	Primary Care Physicians	In Progress	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	Non-PCP Practitioners	In Progress	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	Behavioral Health	In Progress	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.	Provider	Behavioral Health	On Hold	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.	Provider	Behavioral Health	On Hold	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)	Provider	Behavioral Health	On Hold	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.	Provider	Behavioral Health	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Provider	Behavioral Health	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

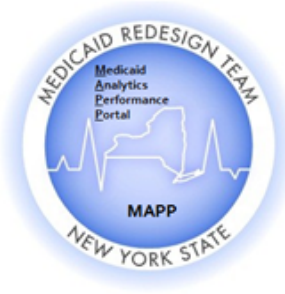| Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:5. Provide ongoing training and make recommendations, as needed, to participating providers and staff on Million Hearts Campaign principles and initiatives, 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.	Project	N/A	In Progress	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 services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.	Project		In Progress	09/30/2016	09/30/2016	09/30/2016	DY2 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	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	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	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	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	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	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	03/31/2020	DY5 Q4
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
required elements of the CMS approved VBP roadmap.							
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	03/31/2017	DY2 Q4
Task PPS has engaged at least 80% of their PCPs in this activity.	Provider	Primary Care Physicians	In Progress	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
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.	Provider	Primary Care Physicians	In Progress	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.	Provider	Primary Care Physicians	In Progress	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	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										

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 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.	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										

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
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.										
Task M2:3: Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities 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
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.	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										

NYS Confidentiality – **High**

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
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 required for consistent and accurate tracking of targeted patient										

NYS Confidentiality – High

New York State Department 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
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.										

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 M2:2. 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.										

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. 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.										
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										

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
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.										
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										

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
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 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.										

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. 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.										
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.										

NYS Confidentiality – High

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 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 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.										

New York State Department 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 M3:2: 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.										
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.										

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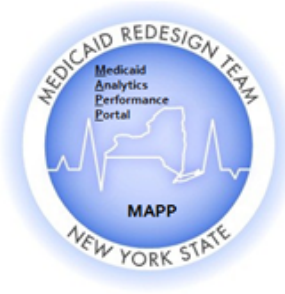
DSRIP Implementation Plan Project

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 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 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.										

NYS Confidentiality – **High**

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. 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.										
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.										

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 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 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										

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
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 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										

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
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 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										

New York State Department 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 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.										
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

NYS Confidentiality – High

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 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)										
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										

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
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.										
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.										

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 #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.										
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.										

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 M1:10. 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
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.										

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. 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.										
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										

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
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.										
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.										

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 M2:8. 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.										
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.										

New York State Department 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. 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.										
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.										

NYS Confidentiality – High

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. 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.										
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.										

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. 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.										
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.										

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. 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 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.										

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 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.										
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.										

New York State Department 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 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 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.										

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 M2:1. 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.										
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.										

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. 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 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										

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
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.										
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.										

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: 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 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.										

New York State Department 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. 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 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										

NYS Confidentiality – **High**

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
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 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.										

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. 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.										
Task M3:1. Identify community-based organizations providing Stanford Model program to support self-management by patients with hypertension and elevated cholesterol.										

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

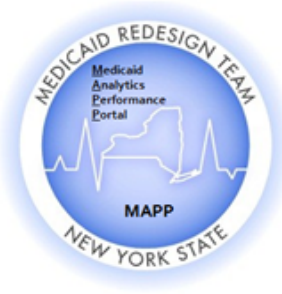| Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task M3:2. Collaborate with identified community-based organizations to strengthen their existing capacity to expand access to Stanford Model for high-risk population with chronic illnesses.										
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 organizations. (see milestone 14)										
Task M1:4. Monitor effectiveness of tobacco use screening, cessation interventions and treatment using MU reports at the provider level.										

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. 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 of concern to the PPS including financial sustainability,										

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
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 Name	Description	Upload Date
No Records Found				

Prescribed Milestones Narrative Text

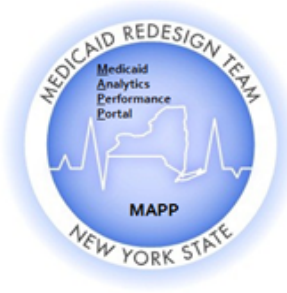| Milestone Name	Narrative Text
Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	
Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners,	

NYS Confidentiality – High

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 APCM 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).	
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.	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	
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.	

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 - 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.b.i.6 - IA Monitoring

Instructions :

Milestone 19: Tasks demonstrating how agreements will be developed and finalized are not included. The IA recommends the PPS include tasks demonstrating how the MCO agreements will be developed and finalized.

Milestone 20: The IA suggests the PPS includes additional tasks demonstrating how the 80% threshold will be achieved.

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 - Project Implementation Speed**

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY2,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	**DY1,Q2**	**DY1,Q3**	**DY1,Q4**	**DY2,Q1**	**DY2,Q2**	**DY2,Q3**	**DY2,Q4**	**DY3,Q1**	**DY3,Q2**
Primary Care Physicians	494	0	0	0	0	60	494	494	494	494	494
Non-PCP Practitioners	16	0	0	0	0	16	16	16	16	16	16
Clinics	0	0	0	0	0	0	0	0	0	0	0
Health Home / Care Management	0	0	0	0	0	0	0	0	0	0	0
Pharmacies	76	0	0	0	0	0	76	76	76	76	76
Community Based Organizations	0	0	0	0	0	0	0	0	0	0	0
All Other	0	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**586**	**0**	**0**	**0**	**0**	**76**	**586**	**586**	**586**	**586**	**586**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**12.97**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	**DY3,Q4**	**DY4,Q1**	**DY4,Q2**	**DY4,Q3**	**DY4,Q4**	**DY5,Q1**	**DY5,Q2**	**DY5,Q3**	**DY5,Q4**
Primary Care Physicians	494	494	494	494	494	494	494	494	494	494	494
Non-PCP Practitioners	16	16	16	16	16	16	16	16	16	16	16
Clinics	0	0	0	0	0	0	0	0	0	0	0
Health Home / Care Management	0	0	0	0	0	0	0	0	0	0	0
Pharmacies	76	76	76	76	76	76	76	76	76	76	76
Community Based Organizations	0	0	0	0	0	0	0	0	0	0	0
All Other	0	0	0	0	0	0	0	0	0	0	0

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Total Committed Providers	586	586	586	586	586	586	586	586	586	586	586
Percent Committed Providers(%)		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✅ **IPQR Module 3.d.iii.3 - Patient Engagement Speed**

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY2,Q2	4,312

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	1,940	2,695	3,450	3,881	4,312	3,881	4,312	2,803	3,018
Percent of Expected Patient Engagement(%)	**0.00**	**44.99**	**62.50**	**80.01**	**90.00**	**100.00**	**90.00**	**100.00**	**65.00**	**69.99**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	3,665	4,312	2,803	3,018	3,665	4,312	2,803	3,018	3,665	4,312
Percent of Expected Patient Engagement(%)	**85.00**	**100.00**	**65.00**	**69.99**	**85.00**	**100.00**	**65.00**	**69.99**	**85.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ **IPQR Module 3.d.iii.4 - Prescribed Milestones**

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	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	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	09/30/2016	DY2 Q2
Task All participating practices have a Clinical Interoperability System in place for all participating providers.	Provider	Primary Care Physicians	In Progress	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	Non-PCP Practitioners	In Progress	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.	Provider	Non-PCP Practitioners	In Progress	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.	Provider	Non-PCP Practitioners	In Progress	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.	Provider	Non-PCP Practitioners	In Progress	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 (EPR-3) guidelines, range of services provided, and referral mechanisms.	Provider	Non-PCP Practitioners	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	Provider	Non-PCP Practitioners	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Provider	Non-PCP Practitioners	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Execute written contracts with participating providers implementation of asthma guidelines.	Provider	Non-PCP Practitioners	On Hold	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.	Provider	Non-PCP Practitioners	On Hold	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.	Provider	Non-PCP Practitioners	On Hold	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.	Provider	Non-PCP Practitioners	On Hold	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.	Provider	Non-PCP Practitioners	On Hold	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.	Provider	Non-PCP Practitioners	In Progress	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 for connectivity to SHIN-NY and HIXNY.	Provider	Non-PCP Practitioners	In Progress	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.	Provider	Non-PCP Practitioners	On Hold	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.	Provider	Non-PCP Practitioners	In Progress	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)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.	Provider	Non-PCP Practitioners	In Progress	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.	Provider	Non-PCP Practitioners	On Hold	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.	Provider	Non-PCP Practitioners	In Progress	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	09/30/2016	DY2 Q2
Task Agreements with asthma specialists and asthma educators are established.	Project		In Progress	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 Primary Care Physicians	In Progress	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 Non-PCP Practitioners	In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
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	Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Create a list of participating asthma and allergy specialists in the PPS network who serve the targeted patient populations.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Utilizing recognized best care practices, the CQAC will establish a methodology to define a patient/physician ratio across the PPS.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Establish appropriate contractual agreements with regional asthma	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – High

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	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 for connectivity to SHIN-NY and HIXNY.	Project		In Progress	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
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	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		In Progress	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	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	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	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	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	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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 and resources needed for effective evidence-based management of asthma.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	DY2 Q4
Task Participating providers receive training in evidence-based asthma management.	Project		In Progress	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	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	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	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	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	03/31/2020	DY5 Q4
Task M1:6. Collaborate with overlapping PPSs, as appropriate, to offer training on	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – High

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
becoming a Certified Asthma Educator.							
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	09/30/2016	DY2 Q2
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.	Project		In Progress	10/05/2015	09/30/2016	09/30/2016	DY2 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	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	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	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	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	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	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	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	03/31/2020	DY5 Q4
Milestone #5 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	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	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	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	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		In Progress	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	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	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	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	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 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	0	0	0	0	16	16	16	16	16	16

NYS Confidentiality – High

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
System in place for all participating providers.										
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.										
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										

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
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 established.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	53	53	53	53	53	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	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.										
Task M2:3. Work with participating providers, not currently using										

NYS Confidentiality – High

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
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.										
Task Participating providers receive training in evidence-based										

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
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										

NYS Confidentiality – **High**

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 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.										
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										

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
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.										

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.										

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. 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.										
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.										

New York State Department 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. 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 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										

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
- 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.										
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.										

Delivery System Reform Incentive Payment Project

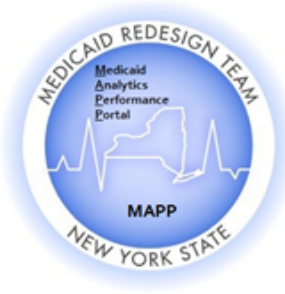**DSRIP Implementation Plan Project**

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. 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.										
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										

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
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 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.										

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. 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.										
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.										

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

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.	

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

☑ **IPQR Module 3.d.iii.5 - 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.d.iii.6 - IA Monitoring

Instructions :

Milestone 4: Task demonstrating how the agreements will be developed and finalized not included. The IA recommends the PPS include tasks demonstrating how the MCO agreements will be developed and finalized.

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 - PPS Defined Milestones**

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones. For Domain 4 projects, these milestones must align with content submitted in the PPS Application.

Milestone/Task Name	Status	Description	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	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	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	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	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	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	03/31/2020	DY5 Q4
Task 2. Coordinate with neighboring and overlapping	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	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS's and other key stakeholders to assess partners and identify PPS partner sites with existing tobacco-free environment policies.		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	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	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	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	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	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	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	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	03/31/2020	DY5 Q4
Task 2. Share routine performance measures with participating providers to encourage adoption of	On Hold	2. Share routine performance measures with participating providers to encourage adoption of appropriate screening and treatment activities to assist with reporting and measurement.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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	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	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	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	03/31/2020	DY5 Q4
Task 1. Execute MOUs with NYS DOH Bureau of Tobacco Control's Health Systems to receive support on system improvements related to tobacco use cessation.	On Hold	1. Execute MOUs with NYS DOH Bureau of Tobacco Control's Health Systems to receive support on system improvements related to tobacco use cessation.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Collaborate with overlapping and neighboring	On Hold	2. Collaborate with overlapping and neighboring PPS's to coordinate tobacco cessation programs across the region.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS's to coordinate tobacco cessation programs across the region.						
Milestone Resources budgeted for related community service plan activities.	In Progress	Resources budgeted for related community service plan activities.	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Resources budgeted for related community service plan activities.	In Progress	Resources budgeted for related community service plan activities.	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

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 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	

NYS Confidentiality – **High**

Albany Medical Center Hospital (PPS ID:1)

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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.	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 4.b.i.2 - 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 - PPS Defined Milestones**

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones. For Domain 4 projects, these milestones must align with content submitted in the PPS Application.

Milestone/Task Name	Status	Description	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.	In Progress	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	12/31/2015	DY1 Q3
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.	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.	In Progress	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	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	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	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	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	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
comprehensive cancer screening policies and protocols, for adoption, as appropriate.						
Task 2. AMCH PMO, in collaboration with CQAC, will review, recommend, and distribute screening protocols to participating providers.	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	03/31/2020	DY5 Q4
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	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	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	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	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	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	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 screening results.	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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	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	03/31/2020	DY5 Q4
Milestone Resources budgeted for related community service plan activities.	In Progress	Resources budgeted for related community service plan activities.	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.	In Progress	1. The AMCH PPS Finance Committee will develop a budget to support the achievement of project milestones.	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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.	
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.	
Resources budgeted for related community service plan activities.	

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 4.b.ii.2 - IA Monitoring

Instructions :

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**.

Primary Lead PPS Provider:	ALBANY MEDICAL CTR HOSPITAL
Secondary Lead PPS Provider:	
Lead Representative:	George Clifford
Submission Date:	09/24/2015 10:24 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, Q1	Submitted	George Clifford	cliffog	09/24/2015 10:24 AM
DY1, Q1	Returned	George Clifford	sv590918	09/08/2015 07:48 AM
DY1, Q1	Submitted	George Clifford	cliffog	08/06/2015 01:02 PM
DY1, Q1	In Process		system	07/01/2015 12:12 AM

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Returned	Please address the IA comments provided in the specific sections of your Implementation Plan during the remediation period.	sv590918	09/08/2015 07:48 AM

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	Status
Section 01	IPQR Module 1.1 - PPS Budget Report	☑ Completed
	IPQR Module 1.2 - PPS Flow of Funds	☑ Completed
	IPQR Module 1.3 - Prescribed Milestones	☑ Completed
	IPQR Module 1.4 - PPS Defined Milestones	☑ Completed
	IPQR Module 1.5 - 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
	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

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section	Module	Status
	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
	IPQR Module 7.6 - Key Stakeholders	✅ Completed
	IPQR Module 7.7 - IT Expectations	✅ Completed
	IPQR Module 7.8 - Progress Reporting	✅ Completed

Albany Medical Center Hospital (PPS ID:1)

Section	Module	Status
	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 - 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	Status
2.a.i	IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies	☑ Completed
	IPQR Module 2.a.i.2 - Project Implementation Speed	☑ Completed
	IPQR Module 2.a.i.3 - Prescribed Milestones	☑ Completed
	IPQR Module 2.a.i.4 - PPS Defined Milestones	☑ Completed
	IPQR Module 2.a.i.5 - 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 - Project Implementation Speed	☑ Completed
	IPQR Module 2.a.iii.3 - Patient Engagement Speed	☑ Completed
	IPQR Module 2.a.iii.4 - Prescribed Milestones	☑ Completed
	IPQR Module 2.a.iii.5 - PPS Defined Milestones	☑ Completed
	IPQR Module 2.a.iii.6 - 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 - Project Implementation Speed	☑ Completed
	IPQR Module 2.a.v.3 - Patient Engagement Speed	☑ Completed
	IPQR Module 2.a.v.4 - Prescribed Milestones	☑ Completed
	IPQR Module 2.a.v.5 - PPS Defined Milestones	☑ Completed
	IPQR Module 2.a.v.6 - 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 - Project Implementation Speed	☑ Completed
	IPQR Module 2.b.iii.3 - Patient Engagement Speed	☑ Completed
	IPQR Module 2.b.iii.4 - Prescribed Milestones	☑ Completed
	IPQR Module 2.b.iii.5 - PPS Defined Milestones	☑ Completed
	IPQR Module 2.b.iii.6 - 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 - Project Implementation Speed	☑ Completed
	IPQR Module 2.d.i.3 - Patient Engagement Speed	☑ Completed
	IPQR Module 2.d.i.4 - Prescribed Milestones	☑ Completed
	IPQR Module 2.d.i.5 - 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)

Project ID	Module	Status
	IPQR Module 2.d.i.6 - 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 - Project Implementation Speed	✅ Completed
	IPQR Module 3.a.i.3 - Patient Engagement Speed	✅ Completed
	IPQR Module 3.a.i.4 - Prescribed Milestones	✅ Completed
	IPQR Module 3.a.i.5 - PPS Defined Milestones	✅ Completed
	IPQR Module 3.a.i.6 - 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 - Project Implementation Speed	✅ Completed
	IPQR Module 3.a.ii.3 - Patient Engagement Speed	✅ Completed
	IPQR Module 3.a.ii.4 - Prescribed Milestones	✅ Completed
	IPQR Module 3.a.ii.5 - PPS Defined Milestones	✅ Completed
	IPQR Module 3.a.ii.6 - 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 - Project Implementation Speed	✅ Completed
	IPQR Module 3.b.i.3 - Patient Engagement Speed	✅ Completed
	IPQR Module 3.b.i.4 - Prescribed Milestones	✅ Completed
	IPQR Module 3.b.i.5 - PPS Defined Milestones	✅ Completed
	IPQR Module 3.b.i.6 - 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 - Project Implementation Speed	✅ Completed
	IPQR Module 3.d.iii.3 - Patient Engagement Speed	✅ Completed
	IPQR Module 3.d.iii.4 - Prescribed Milestones	✅ Completed
	IPQR Module 3.d.iii.5 - PPS Defined Milestones	✅ Completed
	IPQR Module 3.d.iii.6 - IA Monitoring	
4.b.i	IPQR Module 4.b.i.1 - PPS Defined Milestones	✅ Completed
	IPQR Module 4.b.i.2 - IA Monitoring	
4.b.ii	IPQR Module 4.b.ii.1 - PPS Defined Milestones	✅ Completed
	IPQR Module 4.b.ii.2 - IA Monitoring	

NYS Confidentiality – **High**