



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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Bronx-Lebanon Hospital Center (PPS ID:27)

Quarterly Report - Implementation Plan for Bronx-Lebanon Hospital Center

Year and Quarter: DY1, Q3

Quarterly Report Status: Adjudicated

Status By Section

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

Status By Project

| Project ID | Project Title | Status |
|-------------------------|---|-----------|
| 2.a.i | Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management | Completed |
| 2.a.iii | Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services | Completed |
| 2.b.i | Ambulatory Intensive Care Units (ICUs) | Completed |
| 2.b.iv | Care transitions intervention model to reduce 30 day readmissions for chronic health conditions | Completed |
| 3.a.i | Integration of primary care and behavioral health services | Completed |
| 3.c.i | Evidence-based strategies for disease management in high risk/affected populations (adults only) | Completed |
| 3.d.ii | Expansion of asthma home-based self-management program | Completed |
| 3.f.i | Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership) | Completed |
| 4.a.iii | Strengthen Mental Health and Substance Abuse Infrastructure across Systems | Completed |
| 4.c.ii | Increase early access to, and retention in, HIV care | Completed |



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Section 01 – Budget

IPQR Module 1.1 - PPS Budget Report (Baseline)

Instructions :

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

| Budget Items | DY1 (\$) | DY2 (\$) | DY3 (\$) | DY4 (\$) | DY5 (\$) | Total (\$) |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|
| Waiver Revenue | 11,511,609 | 12,267,591 | 19,838,235 | 17,566,681 | 11,511,609 | 72,695,724 |
| Cost of Project Implementation & Administration | 7,912,683 | 9,428,772 | 10,245,746 | 7,076,674 | 2,967,256 | 37,631,131 |
| Admin Cost & Management Fees | 2,967,256 | 3,057,980 | 3,635,587 | 3,076,815 | 2,225,442 | 14,963,080 |
| Project Cost and Resource Requirements | 4,945,427 | 6,370,792 | 6,610,159 | 3,999,859 | 741,814 | 22,668,051 |
| Revenue Loss | 2,472,714 | 3,822,475 | 6,940,667 | 8,922,763 | 9,890,851 | 32,049,470 |
| Sustainability Fund | 1,236,357 | 2,548,317 | 4,957,619 | 7,692,037 | 8,654,495 | 25,088,825 |
| Contingency Fund | 1,236,357 | 1,274,158 | 1,983,048 | 1,230,726 | 1,236,356 | 6,960,645 |
| Internal PPS Provider Bonus Payments | 13,599,924 | 11,467,425 | 14,872,856 | 13,845,665 | 11,127,208 | 64,913,078 |
| Performance Payments on Metrics & Milestone | 12,363,567 | 10,193,267 | 13,220,317 | 12,307,258 | 9,890,852 | 57,975,261 |
| Bonus Payments to PPS Members | 1,236,357 | 1,274,158 | 1,652,539 | 1,538,407 | 1,236,356 | 6,937,817 |
| Cost of non-covered services | 741,814 | 764,495 | 991,524 | 923,044 | 741,814 | 4,162,691 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Expenditures | 24,727,135 | 25,483,167 | 33,050,793 | 30,768,146 | 24,727,129 | 138,756,370 |
| Undistributed Revenue | 0 | 0 | 0 | 0 | 0 | 0 |

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Narrative Text :



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Module Review Status

| Review Status | IA Formal Comments |
|-----------------|--------------------|
| Pass & Complete | |



**New York State Department Of Health
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 DSRIP Implementation Plan Project**

Bronx-Lebanon Hospital Center (PPS ID:27)

IPQR Module 1.2 - PPS Budget Report (Quarterly)

Instructions :

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

Benchmarks

| Waiver Revenue DY1 | Total Waiver Revenue | Undistributed Revenue YTD | Undistributed Revenue Total |
|--------------------|----------------------|---------------------------|-----------------------------|
| 11,511,609 | 72,695,724 | 6,796,466 | 67,980,581 |

| Budget Items | DY1 Q3 Quarterly Amount - Update | Cumulative Spending to Date (DY1 - DY5) | Remaining Balance in Current DY | Percent Remaining in Current DY | Cumulative Remaining Balance | Percent Remaining of Cumulative Balance |
|--|----------------------------------|---|---------------------------------|---------------------------------|------------------------------|---|
| Cost of Project Implementation & Administration | 1,367,126 | 4,715,143 | 3,197,540 | 40.41% | 32,915,988 | 87.47% |
| Cost of Project Administration | 303,012 | | | | | |
| Cost of Project Implementation | 1,064,114 | | | | | |
| Revenue Loss | 0 | 0 | 2,472,714 | 100.00% | 32,049,470 | 100.00% |
| Sustainability Fund | 0 | | | | | |
| Contingency Fund | 0 | | | | | |
| Internal PPS Provider Bonus Payments | 0 | 0 | 13,599,924 | 100.00% | 64,913,078 | 100.00% |
| Performance Payments on Metrics & Milestone | 0 | | | | | |
| Bonus Payments to PPS Members | 0 | | | | | |
| Cost of non-covered services | 0 | 0 | 741,814 | 100.00% | 4,162,691 | 100.00% |
| Other | 0 | 0 | 0 | | 0 | |
| Total Expenditures | 1,367,126 | 4,715,143 | | | | |

Current File Uploads

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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Narrative Text :

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

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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

Bronx-Lebanon Hospital Center (PPS ID:27)

IPQR Module 1.3 - PPS Flow of Funds (Baseline)

Instructions :

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

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

| Funds Flow Items | DY1 (\$) | DY2 (\$) | DY3 (\$) | DY4 (\$) | DY5 (\$) | Total (\$) |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|
| Waiver Revenue | 11,511,609 | 12,267,591 | 19,838,235 | 17,566,681 | 11,511,609 | 72,695,724 |
| Practitioner - Primary Care Provider (PCP) | 2,052,352 | 1,987,687 | 2,445,759 | 1,999,929 | 1,384,719 | 9,870,446 |
| Practitioner - Non-Primary Care Provider (PCP) | 1,026,176 | 993,844 | 1,222,879 | 999,965 | 692,360 | 4,935,224 |
| Hospital | 2,791,802 | 6,523,691 | 9,849,137 | 11,691,895 | 11,423,933 | 42,280,458 |
| Clinic | 3,078,528 | 2,981,531 | 3,668,638 | 2,999,894 | 2,077,079 | 14,805,670 |
| Case Management / Health Home | 2,873,293 | 2,782,762 | 3,424,062 | 2,799,901 | 1,938,607 | 13,818,625 |
| Mental Health | 2,052,352 | 1,987,687 | 2,445,759 | 1,999,929 | 1,384,719 | 9,870,446 |
| Substance Abuse | 2,052,352 | 1,987,687 | 2,445,759 | 1,999,929 | 1,384,719 | 9,870,446 |
| Nursing Home | 820,941 | 795,075 | 978,303 | 799,972 | 553,888 | 3,948,179 |
| Pharmacy | 205,235 | 198,769 | 244,576 | 199,993 | 138,472 | 987,045 |
| Hospice | 205,235 | 198,769 | 244,576 | 199,993 | 138,472 | 987,045 |
| Community Based Organizations | 1,026,176 | 993,844 | 1,222,879 | 999,965 | 692,360 | 4,935,224 |
| All Other | 1,026,176 | 993,844 | 1,222,879 | 999,965 | 692,360 | 4,935,224 |
| PPS PMO | 5,516,515 | 3,057,980 | 3,635,587 | 3,076,815 | 2,225,442 | 17,512,339 |
| Total Funds Distributed | 24,727,133 | 25,483,170 | 33,050,793 | 30,768,145 | 24,727,130 | 138,756,371 |
| Undistributed Revenue | 0 | 0 | 0 | 0 | 0 | 0 |

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Module Review Status

| Review Status | IA Formal Comments |
|-----------------|--------------------|
| Pass & Complete | |



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IPQR Module 1.4 - PPS Flow of Funds (Quarterly)

Instructions :

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

Benchmarks

| Waiver Revenue DY1 | Total Waiver Revenue | Undistributed Revenue YTD | Undistributed Revenue Total |
|--------------------|----------------------|---------------------------|-----------------------------|
| 11,511,609 | 72,695,724 | 11,511,609 | 72,695,724 |

| Funds Flow Items | DY1 Q3 Quarterly Amount - Update | Total Amount Disbursed | Percent Spent By Project | | | | | | | | | | | DY Adjusted Difference | Cumulative Difference | | |
|--|----------------------------------|------------------------|--------------------------|---------|-------|--------|-------|-------|--------|-------|---------|--------|---|------------------------|-----------------------|-----------|------------|
| | | | Projects Selected By PPS | | | | | | | | | | | | | | |
| | | | 2.a.i | 2.a.iii | 2.b.i | 2.b.iv | 3.a.i | 3.c.i | 3.d.ii | 3.f.i | 4.a.iii | 4.c.ii | | | | | |
| Practitioner - Primary Care Provider (PCP) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,052,352 | 9,870,446 |
| Practitioner - Non-Primary Care Provider (PCP) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,026,176 | 4,935,224 |
| Hospital | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,791,802 | 42,280,458 |
| Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,078,528 | 14,805,670 |
| Case Management / Health Home | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,873,293 | 13,818,625 |
| Mental Health | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,052,352 | 9,870,446 |
| Substance Abuse | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,052,352 | 9,870,446 |
| Nursing Home | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 820,941 | 3,948,179 |
| Pharmacy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 205,235 | 987,045 |
| Hospice | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 205,235 | 987,045 |
| Community Based Organizations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,026,176 | 4,935,224 |
| All Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,026,176 | 4,935,224 |
| PPS PMO | 0 | 0 | | | | | | | | | | | | | | 5,516,515 | 17,512,339 |
| Total Funds Distributed | 0 | 0 | | | | | | | | | | | | | | | |

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Delivery System Reform Incentive Payment Project
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Bronx-Lebanon Hospital Center (PPS ID:27)

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

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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✔ IPQR Module 1.5 - Prescribed Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-----------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Milestone #1 Complete funds flow budget and distribution plan and communicate with network | Completed | Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| Task Distribute Project plan developed by each project for distribution to project participants, include total project implementation budget | Completed | Distribute Project plan developed by each project for distribution to project participants, include total project implementation budget | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Based on the total project begets, finalize provider level project budgets that outline specific flows of funds | Completed | Based on the total project begets, finalize provider level project budgets that outline specific flows of funds | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task In consultation with PPS participants develop a preliminary PPS level budget for administration, implementation, revenue loss, and cost of services not covered. | Completed | In consultation with PPS participants develop a preliminary PPS level budget for administration, implementation, revenue loss, and cost of services not covered. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Develop an approach to funds flow and distribution that includes the drivers for each of the funds flow budget categories | Completed | Develop an approach to funds flow and distribution that includes the drivers for each of the funds flow budget categories | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Distribute funds flow and distribution plan to Finance Committee and Project Committees and receive input | Completed | Distribute funds flow and distribution plan to Finance Committee and Project Committees and receive input | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Revise plan and obtain approval from Finance and Steering Committees | Completed | Revise plan and obtain approval from Finance and Steering Committees | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-----------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Task Communicate approved funds flow plan to each Project and its network providers and incorporate funds plan and budget into provider participation agreements | Completed | Communicate approved funds flow plan to each Project and its network providers and incorporate funds plan and budget into provider participation agreements | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Finalize Funds Flow policy and procedure including DSRIP period closing requirements and expected funds distribution schedule for distribution to PPS partners | Completed | Finalize Funds Flow policy and procedure including DSRIP period closing requirements and expected funds distribution schedule for distribution to PPS partners | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task In cooperation with the stakeholder engagement work group, educate participating providers about the financial aspects of project participation including reporting schedules and funds distribution timeframes. | Completed | In cooperation with the stakeholder engagement work group, educate participating providers about the financial aspects of project participation including reporting schedules and funds distribution timeframes. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Annually prepare funds flow budgets based on final budget review with Project Committees and approval of Finance Committee. | Completed | Annually prepare funds flow budgets based on final budget review with Project Committees and approval of Finance Committee. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---------|-------------------|--|--|---------------------|
| Complete funds flow budget and distribution plan and communicate with network | dmaq | Meeting Materials | 27_MDL0103_1_3_20160316125523_v2_BLHC_PPS_DSRIP_Town_hall_Funds_Flow_121515.pptx | Funds Flow powerpoint presentation to Town Hall | 03/16/2016 12:55 PM |
| | dmaq | Meeting Materials | 27_MDL0103_1_3_20160316124819_Town_Hall_survey_12-18-15.pdf | Survey of Town Hall presentation to indicate quality of the meeting and the presentations. | 03/16/2016 12:48 PM |
| | dmaq | Meeting Materials | 27_MDL0103_1_3_20160316124448_Town_hall_Sign-In_sheet_12-18-15.pdf | Sign-in sheet during our 12/18/2015 Town Hall to indicate the providers who participated. | 03/16/2016 12:44 PM |



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Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|----------|-----------------------------|--|--|---------------------|
| | dmaq | Meeting Materials | 27_MDL0103_1_3_20160316124313_Steering_Committee_12-15-15_Funds_Flow_Meeting_Minutes_page_3_and_4.docx | Steering committee minutes where funds flow was communicated to provider network. See pages 3 and 4. | 03/16/2016 12:43 PM |
| | dmaq | Screenshots | 27_MDL0103_1_3_20160316124205_Screen_shot_of_web_site.docx | Screen shot of website showing funds flow. Copied/pasted to MS Word; original format PNG was invalid. | 03/16/2016 12:42 PM |
| | dmaq | Communication Documentation | 27_MDL0103_1_3_20160316123502_Sample_PPS_Newsletter_directing_organizations_to_website.pdf | An example of our PPS newsletter that goes out to provider network telling them to view website for latest information | 03/16/2016 12:35 PM |
| | dmaq | Other | 27_MDL0103_1_3_20160316123312_Meeting_Schedule_-_Funds_Flow_Communication_to_Partners.xlsx | Plan for a meeting schedule of a funds flow communication to provider network | 03/16/2016 12:33 PM |
| | dmaq | Meeting Materials | 27_MDL0103_1_3_20160316123213_2015_12_18_Town_Hall_Meeting_Agenda.docx | Town Hall Agenda 12/18/2015 showing Funds Flow presentation as agenda item. | 03/16/2016 12:32 PM |
| | vg467992 | Meeting Materials | 27_MDL0103_1_3_20160128105252_Funds_Flow_development_Meeting_Schedule_Template.xlsx | Funds Flow development meeting schedule template | 01/28/2016 10:52 AM |
| | vg467992 | Documentation/Certification | 27_MDL0103_1_3_20160128105138_BLHC_PPS_funds_flow_Plan.pptx | BHA PPS Funds Flow Plan document | 01/28/2016 10:51 AM |

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Complete funds flow budget and distribution plan and communicate with network | <p>DY1Q3 Remediation Response - additional documents attached to show communication to provider network.</p> <p>BLHC conducted interviews that included members of our Finance Committee and Board, stakeholders, and our provider network to engage them in the process of developing the PPSs funds flow methodology. The purpose of the interviews was to obtain input and guidance regarding key guiding principles and objectives of the funds flow plan that were then used to shape the development of the plan and the communication to the provider network. These sessions also provided opportunity for providers to give their recommendations regarding the methodology and approach that would contribute to obtaining the buy-in of the network providers and their priorities for the distribution of DSRIP funds.</p> <p>BLHC also conducted working session interviews with each of the BLHC DSRIP Project Teams to obtain their input regarding priorities for the funds flow methodology and recommendations for communication of the funds flow process to the provider network. The project teams provided their input with specific priorities pertaining to their project and how funds might be needed and accessed by the providers and were also able to convey additional thoughts to the funds flow team from providers participating in the DSRIP projects.</p> |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|--|
| | The BLHC funds flow plan has been communicated to the PPS providers via PPS Town Hall Sessions, Steering Committee, Finance Committee, and Clinical and Quality Committee. In addition, specific communication regarding how providers are able to access funds for implementation and other project specific needs is being communicated by the Project Team Leads and their members under the oversight of the Finance Committee |

Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|--------------|-----------------|--------------------|
| Milestone #1 | Pass & Complete | |



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IPQR Module 1.6 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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IPQR Module 1.7 - IA Monitoring

Instructions :



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Section 02 – Governance

✓ IPQR Module 2.1 - Prescribed Milestones

Instructions :

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

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-----------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Milestone #1 Finalize governance structure and sub-committee structure | Completed | This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | YES |
| Task LLC oversees existing committee structure | Completed | LLC oversees existing committee structure | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Existing committees including Finance, Clinical (PDI), Workforce, and IT and their existing memberships are formally organized under LLC | Completed | Existing committees including Finance, Clinical (PDI), Workforce, and IT and their existing memberships are formally organized under LLC | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Complete administrative services agreement between LLC and BLHC for professional and administrative services | Completed | Complete administrative services agreement between LLC and BLHC for professional and administrative services | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task LLC formally organizes existing Steering Committee as its governing board/board of managers | Completed | LLC formally organizes existing Steering Committee as its governing board/board of managers | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Complete by-laws/operating agreement of LLC | Completed | Complete by-laws/operating agreement of LLC | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Establish BLHC PPS LLC | Completed | Establish BLHC PPS LLC | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project | Completed | This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| Task | Completed | Contract for operational management of clinical quality with | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-----------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Contract for operational management of clinical quality with PMO | | PMO | | | | | | | |
| Task Select initial reporting metrics for each project | Completed | Select initial reporting metrics for each project | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Draft charters for each of the cross functional workgroups | Completed | Draft charters for each of the cross functional workgroups | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Re-organize PDI as Clinical Quality Committee recognizing existing membership as members | Completed | Re-organize PDI as Clinical Quality Committee recognizing existing membership as members | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Review and finalize Clinical Committee charter and send to Steering Committee for review | Completed | Review and finalize Clinical Committee charter and send to Steering Committee for review | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Confirm existing membership on each of the 10 project workgroups | Completed | Confirm existing membership on each of the 10 project workgroups | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Confirm evidence based protocols for each domain 3 project | Completed | Confirm evidence based protocols for each domain 3 project | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable | Completed | This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | YES |
| Task Finalize Steering Committee by-laws/committee charter | Completed | Finalize Steering Committee by-laws/committee charter | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Adopt mission statements and charter of Workforce, Finance, IT and PDI | Completed | Adopt mission statements and charter of Workforce, Finance, IT and PDI | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Develop a quality committee and program | Completed | Develop a quality committee and program | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Develop compliance plan | Completed | Develop compliance plan | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Develop dispute resolution process for providers | Completed | Develop dispute resolution process for providers | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Milestone #4 Establish governance structure reporting and monitoring processes | Completed | This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-----------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Task Steering Committee receives reports from each committee - Workforce, Finance, IT, PDI, Quality and Compliance at each meeting | Completed | Steering Committee receives reports from each committee - Workforce, Finance, IT, PDI, Quality and Compliance at each meeting | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Develop key metrics for each management committee - IT, workforce, Clinical , Compliance, Quality, and Finance | Completed | Develop key metrics for each management committee - IT, workforce, Clinical , Compliance, Quality, and Finance | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task The Steering committee will ask each committee and project to use the Implementation plan metrics and milestone as a guide to develop individual committee and project metrics and milestones in compliance with the overall implementation plan and DOH timelines. | Completed | The Steering committee will ask each committee and project to use the Implementation plan metrics and milestone as a guide to develop individual committee and project metrics and milestones in compliance with the overall implementation plan and DOH timelines. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task The Steering Committee will review and approve the quarterly reports of each committee and project that must be submitted in compliance with the implementation plan. | Completed | The Steering Committee will review and approve the quarterly reports of each committee and project that must be submitted in compliance with the implementation plan. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Distribute tools to participating providers to report on their DSRIP activities | Completed | Distribute tools to participating providers to report on their DSRIP activities | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task The PPS project participation statement of work which will be attached to each provider's participation agreement, will identify the metrics and milestones that the provider must work cooperatively with other providers to accomplish throughout the DRSIP contract. | Completed | The PPS project participation statement of work which will be attached to each provider's participation agreement, will identify the metrics and milestones that the provider must work cooperatively with other providers to accomplish throughout the DRSIP contract. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task The PPS provider manual will be distributed to each provider, giving each provider the information necessary to comply with participation in the PPS and the individual projects. | Completed | The PPS provider manual will be distributed to each provider, giving each provider the information necessary to comply with participation in the PPS and the individual projects. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task | Completed | LLC contracts with PMO to operationalize oversight and | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| LLC contracts with PMO to operationalize oversight and monitoring of quality, provider financial stability, provider contracts management, IT and other implementation activities | | monitoring of quality, provider financial stability, provider contracts management, IT and other implementation activities | | | | | | | |
| Task Educate participating providers on PPS compliance program | Completed | Educate participating providers on PPS compliance program | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement) | Completed | Community engagement plan, including plans for two-way communication with stakeholders. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | NO |
| Task Engage community and provider relations expertise to develop plan | Completed | Engage community and provider relations expertise to develop plan | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Identify gaps in the participating provider network and seek providers to fill those gaps. | Completed | Identify gaps in the participating provider network and seek providers to fill those gaps. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Review list of PPS Network Providers to confirm contact information | Completed | Review list of PPS Network Providers to confirm contact information, etc. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Develop and implement an outreach program to CBOs educating them and their clients about the importance of participating in the PPS by permitting their health information to be shared among their medical and social service providers. | Completed | Develop and implement an outreach program to CBOs educating them and their clients about the importance of participating in the PPS by permitting their health information to be shared among their medical and social service providers. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Effective provider engagement will occur when providers participate in town halls or webinars; distribute PPS materials to their clients; or sign a provider agreement to participate in a project. | Completed | Effective provider engagement will occur when providers participate in town halls or webinars; distribute PPS materials to their clients; or sign a provider agreement to participate in a project. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task LLC approves community engagement plan | Completed | LLC approves community engagement plan | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Milestone #6 | In Progress | Signed CBO partnership agreements or contracts. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Finalize partnership agreements or contracts with CBOs | | | | | | | | | |
| Task LLC develops Phase 2 scopes of work for each project that is attached to the participating provider agreement and distributed to participating provider. Scopes of work are an attachment to existing provider agreements and clearly define the provider's responsibility as a partner in the project. | Completed | LLC develops Phase 2 scopes of work for each project that is attached to the participating provider agreement and distributed to participating provider. Scopes of work are an attachment to existing provider agreements and clearly define the provider's responsibility as a partner in the project. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Each project will review the list of participating providers and identify any gaps that may exist. The project leads can recommend additional providers to the steering committee if they are needed to complete the project's network | Completed | Each project will review the list of participating providers and identify any gaps that may exist. The project leads can recommend additional providers to the steering committee if they are needed to complete the project's network | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Contracts are distributed, signed and implemented | Completed | Contracts are distributed, signed and implemented | 04/01/2015 | 12/31/2015 | 04/01/2015 | 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. | 04/01/2015 | 06/30/2018 | 04/01/2015 | 06/30/2018 | 06/30/2018 | DY4 Q1 | NO |
| Task Identify appropriate agencies based on existing collaborations with the department of corrections, department of social services, and department of health | In Progress | Identify appropriate agencies based on existing collaborations with the department of corrections, department of social services, and department of health | 04/01/2015 | 12/31/2015 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Commence meetings with identified agencies for interaction and participation in the PPS | In Progress | Commence meetings with identified agencies for interaction and participation in the PPS | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Engage selected and identified agency and begin to develop a formal relationship between the agency and PPS through MOUs or contracts | In Progress | Engage selected and identified agency and begin to develop a formal relationship between the agency and PPS through MOUs or contracts | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Task Identify the role and responsibility of each identified public agency in the PPS' projects | In Progress | Identify the role and responsibility of each identified public agency in the PPS' projects | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task Begin cooperation with selected agencies | In Progress | Begin cooperation with selected agencies | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task Integrate selected public agencies into the PPS project teams, including those agencies in all appropriate activities of the projects, and establish reporting requirements for the agency as necessary | In Progress | Integrate selected public agencies into the PPS project teams, including those agencies in all appropriate activities of the projects, and establish reporting requirements for the agency as necessary | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task Monitor agency participation as a provider in the PPS projects and establish communications to provide them with feedback about there PPS participation | In Progress | Monitor agency participation as a provider in the PPS projects and establish communications to provide them with feedback about there PPS participation | 04/01/2015 | 06/30/2018 | 04/01/2015 | 06/30/2018 | 06/30/2018 | DY4 Q1 | |
| Milestone #8 Finalize workforce communication and engagement plan | In Progress | Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee). | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task Review list of PPS Network Providers to confirm contact information | Completed | Review list of PPS Network Providers to confirm contact information | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Inventory communication needs and available communication channels that can be used to reach key stakeholders | Completed | Inventory communication needs and available communication channels that can be used to reach key stakeholders | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Develop workforce communication plan that meets need of PPS providers - review plan with key stakeholders | In Progress | Develop workforce communication plan that meets need of PPS providers - review plan with key stakeholders | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Develop educational materials to communicate BLHC PPS goals to the workforce | In Progress | Develop educational materials to communicate BLHC PPS goals to the workforce | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Milestone #9 Inclusion of CBOs in PPS Implementation. | In Progress | Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| | | how they will be included in project delivery and in the development of your PPS network. | | | | | | | |
| Task Conduct a community network analysis to identify multi-function organizations that provide social, behavioral health and other support services | Completed | BLHC PPS will identify multi-function organizations that provide social, behavioral health and other support services (such as assistance with obtaining food and shelter) to their clientele. From the beginning, BLHC PPS has included many community organizations like as major participants in the development of the PPS. Additionally, BLHCPPS will include numerous smaller care coordination agencies in project development to make certain that those agencies working mostly closely with our vulnerable population have a voice. | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| Task Conduct a gap analysis to ensure that patient needs identified in the Community Needs Assessment are aligned with the network service capacity | Completed | CBOs help to ensure that the PPS' attributed members have sufficient access to a range of services from vocational/technical education and training to health education to supportive housing and other services that may be identified in the Community Needs Assessment. | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| Task Engage identified agencies through inter-agency meetings, town halls, and project advisory committees and begin to develop a formal relationship between the agency and PPS through MOUs or contracts | Completed | The BLHC PPS has identified 13 community providers as participants into the PPS through either a letter of attestation or a signed agreement and will first contract with those entities. If the PPS finds that attributed members do not have sufficient access through these 13 providers, we will seek to expand the network, strategically selecting providers to fill gaps in access. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Identify CBO agency staff to participate (either as a member or co-chair) on project and cross-functional workgroups. If applicable, request CBOs with expertise to conduct trainings for the PPS. | In Progress | As care and prevention shifts to the community, CBOs play an increasingly important role in ensuring the success of the PPS and DSRIP. As such, their expertise and participation on project and cross-functional workgroups cannot be understated. CBOs that possess an expertise applicable to the PPS patient population may provide training to others in the PPS. For example, a CBO may have expertise using peer engagement models that other agencies providing care coordination services in the PPS could benefit from. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |



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IA Instructions / Quarterly Update

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

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|----------|-----------------------------|--|--|---------------------|
| Finalize governance structure and sub-committee structure | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160202142235_Governance_Template-Bronx_Lebanon.xlsx | Governance Structure, Clinical Governance, Workforce, Meeting Schedule, Community Engagement & Community Based Organization templates | 02/02/2016 02:22 PM |
| | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160128082325_Governance_and_Org_Chart_012016Final.pptx | Updated organizational chart | 01/28/2016 08:23 AM |
| Establish a clinical governance structure, including clinical quality committees for each DSRIP project | dmaq | Templates | 27_MDL0203_1_3_20160316112852_Clinical_Governance_Committees.xlsx | Clinical Committee template - includes roster, roles and responsibilities, membership at other committees. | 03/16/2016 11:28 AM |
| | dmaq | Templates | 27_MDL0203_1_3_20160316112614_Organizational_Governance_Committees.xlsx | Organizational Governance Committee - includes roster, roles and responsibilities for the following: PPS Steering/Board, Clinical & Quality Committee, Finance, Compliance | 03/16/2016 11:26 AM |
| | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160201160246_DSRIP_PPS_Structure_-_Clinical_&_Quality_Charter.docx | BHA PPS LLC Clinical & quality Committee Charter | 02/01/2016 04:02 PM |
| | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160128090613_CQ_Meetingss_Template.xlsx | Clinical Governance meeting template | 01/28/2016 09:06 AM |
| | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160128082721_Clinical_Governance_Committee_Template.xlsx | DOH Clinical Governance Template | 01/28/2016 08:27 AM |
| | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160128082457_Governance_and_Org_Chart_012016Final.pptx | Organizational Chart | 01/28/2016 08:24 AM |
| Establish governance structure reporting and monitoring processes | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160202142454_Community_Based_Organizations_Template.xlsx | BHA PPS LLC Community based Organization Templates | 02/02/2016 02:24 PM |
| | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160128174859_v2_Milestone_4_Overview_of_Reporting_and_Monitoring.docx | Monitoring & reporting Overview process document | 01/28/2016 05:48 PM |
| | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160128091453_v6_IP_Milestones_Ownership.docx | Milestone ownership file | 01/28/2016 09:14 AM |



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Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|----------|-----------------------------|---|--|---------------------|
| | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160128091403_Project_2_a_i_Status_Report.docx | Project 2ai status report | 01/28/2016 09:14 AM |
| | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160128091320_DSRIP_Status_Report_Template.docx | DSRIP Project status report template | 01/28/2016 09:13 AM |
| Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement) | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160128092303_v2_Attachment_A_BHA_Outreach_Strategy_Outline.docx | BHA PPS Outreach Strategy | 01/28/2016 09:23 AM |
| | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160128092213_DSRIP_-_Community_Engagement_Plan-1.xlsx | Community Engagement Template | 01/28/2016 09:22 AM |
| | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160128092054_Attachment_B_BHA_Communication_Strategy.pptx | PowerPoint presentation of Communication Strategy | 01/28/2016 09:20 AM |
| | vg467992 | Meeting Materials | 27_MDL0203_1_3_20160128091959_Meetings.xlsx | Stakeholder Committee meetings template | 01/28/2016 09:19 AM |
| Finalize partnership agreements or contracts with CBOs | vg467992 | Documentation/Certification | 27_MDL0203_1_3_20160202142354_Community_Based_Organizations_Template.xlsx | BHA PPS LLC Community Based Organization Template. | 02/02/2016 02:23 PM |
| | vg467992 | Contracts and Agreements | 27_MDL0203_1_3_20160201085211_GW-3146266-v6_BLHC_DSRIP_Participation_Agreement_.pdf | BHA PPS LLC Network Provider Participation Agreement | 02/01/2016 08:52 AM |
| | vg467992 | Meeting Materials | 27_MDL0203_1_3_20160128095152_Meetings.xlsx | Governing Committee meetings templete | 01/28/2016 09:51 AM |
| | vg467992 | Meeting Materials | 27_MDL0203_1_3_20160128094933_DSRIP_-_Community_Engagement_Plan-1.xlsx | Community Engagement meeting template | 01/28/2016 09:49 AM |

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| Finalize governance structure and sub-committee structure | There has been an update of the BHA PPS LLC Organizational Chart. As required the Org Chart has been attached to milestone. In addition The required Governance structure template document has been uploaded and attached to milestone 1. Please note that the file which has multiple sheets- Clinical Governance; Governance;, Workforce;, Meeting Schedule; CBO; Community engagement Templates |
| Establish a clinical governance structure, including clinical quality committees for each DSRIP project | DY1Q3 Remediation Response - We have separated the original worksheet with multiple tabs into two separate worksheets: Clinical Committee and Governance Committee. The Governance Committee worksheet includes the PPS Steering/Board, Clinical & Quality Committee, Finance, IT, Stakeholder Engagement, Workforce, and Compliance. KEY CLINICAL & QUALITY COMMITTEE TASKS AND RESPONSIBILITIES are: Project implementation oversight. Ensure projects are developed to meet evidence based models of care, align with Community Needs Assessment, include strategic considerations of PPS leaders, project valuation and –impact analyses. Given the challenging time frames the clinical & quality committee working group |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|--|
| | <p>will work closely with all project sub-committees. The Committee will work towards</p> <ul style="list-style-type: none"> • Developing the Clinical Change Management Approach to meet DSRIP goals- 25% reduction of avoidable readmissions & closing the quality gap by 10%. o Monitor project quality- Review Quality Performance- Review Project quarterly to ensure project is on track for meeting Metrics & Milestones and well as other DSRIP deliverables. o Strategic planning- Access & ensure the integration & collaboration between the projects to ensure efficiency and effectiveness of the projects to reduce duplication of services, i.e. care coordination services. o Review list of partners for the different projects to ensure closing of gap o Review project plans to ensure evidence based practices are being used o Perform Integrated Delivery System (IDS) capability assessment: <ul style="list-style-type: none"> <input type="checkbox"/> Population health management capabilities <input type="checkbox"/> Ability to coordinate care across organizational boundaries based on trans-organizational protocols <input type="checkbox"/> IT infrastructure (EHR use, RHIO interconnectivity capabilities for Performance Management Support and population health analytics) |
| Finalize bylaws and policies or Committee Guidelines where applicable | No updates or new documentation for this milestone |
| Establish governance structure reporting and monitoring processes | BHA PPS LLC has uploaded documentation to support the completion of the milestone. Outlining our reporting structure. |
| Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement) | BHA PPS LLC has uploaded documentation to support the completion of the milestone. The uploaded documents outlines the PPS's Community engagement strategy. |
| Finalize partnership agreements or contracts with CBOs | <p>DY1Q3 Remediation Response - we have changed the milestone due date to DY1Q4 at the suggestion of the IA during the DY1Q3 remediation period. We will provide copies of CBO contracts (our standard provider agreement) during the DY1Q4 Submission.</p> <p>The BHA PPS LLC has created a network of providers to meet the challenges and health disparities of the community. As such providers range from small CBOs to large FQHCs, Pharmacies and Religious affiliations. We continue to work with our partners to ensure completion of all PPS required surveys, agreements/contracts, etc as well as participation in projects.</p> |
| Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.) | |
| Finalize workforce communication and engagement plan | |
| Inclusion of CBOs in PPS Implementation. | |



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Milestone Review Status

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



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IPQR Module 2.2 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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✓ 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.

- Risk: The financial fragility of many participating providers; Mitigation: PPS Finance committee will monitor each participating provider initially and then annually;
- Risk: The culture of competition rather than cooperation that exists among similar agencies and providers; Mitigation: The PPS leadership will continue to meet with other PPS leaders in the Bronx to collaborate on services;
- Risk: the ability of the PPS to attain project goals within the proposed budget; Mitigation: The PPS will work with partners to identify cost effective strategies and will participate in learning collaborative focused on transformational activities;
- Risk: Lack of understanding of DSRIP and PPS among provider participants; Mitigation: The PPS will continue its stakeholder outreach activities to educate providers and the community about its goals;
- Risk: The ability to develop and implement a project management office in conjunction with the Mount Sinai PPS in a timely manner; Mitigation: The two institutions will begin implementation of the PMO prior to the start of DSRIP;
- Risk: The ability to develop meaningful data that will support the activities of the PPS; Mitigation: The PPS IT committee will continue to seek appropriate platforms and technology to assure meaningful data.

✓ IPQR Module 2.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

The primary interdependency is the participating provider contract that will link providers to the PPS and establish the working relationship between the PPS and its provider network. This will require significant provider outreach and education. Integral to that network is an IT platform that is available to all PPS participants and establishes a framework for data exchange and management as well as reporting. The Workforce plan will be a key component of transformation for many providers as they move away from traditional facility based activities into community-based activities. It will be incumbent on the PPS to have a plan and program in place to retrain a sufficient number of providers to work in these community based settings providing case management and care coordination. The PPS network includes two Health Homes and we are leveraging resources from



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the two Health Homes to provide support for care coordination and other social determinants of health. Additionally, a significant number of analysts will be necessary to manage the data and report on the activities of each of the projects and the PPS as a whole. The Steering Committee will establish a process for financially fragile providers to apply to the PPS for sustainability funds and for the PPS to take action on those requests. Finally, much of the transformation is based on changing beneficiary behavior. The PPS will develop culturally appropriate outreach and education to engage attributed members in care coordination and management that will assist them in achieving their health goals.



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✓ 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 |
|---|--|---|
| PPS Governance and organization | Fred Miller | Establish LLC, PMO contract, Provider participation contracts, compliance program |
| PPS Compliance Officer | Yasmine Gourdian/Bronx Lebanon | Ensuring that the PPS is in compliance with all DSRIP related polices and procedures |
| Integrated Delivery System Implementation & Oversight | Dennis Maquiling/Bronx Lebanon | Establish and Implement DSRIP: IT, Project Implementation, PCMH Certification, Care Coordination, Stakeholder Engagement oversight. Reporting on milestones and metrics |
| Financial management and oversight | Victor DeMarco/Bronx Lebanon | Financial structure and management of PPS, treasury and accounting, financial oversight of PPS participating providers |
| IT Development and Implementation | Ivan Durbak/Bronx Lebanon & Dan Figueras/Urban Health Plan | IT platform, interconnectivity with PPS partners, data base management, performance reporting management |
| Workforce Committee | Rosa Agosto/ Urban Health Plan & Selena Griffin-Mahon/ Bronx Lebanon | Develop Workforce Strategy for BLHC PPS |
| PDI/Clinical Committee | John Coffey, MD/ Bronx Lebanon | Project Implementation strategy |
| PCMH | Blaze Gusic/Bronx Lebanon & Javiera Riveria/ Urban Health Plan | Engage providers and aid them with reaching PCMH Level 3 |
| Care Coordination | Christina Coons/ VNSNY & Kathryn Salisbury / Mental Health Association - New York City | Functions as the central point for care coordination and Deliverables across the PPS |
| Stakeholder Engagement | Joann Casado/Urban Health Plan, Gary Rosario/ Bronx Lebanon & Roy Wallach/ Conifer Park-Armes Acre | Coordinate stakeholder communication for the PPS |



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✔ 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 | | |
| Denise Maquiling- Bronx- Health Access | Governance Committee Member | Development and implementation of PPS Governance Structure |
| Neil Pessin- Community Care Management Partners; VNSNY | Governance Committee Member | Development and implementation of PPS Governance Structure |
| Dr. Isaac Dapkins - Bronx-Lebanon Hospital Center | Governance Committee Member | Development and implementation of PPS Governance Structure |
| Brent Stakehouse- Mount Sinai Hospital | Governance Committee Member | Development and implementation of PPS Governance Structure |
| Shirley Riley- 1199 SEIU | Governance Committee Member | Development and implementation of PPS Governance Structure |
| Dr. Jeffry Levine- Bronx Health Home | Governance Committee Member | Development and implementation of PPS Governance Structure |
| Dr. Rosa Gil- Comunilife | Governance Committee Member | Development and implementation of PPS Governance Structure |
| Octavio Marin- Special Care Center, Bronx Lebanon Hospital Center | Governance Committee Member | Development and implementation of PPS Governance Structure |
| Paloma Hernandez- Urban Health Plan | Governance Committee Member | Development and implementation of PPS Governance Structure |
| Dr. Ramon Moquete- Hudson Heights IPA | Governance Committee Member | Development and implementation of PPS Governance Structure |
| Mary Zagajeski- Dominican Sisters Family Health Services | Governance Committee Member | Development and implementation of PPS Governance Structure |
| Victor DeMarco, Senior Vice President & CFO Bronx Lebanon Hospital Center | Governance Committee Member | Development and implementation of PPS Governance Structure |
| External Stakeholders | | |
| NY State DOH | Regulatory Organization | Rules and Policy |
| NYC DOHMH | Regulatory Organization | Rules and Policy |
| Legislators | Oversight to Policy and Engagement | Rules and Policy |
| External PPS | Treatment and Patients Interactions | Care Coordination |
| Medicaid Managed Care Plans | Treatment and Patients Interactions | Billing and Care Management |
| Advocacy Organizations | User Out-Reach and Structure | Influence and Committee Roles |



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✅ 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.

A central tenant of effective governance is communication, as is evidenced by key organizational milestones, including:

- (1) Finalize community engagement plan, including communications with the public and non-provider organizations;
- (2) Finalize partnership agreements or contracts with CBOs; and
- (3) Finalize workforce communication and engagement plan.

Successful realization of these deliverables will require a shared IT infrastructure that includes Provider and Patient Engagement solutions, as identified in the organization's IT Plan, including the BL PPS Participant Portal and the Contact Center. These tools will allow the PPS to provide information and technical assistance across its network and service area, thus meeting governance-specific deliverables. In addition, a robust and shared IT infrastructure will minimize the risk for DSRIP under-performance and provide the PPS governing body with data and informatics required to support effective and strategic decision-making.

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the project's success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

✅ IPQR Module 2.8 - Progress Reporting

Instructions :

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



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The governance work stream will be successful when the Steering Committee is operating as the governing board of the PPS and is approving budgets, distributing funds, contracted for services with the PMO, overseeing and monitoring quality and compliance and fostering outreach to providers and beneficiaries. In 5 years, the LLC will be engaged in risk contracts with MCOs that reflect an integrated delivery system developed by the PPS.

IPQR Module 2.9 - IA Monitoring

Instructions :



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Section 03 – Financial Stability

✓ IPQR Module 3.1 - Prescribed Milestones

Instructions :

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

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Milestone #1 Finalize PPS finance structure, including reporting structure | Completed | This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| Task Develop and receive approval for Finance Mission | Completed | Develop and receive approval for Finance Mission | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Finalize Finance functions including banking, treasury, accounting, general ledger and receive steering approval for activities | Completed | Finalize Finance functions including banking, treasury, accounting, general ledger and receive steering approval for activities | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Produce cash flow forecasts and report to Steering Committee | Completed | Produce cash flow forecasts and report to Steering Committee | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Establish policies and procedures for Steering Committee approvals of funds distributions to partners | Completed | Establish policies and procedures for Steering Committee approvals of funds distributions to partners | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Complete ASO agreement between BLHC and PPS for financial services | Completed | Complete ASO agreement between BLHC and PPS for financial services | 10/01/2015 | 12/31/2015 | 10/01/2015 | 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 | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | YES |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| | | 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 | | | | | | | |
| Task Finance committee establishes metrics for financial monitoring | Completed | Finance committee establishes metrics for financial monitoring | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Distribute financial monitoring survey to each participating provider along with participating provider agreement and compliance questionnaire | Completed | Distribute financial monitoring survey to each participating provider along with participating provider agreement and compliance questionnaire | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Review provider financial information in relation to metrics for review of financial stress established by PPS | Completed | Review provider financial information in relation to metrics for review of financial stress established by PPS | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Evaluate responses and determine partner institutions that are at financial risk | Completed | Evaluate responses and determine partner institutions that are at financial risk | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Contact partners to verify risk status | Completed | Contact partners to verify risk status | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task If partner is determined to be vital to a project or if the financial stress is a direct result of DSRIP activities, determine funds needed to reduce risk and require a corrective action plan as a prerequisite to fund distribution | Completed | If partner is determined to be vital to a project or if the financial stress is a direct result of DSRIP activities, determine funds needed to reduce risk and require a corrective action plan as a prerequisite to fund distribution | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Monitor financially fragile providers, particularly those that have received sustainability funds | Completed | Monitor financially fragile providers, particularly those that have received sustainability funds | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Annually re-evaluate revenue losses to partners as a result of DSRIP projects and use information to make recommendations to Steering Committee about the distribution of | Not Started | Annually re-evaluate revenue losses to partners as a result of DSRIP projects and use information to make recommendations to Steering Committee about the distribution of sustainability funds | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| sustainability funds | | | | | | | | | |
| Task Finance committee establishes requirements and process to apply for financial sustainability funds | Completed | Finance committee establishes requirements and process to apply for financial sustainability funds | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d | Completed | This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead). | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| Task Distribute compliance survey to all participating providers and receive and review results of those partners required to maintain a compliance program | Completed | Distribute compliance survey to all participating providers and receive and review results of those partners required to maintain a compliance program | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Complete review of NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibility of the PPS lead | Completed | Complete review of NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibility of the PPS lead | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Hire Compliance Officer who has independent reporting responsibility to the LLC and PPS Lead | Completed | Hire Compliance Officer who has independent reporting responsibility to the LLC and PPS Lead | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task In collaboration with MSPPS develop comprehensive compliance program including policies and procedures that define and implement a code of conduct and other required elements of the compliance plan. Obtain Steering Committee approval of plan. | Completed | comprehensive compliance program including policies and procedures that define and implement a code of conduct and other required elements of the compliance plan. Obtain Steering Committee approval of plan. | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Review results of participating partner compliance survey and develop criteria for corrective actions | Completed | Review results of participating partner compliance survey and develop criteria for corrective actions | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Establish permanent reporting requirement of Compliance to Steering Committee at least quarterly | Completed | Establish permanent reporting requirement of Compliance to Steering Committee at least quarterly | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Milestone #4 | In Progress | This milestone must be completed by 3/31/2016. Value-based | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | YES |



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. | | payment plan, signed off by PPS board | | | | | | | |
| Task PPS will evaluate its current risk arrangements including its health home and its global risk contract with Health First as a baseline for future risk contracts. VBP accounts for 19% of the lead entity's Medicaid revenue today. | Completed | PPS will evaluate its current risk arrangements including its health home and its global risk contract with Health First as a baseline for future risk contracts. VBP accounts for 19% of the lead entity's Medicaid revenue today. | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task PPS will seek PPS community based partners and other PPS partners to integrate their services into current risk arrangement that could permit partners to share in upside risk under current arrangements. | Not Started | PPS will seek PPS community based partners and other PPS partners to integrate their services into current risk arrangement that could permit partners to share in upside risk under current arrangements. | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task PPS will seek care coordination arrangements with MCOs built on its successful health home model that currently manages 4000 lives using an electronic assessment tool | Not Started | PPS will seek care coordination arrangements with MCOs built on its successful health home model that currently manages 4000 lives using an electronic assessment tool | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task PPS will expand care coordination arrangements to other MCOs to learn how to manage larger and more complex populations | Not Started | PPS will expand care coordination arrangements to other MCOs to learn how to manage larger and more complex populations | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task PPS will engage community partners to participate on care coordination teams | Not Started | PPS will engage community partners to participate on care coordination teams | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Based on experience with care coordination, PPS will implement learning collaborative about care coordination as a tool to move toward VBP. | Not Started | Based on experience with care coordination, PPS will implement learning collaborative about care coordination as a tool to move toward VBP. | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task PPS will develop a road map to expand care coordination to additional MCOs | Not Started | PPS will develop a road map to expand care coordination to additional MCOs | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task PPS will finalize a plan to move from care | Not Started | PPS will finalize a plan to move from care coordination contracts to contracts that include upside risk for PPS and its | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| coordination contracts to contracts that include upside risk for PPS and its partners | | partners | | | | | | | |
| Task PPS will work with additional MCOs to establish a shared savings arrangement based on care management to move those populations, at least to a level 1 VBP. | Not Started | PPS will work with additional MCOs to establish a shared savings arrangement based on care management to move those populations, at least to a level 1 VBP. | 10/01/2015 | 03/31/2016 | 01/01/2016 | 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 | 10/01/2015 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | YES |
| Task Collect and Analysis current state of PPS's VBP arrangements | Completed | Collect and Analysis current state of PPS's VBP arrangements | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Perform gap analysis on current state to meet the 90% contracting goals | In Progress | Perform gap analysis on current state to meet the 90% contracting goals | 01/01/2016 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Create a Focus Group with Finance and Steering Committee to handle Value-based Payment planning and execution | In Progress | Create a Focus Group with Finance and Steering Committee to handle Value-based Payment planning and execution | 01/01/2016 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Draft Plan to achieve 90% value-based payments across network by year 5 of the waiver | In Progress | Draft Plan to achieve 90% value-based payments across network by year 5 of the waiver | 01/01/2016 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Review and Modify Plan to achieve 90% value-based payments across network by year 5 of the waiver | Not Started | Review and Modify Plan to achieve 90% value-based payments across network by year 5 of the waiver | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Finalize and sign-off from steering the Plan to achieve 90% value-based payments across network by year 5 of the waiver | Not Started | Finalize and sign-off from steering the Plan to achieve 90% value-based payments across network by year 5 of the waiver | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation | Not Started | | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 | YES |
| Task | Not Started | PPS will evaluate its current shared risk arrangement for its | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| PPS will evaluate its current shared risk arrangement for its health home population as a model for 2aiii participants | | health home population as a model for 2aiii participants | | | | | | | |
| Task Based on that evaluation, PPS will seek to expand its shared risk arrangement to include the 2aiii population | Not Started | Based on that evaluation, PPS will seek to expand its shared risk arrangement to include the 2aiii population | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 | |
| Task PPs will evaluate the possibility of a bundled payment methodology for a subpopulation engaged in one of the projects | Not Started | PPs will evaluate the possibility of a bundled payment methodology for a subpopulation engaged in one of the projects | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 | |
| Task PPS will test the bundled payment methodology with the lead entity | Not Started | PPS will test the bundled payment methodology with the lead entity | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 | |
| Task PPS will seek an MCO partner to develop a bundled payment methodology for the identified subpopulation | Not Started | PPS will seek an MCO partner to develop a bundled payment methodology for the identified subpopulation | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 | |
| Task If the results of the bundled payment methodology at the lead entity are acceptable, PPS will expand participation to other PPS partners | Not Started | If the results of the bundled payment methodology at the lead entity are acceptable, PPS will expand participation to other PPS partners | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 | |
| Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher | In Progress | | 10/01/2015 | 06/30/2019 | 10/01/2015 | 06/30/2019 | 06/30/2019 | DY5 Q1 | YES |
| Task Collect and Analysis current state of PPS's VBP arrangements | Completed | Collect and Analysis current state of PPS's VBP arrangements | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Perform gap analysis on current state to meet the 50% contracting goals | Not Started | Perform gap analysis on current state to meet the 50% contracting goals | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task PPS will seek MCO partners to develop level 1 VBP contracts | In Progress | PPS will seek MCO partners to develop level 1 VBP contracts | 07/01/2016 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task | Not Started | PPS will test the MCO agreements with partners | 07/01/2017 | 09/30/2017 | 07/01/2017 | 09/30/2017 | 09/30/2017 | DY3 Q2 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| PPS will test the MCO agreements with partners | | | | | | | | | |
| Task If the results of the VBP level 1 payment methodology at the lead entity are acceptable, PPS will expand participation to other PPS partners to meet the 50% Goal | Not Started | If the results of the VBP level 1 payment methodology at the lead entity are acceptable, PPS will expand participation to other PPS partners to meet the 50% Goal | 01/01/2018 | 03/31/2018 | 01/01/2018 | 03/31/2018 | 03/31/2018 | DY3 Q4 | |
| 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 | In Progress | | 07/01/2015 | 06/30/2019 | 07/01/2015 | 06/30/2019 | 06/30/2019 | DY5 Q1 | YES |
| Task PPS will seek approval to participate in the Innovator Program | Completed | PPS will seek approval to participate in the Innovator Program | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Collect and Analysis current state of PPS's VBP arrangements | Completed | Collect and Analysis current state of PPS's VBP arrangements | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Perform gap analysis on current state to meet the 90% contracting goals | In Progress | Perform gap analysis on current state to meet the 90% contracting goals | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task After receiving approval for Innovator Program, lead entity will establish learning collaborative with PPS partners to implement the Innovator program with selected partners based on the due diligence listed above | Not Started | After receiving approval for Innovator Program, lead entity will establish learning collaborative with PPS partners to implement the Innovator program with selected partners based on the due diligence listed above | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 | |
| Task PPS will seek MCO partners to expand Innovator program coverage to those MCO populations | Not Started | PPS will seek MCO partners to expand Innovator program coverage to those MCO populations | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 | |
| Task PPS will test the MCO agreements with partners | Not Started | PPS will test the MCO agreements with partners | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 | |
| Task PPS will ramp up contracting agreements to close remaining gap | Not Started | PPS will ramp up contracting agreements to close remaining gap | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 | |



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IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|----------|-----------------------------|---|--|---------------------|
| Finalize PPS finance structure, including reporting structure | vg467992 | Documentation/Certification | 27_MDL0303_1_3_20160201172438_Finance_Governance_Structure.xlsx | BAH PPS LLS Finance Governance Structure | 02/01/2016 05:24 PM |
| | vg467992 | Meeting Materials | 27_MDL0303_1_3_20160128171714_Meeting_Schedule_-_Finance_Committee.xlsx | Meeting template for Finance Committee | 01/28/2016 05:17 PM |
| | vg467992 | Documentation/Certification | 27_MDL0303_1_3_20160128171019_v6_BLHC_PPS,_LLC_-_Bylaws.doc | BHA PPS LLC Bylaws | 01/28/2016 05:10 PM |
| | vg467992 | Contracts and Agreements | 27_MDL0303_1_3_20160128170915_v1_Adminstrative_Services_Agreement_-_BLHC_PPS,_LLC.pdf | ASO agreement between BHA PPS LLC & Bronx Lebanon Financial Services | 01/28/2016 05:09 PM |
| | vg467992 | Documentation/Certification | 27_MDL0303_1_3_20160128170818_GW-WRITTEN_CONSENT_-_BLHC_PPS,_LLC.pdf | BHA PPS LLC Written Consent Document | 01/28/2016 05:08 PM |
| | vg467992 | Documentation/Certification | 27_MDL0303_1_3_20160128170739_Bronx_Health_Access_PPS,_LLC_Organizational_Chart.pptx | BHA PPP LLC Organizational Chart | 01/28/2016 05:07 PM |
| | vg467992 | Documentation/Certification | 27_MDL0303_1_3_20160128170658_BLHC_PPS_Finance_Committee_Charter.docx | Finance Committee Charter | 01/28/2016 05:06 PM |
| | vg467992 | Documentation/Certification | 27_MDL0303_1_3_20160128170610_BLHC_PPS_Board_Approval_of_PPS_Committees.pdf | Documentation of board approval of the PPS Committees | 01/28/2016 05:06 PM |
| Finalize Compliance Plan consistent with New York State Social Services Law 363-d | vg467992 | Documentation/Certification | 27_MDL0303_1_3_20160128171535_2015_BLHC_OMIG_Certification.pdf | OMIG Certification | 01/28/2016 05:15 PM |
| | vg467992 | Documentation/Certification | 27_MDL0303_1_3_20160128171507_2015_BLHC_DRA_Certification.pdf | DRA Certification | 01/28/2016 05:15 PM |
| | vg467992 | Documentation/Certification | 27_MDL0303_1_3_20160125155639_BLHCPPS_COMP,_PROGRAM.PDF | Compliance Program Overview document | 01/25/2016 03:56 PM |

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| Finalize PPS finance structure, including reporting structure | "The attached documents outline the PPS' Finance structure as approved by the PPS Board of Managers (formally the Steering Committee). The documentation contains the Table of Organization, by-laws, etc. This also includes the Meeting Schedule template from the Finance Committee meetings over the past quarter. Finance Structure/charter- Please see Page 6 (Section 9 (b)) of "v6 BLHC PPS, LLC – Bylaws" and BLHC PPS Finance Committee Charter |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|--|
| | " |
| 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 | The attached documents contain the PPS' compliance plan, which is consistent with the NYS Social Services Law 363-d and Title 18 of the New York Code Rules and Regulations, Part 521. |
| 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 | |
| Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or 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 | |

Milestone Review Status

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



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IPQR Module 3.2 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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✓ 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.

The financial stability of BLHC, the lead entity, will have a major impact on the financial sustainability of the PPS. BLHC anticipates a reduction in admissions and is planning a reduction in bed capacity to adjust for this. Other institutional providers, specifically nursing facilities in this PPS, are still struggling with the concept of reduced admissions or changes in business practices. Their ability to make adjustments will impact their financial stability and ability to achieve project goals of the PPS as well. The Steering committee has approved a budget plan that includes a sustainability fund. This fund is 5% of the budget in year 1 and grow to 35% of the budget in year 5, allowing the PPS to provide funds to partners who are experiencing financial issues. Partners will apply to receive funds from the sustainability fund through a grant application process. Grants will be approved by the Steering committee and managed by the Finance Committee through the PMO.

Risk: inability to collect and analyze data for reporting. Mitigation: The PPS is developing systems and relationships, such as with the RHIO, that could permit better access to more complete data.

Risk: PPS providers may not be able to produce data timely. Mitigation: Provisions of the provider contract will tie incentive payments to timely and accurate data reporting.

Risk: The ability of the PPS to transition to VBP. Mitigation: The PPS is developing a major provider outreach and educational campaign to teach providers about VBP and help them prepare for it.

✓ 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 strategy is dependent on an integrated IT system that generates information necessary to make decisions about the PPS' ability to assume financial risk arrangements. The IT system will also support the on-going monitoring of PPS partner's financial health and the "budget to actual" of each of the projects, among other financial indicators. The 10 clinical projects will ultimately change the healthcare delivery system into a more integrated community based system. This transformation will be guided and monitored by the finance committee. As healthcare delivery is transformed, changes into the workforce could create financial challenges for PPS partners. The sustainability fund will be available, by application, to help with the changes in each individual provider's workforce. The PPS will rely on the active stakeholder engagement workgroup to educate providers about the PPS and DSRIP participation, their individual roles in projects and workgroups, and the funds that will be available to support implementation.



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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 |
|------------------------------------|--|--|
| Financial Management and oversight | Victor DeMarco/Bronx Lebanon | Financial structure and management of PPS, treasury and accounting, financial oversight of PPS participating providers |



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✓ 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 | | |
| Berenice Diaz, Urban Health Plan Inc. | Voting Member | Financial oversight and participation in finance committee |
| Elizabeth Hirschhorn, American Dental Offices | Voting Member | Financial oversight and participation in finance committee |
| Rosemary Cabrera, Bailey House | Voting Member | Financial oversight and participation in finance committee |
| Yocasta Garcia, Hudson Heights/Bronx United IPA | Voting Member | Financial oversight and participation in finance committee |
| Dr. Biren Patel, Hemant Patel MD PC/ Harlem Medical Group PC | Voting Member & Finance Project Liaison | Financial oversight and participation in finance committee |
| Nunzio Signorella, BOOM!Health | Member | Financial oversight and participation in finance committee |
| Michelle Trebitsch, Visiting Nurse Service of New York | Voting Member | Financial oversight and participation in finance committee |
| Alan Wengrofsky, Community Healthcare Network | Voting Member | Financial oversight and participation in finance committee |
| Geoffrey Anaele, Dannelisse Corporation | Voting Member | Financial oversight and participation in finance committee |
| Connie Fong, Dannelisse Corporation | Member | Financial oversight and participation in finance committee |
| Alan Zuckerman, Harlem United | Member | Financial oversight and participation in finance committee |
| John Salandra, Dominican Sisters | Voting Member | Financial oversight and participation in finance committee |
| Jessica Diamond, Brightpoint Health | Voting Member | Financial oversight and participation in finance committee |
| William Herl, Care for the Homeless | Voting Member | Financial oversight and participation in finance committee |
| Victor Demarco, Bronx Lebanon Hospital Center | Chair & Voting Member | Financial oversight and participation in finance committee |
| Arvind Pragani, Bronx Lebanon Hospital Center | Member & Finance Project Liaison | Financial oversight and participation in finance committee |
| Phil Opatz, Community Care Management Partners Health Home (CCMP) | Voting Member | Financial oversight and participation in finance committee |
| Silva Umukoro, Urban Health Plan Inc. | Member | Financial oversight and participation in finance committee |
| Tamisha McPherson, Harlem United | Member | Financial oversight and participation in finance committee |
| Dan McCarthy, Healthfirst | MEember | Financial oversight and participation in finance committee |
| Richard Parker, Bronx Lebanon Hospital Center | Member, Committee Secretary | Financial oversight and participation in finance committee |
| Rocco Morello, Bronx Lebanon Hospital Center | Member & Finance Project Liaison | Financial oversight and participation in finance committee |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|--|--|
| Rosemarie Gooden, Unique People Services | Member | Financial oversight and participation in finance committee |
| Sheldon Foster, Unique People Services | Voting Member | Financial oversight and participation in finance committee |
| Dennis Maquiling, Bronx Lebanon Hospital Center | Voting Member | Financial oversight and participation in finance committee |
| Louis Lopez Bronx Lebanon Hospital Center, | Member & Finance Project Liaison | Financial oversight and participation in finance committee |
| External Stakeholders | | |
| NY State DOH | Regulatory Organization | Rules and Policy |
| NYC DOH | Regulatory Organization | Rules and Policy |
| Legislators | Oversight to Policy and Engagement | Rules and Policy |
| External PPS | Treatment and Patients Interactions | Care Coordination |
| Medicaid Managed Care Plans | Treatment and Patients Interactions | Billing and Care Management |
| Advocacy Organizations | User Out-Reach and Structure | Influence and Committee Roles |



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Bronx-Lebanon Hospital Center (PPS ID:27)

✓ 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.

The BLHC PPS's IT infrastructure will enable detailed monitoring of program performance across the entire PPS and the multiple work streams, including by the CFO and the finance team along multiple dimensions relevant to financial operations, value-based payment, and PPS sustainability through PPS-wide data sharing platforms such as the provider portal and Customer Relationship Management (CRM) tools. The IT infrastructure will allow tracking of performance metrics across all DSRIP metrics and milestones to help inform the Financial Sustainability work stream as they strategize how best to incentivize behaviors among PPS members that will lead to achievement of quality care, patient satisfaction, and shared financial goals. The CFO and finance team will utilize this capability to develop specific reports that will provide insight into the performance of the PPS from a financial sustainability perspective to drive strategy, as well as compute appropriate payments to PPS members, based on the findings from these reports. They will also be able to monitor dashboards to identify high-cost centers within the PPS and to assess financial risks to - and opportunities for - the organization. In addition, member organizations will submit reports and data relating to DSRIP business and financial operations electronically to the PPS finance team. Additionally, through the development and use of an integrated IT platform that is geared to monitoring performance and improving outcomes, the PPS will be well suited to continue its growth and long-term strategy to sustain a value based payment and practice system, while meeting the diverse needs of the BLHC PPS's population.

The PPS is working to establish a CRM tool in order to track all reporting functions of the PPS and all contracts. This will include the reporting of financial metrics on a quarterly basis. The data will be self-reported through easy-to use portal system. The RHIO data warehouse containing information from providers and payers will serve an essential purpose in evaluating value-based payment options as the PPS matures. The PPS will also be able to share reports and performance measures along all dimensions, both financial, and non-financial, across the PPS through provider portals, the PPS website, CRM, and care management and coordination tools to help drive the entire network towards improving performance and long-term financial sustainability.

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.



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✓ IPQR Module 3.8 - Progress Reporting

Instructions :

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

Financial sustainability will be measured by the ability of the PPS to adhere to the budget and deliver successful projects within the constraints of those budgets. Ultimately, the PPS will be successful if it is able to transform its 10 projects into an organized delivery system that is capable of assuming risk for its attributed population and successfully managing the health of that population and the budgets that support that population health.

IPQR Module 3.9 - IA Monitoring

Instructions :



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Section 04 – Cultural Competency & Health Literacy

✓ IPQR Module 4.1 - Prescribed Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-----------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Milestone #1 Finalize cultural competency / health literacy strategy. | Completed | This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| Task Convene a meeting between Project Development and Implementation (PDI), Workforce, Care Coordination and Stakeholder Engagement Workgroups and Committees to identify a CC/HL sub-committee that will develop a cultural competency and health literacy strategy aimed at reducing health disparities and poor health outcomes within the PPS | Completed | Convene a meeting between Project Development and Implementation (PDI), Workforce, Care Coordination and Stakeholder Engagement Workgroups and Committees to identify a CC/HL sub-committee that will develop a cultural competency and health literacy strategy aimed at reducing health disparities and poor health outcomes within the PPS | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Building off the work of the Community Needs | Completed | Building off the work of the Community Needs Assessment, | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Assessment, PDI will 1) identify priority groups (including people with disabilities) experiencing health disparities and 2) identify key factors and barriers to improve patient access to primary, behavioral health and preventive care | | PDI will 1) identify priority groups (including people with disabilities) experiencing health disparities and 2) identify key factors and barriers to improve patient access to primary, behavioral health and preventive care | | | | | | | |
| Task The Training and Employment Funds (TEF) will inventory existing cultural competency training programs and survey projects and partners for training needs on cultural competency | Completed | The Training and Employment Funds (TEF) will inventory existing cultural competency training programs and survey projects and partners for training needs on cultural competency | 08/01/2015 | 12/31/2015 | 08/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Stakeholder Engagement will define a communication plan that allows for input and feedback from key stakeholders in the community | Completed | Stakeholder Engagement will define a communication plan that allows for input and feedback from key stakeholders in the community | 08/01/2015 | 12/31/2015 | 08/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task PDI will work with CC/HL sub-committee to develop culturally-appropriate assessments, tools and patient self-management materials | Completed | PDI will work with CC/HL sub-committee to develop culturally-appropriate assessments, tools and patient self-management materials | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task TEF and other training partners will identify curricula to be developed for the PPS that address core employee CC/HL competencies | Completed | TEF and other training partners will identify curricula to be developed for the PPS that address core employee CC/HL competencies | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task CC/HL sub-committee will develop recommendations for a PPS-wide strategy that defines cultural competency and standards for culturally appropriate services and care | Completed | CC/HL sub-committee will develop recommendations for a PPS-wide strategy that defines cultural competency and standards for culturally appropriate services and care | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Sub-Committee will present the CC/HL recommendations for the PPS CC/HL strategy to Workforce, PDI, Stakeholder, and Steering Committee for approval | Completed | Sub-Committee will present the CC/HL recommendations for the PPS CC/HL strategy to Workforce, PDI, Stakeholder, and Steering Committee for approval | 11/08/2015 | 12/31/2015 | 11/08/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate | In Progress | This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence- | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | YES |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| material). | | 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 Workforce will engage in contracting with the Training and Employment Funds (TEF) to act as clearinghouse for training activities | Completed | Workforce will engage in contracting with the Training and Employment Funds (TEF) to act as clearinghouse for training activities | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Workforce will survey partners to determine training capacity and knowledge across the PPS and externally including existing curricula, vendors and methods of training | Completed | Workforce will survey partners to determine training capacity and knowledge across the PPS and externally including existing curricula, vendors and methods of training | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Workforce will work with TEF to conduct an assessment of training needs for clinicians (and other segments of the workforce) by project | In Progress | Workforce will work with TEF to conduct an assessment of training needs for clinicians (and other segments of the workforce) by project | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Work with TEF to identify organizations that can provide necessary cultural competency trainings and/or develop new curriculum to meet identified Workforce needs | In Progress | Work with TEF to identify organizations that can provide necessary cultural competency trainings and/or develop new curriculum to meet identified Workforce needs | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Work with TEF to develop a comprehensive training plan to outline training needs by project and partner. The plan will include a timeline for development of new trainings, a plan to contract with partners for trainings, measurement to ensure trainings are effective, and a method for tracking who has attended trainings | In Progress | Work with TEF to develop a comprehensive training plan to outline training needs by project and partner. The plan will include a timeline for development of new trainings, a plan to contract with partners for trainings, measurement to ensure trainings are effective, and a method for tracking who has attended trainings | 01/01/2016 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Create a process for the Workforce Committee to maintain an oversight role to ensure that the trainings are meeting the needs of the PPS | Not Started | Create a process for the Workforce Committee to maintain an oversight role to ensure that the trainings are meeting the needs of the PPS | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Submit comprehensive training plan to Steering | Not Started | Submit comprehensive training plan to Steering Committee for approval | 05/01/2016 | 06/30/2016 | 05/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|------------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|----|
| Committee for approval | | | | | | | | | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|--|----------|-----------------------------|---|---|---------------------|
| Finalize cultural competency / health literacy strategy. | dmaq | Other | 27_MDL0403_1_3_20160316120801_BHA_CCHL_Strategy_v4.doc | CCHL Strategy Document | 03/16/2016 12:08 PM |
| | dmaq | Meeting Materials | 27_MDL0403_1_3_20160316120646_Meetings_Schedule_Template_CCHL_Strategy_and_Approval.xlsx | CCHL Meeting Schedule Template | 03/16/2016 12:06 PM |
| | dmaq | Meeting Materials | 27_MDL0403_1_3_20160316120517_Steering_Committee_Minutes_12-15-15_(approval_on_page_3).docx | Minutes of Steering 12/15/15. See page 3 for CCHL Strategy approval. | 03/16/2016 12:05 PM |
| | vg467992 | Meeting Materials | 27_MDL0403_1_3_20160125142312_Training_Materials_Template_DY1Q3.xlsx | Training Materials template | 01/25/2016 02:23 PM |
| | vg467992 | Meeting Materials | 27_MDL0403_1_3_20160125142227_Peer_Orientation_Sign_In.pdf | Peer Orientation sign-in sheet | 01/25/2016 02:22 PM |
| | vg467992 | Documentation/Certification | 27_MDL0403_1_3_20160125142117_Meeting_Schedule_Template_CCHL_Q3.xlsx | Bronx Health Access Cultural Competency & Health Literacy Meeting schedule Template | 01/25/2016 02:21 PM |
| | vg467992 | Documentation/Certification | 27_MDL0403_1_3_20160125142018_BHA_CCHL_Strategy_12.15.15_v4.doc | Bronx Health Access PPS Cultural Competency & Health literacy Strategy | 01/25/2016 02:20 PM |
| | vg467992 | Documentation/Certification | 27_MDL0403_1_3_20160125141904_Attachment_B_BHA_Communication_Strategy.pptx | Bronx Health Access PPS Communication Strategy | 01/25/2016 02:19 PM |
| | vg467992 | Documentation/Certification | 27_MDL0403_1_3_20160125141751_Attachment_A_BHA_Outreach_Strategy_Outline.docx | Bronx Health Access PPS Outreach Strategy doc | 01/25/2016 02:17 PM |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Finalize cultural competency / health literacy strategy. | DY1Q3 Remediation Response - minutes from 12/15/2015 Steering Board attached. See page 3 for approval of CCHL strategy. The uploaded document outlines the PPS's Cultural Competency and Health Literacy strategy. Attachments A and B describe the outreach and communication strategies. |
| Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). | |

Milestone Review Status

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



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IPQR Module 4.2 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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✓ 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.

Risk: High level health conditions and cultural diversity of the PPS population. The population of the BLHC PPS as described in the CNA is 72% Medicaid 65% Hispanic/Latino; 33% percent African American, Caribbean, West African. One quarter of this population speak English "not very well"; 38% are below the federal poverty line; 15.8% are unemployed; have the highest rates of premature death from HIV/AIDS, heart disease, diabetes, cancer, and/or injury in NYS. Mitigation: This means that the PPS has to take steps to combat not just disease conditions but the social determinants that exacerbate those treated conditions. The PPS has already made great strides in dealing with these issues, as seen in the existing programs and targeted actions within the PPS. The PPS will leverage the health home programs to help mitigate the health disparities and social detriments of health for the PPS targeted population. To fully complete the measures and metrics laid out in the plan, integration of both medical and social services must continue. The diverse needs of the population are a challenge to the outcome of the projects because there will be no standard solution. The actions that are taken by the PPS must be as diverse as the population that the PPS serves.

Risk: Training capacity and employee engagement. Mitigation: Workforce will need to work closely with PDI project leads, Stakeholder Engagement, and TEF to ensure that there are sufficient resources to train up existing and newly hired staff on the unique cultural competency and health literacy challenges of the PPS population and that the content of the training coincides with project development.

✓ 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.)

The successful implementation of the cultural competency and health literacy strategy is dependent on several closely tied work streams within and outside the PPS. The Community Needs Assessment Committee played a vital role in describing the patient population and identifying the underlying causes of health disparities. The Workforce committee must work closely with TEF in order to identify existing curricula and develop standardized training material for the PPS. This process necessitates buy-in from multiple segments of the healthcare workforce and strong provider engagement by the Stakeholder Engagement Workgroup to educate partners on the linkage between cultural competency and health literacy and health outcomes. Resources must be allocated by the Finance Committee. A common training and evaluation plan must be developed in conjunction with TEF and IT to ensure that the cultural competency and health literacy gap is closed and that outcomes are properly tracked. Project milestones, tasks, and outcomes relating to CC/HL need to be reviewed and incorporated into the overall strategy. Other patient communication vehicles (e.g. patient portal and PPS website) will need to be reviewed for cultural competency and health literacy. Project staff will be informed of the training by the PDI and the Care Coordination Cross Functional Workgroups. Steering committee will ultimately be responsible for reviewing the CC/HL standards that are developed and accepting them for the PPS.



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✓ 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 |
|---|---|--|
| Workforce Committee Co-Chairs | Rosa Agosto / Urban Health Plan & Selena Griffin Mahon / Bronx Lebanon | Ensure that the workforce committee is meeting and that tasks are being accomplished in a timely manner, provide leadership and guidance |
| Workforce Project Team | Members of Workforce Committee, project leads, union representation, subject matter experts | Give input on existing cultural competency and health literacy resources in the community. Key deliverable includes the development of CC/HL standards for the PPS. |
| Stakeholder Engagement Cross Functional Workgroup | Roy Wallach / Arms Acres | Build communication plan with stakeholders. Ensure we have an accurate list of stakeholders and that stakeholders understand what information the workforce committee needs and why. Key deliverables includes presenting CC/HL standards to PPS stakeholders. |
| Project Development and Implementation (PDI) / Clinical & Quality Committee | John Coffey / Bronx Lebanon | Project Implementation strategy; identifying key health challenges for the priority populations in project workgroups; Provide accurate forecasts of necessary CC/HL needs and workforce competency needs; work with partners to gather partner specific information |
| Cultural Competency & Health Literacy committee | Members of Workforce Committee, project leads, stakeholder engagement, union representation, subject matter experts | Give input on existing cultural competency and health literacy resources in the community. Key deliverable includes the development of CC/HL standards for the PPS. |
| Care Coordination Cross Functional Workgroup | Christina Coons / VNSNY & Kathryn Salisbury / Mental Health Association of New York City (MHA-NYC) | Provide guidance on roles, responsibilities, and skill sets (including cultural competency and health literacy) of care coordination staff that work directly with patients. |
| Workforce Clearinghouse | Established by the PPS and 1199SEIU Leagues Training and Employment Funds (TEF) | Entity established to serve all PPS participating partners in order to assist with assessing training needs, securing necessary training, providing trainings, developing curricula, and working with employees on retraining and redeployment |
| 3fi Project work group and Cultural Competency & Health Literacy committee co-chair | Diane Strom Bronx Lebanon | Give input on existing cultural competency and health literacy resources in the community. Key deliverable includes the development of CC/HL standards for the PPS. |
| Cultural Competency & Health Literacy committee co-chair | Shali Sharma Bronx Works | Give input on existing cultural competency and health literacy resources in the community. Key deliverable includes the development of CC/HL standards for the PPS. |



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✓ 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 | | |
| Shirley Riley, 1199 | Workforce Committee Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Celestino Fuentes, Argus Community | Workforce Committee Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Debbie Witham, VIP Services, Inc | Workforce Committee Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Julie Peskoe, Home Care NY | Workforce Committee Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Lawrence Lang, The PAC Program | Workforce Committee Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Nestor Sanchez, Home Care NY | Workforce Committee Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Rosa Agosto, Urban Health Plan | Workforce Committee Partner, Co- Chair | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Kathy Miller, Bronx RHIO | Workforce Committee Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Virgilina Gonzalez, Bronx Lebanon Hospital Center | Workforce Committee Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Roy Wallach, Arms Acres | Workforce Committee Partner & Co-Chair, Stakeholder Engagement Committee | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Vivian Torres, Self Help Community Services, Inc | Workforce Committee Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Selena Griffin, Bronx Lebanon Hospital Center | Workforce Committee Partner, Co- Chair | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| PCDC | Workforce Committee Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Cathy Giandurco Premier Home Health Care Services | Workforce Committee Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Nicole Kelly Strive International | Workforce Committee Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|--|
| Marcia Halley University Consultation Center | Workforce Committee Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Marisol Alcantara NYSNA | Workforce Committee Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Denise Bauer, Catholic Charities | Stakeholder Engagement Workgroup Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Joann Casado, UHP | Stakeholder Engagement Workgroup Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Dr. John Coffey, BLHC | Stakeholder Engagement Workgroup Partner & Chair , Integrated Delivery System Project- 2ai | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| John Diaz-Chermack Hospice of NY | Stakeholder Engagement Workgroup Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Bill Herl, Care for the Homeless | Stakeholder Engagement Workgroup Partner & Finance Committee Member | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Vicente Liz, MD, BLHC | Stakeholder Engagement Workgroup Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Dr. Magdy Mikhail, BLHC | Stakeholder Engagement Workgroup Partner, Chair, Material Child Prject- 3fi | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Fernando Martinez, the Osbourne Group | Stakeholder Engagement Workgroup Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Michelle Miller, Catholic Charities | Stakeholder Engagement Workgroup Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Lisa Orriola, BLHC | Stakeholder Engagement Workgroup Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Biren Patel, Hemant Patel MD PC/ Harlem Medical Group | Stakeholder Engagement Workgroup Partner & Voting Member- Finance Committee | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Peter Sherman, BLHC | Stakeholder Engagement Workgroup Partner, Co-chair, Asthma Project- 3dii | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Roy Vega, BLHC | Stakeholder Engagement Workgroup Partner | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Debbie Pantin, VIP | Stakeholder Engagement Workgroup Partner & Co-chair Integration of Behavioral Health in Primary Care project- 3ai | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Brent Stackhouse, Mount Sinai Hospital | Stakeholder Engagement Workgroup Partner, Voting Member BHA PPS LLC Board/Steering Committee | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| Gary Rosario, BLHC | Stakeholder Engagement Workgroup Partner, Co-chair | Work with clearinghouse to share and/or develop CC/HL curricula and provide training |
| External Stakeholders | | |
| Labor Unions | Workforce Committee Partner | Employee awareness and education |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|--|
| Organizations that provide cultural competency and health literacy training | Workforce Committee Partner | Deliver training activities |
| Advocacy Groups (LGBTQ health, people with disabilities, etc.) | Workforce Committee Partner | Provide input and feedback on CC/HL strategy |
| Faith-based organizations | Workforce Committee Partner | Provide input and feedback on CC/HL strategy |
| Training and Employment Funds (TEF) | Workforce Committee Partner | Develop curriculum and other training materials; track and monitor training outcomes |



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✓ 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.

The development of a cultural competency/health literacy strategy and the development of a shared IT infrastructure will take place concurrently, each informing the other through project DY1. Key points where cultural competency and health literacy must be considered when establishing the PPS's shared IT infrastructure include:

- (1) Definition of granular data elements to be collected, and the standardization of data collection across the network;
- (2) The development and implementation of a population health analytics platform that includes measurement of health literacy, and which allows for analysis of the impact of health literacy on outcomes for target populations, and the ability to track the cultural makeup of the PPS's population and the surrounding areas;
- (3) The development and implementations of culturally competent protocols to support the deployment of care management and coordination tools;
- (4) Providing assistance to providers and community-based organizations and healthcare entities that do not have the infrastructure to collect, analyze, and use the data;
- (5) Recognition of cultural competence in the development of referral management tools;
- (6) Accounting for Health Literacy and Cultural Competence in the development and implementation of patient engagement tools, including the Patient Portal and Warmline; and
- (7) Tracking improvements in provider cultural competence and patient health literacy through newly implemented business intelligence and analytics tools.

Additionally, the IT strategy will enable the PPS to monitor and track usage of key programs and services that promote cultural competency and health literacy. Through the established data sharing platforms, such as the provider and public portals, call center, and Customer Relationship Management Tools (CRM), the PPS will enable sharing resources and data to community-based organizations, workers, providers, and patients. As the IT system is developed, mechanisms will be put in place to support and monitor cultural competency and health literacy needs including monitoring and tracking the cultural makeup of a PPS and surrounding area, integration with community health care entities/centers, and monitoring the cultural competency of staff.

✓ IPQR Module 4.8 - Progress Reporting

Instructions :

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



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Workforce population: % of staff members that complete training modules within the identified time period; % of staff that score within target % range on a post-training competency evaluation; % of staff that report satisfaction with the training upon completion

Patient population: % of patients who have improved compliance with attending appointments; % of patients that demonstrate improved adherence with medication; % of patients with reduced unnecessary medical utilization; % of patients with improved satisfaction scores with health literacy efforts.

IPQR Module 4.9 - IA Monitoring

Instructions :



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Section 05 – IT Systems and Processes

✓ IPQR Module 5.1 - Prescribed Milestones

Instructions :

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

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s). | In Progress | Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task Develop a detailed, current state assessment plan of PPS participants' IT capabilities, gaps, and needs including EHR adoption, interfaces to RHIO, interoperability, and data analytics. | Completed | Develop a detailed, current state assessment plan of PPS participants' IT capabilities, gaps, and needs including EHR adoption, interfaces to RHIO, interoperability, and data analytics. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Conduct data collection for current state assessment, which includes self-assessment surveys to partners(use of EMR, HIE, Analytics, etc.), RHIO connectivity analysis(performed in conjunction with the RHIO), RHIO feed analysis of connected partners, in-depth discussions with partners on IT current state and proposed future state, etc. | Completed | Conduct data collection for current state assessment, which includes self-assessment surveys to partners(use of EMR, HIE, Analytics, etc.), RHIO connectivity analysis(performed in conjunction with the RHIO), RHIO feed analysis of connected partners, in-depth discussions with partners on IT current state and proposed future state, etc. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Conduct IT gap analysis of PPS participants, which includes analyzing PCMH gaps, EMR gaps, MU current state, RHIO connectivity analysis, RHIO feed analysis of each connected partner, etc. Note: This analysis will be an ongoing effort throughout the deployment. Note: | Completed | Conduct IT gap analysis of PPS participants, which includes analyzing PCMH gaps, EMR gaps, MU current state, RHIO connectivity analysis, RHIO feed analysis of each connected partner, etc. Note: This analysis will be an ongoing effort throughout the deployment. Note: Integration with RHIO includes a detailed assessment and ongoing monitoring. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Integration with RHIO includes a detailed assessment and ongoing monitoring. | | | | | | | | | |
| Task Review and approval of Assessment Plan, Key Findings, and Gap Analysis by Bronx Lebanon PPS leadership | Completed | Review and approval of Assessment Plan, Key Findings, and Gap Analysis by Bronx Lebanon PPS leadership | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Develop IT strategic plan based on assessment findings, which includes strategies to address gaps in the current state and periodic review of findings/ remediation plan. | In Progress | Develop IT strategic plan based on assessment findings, which includes strategies to address gaps in the current state and periodic review of findings/ remediation plan. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Milestone #2 Develop an IT Change Management Strategy. | Completed | 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 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | NO |
| Task Define PPS' vision for an IT Change Management strategy in consultation with the IT Committee, local IT Department representatives, and RHIO. This will include the guiding principles for governance of the change process. | Completed | Define PPS' vision for an IT Change Management strategy in consultation with the IT Committee, local IT Department representatives, and RHIO. This will include the guiding principles for governance of the change process. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Identify required types of IT changes and importance, based on IT Current State Assessment, needs of the project workgroups and stakeholders, and IT solutions the PPS deploys(HIE/Analytics platform). Determine which IT Changes will be handled locally by the IT Departments change management processes, which types of changes will be performed centrally, and that appropriate communication channels exist between the IT Committee and | Completed | Identify required types of IT changes and importance, based on IT Current State Assessment, needs of the project workgroups and stakeholders, and IT solutions the PPS deploys(HIE/Analytics platform). Determine which IT Changes will be handled locally by the IT Departments change management processes, which types of changes will be performed centrally, and that appropriate communication channels exist between the IT Committee and local IT departments. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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|--|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| local IT departments. | | | | | | | | | |
| Task Develop IT Change Management Strategy, including PPS governance approach, communication and involvement of stakeholders, education and training, risk assessment and management, and workflow definition. Hardware and software requirements and decisions (e.x. centralized vs non-centralized) will inform the IT Change Management Strategy. Note: The data security components will be handled in the data security and confidentiality plan (outlined below) | Completed | Develop IT Change Management Strategy, including PPS governance approach, communication and involvement of stakeholders, education and training, risk assessment and management, and workflow definition. Hardware and software requirements and decisions (e.x. centralized vs non-centralized) will inform the IT Change Management Strategy. Note: The data security components will be handled in the data security and confidentiality plan (outlined below) | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Review and approval by PPS leadership of the IT Change Management Plan | Completed | Review and approval by PPS leadership of the IT Change Management Plan | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | In Progress | Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing). | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task Develop the framework for PPS-wide data sharing and interoperability roadmap, including resources responsible/allocated for key components, informed by the IT Current State Assessment. The RHIO will be engaged to identify common pitfalls and shortcoming of | Completed | Develop the framework for PPS-wide data sharing and interoperability roadmap, including resources responsible/allocated for key components, informed by the IT Current State Assessment. The RHIO will be engaged to identify common pitfalls and shortcoming of interoperability and data sharing (e.x. organizations not capturing the correct data for an Master Patient Identifier). The Interoperability | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |



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|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| interoperability and data sharing (e.x. organizations not capturing the correct data for an Master Patient Identifier). The Interoperability roadmap will offer remediation steps to these shortcomings (i.e. rules to the road). | | roadmap will offer remediation steps to these shortcomings (i.e. rules to the road). | | | | | | | |
| Task Develop draft plan and strategy for IT standards and infrastructure, for each type of IT Solution (e.x. EMR, HIE, Analytics, etc.) based on the DSRIP requirements of each project. This will include a training plan. | Completed | Develop draft plan and strategy for IT standards and infrastructure, for each type of IT Solution (e.x. EMR, HIE, Analytics, etc.) based on the DSRIP requirements of each project. This will include a training plan. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Develop draft governance and policy framework for data sharing and shared IT infrastructure, including data exchange agreements between all providers within the PPS. | Completed | Develop draft governance and policy framework for data sharing and shared IT infrastructure, including data exchange agreements between all providers within the PPS. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Solicit stakeholders input and gather IT requirements on plan for IT standards and infrastructure(outlined above), including the RHIO, all project workgroups, PDI (Clinical Committee), stakeholder engagement, etc. All feedback will be collected centrally, reviewed as a committee and reviewed with the RHIO determine any functionality gaps at the HIE and local organization level(Gap Analysis and ongoing review). The approach will be modified as needed. | In Progress | Solicit stakeholders input and gather IT requirements on plan for IT standards and infrastructure(outlined above), including the RHIO, all project workgroups, PDI (Clinical Committee), stakeholder engagement, etc. All feedback will be collected centrally, reviewed as a committee and reviewed with the RHIO determine any functionality gaps at the HIE and local organization level(Gap Analysis and ongoing review). The approach will be modified as needed. | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Solicit stakeholder input on draft governance and policy framework, including data exchange agreements, and revise as needed | In Progress | Solicit stakeholder input on draft governance and policy framework, including data exchange agreements, and revise as needed | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Map IT standards and infrastructure plan to the finalized Current State Assessment to determine gaps. Prioritize IT deployment based on largest impact to the projects, which will be identified when soliciting stakeholder input (e.x. meeting | In Progress | Map IT standards and infrastructure plan to the finalized Current State Assessment to determine gaps. Prioritize IT deployment based on largest impact to the projects, which will be identified when soliciting stakeholder input (e.x. meeting | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| with project workgroups). | | | | | | | | | |
| Task Review and approval of roadmap by PPS leadership, including governance and policy framework, plan for IT standards and infrastructure, deployment plan, training plan, and guidance to participants. This plan will be widely disseminated amongst the stakeholders. | Not Started | Review and approval of roadmap by PPS leadership, including governance and policy framework, plan for IT standards and infrastructure, deployment plan, training plan, and guidance to participants. This plan will be widely disseminated amongst the stakeholders. | 10/01/2015 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities | Completed | 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. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | NO |
| Task Develop draft member Engagement Plan, including a Cultural/ Linguistic Needs Assessment Plan. This will be reviewed with various stakeholders including the PDI Committee (The PPS' Clinical Committee which includes providers, administrators, and clinicians serving the underserved and vulnerable populations) to ensure patient engagement is done effectively. | Completed | Develop draft member Engagement Plan, including a Cultural/ Linguistic Needs Assessment Plan. This will be reviewed with various stakeholders including the PDI Committee (The PPS' Clinical Committee which includes providers, administrators, and clinicians serving the underserved and vulnerable populations) to ensure patient engagement is done effectively. | 07/01/2015 | 10/30/2015 | 07/01/2015 | 10/30/2015 | 12/31/2015 | DY1 Q3 | |
| Task Refine draft Engagement Plan based on stakeholder input and findings. Ensure the Engagement plan leverages RHIO training policies and procedures, which include training front desk staff and material distribution for patients and workforce on benefits of joining the Health Information Exchange (RHIO). | Completed | Refine draft Engagement Plan based on stakeholder input and findings. Ensure the Engagement plan leverages RHIO training policies and procedures, which include training front desk staff and material distribution for patients and workforce on benefits of joining the Health Information Exchange (RHIO). | 07/01/2015 | 10/30/2015 | 07/01/2015 | 10/30/2015 | 12/31/2015 | DY1 Q3 | |
| Task Review and approval of Engagement Plan by PPS leadership | Completed | Review and approval of Engagement Plan by PPS leadership | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Milestone #5 Develop a data security and confidentiality plan. | Completed | 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 | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | NO |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-----------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| | | out throughout network. | | | | | | | |
| Task Define data security and confidentiality guiding principles and PPS needs. Leverage stakeholders such as the +A38 (with data security, technical, HIPAA, and privacy experts), RHIO, Legal, Compliance, and local IT department representatives when defining guiding principles and PPS needs. | Completed | Define data security and confidentiality guiding principles and PPS needs. Leverage stakeholders such as the +A38 (with data security, technical, HIPAA, and privacy experts), RHIO, Legal, Compliance, and local IT department representatives when defining guiding principles and PPS needs. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Incorporate data security guiding principles and needs into draft governance and policy framework and draft IT Standards and Infrastructure Plan, and draft Data Security and Confidentiality Plan. | Completed | Incorporate data security guiding principles and needs into draft governance and policy framework and draft IT Standards and Infrastructure Plan, and draft Data Security and Confidentiality Plan. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Conduct analysis of information security risks of the technical and policy components of the IT Data Sharing and Interoperability Roadmap. This will include analysis of potential threats or security risks | Completed | Conduct analysis of information security risks of the technical and policy components of the IT Data Sharing and Interoperability Roadmap. This will include analysis of potential threats or security risks | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Develop risk mitigation controls and the rollout and implementation of ongoing security testing and incorporate into the Data Security and Confidentiality Plan. This will include network and server security and database encryption measures to prevent external threats. This will be done in conjunction with the stakeholders mentioned above (e.x. IT Committee). | Completed | Develop risk mitigation controls and the rollout and implementation of ongoing security testing and incorporate into the Data Security and Confidentiality Plan. This will include network and server security and database encryption measures to prevent external threats. This will be done in conjunction with the stakeholders mentioned above (e.x. IT Committee). | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Review and approval of Data Security and Confidentiality Plan by PPS leadership | Completed | Review and approval of Data Security and Confidentiality Plan by PPS leadership | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |



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IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|--|----------|-----------------------------|---|--|---------------------|
| Develop an IT Change Management Strategy. | dmaq | Policies/Procedures | 27_MDL0503_1_3_20160316121555_v7_BLPPS_Change_Management_Plan.doc | IT Change Management Plan v7 | 03/16/2016 12:15 PM |
| | vg467992 | Other | 27_MDL0503_1_3_20160128172923_Change_Management_Log.xls | Log for Change Management Monitoring & tracking | 01/28/2016 05:29 PM |
| | vg467992 | Documentation/Certification | 27_MDL0503_1_3_20160128172803_Change_Request_Form.doc | Change request form | 01/28/2016 05:28 PM |
| | vg467992 | Meeting Materials | 27_MDL0503_1_3_20160128172715_Meeting_Schedule_-_Information_Technology_Committee.xlsx | BHA PPS LLC IT meeting schedule template | 01/28/2016 05:27 PM |
| | vg467992 | Meeting Materials | 27_MDL0503_1_3_20160128172608_Meeting_Schedule_-_Training.xlsx | Training Meeting Schedule | 01/28/2016 05:26 PM |
| | vg467992 | Documentation/Certification | 27_MDL0503_1_3_20160128172513_v5_BLPPS_Change_Management_Plan.doc | BHA PPS LLC Change Management Plan | 01/28/2016 05:25 PM |
| Develop a specific plan for engaging attributed members in Qualifying Entities | dmaq | Meeting Materials | 27_MDL0503_1_3_20160316131406_Steering_Committee_Minutes_11-3-15_Update_and_presentation_on_Communication_Plan.docx | Steering Committee minutes 11/3/2015 where the Board was updated on the engagement plan. | 03/16/2016 01:14 PM |
| | dmaq | Meeting Materials | 27_MDL0503_1_3_20160316131239_Steering_Committee_Minutes_09-09-2014_Page_3_for_approval.docx | Steering Minutes 09/09/2014 where the plan to engage members was approved. See page 3. | 03/16/2016 01:12 PM |
| | dmaq | Meeting Materials | 27_MDL0503_1_3_20160316130730_BLHC_PPS_Comments_to_IA_Regarding_Resubmission_of_Minutes.docx | Comment to IA of Steering approving the plan (09/2014) to engage members and the team updating Steering (11/2015). | 03/16/2016 01:07 PM |
| | vg467992 | Documentation/Certification | 27_MDL0503_1_3_20160201164140_IT_Contact_Information_Template.xlsx | BHA PPS LLC IT Contact Information document | 02/01/2016 04:41 PM |
| | vg467992 | Documentation/Certification | 27_MDL0503_1_3_20160125162911_v3_Attachment_A_BHA_Outreach_Strategy_Outline.docx | BHA PPS Outreach strategy Outline | 01/25/2016 04:29 PM |
| | vg467992 | Communication Documentation | 27_MDL0503_1_3_20160125162802_RHIO_spanish_brochure_updated.pdf | RHIO brochure in Spanish given to PPS Network Providers | 01/25/2016 04:28 PM |
| | vg467992 | Communication Documentation | 27_MDL0503_1_3_20160125162655_RHIO_english_brochure_updated.pdf | RHIO Brochure in English given to PPS network providers | 01/25/2016 04:26 PM |
| | vg467992 | Documentation/Certification | 27_MDL0503_1_3_20160125162601_BHA_CCHL_Strategy_12.15.15_v4.doc | BHA PPS Cultural Competency & Health Literacy Strategy | 01/25/2016 04:26 PM |



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Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|----------|-----------------------------|---|---|---------------------|
| | vg467992 | Documentation/Certification | 27_MDL0503_1_3_20160125162527_Attachment_B_BHA_Communication_Strategy.pptx | BHA PPS Communication Strategy | 01/25/2016 04:25 PM |
| Develop a data security and confidentiality plan. | vg467992 | Meeting Materials | 27_MDL0503_1_3_20160129140416_Meeting_Schedule_-_HIPAA_Compliance_Trainin.xlsx | BHA PPS LLC HIPPA Compliance Training schedule | 01/29/2016 02:04 PM |
| | vg467992 | Documentation/Certification | 27_MDL0503_1_3_20160129140336_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PS_Family).docx | BHA PPS LLC SSP Moderate Plus Workbook- PS Family | 01/29/2016 02:03 PM |
| | vg467992 | Documentation/Certification | 27_MDL0503_1_3_20160129140146_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PE_Family).docx | BHA PPS LLC SSP Moderate Plus Workbook- PE Family | 01/29/2016 02:01 PM |
| | vg467992 | Documentation/Certification | 27_MDL0503_1_3_20160129140058_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(IR_Family)_2.docx | BHA PPS LLC SSP Moderate Plus Workbook-IR Family | 01/29/2016 02:00 PM |
| | vg467992 | Documentation/Certification | 27_MDL0503_1_3_20160129140014_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(AU_Family)V2.docx | BHA PPS LLC SSP Moderate Plus Workbook-AU Family | 01/29/2016 02:00 PM |
| | vg467992 | Documentation/Certification | 27_MDL0503_1_3_20160129135918_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(AT_Family)_2.docx | BHA PPS LLC SSP Moderate Plus Workbook- AT Family | 01/29/2016 01:59 PM |

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. | <p>"As the Bronx Health Access PPS' IT capabilities expand, the PPS will leverage the change management plan to ensure all stakeholders are kept aware of any changes to centralized IT systems. Although many of the systems the PPS uses are hosted and managed outside of the PPS (E.x. RHIO or decentralized EMR's), the PPS does and will have systems under its jurisdiction. These systems and platforms include, but are not limited to the following: Customer Relationship Manager, Actively Engaged Extract Templates, PPS Network Sheets</p> <p>This list will be expanded as additional IT systems are implemented by the PPS. The Change Management Plan documents and tracks the necessary information required to effectively manage changes needed in IT systems. This includes the Change request form and Change Log outlining the Priority, Status, description, Responsible party, and Impact of the change.</p> <p>Below are some comments on documentation: Involvement of the PPS' CIO: Page 8 of the Change management plan</p> |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|---|
| | <p>Risk Assessment: Impact Summary of the "Change Management Log" "Training Schedule Template" had one training. As documented in the Change management Plan, many of the systems the PPS uses are hosted and managed outside of the PPS (E.x. RHIO or decentralized EMR's). Due to the limited number of systems administered by the PPS at this time, when a change is pushed into production, the application or document owner will alert the limited user base one by one. Once the PPS deploys systems PPS wide, this template will be updated to reflect additional trainings."</p> |
| <p>Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network</p> | |
| <p>Develop a specific plan for engaging attributed members in Qualifying Entities</p> | <p>DY1Q3 Remediation Response - comment and minutes attached.</p> <p>"The IT Committee collaborated with both the Cultural Competency & Health Literacy and Stakeholder Engagement subcommittees in developing the PPS' engagement plan to engage members into the Bronx RHIO (Qualified Entity). In the attached documents, the PPS outlines the engagement plan, which is incorporated into the overall PPS patient engagement plan. In addition to the PPS specific patient engagement, the PPS has engaged in a cross-PPS/RHIO effort on RHIO consents, which plans to address educating isolated patients into the RHIO. "</p> |
| <p>Develop a data security and confidentiality plan.</p> | <p>DY1Q3 Remediation Response - we will wait for guidance from DOH, per IA's instructions</p> |

Milestone Review Status

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



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IPQR Module 5.2 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
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PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
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✓ 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.

- Risk 1: PPS partners not fully comprehending the IT requirements;
Mitigation Strategy: Engage in comprehensive community-based partner education through workshops, web-based learning tools and 1:1 interaction at partner sites; development of education materials by provider type to clearly state expectations and requirements.
- Risk 2: Partners inability to achieve meaningful adoption of IT capabilities to connect to centralized IT services and engage in data sharing;
Mitigation Strategy: PPS has planned for provision of technical assistance with relation to EHR adoption and PCMH certification. PPS will establish incremental IT adoption milestones and site visits to ensure progress towards defined requirements and performance objectives. Financial incentives will be put into place to encourage IT adoption by partners with DSRIP dollars.
- Risk 3: Breadth of EHRs and electronic platforms currently in use may pose significant barrier and/or cost for development of interfaces by vendors for HIE connectivity;
Mitigation Strategy: PPS IT committee will conduct a deeper assessment to better understand vendors within PPS, work to negotiate interfaces for top volume platforms first; as well as work with partners without IT platforms to adopt software from a select set of vendors.
- Risk 4: Consent process may inhibit ability to access and share pertinent patient data;
Mitigation Strategy: Continue to coordinate with GNYHA, other PPSs, RHIOs and stakeholders to drive policy change and consent education for patients through providers to continually improve level of consent and mitigate policy barriers.
- Risk 5: As with any collaborative, stakeholders may not reach consensus on strategic, business or governance decisions in a timely manner;
Mitigation Strategy: Implementation plan will carefully map out deliverable/decision points and risks of indecision will be raised immediately to PPS leadership for arbitration; PPS will leverage State guidance on key business and technical decisions where appropriate.
- Risk 6: New information that becomes available over the course of the project on IT systems and processes may require changes to the developed IT plans and strategy.
Mitigation strategy: Update impacted plans based on quarterly reports on each milestone work stream.

✓ IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions :

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



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The IT Systems and Processes work stream is dependent on several other work streams, including: governance, workforce strategy, performance reporting, and, over time, financial sustainability.

The main interdependencies with governance include bylaw and policy creation for data sharing and confidentiality, creation of change management strategies, contracting with external community-based organizations to ensure appropriate IT usage and engagement, and participation/ performance monitoring.

The main interdependencies with workforce strategy include the development of relevant training programs and materials, hiring appropriately qualified staff as needed, and defining/ achieving a target workforce state that includes IT usage capabilities.

The main interdependencies with performance reporting include developing clinical quality and performance dashboards, and developing/employing training programs.

The main interdependencies with financial sustainability include ensuring appropriate allocation and usage of funding, and over time, the adjustment and adaptation of funding and/or pricing for financially fragile providers and organizations.

IT systems represent the largest capital expenditure, with many partners requesting funding, therefore continuous management of this allocation is crucial.

The IT Systems and Processes work stream is a critical aspect of creating a successful Integrated Delivery System (IDS), and therefore will impact many of the other work streams, but does not have specific dependencies on them.



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✓ 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 |
|---|---|---|
| Provision of centralized IT services to fulfill 2.a.i and other project core IT requirements | PPS IT Committee (Co-Chairs: Dan Figueras and Alison Connelly-Flores- Urban Health Plan), PMO | Design, plan and implementation of IT infrastructure to achieve: bidirectional data sharing, HIE connectivity, alerts, messaging, care coordination, PCMH level III and adoption of MU II eligible EHRs |
| Provision of IT and data governance for PPS partners, RHIOs and coordination with State entities and MCOs for data exchange, analytics, reporting, etc. | Ivan Durbak, Bronx Lebanon Hospital Center | <ul style="list-style-type: none"> - Data governance model and data use agreement(s) by provider type - Minimum Data Set requirements by provider type - HIPAA and IS compliance policies, training and infrastructure - Data and user access management & audits - Vendor selection and management |
| Provide consistent, impartial and balanced leadership for PPS IT strategy and infrastructure needs | PPS IT Committee (Co-Chairs: Dan Figueras and Alison Connelly-Flores- Urban Health Plan), PMO | IT leadership on behalf of BL PPS partners to ensure IT strategy, investments and services/ infrastructure meet the needs of the PPS, address critical gaps and enable ongoing rapid cycle evaluation and performance management |
| Operational leadership and Performance management oversight | BL PPS, Inc.: Director of IT (TBD) | <ul style="list-style-type: none"> - Development of performance management and reporting tools - Development of dashboards as needed by PPS leadership, committees and providers - IT implementation plan management; daily oversight of project teams and vendors - Lead development of technical assistance and resources with vendors, project teams, etc. |



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✓ 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 | | |
| Alison Connelly-Flores, Urban Health Plan Inc., IT Committee Member & Co-chair | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| Charlie Carroll, Upper Room AIDS Ministry, Inc., IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| Chase McCaleb, Bronx Lebanon Integrated Services System Incorporate, IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| Isaac Dapkins, MD, Bronx Lebanon Hospital Center, IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| Cory Sherb, Selfhelp Community Services, Inc., IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process |



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| Key stakeholders | Role in relation to this organizational workflow | Key deliverables / responsibilities |
|---|---|--|
| | | improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| Dan Figueras, Urban Health Plan, Inc., IT Committee Member & Co-chair | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| Gary Lapon, CHN, IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| Henry Denis, American Dental Offices, IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| Ivan Durbak, Bronx Lebanon Hospital Center; IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| Jennifer Spadafora, CHN; IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |



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| Key stakeholders | Role in relation to this organizational workflow | Key deliverables / responsibilities |
|--|---|--|
| Kathy Miller, Bronx RHIO; IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| Phyllis Chin, CHN; IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| Ruslan Beltsyz, Dannelisse Corporation; IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| Tracie Jones, Bronxworks; IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| Virgilina Gonzalez, Bronx Lebanon Hospital Center; IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| Luis Matos, Communilife; IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|--|---|--|
| | | PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| David Dring, Self Help Community Services, Inc; IT Committee Member | Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS | Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members |
| External Stakeholders | | |
| Bronx RHIO Leadership | RHIO leadership within region | Responsible for coordination with BL PPS IT leadership for deployment of IT strategy; delivery of HIE connectivity, and select functionality (e.g. DIRECT messaging); ensuring cross-RHIO/PPS connectivity via SHIN-NY; provision of consent management and integration with statewide MPI and data sharing initiatives |



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✓ IPQR Module 5.7 - Progress Reporting

Instructions :

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

The IT work stream leadership will develop a comprehensive implementation plan, supplemented by GANTT chart outlining quarterly milestones based on performance requirements (DSRIP) and implementation milestones for the PPS IT strategy. The implementation plan will provide a measurable guide for progress that will be regularly shared with Leadership and collaborating committees to ensure provision of deliverables, services and functionality in line with PPS scale and speed, and overall PPS IT requirements. In addition to IT implementation progress tracking and management, the committee will engage in PPS partner feedback requests through surveys and discussion forums to ensure solutions and services continually meet partner needs, expectations and deliver value. Example measures to be tracked include EHR adoption, Meaningful Use, PCMH L3 certification, use of evidence-based guidelines, patient engagement systems, data exchange agreements, etc.

IPQR Module 5.8 - IA Monitoring

Instructions :



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Section 06 – Performance Reporting

✓ IPQR Module 6.1 - Prescribed Milestones

Instructions :

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

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication. | In Progress | Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task PMO will Identify PPS resources that are responsible for clinical and financial outcomes of specific patient pathways | Completed | Staffing and Resource Plan for Outcomes Monitoring and Reporting | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task PMO will collaborate with NYSDOH, industry subject matter experts, and stakeholders to define performance measures/metrics to track and report on processes and outcomes. Develop effective communication strategy for PPS partners/stakeholders | In Progress | Performance Measures/Metrics, and Communication Strategy | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task PMO, with the IT Committee will define PPS-level dashboard technology that will be used by providers/organizations/staff to monitor outcomes and guide targeted quality improvement interventions. Update communication strategy as needed | Not Started | Technology Architecture for Dashboard Technologies, and Communication Strategy | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task PMO will establish framework for facilitating rapid | Not Started | Rapid Cycle Evaluation Framework | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| cycle improvement informed by diligent outcomes tracking | | | | | | | | | |
| Task Review and approval of Performance and Communication Strategy by PPS Steering Committee. | Not Started | Final Performance Reporting and Communication Strategy | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task PMO will establish sub-committees who will be responsible for goal-setting and monitoring across the PPS. | Not Started | Sub-Committee Charter and Defined Goals | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task PMO will update Performance and Communications Strategy implementation based upon subsequent monthly reports and evidence of the flow of performance reporting information, and approval by PPS Steering Committee | Not Started | Monthly Reports, and applicable change management documentation | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | Not Started | Finalized performance reporting training program. | 04/01/2016 | 06/30/2018 | 04/01/2016 | 06/30/2018 | 06/30/2018 | DY4 Q1 | NO |
| Task PPS Leadership will work with the PMO, PDI, IT and Workforce Committees to the develop initial draft Performance Reporting Training Program | Not Started | Draft Performance Reporting Training Program | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task PPS Leadership will gather and incorporate input from stakeholders on draft Training Program, as needed | Not Started | Summary of Stakeholder Input | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task Review and approval of Performance Reporting Training Program by PPS Steering Committee | Not Started | Final Performance Reporting Training Program | 01/01/2017 | 12/31/2017 | 01/01/2017 | 12/31/2017 | 12/31/2017 | DY3 Q3 | |
| Task The Workforce Committee will implement Performance Reporting Training Program | Not Started | Program Management Documentation | 01/01/2018 | 06/30/2018 | 01/01/2018 | 06/30/2018 | 06/30/2018 | DY4 Q1 | |
| Task PPS Leadership and the Workforce Committee will deliver the description of Training Programs delivered and participant-level data, including | Not Started | Quarterly Reports, Description of Training Programs Delivered, Participant-Level Data, and Training Outcomes | 01/01/2018 | 06/30/2018 | 01/01/2018 | 06/30/2018 | 06/30/2018 | DY4 Q1 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|----|
| training outcomes, based upon subsequent quarterly reports | | | | | | | | | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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IPQR Module 6.2 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

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✓ 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.

- Risk 1: The performance monitoring and reporting infrastructure that will be provided by NYSDOH relative to what will be provided by the PPS is not clearly defined at this time. Mitigation Strategy: Close collaboration between the NYSDOH and PPSs across the state will be necessary in order to mitigate this risk. In addition, increased transparency by the NYSDOH could provide PPS with necessary information to implement an effective strategy that spans all DYs.
- Risk 2: Some organizations/providers within the PPS could be reluctant to agree to strict performance reporting and monitoring, particularly in comparison to their competitors within the same PPS. Mitigation Strategy: This risk can be mitigated by a strong governance/sub-committee presence, and effective communication strategy that addresses specific provider/organizational concerns.
- Risk 3: The PPS is a multi-stakeholder environment where many varying opinions and voices will exist. It is often difficult to define and implement specific performance metrics in this kind of environment. Mitigation Strategy: This risk can be mitigated by developing an initial set of PPS-level performance measures/metrics, with input from the NYSDOH and industry subject matter experts, and incorporating stakeholder input as appropriate throughout the process.
- Risk 4: Ability to connect effectively to the RHIO for data sharing. Mitigation Strategy: Connecting all providers to the RHIO in a timely manner to improve data sharing and analytics so we can identify issues with performance.
- Risk 5: Ability of the RHIO to create a data analytics tool. Mitigation Strategy: Working closely with the RHIO to identify and create the specs for performance and quality metrics by project. As well as the creation of profiles by patient, providers, etc.

✓ 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.)

The Performance Reporting work stream has dependencies on several other work streams, including IT, Governance, and Workforce. This work stream is dependent on the IT Systems and Processes work stream because these systems will enable performance monitoring and reporting through the creation of an integrated data network. Performance Reporting is interlinked with the Governance of the PPS. Without effective leadership and a clearly defined organizational structure with clear responsibilities and lines of accountability, our ability to embed performance reporting structures and processes will be severely limited. The Workforce Strategy work stream is also an important factor in our efforts to developing a consistent performance reporting and to embed the performance reporting framework we will establish. Training on the use of these



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systems will need to be a central part of our broader training strategy for all the staff who are impacted by our workforce transformation. The success of performance reporting relies on quick and accurate transfers of vital performance information. Practitioner Engagement and Clinical Integration will both be absolutely crucial to the success of our efforts to create a common performance culture throughout the PPS network, and to embed the new performance reporting practices.



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✓ 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 |
|---|---|--|
| Oversight and accountability for delivery of performance reporting capability | PPS Leadership; CIO; IT Committee | <ul style="list-style-type: none"> • Performance reporting infrastructure (design, planning and implementation) • Coordination with NYDOH, PPS partners and other sources for data collection • Development of dashboards to enable performance management and rapid cycle evaluation • Management and oversight of performance reporting and data collection staff and project leads, including engagement of committees and governance leads to inform process |
| Responsible for informing development of performance tools, monitoring performance of partners and PPS, informing process improvement and corrective action | PPS Leadership (CFO, CEO, CMO), Finance Committee; IT Committee; Project Development and Implementation (PDI) Committee | <ul style="list-style-type: none"> • Inform identification of key indicators and operational, clinical, financial, quality and other performance metrics • Responsible for informing development of dashboards, performance thresholds, reviewing data/reports and making recommendations to Governing Board on necessary actions |
| Develop and provide training on clinical quality and performance improvement | Workforce Committee | <ul style="list-style-type: none"> • Coordination with the PPS Leadership, IT, and Finance to ensure that staff participating in DSRIP projects are properly trained to report data required for performance monitoring. |
| Provision of claims data, benchmark data and support in development of population health analytic tools | MCOs | Coordinate with PPS in provision of claims data and benchmark data to support performance management; potential for contract negotiation based on improved total cost management |
| Provide general oversight to DSRIP projects | PMO Office | Coordinate with PPS in establishment and progress of DSRIP projects |
| Provide general oversight to DSRIP projects | DSRIP Clinical Leads | Members of Project accountable for quality of patient care and financial outcomes per project |



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✓ 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 | | |
| Alison Connelly-Flores, Urban Health Plan Inc., IT Committee Member & Co-Chair | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Charlie Carroll, Upper Room AIDS Ministry, Inc., IT Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Chase McCaleb, Bronx Lebanon Integrated Services System Incorporate, IT Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Cory Sherb, Selfhelp Community Services, Inc., IT Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Dan Figueras, Urban Health Plan, Inc., IT Committee Member, Co-Chair | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Gary Lapon, CHN, IT Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Henry Denis, American Dental Offices, IT Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Ivan Durbak, Bronx Lebanon Hospital Center; IT Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|--|---|--|
| | | specified manner/format |
| Jennifer Spadafora, CHN; IT Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Kathy Miller, Bronx RHIO; IT & Workforce Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Phyllis Chin, CHN; IT Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Ruslan Beltsy, Dannelisse Corporation; IT Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Tracie Jones, Bronxworks; IT Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Virgilina Gonzalez, Bronx Lebanon Hospital Center; IT & Workforce Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Luis Matos, Communitlife; IT Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Denise Cherenfant, 1199 SEIU, Workforce Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Lawrence Lang, The PAC Program, Workforce Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Nestor Sanchez, Home Care NY, Workforce Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|--|
| | | goal measures; provide timely reporting and submission of data in specified manner/format |
| Rosa Agosto, Workforce Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Roy Wallach, Liberty Management, Workforce Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Serena Griffin, Bronx Lebaon Hospital Center, Workforce Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Celestino Fuentes, Liberty Management, Workforce Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Debbie Witham, VIP Services, Inc, Workforce Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Julie Peskoe, Home Care NY, Workforce Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Dennis Maquiling - Bronx-Lebanon Hospital Center; Steering Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Neil Pessin- Community Care Management Partners; VNSNY; Steering Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Dr. Isaac Dapkins - Bronx-Lebanon Hospital Center; Steering Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Brent Stakehouse- Mount Sinai Hospital; Steering | Accountable to BL PPS Board and Executive committee for | Based on reports and data, adapt DSRIP performance, strategies |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|--|---|---|
| Committee Member | performance reporting for PPS | and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Shirley Riley- 1199 SEIU; Steering Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Dr. Jeffry Levine- Bronx Health Home; Steering Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Dr. Rosa Gil- Comunilife; Steering Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Octavio Marin- Special Care Center, Bronx Lebanon Hospital Center; Steering Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Paloma Hernandez- Urban Health Plan; Steering Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Dr. Ramon Moquete- Hudson Heights IPA; Steering Committee Member | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| Mary Zagajski, Dominican Sisters Family Health Services | Accountable to BL PPS Board and Executive committee for performance reporting for PPS | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| External Stakeholders | | |
| NY State DOH | Provision of statewide/PPS dashboards and performance data | Provide data, including claims data, consolidated reports and web-based dashboards for PPSs for performance management; provide templates for DSRIP performance reporting; provide common operational definitions for metrics and milestones and reporting requirements; provide guidance on performance improvement opportunities and evidence-based guidance and PPS benchmark data |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|--------------------------------------|--|---|
| NYC DOH | Provision of claims data, benchmark data and support in development of population health analytic tools | Provide data, including claims data, consolidated reports and web-based dashboards for PPSs for performance management; provide templates for DSRIP performance reporting; provide common |
| Managed care organizations | Will provide key information to the PPS. Will also be necessary for arranging shared shavings agreements with the PPS in the later stages of DSRIP | Provide data to PPS Shared saving |
| Patient representative organizations | Provide patient feedback to support performance monitoring and performance improvement | Input into performance monitoring and continuous performance improvement processes |
| CBOs | Will provide key information to the PPS. | Provide data to PPS |
| PCP | Will provide key information to the PPS. | Provide data to PPS |



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✓ 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.

The development of shared IT infrastructure across the PPS will support performance reporting in numerous ways. The HIT system will utilize robust data sets supporting proactive comprehensive care and DSRIP performance management, operating within an integrated data network providing data-driven clinical decision making. Core DSRIP performance metrics and milestones will be integrated within performance dashboards and PPS reporting at the governance partner and individual provider level to ensure transparency and enable pro-active risk management. Sub-committees will be responsible for goal setting and monitoring across the PPS, raising risks to leadership and recommending remediation.

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

✓ IPQR Module 6.8 - Progress Reporting

Instructions :

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

The success of the work stream will be measured against progress in the planning, design and deployment of performance reporting processes and tools that will enable users to access health information on centralized dashboards. Performance reporting will begin as a manual process and increase over time to allow for greater automation capabilities for queries, user features and other data points. The IT Committee will coordinate with PPS governance and committee leadership to define the requirements and milestones for performance reporting capabilities within a timeframe aligned with State-provided reporting templates and timelines. Measures of success will be included that are relevant to the specific health markers of the population being managed.



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IPQR Module 6.9 - IA Monitoring

Instructions :



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Section 07 – Practitioner Engagement

✓ IPQR Module 7.1 - Prescribed Milestones

Instructions :

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

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #1 Develop Practitioners communication and engagement plan. | In Progress | Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | NO |
| Task Review past engagements -- Look at previous actions undertaken by core PPS Providers to identify successful tactics and continued challenges | Completed | Review past engagements -- Look at previous actions undertaken by core PPS Providers to identify successful tactics and continued challenges | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Determine the practitioner function -- Gather information on functions and services offered by PPS partners | Completed | Determine the practitioner function -- Gather information on functions and services offered by PPS partners | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Map stakeholders present: (a) key professional groups (physicians, nurses, behavioral health specialists, community health workers etc.); and (b) geographic areas or clusters of providers | In Progress | Map stakeholders present: (a) key professional groups (physicians, nurses, behavioral health specialists, community health workers etc.); and (b) geographic areas or clusters of providers | 07/01/2015 | 12/31/2015 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Define criteria for identifying and prioritizing stakeholders --- represent: a) attribution b) services c) possible impacts | In Progress | Define criteria for identifying and prioritizing stakeholders --- represent: a) attribution b) services c) possible impacts | 07/01/2015 | 12/31/2015 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Task Establish ongoing stakeholder panel. These are services designed to help practitioners and providers improve the efficiency of their operations, thereby freeing up time for the new collaborative care practices | Not Started | Establish ongoing stakeholder panel. These are services designed to help practitioners and providers improve the efficiency of their operations, thereby freeing up time for the new collaborative care practices | 01/01/2016 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task Define short- and long-term goals, and set tactics and process for engagement. a. 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 b. Process for managing grievances rapidly and effectively c. High-level approach to the use of learning collaborative d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices | In Progress | Define short- and long-term goals, and set tactics and process for engagement. a. 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 b. Process for managing grievances rapidly and effectively c. High-level approach to the use of learning collaborative d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Steering Committee will review and finalize the provider communication and engagement plan. | Not Started | Steering Committee will review and finalize the provider communication and engagement plan. | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task Identification of practitioner leaders to represent practitioner interests in governance/policy --This will involve seeking input from practitioners on their role in the DSRIP transformative process | Not Started | Identification of practitioner leaders to represent practitioner interests in governance/policy --This will involve seeking input from practitioners on their role in the DSRIP transformative process | 01/01/2016 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Milestone #2 Develop training / education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda. | Not Started | Practitioner training / education plan. | 10/01/2015 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | NO |
| Task | Not Started | Review existing plans and materials | 10/01/2015 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Review existing plans and materials | | | | | | | | | |
| Task Establish stakeholders needs based on: a. Core goals of DSRIP program b. PPS projects c. Cross-PPS work streams underpinning the delivery of the DSRIP projects, including value-based payment, case management and clinical integration | Not Started | Establish stakeholders needs based on: a. Core goals of DSRIP program b. PPS projects c. Cross-PPS work streams underpinning the delivery of the DSRIP projects, including value-based payment, case management and clinical integration | 10/01/2015 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| Task Define criteria for identifying and prioritizing stakeholders based on : a. attribution b. services c. possible impacts | Not Started | Define criteria for identifying and prioritizing stakeholders based on : a. attribution b. services c. possible impacts | 10/01/2015 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| Task Establish Ongoing training panel. Develop an overarching schedule of face-to-face training sessions across PPS designed to directly communicate with and answer questions from the majority of practitioners in the creation of interest groups/panels/committees as devices for building collaboration and consensus | Not Started | Establish Ongoing training panel. Develop an overarching schedule of face-to-face training sessions across PPS designed to directly communicate with and answer questions from the majority of practitioners in the creation of interest groups/panels/committees as devices for building collaboration and consensus | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| Task Define short- and long-term goals, and set tactics and rules for the engagement. | Not Started | Define short- and long-term goals, and set tactics and rules for the engagement. | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| Task 360 Review of training materials and feedback | Not Started | 360 Review of training materials and feedback | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found



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Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | 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. | |

Milestone Review Status

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



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IPQR Module 7.2 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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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.

Risk: The level of engagement of our practitioners in the PPS varies. The risk is whether or execution of a provider outreach strategy reaches all providers in the community. We have some practitioners that are heavily involved playing key roles on both projects and committees. At this stage our current engagement activities are focused on education of our practitioners to what DSRIP is and how they can participate in the process. We are changing and challenging the way they do business and it is important that they see the value that this transformational process will bring the long run.

Mitigation: We will encourage and foster committee formation, drive representation in governance, and create leadership development programs, etc. to address the appropriately identified risks of provider engagement. To mitigate this risk, we will involve a 'train the trainer' approach as part of our training and education program. We will also develop electronic and printed training materials that will continue to engage practitioners in the DSRIP program, even if they join a provider after the practitioner education and training roadshow. This is designed to ensure the core behaviors and practices of our DSRIP program remain embedded within organizations.

Risk: Provider resistance to working to achieve PCMH Level 3 due to a lack of admin support to implement this change, amongst other reasons.
Mitigation: The PPS will develop a plan to provide support to assist providers to meet PCMH and MU.

IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

Communication with stakeholders through a variety of media including a newsletter, regularly scheduled town hall meetings, PAC meetings, and on-going project committee work are all designed to engage stakeholders as often as possible in PPS activities. Primary dependencies however, are the Finance Committee and its work to develop project budgets, funds flows to providers engaged in each project and an incentive payment distribution methodology that is clear and understandable to providers. The IT Committee, Stakeholder Engagement Workgroup, and Workforce Committee will also be critical to the success of practitioner engagement. Many practitioners will need significant support from the PPS to engage in clinical integration, population health management strategies, and in adopting IT systems that allow for communication and data flow between PPS members. The PPS is also engaging providers to develop a process for them to reach PCMH level III certification. Stakeholder Engagement Workgroup has already begun planning for the PPS wide implementation of PCMH III. The Workforce Committee is working with stakeholders to understand the new skills and workflows that will generate from the clinical projects. The Workforce Committee will offer educational guidance to the Stakeholder Engagement Committee on issues related to re-deploying staff, skills development, and job training. The ability of the PPS to communicate to the community's practitioners, not just the larger organizations, will be key to the further success of the DSRIP initiative. The on-



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going communication initiatives described above will help to engage stakeholders at all levels in PPS activities.



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✓ 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 |
|---|--|--|
| Financial Management and oversight | Victor DeMarco, Bronx Lebanon | Financial oversight of PPS participating providers; development and communication of funds flow |
| IT Development and Implementation | Ivan Durbak/Bronx Lebanon & Dan Figueras/Urban Health Plan; Kathy Miller/Bronx RHIO | Interconnectivity with PPS partners |
| Stakeholder Engagement | Roy Wallach/ Conifer Park-Armes Acre | Coordinate stakeholder communication for the PPS |
| Workforce Development | Selena Griffin-Mahon/ Bronx Lebanon | Develop overall training plan to include practitioners across the PPS workforce spectrum. |
| PCMH functionality | Javiera Riveria/ Urban Health Plan | Engage providers and aid them in reaching PCMH Level 3 |
| PPS Governance and organization | Fred Miller/ Garfield-Miller, LLP | Establish LLC, Provider participation contracts, compliance program |
| Integrated Delivery System Implementation & Oversight | Dennis Maquiling/Bronx Lebanon | Establish and Implement DSRIP: IT, Project Implementation , PCMH Certification, Care Coordination, Stakeholder Engagement oversight. |



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✓ 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 | | |
| Denise Bauer, Catholic Charities | Stakeholder Engagement Workgroup Partner | Engage providers and assist in the work of the PPS |
| Dr. John Coffey, BLHC | Stakeholder Engagement Workgroup Partner; Project Development and Implementation/Clinical & Quality Committee Chair | Engage providers and assist in the work of the PPS |
| Joann Casado, Urban Health Plan | Stakeholder Engagement Workgroup Partner - Co-Chair; Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Dr. Magdy Mikhail, BLHC | Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Fernando Martinez, the Osbourne Group | Stakeholder Engagement Workgroup Partner | Engage providers and assist in the work of the PPS |
| Michelle Miller, Catholic Charities | Stakeholder Engagement Workgroup Partner | Engage providers and assist in the work of the PPS |
| Lisa Orriola, BLHC | Stakeholder Engagement Workgroup Partner | Engage providers and assist in the work of the PPS |
| Biren Patel, Hemant Patel MD PC/ Harlem Medical Group | Stakeholder Engagement Workgroup Partner, Finance Committee Voting Member | Engage providers and assist in the work of the PPS |
| Peter Sherman, BLHC | Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Roy Vega, BLHC | Stakeholder Engagement Workgroup Partner | Engage providers and assist in the work of the PPS |
| Debbie Pantin, VIP | Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Brent Stackhouse, Mount Sinai Hospital | Stakeholder Engagement Workgroup Partner, BHA PPS LLC Board Member | Engage providers and assist in the work of the PPS |
| Gary Rosario, BLHC | Stakeholder Engagement Workgroup Partner, Co-Chair; Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Virgilina Gonzalez, BLHC | Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Roy Wallach, Liberty Management | Stakeholder Engagement Workgroup Partner, Co-Chair; Project Development and Implementation Committee Partner; Workforce Committee Partner | Engage providers and assist in the work of the PPS |
| Alexandria Rodriguez, BLHC | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Christina Coons, VNSNY | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |



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DSRIP Implementation Plan Project

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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|--|--|
| David Gerber, St. Christopher's Inn | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Debbie Lester, Urban Health Plan | Project Development and Implementation Committee Partner, Co-Chair | Engage providers and assist in the work of the PPS |
| Dr. Abayomi Salako, BLHC | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Dr. Issac Dapkins, BLHC | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Dr. Jeffery Levine, BLHC | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Dr. Manuel Vasquez , Urban Health Plan | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Dr. Mario F. Moquete, Hudson Heights IPA | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Dr. Richard Cindrich, BLHC | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Georgia Connell, BLHC | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Javiera Rivera, Urban Health Plan | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Kathryn Salisbury, MHA of NYC | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Leonardo Vicente , BLHC | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Luarnie Bermudo, Domincian Sisters Family Health Services | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Natalie Cruz, BLHC | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Paloma Hernandez, Urban Health Plan | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Patricia Cahill, BLHC | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Richard Biscotti, ArchCare | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Richard Parker, BLHC | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Dennis Maquiling, BLHC | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Scott Auwarter, Bronx Works | Project Development and Implementation Committee Partner | Engage providers and assist in the work of the PPS |
| Shirley Riley, 1199 SEIU | Workforce Committee Partner & BHA PPS LLC Board Member | Engage providers and assist in the work of the PPS |
| Celestino Fuentes, Liberty Management | Workforce Committee Partner | Engage providers and assist in the work of the PPS |
| Julie Peskoe, Home Care NY | Workforce Committee Partner | Engage providers and assist in the work of the PPS |
| Lawrence Lang, The PAC Program | Workforce Committee Partner | Engage providers and assist in the work of the PPS |
| Nestor Sanchez, Home Care NY | Workforce Committee Partner | Engage providers and assist in the work of the PPS |
| Rosa Agosto, Urban Health Plan | Workforce Committee Partner, Co-Chair | Engage providers and assist in the work of the PPS |
| Kathy Miller, Bronx RHIO | Workforce Committee Partner | Engage providers and assist in the work of the PPS |
| Vivian Torres, Self Help Community Services, Inc | Workforce Committee Partner | Engage providers and assist in the work of the PPS |
| Selena Griffin, BLHC | Workforce Committee Partner, Chair | Engage providers and assist in the work of the PPS |
| External Stakeholders | | |
| NY State DOH | Regulatory Organization | Rules and Policy |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|-----------------------------|---|--|
| NYC DOHMH | Regulatory Organization | Rules and Policy |
| Legislators | Oversight to Policy and Engagement | Rules and Policy |
| External PPSs | Treatment and Patients Interactions | Care Coordination |
| Medicaid Managed Care Plans | Treatment and Patients Interactions | Billing and Care Management |
| Advocacy Organizations | User Out-Reach and Structure | Influence and Committee Roles |



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✓ 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.

The shared IT infrastructure platforms, including specific tools such as the BL PPS Participant Portal, a web-based interface for PPS users that will include access to reporting functionality, data analytics, care management tools and PPS-sponsored communications, including training and education programs, will connect practitioners and facilitate practitioner engagement, which will be crucial to providing access to critical functionality such as dashboards, performance reporting, patient alerts, and secure messaging. BL PPS's proposed shared IT infrastructure will deliver efficiency, interoperability, and high value-added solutions that will facilitate practitioner engagement through the provision of tools that support better time management, performance management and reporting, and improve overall provider satisfaction. The Practitioner Engagement workflow has key dependencies around IT Systems and Processes, as described above. The PPS will employ diligent project management and monitoring to ensure infrastructure (such as the connectivity through the RHIO), and functionality are adequate to facilitate effective provider engagement, as well as the training necessary to achieve it. The focus of a shared IT Infrastructure will be to provide patient-level data to all PPS partners in a manner that supports better time management and user satisfaction. IT will identify the provider gaps as it relates to Meaningful and EHR, and develop a strategy to provide technical assistance and support them with achieving PCMH level 3.

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

✓ IPQR Module 7.8 - Progress Reporting

Instructions :

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

Practitioner engagement will be encouraged through regularly scheduled town hall meetings and inclusion on various PPS project workgroups. Continuation of PPS updates via e-mail and website maintenance will help ensure that practitioners are able to receive pertinent news and updates. We will have set the targets for delivering education & face-to-face training for implementation of project specific processes in our



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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 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 and satisfaction.

IPQR Module 7.9 - IA Monitoring

Instructions :



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Section 08 – Population Health Management

✓ IPQR Module 8.1 - Prescribed Milestones

Instructions :

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

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #1 Develop population health management roadmap. | In Progress | Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities. | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task Define priority target populations by using CNA and other proprietary data to develop disease specific profiles which take into account co-morbidities and social determinants of health (homelessness , etc.) | In Progress | Define priority target populations by using CNA and other proprietary data to develop disease specific profiles which take into account co-morbidities and social determinants of health (homelessness , etc.) | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Acquire, aggregate and leverage data in support of population health. | Not Started | Acquire, aggregate and leverage data in support of population health. | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Engage patients, physicians and other clinicians and create a collaborative partnership to develop population health roadmap | Not Started | Engage patients, physicians and other clinicians and create a collaborative partnership to develop population health roadmap | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Develop intervention protocols for identified population | Not Started | Develop intervention protocols for identified population | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Identify the necessary IT infrastructure to support a population health approach and work in the | In Progress | Identify the necessary IT infrastructure to support a population health approach and work in the PPS | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| PPS | | | | | | | | | |
| Task Develop a plan to assist primary care physicians and other clinicians with achieving PCMH level 3 2014 certification | In Progress | Develop a plan to assist primary care physicians and other clinicians with achieving PCMH level 3 2014 certification | 07/01/2015 | 06/30/2016 | 07/01/2015 | 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. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | NO |
| Task The lead entity will develop a methodology to evaluate acute care bed utilization in the PPS | Completed | The lead entity will develop a methodology to evaluate acute care bed utilization in the PPS | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task The lead entity will identify, aggregate and acquire data including utilization data such as salient data, managed care utilization and others (RHIO, MAPP) as well as the lead entity's internal data sets | Completed | The lead entity will identify, aggregate and acquire data including utilization data such as salient data, managed care utilization and others (RHIO, MAPP) as well as the lead entity's internal data sets | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Identifies members of the PPS who have gaps in care and requires intervention | Completed | Identifies members of the PPS who have gaps in care and requires intervention | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task The lead entity will review inpatient utilization data on a rolling 3 month basis | In Progress | The lead entity will review inpatient utilization data on a rolling 3 month basis | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Engage patients, physicians and other clinicians and create a collaborative partnership to identify potentially avoidable admissions. | Not Started | Engage patients, physicians and other clinicians and create a collaborative partnership to identify potentially avoidable admissions. | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Define criteria for identifying DSRIP projects impact on bed reduction to allow for planning and implementation of strategy | Not Started | Define criteria for identifying DSRIP projects impact on bed reduction to allow for planning and implementation of strategy | 10/01/2015 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task Review existing plans and materials focusing on strategies to move patients quickly to the most appropriate level of care. | In Progress | Review existing plans and materials focusing on strategies to move patients quickly to the most appropriate level of care. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task | Not Started | Evaluate existing and DSRIP project activities that will impact | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Evaluate existing and DSRIP project activities that will impact bed utilization | | bed utilization | | | | | | | |
| Task Map bed reduction strategies to stakeholders needs and prioritize | Not Started | Map bed reduction strategies to stakeholders needs and prioritize | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Establish ongoing training regarding potentially avoidable admissions panel | Not Started | Establish ongoing training regarding potentially avoidable admissions panel | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task Define short and long-term goals, and set tactics and rules for the plan | Not Started | Define short and long-term goals, and set tactics and rules for the plan | 01/01/2016 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task Bed reduction plan finalized and approved by Steering committee | Not Started | Bed reduction plan finalized and approved by Steering committee | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | 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. | |



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Milestone Review Status

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



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IPQR Module 8.2 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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✓ 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.

- Risk 1: Provider engagement and compliance with reporting.
Mitigation Strategy: Provider Engagement & Performance monitoring and reporting infrastructure will be created to identify and engage those providers that fall behind.
- Risk 2: Attributed Patient Utilization with other PPSs service providers.
Mitigation Strategy: Data from NYSDOH relative to what will be provided by the PPS is not clearly defined at this time. Close collaboration between the NYSDOH and PPSs across the state will be necessary in order to mitigate this risk. In addition transparency by the NYSDOH could provide PPS with necessary information to implement an effective strategy that spans all DYs.
- Risk 3: Some organizations/providers within the PPS could be reluctant to agree to strict performance reporting and monitoring, particularly in comparison to their competitors within the same PPS.
Mitigation Strategy: This risk can be mitigated by a strong governance/sub-committee presence, and effective communication strategy that addresses specific provider/organizational concerns.
- Risk 4: The PPS is a multi-stakeholder environment where many varying opinions and voices will exist. It is often difficult to define and implement specific performance metrics in this kind of environment.
Mitigation Strategy: This risk can be mitigated by developing an initial set of PPS-level performance measures/metrics, with input from the NYSDOH and industry subject matter experts, and incorporating stakeholder input as appropriate throughout the process.
- Risk 5: Inadequate workforce - Workforce need through the DSRIP transformative years may lack the necessary skills sets to provide services for PPS. Mitigation Strategy: To mitigate this risk we will assess the current skills of the workforce as well as the job descriptions and possible retaining and redeployment the workforce to provide the support/services need to manage the attributed population.
- Risk 6: Standardized Protocols for delivery of care (care coordination, etc.) may impact the PPS performance.
Mitigation Strategy: To mitigate this risk we will create protocols that take into account different patient needs as well as allow for modifications.
- Risk 7: A lack of collaboration across PPSs. Mitigation: All of the Bronx area PPSs are starting to meet regularly to identify commonalities related to projects and processes and to share best practices and aggregated patient utilization data.

✓ IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :



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

The Population Management work stream has dependencies on several other work streams, including IT Systems and Processes, Workforce and Governance. This work stream is dependent on the IT Systems and Processes work stream because these systems will enable population health monitoring and reporting through the creation of an integrated data network. Workforce training and availability is interdependent with the ability to create population health profiles to provide services to meet the needs of the population. The main inter-dependencies with the Governance work stream include the effective creation of policies and procedures for population health monitoring and reporting, adherence to those policies and procedures, and creation/implementation of sub-committees who will be responsible for goal-setting and monitoring across the PPS.



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✓ 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 |
|---|---|---|
| PPS Governance and organization | Fred Miller, Esq. Garfunkel Wild, LLC | Establish LLC, PMO contract, Provider participation contracts, compliance program |
| Integrated Delivery System Implementation & Oversight | Dennis Maquiling/Bronx Lebanon | Establish and Implement DSRIP: IT, Project Implementation , PCMH Certification, Care Coordination, Stakeholder Engagement oversight. Reporting on milestones and metric |
| Financial Management and oversight | Victor DeMarco/Bronx Lebanon | Establish and Implement DSRIP: IT, Project Implementation , PCMH Certification, Care Coordination, Stakeholder Engagement oversight. Reporting on milestones and metric |
| IT Development and Implementation | Ivan Durbak/Bronx Lebanon & Dan Figueras/Urban Health Plan | IT platform, interconnectivity with PPS partners, data base management, performance reporting management |
| Workforce Committee | Selena Griffin-Mahon/ Bronx Lebanon | Develop Workforce Strategy for BLHC PPS |
| PDI/Clinical Committee | John Coffey, MD/ Bronx Lebanon | Project Implementation strategy |
| PCMH | Javiera Rivera/ Urban Health Plan | Engage providers and aid them in reaching PCMH Level 3 |
| Care Coordination | Christina Coons/ VNSNY | Functions as the central point for care coordination and Deliverables across the PPS |
| Stakeholder Engagement | Roy Wallach/ Conifer Park-Armed Acre | Coordinate stakeholder communication for the PPS |



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✓ 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 | | |
| Alexandria Rodriguez, BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Beth Lorell, BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Christina Coons, VNSNY | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| David Gerber, St. Christopher's Inn | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Debbie Lester, Urban Health Plan | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Debbie Pantin , VIP Services | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Deborah Witham, VIP Services | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Abayomi Salako | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Issac Dapkins, BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Jeffery Levine, BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. John Coffey, BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Kamala Greene, BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Magdy Mikhail | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Manuel Vasquez , Urban Health Plan | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Mario F. Moquete, Hudson Heights IPA | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|--|---|
| Dr. Peter Sherman , BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Richard Cindrich, BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Gary Rosario, BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Georgia Connell, BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Javiera Rivera, Urban Health Plan | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Joann Casado, Urban Health Plan | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Kathryn Salisbury, MHA of NYC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Luarnie Bermudo, Dominican Sisters Family Health Services | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Natalie Cruz, BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Paloma Hernandez, Urban Health Plan | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Patricia Cahill, BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Richard Biscotti, ArchCare | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Richard Parker, BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Roy Wallach, Arms Acres, Conifer Park | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Sam Shutman, BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Scott Auwarter, Bronx Works | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Virgilina Gonazalez, BLHC | Project Development and Implementation Committee/ Clinical & Quality Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| External Stakeholders | | |
| NY State DOH | Regulatory Organization | Rules and Policy |
| NYC DOH | Regulatory Organization | Rules and Policy |
| Legislators | Oversight to Policy and Engagement | Rules and Policy |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|-----------------------------|--|-------------------------------------|
| External PPS | Treatment and Patients Interactions | Care Coordination |
| Medicaid Managed Care Plans | Treatment and Patients Interactions | Billing and Care Management |
| Advocacy Organizations | Treatment and Patients Interactions | Billing and Care Management |



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✅ 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.

Many BLHC PPS partners have localized data analytics tools and are engaging in population health management at the individual-provider level. What is lacking, however, is the centralization of information to develop a more complete picture of population health to foster accountability and improvement in outcomes. In response, BL PPS intends to develop a Population Health Analytics Platform that includes capabilities for generating registries, conducting data cube analytic functions and managing population health data cohorts through the utilization of a RHIO data repository. This tool will enable provider organizations to analyze and track the health of the populations they serve, and to implement interventions on specific cohorts of patients. The PPS's shared IT infrastructure will assist with the monitoring of health outcomes and the distribution of information to PPS partners and stakeholders to meet DSRIP project goals. The following services will implement solutions to measure and improve the population health status through the use of predictive analytics, reporting and registries for care management, and utilization management:

- (1) Support the adoption and/or upgrade of EHRs by providing options and technical assistance to organizations who are not yet on an EHR system, or who are using an EHR system with insufficient functionality;
- (2) Expand health information exchange (HIE) to facilitate interoperability by connecting partners to the RHIO;
- (3) Implement Care Management and Coordination tools that will enable care management and coordination at the population level;
- (4) Deploy tools for provider and patient engagement; and
- (5) Develop business intelligence and analytics tools.

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

✅ IPQR Module 8.8 - Progress Reporting

Instructions :

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



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The success of the work stream will be measured through progress reporting on population health management by creating population profiles, utilization dashboards that enable identification of the target population, monitoring of the number of patients engaged in care, and tracking and trending on health outcomes. In addition to the State-defined metrics specific to the PPS Projects tracked by the PMO (behavioral health, asthma, maternal child health, HIV/AIDS, and diabetes), progress toward local and national benchmarks will be assessed through a wide range of publically available data sets updated on an annual or semi-annual basis. For example, the NYC DOHMH Bureau of HIV/AIDS's semi-annual report will provide epidemiological updates on the access to, and retention in HIV care relative to the the goals defined in the Governor's End of AIDS plan. Other benchmarks for success will include (but are not limited to) objectives outlined by the City's Take Care New York Initiative and HHS Healthy People 2020.

IPQR Module 8.9 - IA Monitoring

Instructions :



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Section 09 – Clinical Integration

✓ IPQR Module 9.1 - Prescribed Milestones

Instructions :

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

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #1 Perform a clinical integration 'needs assessment'. | 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 | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task Define the 1) purpose of the NA, 2) target population for NA, and 3) key NA questions | Completed | Conduct a data assessment and gap analysis to identify service provider needs | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Conduct a literature review to develop a working definition of what successful "clinical integration" entails for the PPS | Completed | PMO through stakeholder engagement will identify active Clinical providers | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Develop a plan for collecting and analyzing primary and secondary data sources | Completed | Assess existing programs and workflows to enable cross and bi-directional communication providers and patients. | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Map clinical, care management and other providers in the network through stakeholder engagement | Completed | Determined projected needs for Clinical Integration for DSRIP | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Assess existing programs, human resources, IT solutions and, and workflows that drive a care | Completed | Identify key datas need to change for Clinical integration | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| coordination within the network | | | | | | | | | |
| Task Develop key data measures and benchmarks for successful clinical integration within the PPS | Not Started | Identify key interfaces needs for clinical integration | 10/01/2015 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Identify reports needed to support clinical integration functions | Not Started | Identify reports needs to support clinical integration functions | 10/01/2015 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Establish a 360 review processes for aligned needs and provider expectations | Not Started | Establish 360 Review prepossess for aligned needs and provider expectations | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Clinical Quality Committee review and approval of Clinical Integration Needs Assessment | Not Started | Steering Committee review and approval of clinical integration plan | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Conduct the capacity and asset assessment to of identified PPS providers | In Progress | Identify the services provided by participating clinical partners | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Report findings to the Steering Committee | In Progress | Create Clinical Quality Committee to assist with assessment of clinical needs and monitoring. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| 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 | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task Identify key Clinical and other information for sharing | Completed | Identify key Clinical and other information for sharing | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Coordinate data sharing systems and interoperability | In Progress | Coordinate data sharing systems and interoperability | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task | In Progress | Establish framework for discharge coordination | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Establish framework for discharge coordination | | | | | | | | | |
| Task Training for operations staff on care coordination and communication tools | Not Started | Training for operations staff on care coordination and communication tools | 10/01/2015 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Training for providers across settings | Not Started | Training for providers across settings | 10/01/2015 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Establish framework for hospital admission coordination | Not Started | Establish framework for hospital admission coordination | 10/01/2015 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Establish 360 Review prepossess for aligned needs and provider expectations | Not Started | Establish 360 Review prepossess for aligned needs and provider expectations | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Steering Committee review and approval of clinical integration plan | Not Started | Steering Committee review and approval of clinical integration plan | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | 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. | |



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Milestone Review Status

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



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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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✓ 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.

Risk: The major risks to implementation include: the financial fragility of many participating provider;

Mitigation: Participating partners will be required to complete a financial monitoring survey along with their provider agreements. Financial monitoring metrics will be established to evaluate and determine which partner institutions may be at risk and eligible for sustainability funds. Re-evaluation and monitoring will mitigate the potential risks to the implementation and sustainability of projects posed by fragile providers.

Risk: The culture of competition rather than cooperation that exists among similar agencies and providers.

Mitigation: The PPS will take a patient-centered approach focusing on optimal health outcomes for patients within the community. To that end, the approach to community planning will necessitate heavy involvement by stakeholders outside of the hospital system. The composition of workgroups and committees will include MCOs, CBOs, Health Homes, and other providers to ensure that members are involved in the process. Town Halls, Project Advisory Committees, and resources distributed to e-mail listservs and posted on the website are all activities conducted with the purpose of creating a culture of cooperation and transparency among providers.

Risk: The ability of the PPS to attain project goals within the proposed budget.

Mitigation: The Finance Committee (along with PMO, IT Committee, and Workforce Committee) will work closely with the Project Workgroups leads in an effort to ensure that project goals are clear and realistic. In particular, members from various committees will be present on project workgroups to monitor fidelity to the proposed budgets and report progress back to the Finance Committee.

Risk: Lack of understanding of DSRIP and PPS among provider participants.

Mitigation: Provider participants will receive ongoing DSRIP 101 trainings through the Stakeholder Engagement Cross Functional Workgroup and receive educational materials produced by the Training and Employment Funds. Participants will be engaged through participation on various workgroups and committees as members or co-leads. A provider communication strategy/plan will be developed by the Stakeholder Engagement CFW.

Risk: The ability to develop and implement a project management office in conjunction with the Mount Sinai PPS.

Mitigation: BLHC PPS and Mount Sinai PPS have established a strategic partnership to coordinate projects, where appropriate, and to jointly develop the resources needed to implement the projects. The PPS has mapped out all of the project requirements affecting all of our committed providers and have developed a map of the project requirements that show where they cross-cut and which providers will be involved in the projects. For those project requirements that are most pervasive, we have set up a PMO and cross functional team tasked with driving consistent, coordinated implementation.



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Risk: The ability to develop and/or collect meaningful data that will support the activities of the PPS.

Mitigation: The Clinical Committee will work closely with the IT Committee to develop outcomes (including HEDIS and actively engaged metrics) and the specific activities required to achieve the outcomes.

Risk: PCP non-compliance with PCMH Level 3 and adopting processes specific to the projects.

Mitigation: The PPS will work closely through PCMH and Stakeholder Engagement Cross-functional Workgroups to develop and implement a needs assessment that will be used to ascertain PCP readiness within the PPS to to achieve PCMH level 3. Based on the needs assessment, the Stakeholder Engagement Work Group that will meet with the group to identify gaps in provider representation and provide technical assistance to PCPs interested in participating in the project.

✓ 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.)

The primary interdependency is the participating provider contract that will link providers to the PPS and establish the working relationship between the PPS and its provider network. This will require significant provider outreach and education. Integral to that network is an IT platform that is available to all PPS participants and establishes a framework for data exchange and management as well as reporting. The Workforce plan will be a key component of transformation for many providers as they move away from traditional facility based activities into community based activities. It will be incumbent on the PPS to have a plan and program in place to retrain a sufficient number of providers to work in these community based settings providing case management and care coordination. Additionally, a significant number of analyst will be necessary to manage the data and report on the activities of each of the projects and the PPS as a whole. The Steering Committee will establish a process for financially fragile providers to apply to the PPS for sustainability funds and for the PPS to take action on those requests. Finally, much of the transformation is based on changing beneficiary behavior. The PPS will develop culturally appropriate outreach and education to engage attributed members in care coordination and management that will assist them in achieving their health goals. As well as other financial dependencies such as Value-based payment reform which will require sharing of clinical information as well as monitoring clinical performance (HEDIS/QARR and other clinical performance measures).



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✓ 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 |
|---|--|---|
| PPS Governance and organization | Fred Miller, ESQ. Garfunkel Wild LLC | Establish LLC, PMO contract, Provider participation contracts, compliance program |
| Integrated Delivery System Implementation & Oversight | Dennis Maquiling/Bronx Lebanon | Establish and Implement DSRIP: IT, Project Implementation , PCMH Certification, Care Coordination, Stakeholder Engagement oversight. Reporting on milestones and metric |
| Financial Management and oversight | Victor DeMarco/Bronx Lebanon | Financial structure and management of PPS, treasury and accounting, financial oversight of PPS participating providers |
| IT Development and Implementation | Ivan Durbak/Bronx Lebanon & Dan Figueras/Urban Health Plan | IT platform, interconnectivity with PPS partners, data base management, performance reporting management |
| Workforce Committee | Selena Griffin-Mahon/ Bronx Lebanon & Rosa Agosto, Urban Health Plan | Develop Workforce Strategy for BHAPPS |
| PDI/Clinical Committee | John Coffey, MD/ Bronx Lebanon & Debbie Lester Urban Health Plan & Virgilina Gonzalez, Bronx Lebanon | Project Implementation strategy |
| PCMH | Javiera Rivera/ Urban Health Plan & Dr. Blaze Gusic, Bronx Lebanon | Engage providers and aid them in reaching PCMH Level 3 |
| Care Coordination | Christina Coons/ VNSNY & Kathryn Salisbury, MHA-NYC | Functions as the central point for care coordination and Deliverables across the PPS |
| Stakeholder Engagement | Gary Rosario, Bronx Lebanon & Roy Wallach/ Confer Park-Armes Acre | Coordinate stakeholder communication for the PPS |
| Cultural Competency & Health Literacy | Diane Strom, Bronx Lebanon & Shali Sharma, BronxWorks | Develop Cultural Competency & Health Literacy Strategy for BHA PPS |



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✓ 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 | | |
| Alexandria Rodriguez, BLHC | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Beth Lorell , BLHC | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Christina Coons, VNSNY | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| David Gerber, St. Christopher's Inn | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Debbie Lester, Urban Health Plan | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Debbie Pantin , VIP Services | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Deborah Witham , VIP Services | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Abayomi Salako, BLHC | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Issac Dapkins, BLHC | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Jeffery Levine, BLHC | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. John Coffey, BLHC | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Vicente Liz-Defillo, BLHC | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Magdy Mikhail, BLHC | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Manuel Vasquez , Urban Health Plan | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Mario F. Moquete, Hudson Heights IPA | Project Development and Implementation/ Clinical & Quality Committee Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|--|---|---|
| Dr. Peter Sherman , BLHC | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dr. Richard Cindrich, BLHC | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Gary Rosario, BLHC | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Georgia Connell, BLHC | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Javiera Rivera, Urban Health Plan | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Joann Casado, Urban Health Plan | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Kathryn Salisbury, MHA of NYC | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Leonardo Vicente, BLHC | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Louis Harris, Domincian Sisters Family Health Services | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Natalie Cruz, BLHC | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Paloma Hernandez, Urban Health Plan | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Patricia Cahill, BLHC | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Richard Biscotti, ArchCare | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Richard Parker, BLHC | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Roy Wallach, Arms Acres, Conifer Park | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Dennos Maquiling, BLHC | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Scott Auwarter, Bronx Works | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| Virgilina Gonazalez, BLHC | Project Development and Implementation/ Clinical & Quality Committe Committee Partner | Participate in PPS and worked towards meeting deliverables and milestones |
| External Stakeholders | | |
| NY State DOH | Regulatory Organization | Rules and Policy |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|-----------------------------|---|--|
| NYC DOHMH | Regulatory Organization | Rules and Policy |
| Legislators | Oversight to Policy and Engagement | Rules and Policy |
| External PPS | Treatment and Patients Interactions | Care Coordination |
| Medicaid Managed Care Plans | Treatment and Patients Interactions | Billing and Care Management |
| Advocacy Organizations | User Out-Reach and Structure | Influence and Committee Roles |



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✓ 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.

Clinical integration is the primary goal of the BL PPS IT strategy, particularly through achievement of network-wide data sharing and interoperability that will enable care delivery and management at the population level across PPS providers. The PPS is developing plans to connect all provider types to the RHIO through EHRs and other electronic tools to share various forms of structured and unstructured data to enable bidirectional data sharing. Additionally, the PPS strategy will include:

- (1) Referral management and tracking tools to enable consultation between various providers;
- (2) Reporting, dashboards, and performance monitoring and management through the Customer Relationship Management (CRM) tools and provider portals; and
- (3) Secure messaging and alerts through the RHIO connections.

In order to ensure the efficient and effective data sharing that is required for an integrated delivery system, the PPS will:

- (1) Analyze existing data sharing and confidentiality protocols, and will modify the protocols as needed;
- (2) Integrate any manual processes, such as flat-file conversions to ensure that PPS participants without EHRs can effectively contribute necessary data;
- (3) Identify and analyze what functionality and assistance can/will be provided by the NY DOH.

The PPS will measure its success through monitoring the number of PPS organizations that connect and pass data through the HIE. The HIE is a key component to the success of clinical integration throughout the PPS and will allow for analytics and reporting (mentioned above).

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

✓ IPQR Module 9.8 - Progress Reporting



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Instructions :

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

This work stream will be successful by enhancing clinical integration linkages and identifying areas to measure success, i.e. progress on PCMH certification, provider scale, RHIO consents, etc. The governance work stream will be successful when the steering committee is operating as the governing board of the PPS and is approving budgets, distributing funds, contracted for services with the PMO, overseeing and monitoring quality and compliance and fostering outreach to providers and beneficiaries. In 5 years, the LLC will be engaged in risk contracts with MCOs that reflect the integrated delivery system developed by the PPS.

IPQR Module 9.9 - IA Monitoring:

Instructions :



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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 project implementation team is organized with leads and co-leads for each project. The leads are from the hospital and co-leads are from community based organizations. The projects teams themselves are comprised of fully committed providers from both the lead hospital and the community. Each project is staffed by a project manager who is responsible for keeping the development of the project on track in compliance with metrics and milestones. The PPSs plans to monitor progress, ensure compliance with project requirements including metrics and milestones, and will stay committed to the speed and scale numbers for each project through the project managers who staff the developing DSRIP Project Management Office (PMO). This PMO will provide oversight and coordination to the DSRIP clinical projects. The projects themselves will be rolled out simultaneously, with the focus on interaction of project goals and the sharing of resources. Functions that can be centralized and focused will be in order to leverage staffing and other resources. In the clinical projects, where appropriate, a "pilot" agency will be slated to begin testing the selected interventions.

The PSS is dedicated to quality improvement and will continue the cycle of 1) identifying problems; 2) adapting knowledge to the local context; 3) conducting stakeholder analysis; 4) taking an inventory of resources; 5) assess facilitators and barriers to implementation; 6) select and tailor interventions to situations unique to the PPS population; 7) access implementation fidelity; 8) track project outcomes; and 9) sustain/maintain knowledge use.

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

Instructions :

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.

To coordinate the various projects that will be working towards similar goals and project requirements independently, the PPS has created cross-functional workgroups (Stakeholder Engagement, PCMH, and Care Coordination) to coordinate clinical efforts that are integral to each of the projects. These workgroups are designed to avoid duplication of efforts and to develop multiple approaches to solving the same issue. For example, managing transitions of care more effectively will be a central part of multiple projects and without a proactive approach to coordination there is a risk that different protocols will be developed at different sites or in different projects. The PCMH workgroup and the Stakeholder Engagement Workgroup also work across all of the projects to coordinate outreach activities and to manage the process of attaining Level 3 PCMH certification and stakeholder education. The PPS also holds bi-weekly workflow meetings with the project leads to identify common issues and tasks.



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BLHC PPS and Mount Sinai PPS have established a strategic partnership to coordinate projects, where appropriate, and to jointly develop the resources needed to implement the projects. The PPS has mapped out all of the project requirements affecting all of our committed providers and have developed a map of the project requirements that show where they cross-cut and which providers will be involved in the projects. For those project requirements that are most pervasive, we have set up a PMO and cross functional team tasked with driving consistent, coordinated implementation.

We have also used a provider/requirement map as the starting point for identifying the clinical, financial, administrative, or technological initiatives that will be most important for the successful delivery of our DSRIP projects. These initiatives will receive specific attention from the MS/BL PPS PMO.



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✔ 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 |
|---|--|--|
| Oversight and accountability for delivery of performance reporting capability | Ivan Durbak / Bronx Lebanon | <ul style="list-style-type: none"> • Performance reporting infrastructure (design, planning and implementation) • Coordination with NYDOH, PPS partners and other sources for data collection • Development of dashboards to enable performance management and rapid cycle evaluation • Management and oversight of performance reporting and data collection staff and project leads, including engagement of committees and governance leads to inform process |
| DSRIP Project Teams | Dennis Maquiling / Bronx Lebanon | Responsible for reaching speed and scale. Developing Clinical interventions |
| Responsible for informing development of performance tools, monitoring performance of partners and PPS, informing process improvement and corrective action | Victor DeMarco, John Coffey, and Dennis Maquiling / Bronx Lebanon | <ul style="list-style-type: none"> • Inform identification of key indicators and operational, clinical, financial, quality and other performance metrics • Responsible for informing development of dashboards, performance thresholds, reviewing data/reports and making recommendations to Governing Board on necessary actions |
| Provide general oversight to DSRIP projects and coordinate activities on overlapping projects where applicable | Jill Huck / Mount Sinai & Dennis Maquiling / Bronx Lebanon | Strategic Partner in DSRIP, will be charged with PMO support |
| Sharing of patient data and coordination of patient care | HHC | Now has 45% of our original lives due to project 11. Must work with them to coordinate care and share information across PPS |
| Provision of claims data, benchmark data and support in development of population health analytic tools | Chase McCaleb / Bronx Lebanon; Alison Connelly and Dan Figueras / Urban Health Plan; | Coordinate with PPS in provision of claims data and benchmark data to support performance management; potential for contract negotiation based on improved total cost management |
| Provide general oversight to DSRIP projects | Dennis Maquiling / Bronx Lebanon | Coordinate with PPS in establishment and progress of DSRIP projects |



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✔ 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 | | |
| Steering Committee | Development and implementation of PPS Governance Structure; ensuring PPS is managing DSRIP projects and funds in appropriate manner; Key decision makers | <ul style="list-style-type: none"> • Making key decisions for the PPS on strategy and process |
| Yasmine Gourdian, CCO/Bronx Lebanon | PPS Compliance Officer | <ul style="list-style-type: none"> • Ensuring that the PPS is in compliance with all DSRIP related polices and procedures |
| Victor DeMarco, CFO/Bronx Lebanon | Financial Management and oversight | <ul style="list-style-type: none"> • Financial structure and management of PPS, treasury and accounting, financial oversight of PPS participating providers |
| Dennis Maquiling/Bronx Lebanon | Integrated Delivery System Implementation & Oversight | <ul style="list-style-type: none"> • Establish and Implement DSRIP: IT, Project Implementation , PCMH Certification, Care Coordination, Stakeholder Engagement oversight. Reporting on milestones and metric |
| Fred Miller, Esq/ Garfunkel Wild LLC | PPS Governance and organization | <ul style="list-style-type: none"> • Establish LLC, PMO contract, Provider participation contracts, compliance program |
| PPS Partners | Submit data and review dashboards | Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format |
| PCMH Committee | Cross Functional Workgroup | Monitor, and support PCP transformation in PCMH level 3 |
| Care Coordination CFW | Cross Functional Workgroup | Centralize and Standardize care coordination |
| Workforce Committee | PPS Committee | Centralize and Standardize training and workforce issues |
| PDI Committee | Oversight Committee For PPS DSRIP projects | Provide oversight for DSRIP performance reporting; provide common operational definitions for metrics and milestones and reporting |
| IT Committee | PPS Committee | Monitor, tech support, upgrade of IT and reporting systems. |
| External Stakeholders | | |
| NYSDOH | Provision of statewide/PPS dashboards and performance data | Provide data, including claims data, consolidated reports and web-based dashboards for PPSs for performance management; provide templates for DSRIP performance reporting; provide common |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|--------------------------------------|--|--|
| | | operational definitions for metrics and milestones and reporting requirements; provide guidance on performance improvement opportunities and evidence-based guidance and PPS benchmark data |
| NYC DOH | Coordinate on projects and data sharing and provision of technical support to the projects and PPS | Provide data and technical assistance |
| MCOs | <ul style="list-style-type: none"> • Provision of claims data, benchmark data and support in development of population health analytic tools • Will also be necessary for arranging shared shavings agreements with the PPS in the later stages of DSRIP | <ul style="list-style-type: none"> • Coordinate with PPS in provision of claims data and benchmark data to support performance management; potential for contract negotiation based on improved total cost management • Shared savings |
| Other City PPSs | <ul style="list-style-type: none"> • Exchange of best practices; Work together on projects in common where possible | <ul style="list-style-type: none"> • Share data and best practices • Coordinate cross PPS sharing of information and workgroups |
| Patient representative organizations | Provide patient feedback to support performance monitoring and performance improvement | Provide input around performance monitoring and continuous performance improvement processes |
| CBOs | Will provide key information to the PPS and enter into risk sharing agreements. | Provide data to PPS; provide preventative care to patients in community settings. |
| PCP | Will provide key clinical information to the PPS. | Provide data to PPS; drivers of key clinical aspects of projects |



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✓ IPQR Module 10.5 - IT Requirements

Instructions :

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

The PPS performed detailed data collection and analysis of PPS partners current state and future state technology investments/capabilities by performing surveys, interviews, and leveraging existing PPS knowledge from the Bronx RHIO. The information analyzed included data on EMR's, RHIO connectivity, Registry capability, Meaningful Use, and reporting functionality.

In addition to performing PPS wide IT analysis, the IT Committee met with all project groups to gather both immediate and long term IT needs for EMR, HIE, registries, reporting, alerts, tracking of key metrics, templates, etc. In the short term, the project workgroups are currently using flat file export strategies (from an EMR/spreadsheet), to meet with immediate reporting and registry needs of the PPS. Providers that are part of the RHIO have the ability to view this data through a Provider Portal. In the long term, The PPS will use continue to leverage the Bronx RHIO to meet the clinically interoperable requirements, however migrate from flat file exports to a bi-directional HL7 data feed. The Bronx RHIO will support the clinical information exchange and reporting needs of the PPS.

✓ IPQR Module 10.6 - Performance Monitoring

Instructions :

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

Each project has quality performance measures defined by CMS through HEDIS/QARR, 3M, HCAPS, and DSRIP specific quality measures that will require quality oversight for performance and process improvement. These measures will be monitored at the Clinical and Quality Committee on regular basis. The PPS will develop PPS wide dashboards with drill down capability to specific organizations and providers for the purpose of sharing data, identifying quality gaps, and developing processes to improve and monitor outcomes. As such, these measures will be at the center for quality performance reporting.



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✓ IPQR Module 10.7 - Community Engagement

Instructions :

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

The PPS has established a Stakeholder Engagement committee that is responsible for identifying providers, linking providers to projects, and creating a directory of services throughout the PPS by provider and provider type. Providers are linked to projects and each project has specific deliverables, which drive outreach and engagement to specific providers that can address the project needs.

The stakeholder engagement team will also be responsible for communicating any changes and updates specific to projects (i.e. processes updates, screening tools, standardized assessments, etc.) by meeting with providers face to face, via newsletters, website, Town Hall, PAC, WebEx events, and other venues. In addition to communicating project updates, Stakeholder engagement will meet with providers to ensure they have the most up to date materials and identify any issues providers may have.

The PPS is also in the process of identifying a CRM vendor, which will enable the PPS and providers to identify services available throughout network. Providers will also have the ability to track and update their project deliverables.

IPQR Module 10.8 - IA Monitoring

Instructions :



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Section 11 – Workforce

IPQR Module 11.1 - Workforce Strategy Spending

Instructions :

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

| Funding Type | Year/Quarter | | | | | | | | | | Total Spending(\$) |
|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------------|
| | DY1(Q1/Q2)(\$) | DY1(Q3/Q4)(\$) | DY2(Q1/Q2)(\$) | DY2(Q3/Q4)(\$) | DY3(Q1/Q2)(\$) | DY3(Q3/Q4)(\$) | DY4(Q1/Q2)(\$) | DY4(Q3/Q4)(\$) | DY5(Q1/Q2)(\$) | DY5(Q3/Q4)(\$) | |
| Retraining | 16,000 | 516,500 | 500,000 | 500,000 | 525,000 | 525,000 | 525,000 | 525,000 | 250,000 | 250,000 | 4,132,500 |
| Redeployment | 0 | 45,000 | 125,000 | 200,000 | 450,000 | 450,000 | 375,000 | 375,000 | 625,000 | 625,000 | 3,270,000 |
| Recruitment | 500 | 4,500 | 525,000 | 500,000 | 200,000 | 200,000 | 375,000 | 375,000 | 500,000 | 500,000 | 3,180,000 |
| Other | 500,000 | 800,000 | 330,000 | 200,000 | 250,000 | 280,000 | 250,000 | 277,500 | 200,000 | 195,000 | 3,282,500 |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---------|-----------|-----------|------------------|-------------|
|---------|-----------|-----------|------------------|-------------|

No Records Found

Narrative Text :

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



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✓ IPQR Module 11.2 - Prescribed Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #1 Define target workforce state (in line with DSRIP program's goals). | In Progress | Finalized PPS target workforce state, signed off by PPS workforce governance body. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task Establish a comprehensive workforce project team that includes representatives from the workforce committee and vendors who will be providing data gathering and analysis. | Completed | Establish a comprehensive workforce project team that includes representatives from the workforce committee and vendors who will be providing data gathering and analysis. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Establish a process to meet with all project teams to educate them about what the requirements of the workforce committee are and what data the committee will need from them to complete its work. Get initial information about workforce needs, including credentialing requirements, training needs, projected new hires, projected attrition, redeployment, and workforce budget, including costs of recruiting, training, redeploying, and hiring. | Completed | Establish a process to meet with all project teams to educate them about what the requirements of the workforce committee are and what data the committee will need from them to complete its work. Get initial information about workforce needs, including credentialing requirements, training needs, projected new hires, projected attrition, redeployment, and workforce budget, including costs of recruiting, training, redeploying, and hiring. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Contract with vendor to conduct survey of projects and partners to determine target state, get information about current workforce and future workforce needs, including credentialing requirements, training needs, projected new hires, projected attrition, and redeployment. | Completed | Contract with vendor to conduct survey of projects and partners to determine target state, get information about current workforce and future workforce needs, including credentialing requirements, training needs, projected new hires, projected attrition, and redeployment. | 07/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Set meetings for vendor to meet with each project to determine specific project processes, requirements, scope, and needs. | Completed | Set meetings for vendor to meet with each project to determine specific project processes, requirements, scope, and needs. | 07/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Task Create job family framework to match to DOH's job category list and customize by project, including skills and licensure requirements. | Completed | Create job family framework to match to DOH's job category list and customize by project, including skills and licensure requirements. | 07/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Create a unique profile for each project's specific needs. | In Progress | Create a unique profile for each project's specific needs. | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Use publicly available information about workforce trends to inform target state analysis, such as turnover rates, attrition, etc. | In Progress | Use publicly available information about workforce trends to inform target state analysis, such as turnover rates, attrition, etc. | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Create workforce target and plan for the PPS. Plan will have project specific and PPS wide targets. | In Progress | Create workforce target and plan for the PPS. Plan will have project specific and PPS wide targets. | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Finalize committee report and submit to Steering Committee for sign off. | Not Started | Finalize committee report and submit to Steering Committee for sign off. | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state. | In Progress | Completed workforce transition roadmap, signed off by PPS workforce governance body. | 07/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| Task Finalize list of committee members to ensure representation from all areas of the delivery system and develop a process for decision making within the committee. | Completed | Finalize list of committee members to ensure representation from all areas of the delivery system and develop a process for decision making within the committee. | 07/01/2015 | 07/02/2015 | 07/01/2015 | 07/02/2015 | 09/30/2015 | DY1 Q2 | |
| Task Work with vendor to survey projects and partners and determine current and future state analyses. | In Progress | Work with vendor to survey projects and partners and determine current and future state analyses. | 07/01/2015 | 12/31/2015 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Using current state and target state analyses, develop a roadmap that describes the plan to achieve the target state, including projected goals, timeline, budget, and process for hiring, retraining, redeployment, etc. and submit to steering committee for sign off. | Not Started | Using current state and target state analyses, develop a roadmap that describes the plan to achieve the target state, including projected goals, timeline, budget, and process for hiring, retraining, redeployment, etc. and submit to steering committee for sign off. | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Milestone #3 Perform detailed gap analysis between current | In Progress | Current state assessment report & gap analysis, signed off by PPS workforce governance body. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |



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|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| state assessment of workforce and projected future state. | | | | | | | | | |
| Task Work with vendor to create a survey tool that collects current PPS workforce data, including credentials, skill levels, training capacity, compensation, and benefits (will also be used for Milestone 4 & 5). | In Progress | Work with vendor to create a survey tool that collects current PPS workforce data, including credentials, skill levels, training capacity, compensation, and benefits (will also be used for Milestone 4 & 5). | 07/01/2015 | 12/31/2015 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Work with vendor to establish which partners should be surveyed based on level of participation and potential workforce impact | In Progress | Using tools above, survey partners about current and future staffing needs. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Using tools above, survey partners about current and future staffing needs | In Progress | Using tools above, survey partners about current and future staffing needs | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Analyze project workforce needs both by project and across the PPS to project future state. | In Progress | Analyze project workforce needs both by project and across the PPS to project future state. | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Use target state in Milestone 1 to complete a comparative analysis of current workforce state to future workforce needs both by project and across the PPS. | In Progress | Use target state in Milestone 1 to complete a comparative analysis of current workforce state to future workforce needs both by project and across the PPS. | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Project number of workers to be redeployed (partial and full), retrained and hired by role and submit to steering committee for approval. | In Progress | Project number of workers to be redeployed (partial and full), retrained and hired by role and submit to steering committee for approval. | 10/01/2015 | 12/31/2015 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | In Progress | Compensation and benefit analysis report, signed off by PPS workforce governance body. | 07/01/2015 | 06/30/2019 | 07/01/2015 | 06/30/2019 | 06/30/2019 | DY5 Q1 | YES |
| Task Work with vendor to create a survey tool that collects PPS workforce data, including compensation and benefits (referenced in Milestone 3). | Completed | Work with vendor to create a survey tool that collects PPS workforce data, including compensation and benefits (referenced in Milestone 3). | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Task Work with vendor to establish which partners should be surveyed based on level of participation and potential workforce impact. | Completed | Work with vendor to establish which partners should be surveyed based on level of participation and potential workforce impact. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task Using tools above, survey partners about compensation and benefits by role. | In Progress | Using tools above, survey partners about compensation and benefits by role. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project. | Not Started | Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project. | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Create DY1 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies. | Not Started | Create DY1 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies. | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task Survey partners to determine any changes in compensation and benefits, including impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | Not Started | Survey partners to determine any changes in compensation and benefits, including impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | 04/01/2017 | 06/30/2017 | 04/01/2017 | 06/30/2017 | 06/30/2017 | DY3 Q1 | |
| Task Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project. | Not Started | Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project. | 04/01/2017 | 03/31/2018 | 04/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 | |
| Task Create DY3 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies. | Not Started | Create DY3 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies. | 04/01/2017 | 03/31/2018 | 04/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 | |
| Task Survey partners to determine any changes in compensation and benefits, including impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | Not Started | Survey partners to determine any changes in compensation and benefits, including impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | 04/01/2018 | 06/30/2018 | 04/01/2018 | 06/30/2018 | 06/30/2018 | DY4 Q1 | |



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|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| placements. | | | | | | | | | |
| Task Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project. | Not Started | Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project. | 04/01/2018 | 03/31/2019 | 04/01/2018 | 03/31/2019 | 03/31/2019 | DY4 Q4 | |
| Task Create DY5 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies. | Not Started | Create DY5 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies. | 04/01/2018 | 03/31/2019 | 04/01/2018 | 03/31/2019 | 03/31/2019 | DY4 Q4 | |
| Milestone #5 Develop training strategy. | In Progress | Finalized training strategy, signed off by PPS workforce governance body. | 07/01/2015 | 12/31/2016 | 07/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | NO |
| Task Educate project leads and staff about how to request trainings. | Completed | Educate project leads and staff about how to request trainings. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Contract with SEIU 1199 Training and Employment Fund to create a Workforce Center that can centrally manage recruitment, training, retraining, and redeployment of workers across the PPS for union and non-union workers. | Completed | Contract with SEIU 1199 Training and Employment Fund to create a Workforce Center that can centrally manage recruitment, training, retraining, and redeployment of workers across the PPS for union and non-union workers. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task Include questions in current state survey that ask partners about training capacity, including existing curricula, preferred vendors and methods of training (include in survey tool developed in Milestones 3 & 4). | In Progress | Include questions in current state survey that ask partners about training capacity, including existing curricula, preferred vendors and methods of training (include in survey tool developed in Milestones 3 & 4). | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Develop operating procedures for projects and partners to work with TEF to procure trainings and for TEF to track trainings conducted. | In Progress | Develop operating procedures for projects and partners to work with TEF to procure trainings and for TEF to track trainings conducted. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Work with TEF to conduct an assessment of training needs by project and partner. | In Progress | Work with TEF to conduct an assessment of training needs by project and partner. | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task Work with TEF to identify partners who can provide necessary trainings and to identify new | In Progress | Work with TEF to identify partners who can provide necessary trainings and to identify new trainings to be developed. | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| trainings to be developed. | | | | | | | | | |
| Task Work with TEF to develop comprehensive training plan to outline training needs by project, job classification, and partner. The plan will include a timeline for development of new trainings, a plan to contract with partners for trainings, measurement to ensure trainings are effective, and a method for tracking who has attended trainings. | Not Started | Work with TEF to develop comprehensive training plan to outline training needs by project, job classification, and partner. The plan will include a timeline for development of new trainings, a plan to contract with partners for trainings, measurement to ensure trainings are effective, and a method for tracking who has attended trainings. | 10/01/2015 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task Discuss training plan with partners for feedback on training plan and strategies. | Not Started | Discuss training plan with partners for feedback on training plan and strategies. | 10/01/2015 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task Submit comprehensive training plan to steering committee for approval. | Not Started | Submit comprehensive training plan to steering committee for approval. | 10/01/2015 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task Create a process for the Workforce Committee to maintain an oversight role to ensure that the trainings are meeting the needs of the PPS. | Not Started | Create a process for the Workforce Committee to maintain an oversight role to ensure that the trainings are meeting the needs of the PPS. | 10/01/2015 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| Define target workforce state (in line with DSRIP program's goals). | <p>Workforce – The PPS has made progress towards the completion of the following Milestones:</p> <ol style="list-style-type: none"> 1. Define target workforce state 2. Create a workforce transition road map for achieving your defined target workforce state 3. Perform detailed gap analysis between current state assessment of workforce and projected future state <p>The PPS has contracted with a vendor (KPMG) to survey partners about current and future staffing needs and is analyzing workforce needs at the project level to project future state.</p> |
| Create a workforce transition roadmap for achieving defined target workforce state. | |
| Perform detailed gap analysis between current state assessment of workforce and projected future state. | |
| Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | |
| Develop training strategy. | TEF has been meeting with each project to determine training needs and has begun some. Additionally the workforce survey included questions regarding training needs which is presently being analyzed and will be incorporated into the training strategy. |

Milestone Review Status

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



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IPQR Module 11.3 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
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PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
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IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

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

Risk 1: Risk of uneven understanding across partners about workforce requirements and deadlines. Mitigation Strategy 1: The WC will work with the stakeholder engagement and steering committees to educate all partners and projects. We will develop supporting materials (videos, presentations, etc.) for partners. Risk 2: Partners and projects not being responsive to survey deadlines leading to incomplete and inaccurate information. Mitigation Strategy 2: The PPS has a stakeholder engagement committee. The chair of the stakeholder engagement committee is a key member of the workforce committee. The stakeholder engagement committee will work to educate stakeholders about the processes and practices of DSRIP. We will develop an ongoing communication plan with all stakeholders to ensure that participating partners are fully aware of and engaged in the DSRIP implementation. In addition, we are working with other Bronx area PPS's to have a common survey to minimize the number of surveys that partners need to complete. Risk 3: Risk of difficulty in engaging participating partners with different union affiliation and addressing wage and benefit differences. Some DSRIP participating partners are in current collective bargaining relationships with unions, but some are not. There are different compensation and benefit scales across participating partners. A potential risk is that non-union participating partners who are uneasy with the concepts of sharing their workforce data with union participating partners and union connected vendors will not be comfortable sharing data. In addition, compensation and benefit differences between union and non-union employers will make redeployment more difficult. Mitigation Strategy 3: The WC will create a Workforce Center that can serve all DSRIP participating partners regardless of their union affiliation. By all participating partners having access to the Workforce Center for training, redeployment, hiring, etc., we will build trust among all participating partners, union and non-union. The Workforce Center will work with impacted employees (across a number of PPS's) to mitigate any negative compensation or benefit changes. Risk 4: Risk of difficulty in recruiting and training a culturally competent workforce. Mitigation Strategy 4: We will address this by doing a skill assessment of current employees. Employees with specific language skills could be retrained for new jobs, rather than trying to teach current employees a new language. We will rely on the experience of participating partners who are currently servicing patients in a number of emerging languages and make sure we are building our capacity in a way that will effectively serve our population. Risk 5: Risk of inaccurately projecting workforce numbers. Mitigation Strategy 5: We have hired a vendor who will work with each specific project to assess their needs and use publicly available information on workforce trends to ensure that projects are taking all information into account when projecting workforce needs. Risk 6: Risk of difficulty recruiting because of competition with other PPS's. Mitigation Strategy 6: The Workforce Center will operate across all the PPS's, so that retraining, hiring and redeployment can happen in the most efficient manner. Risk 7: Risk of difficulty of providing online and blended training and sharing information about training because of varying technological capacity of partners and the high cost of licensing training software. Mitigation Strategy 7: We will work with our IT committee and our Workforce Center to ensure we are able to track workforce data.

IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions :

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



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Leadership/Steering Committee: We will need to work closely with the Steering Committee to make sure they are fully aware of the requirements of the workforce committee. We will rely on them to review all of our milestone documents and approve them.

Stakeholder Workgroup: As we mention in our Risk Mitigation strategy, the stakeholder engagement workgroup will be our lead partner in conducting outreach to participating partners both to educate them and to get information from them about workforce needs.

Clinical & Project Committees: In order to come up with our target state, we will need to understand the needs of each project and the current and future workforce capacity of our participating partners. The workforce vendor will conduct regular meetings with the project committees to ensure that we understand their workforce projections and are able to convert them to a numerical estimate.

Finance Committee: We will count on the finance committee to ensure that all participating partners understand the correct uses of DSRIP funding. We will also need to ensure there is adequate funding for our work in training and educating our workforce about upcoming changes.

Cultural Competency Workgroup; There will be overlap between the work of the CC workgroup and the workforce committee. One of our co-chairs is on the CC committee and we will work closely with them, especially during the training needs assessment phase, to ensure coordination.



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✓ IPQR Module 11.6 - Roles and Responsibilities

Instructions :

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

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|----------------------------------|---|--|
| Workforce Committee Co-Chairs | Rosa Agosto & Selena Griffin Mahon | Ensure that the workforce committee is meeting and that tasks are being accomplished in a timely manner, provide leadership and guidance |
| Workforce Committee | Members of workforce committee: Rosa Agosto, Urban Health Plan Denise Cherenfant, 1199 SEIU Training Fund Christina Coons, Visiting Nurses John Diaz-Chermack, Hospice of NY Celestino Fuentes, Argus Community Inc. Cathy Giandurco, Premier Home Health Care Selena Griffin-Mahon, Bronx-Lebanon Hospital Ctr. Marcia Halley, University Consultation Center Nicole Kelley, Strive International Lawrence Lang, The PAC Program Lucia Pons, Dannelisse Corp Shirley Riley, 1199 Nestor Sanchez, Dannelisse Corp Roy Wallach, Arms Acres and Conifer Park Debbie Witham, VIP Community Services Marisol Alcantara, NYSNA Jed Tyrpak,, Committee of Interns & Residents | Meet regularly to track progress. Provide strategic direction to the workforce project team, give input into surveys and survey process and provide feedback and support on survey implementation. Review and approve all reports prior to submission to steering committee. |
| Workforce Project Team | Vendor representatives, project management staff, workforce committee co-chairs (Monique Stoner, KPMG; Selena Griffin-Mahon, BL; Rosa Agosto, Urban Health Plan; Denise Cherenfant, 1199 SEIU Training Fund, Duane Granston, BL) | Monitor implementation of tasks. Responsible for reporting and tracking all progress. Create documents for committee review. |
| Stakeholder Engagement Committee | Roy Wallach, Liberty Management Gary Rosario, Bronx Lebanon Joann Casado, UHP Dr. John Coffey, BLHC | Build communication plan with stakeholders. Ensure we have an accurate list of stakeholders and that stakeholders understand what information the workforce committee needs and why. |



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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|--------------------------------------|--|--|
| | Bill Herl, Care for the Homeless Dr. Magdy Mikhail, BLHC Fernando Martinez, the Osbourne Group Michelle Miller, Catholic Charities Lisa Orriola, BLHC Biren Patel, Hemant Patel MD PC/ Harlem Medical Group Peter Sherman, BLHC Roy Wallach Arms Acre, Conifer Park Debbie Pantin, VIP Brent Stackhouse, Mount Sinai Hospital Gary Rosario, BLHC | |
| Bronx Health Access Workforce Center | Established by the PPS with 1199SEIU Training and Employment Fund, will have staff person assigned to assist BL with training needs assessment and procuring and tracking trainings for partners | Entity established to serve all PPS participating partners in order to assist with assessing training needs, securing necessary training, providing trainings, developing curricula, and working with employees on retraining and redeployment |
| Workforce Vendor | KPMG | Work with workforce committee to create and conduct surveys, analyze data, and create current state analysis, target state, gap analysis, compensation and benefits analysis, and workforce roadmap. |



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IPQR Module 11.7 - Key Stakeholders

Instructions :

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

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Internal Stakeholders | | |
| HR directors and leads of partner organizations | Need to share information through the completion of surveys | Completing surveys and sharing data |
| Training Directors (training entities) | Partner with workforce center, catalog existing capacity, participate in needs assessment | Work with workforce center to share and/or develop curricula and provide training |
| Clinical project leads | Share information about workforce project needs and status | Provide accurate forecasts of necessary workforce needs and workforce competency needs; work with partners to gather partner specific information |
| Network partners | Share information about organizational needs and capacity | Resource to share information and feedback |
| External Stakeholders | | |
| Labor organizations, including 199SEIU UHE, NYSNA, and others | Labor Unions | Educate and communicate with members about DSRIP |
| 1199SEIU Training and Employment Fund | Training Entity | Provide support and expertise in creating a workforce center for training, retraining and redeployment |
| Workforce Development Agencies | Training Entities | Provide training for new and incumbent workers |
| Institutes of Higher Education | Institutes of Higher Education | Provide training for degree required positions and serve as a pipeline for trained workers |
| Other NYC PPS's | Co-contractees with TEF and KPMG | Partners in delivery system redesign and in creating workforce training opportunities, also partners in creating and implementing workforce surveys |



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✓ IPQR Module 11.8 - IT Expectations

Instructions :

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

The BL PPS's shared IT infrastructure, in particular its proposed Customer Relationship Management (CRM) and Business Intelligence tools will support the PPS's plans for workforce transformation by providing an efficient means for gathering and reporting provider-related data, analytics, performance and communication, including functionality to track and report all DSRIP-related process and outcome metrics. The use of a system-wide tool allows the BL PPS to clearly define data fields and ensure that all organizations are using the same metrics, a key factor in assuring accurate quarterly reporting. This capacity is particularly important for the ability to report net workforce changes at the BL PPS network level. These systems can be used to track the impact of both vacancies and workforce improvements on meeting DSRIP-specified goals and objectives and ensure the distribution of PPS-led training and technical assistance, as needed. The provider portal will also be used by partner organizations to access BL PPS-wide training and information materials, including standardized messaging for staff engagement, when appropriate for dissemination in this format. Online trainings could be tracked through the CRM tool, and serve as a mechanism for tracking and documenting training attendance, progress, and certification.

✓ IPQR Module 11.9 - Progress Reporting

Instructions :

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

The Workforce Committee will work with our vendors and the IT committee to develop a process to manage the data collection so we can submit it to our Steering Committee for inclusion in quarterly reports. We have established a project team who will meet with vendors regularly to ensure we are reaching our goals. We will need to do an analysis of which partners use different workforce tracking technologies and ensure that we can aggregate and share data across the PPS.



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IPQR Module 11.10 - Staff Impact

Instructions :

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

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



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

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

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



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Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---------|-----------|-----------|------------------|-------------|
|---------|-----------|-----------|------------------|-------------|

No Records Found

Narrative Text :



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IPQR Module 11.11 - IA Monitoring:

Instructions :



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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.

Risk: Lack of clarity amongst PPS partners and their specific roles, leading to performance issues and delays in achieving project milestones and metrics

Mitigation: Sharing strategic plan with all PPS partners

Risk: Lack of clarity regarding how to effectively communicate across the PPS so that all partners are engaged leading to potential delays in meeting milestones and metrics.

Mitigation: Sharing strategic plan and work plans for key areas with PPS partners and having them understand the important role that they each play in the PPS

Risk: Lack of decision in selection of an IT platform leading to a potential delay in meeting project metrics and milestones especially in regard to health information exchange and secure messaging requirement

Mitigation: Hold meetings to engage providers in selection of a system, analyze pros and cons for each option, seek partner input to arrive at consensus, and develop support plan for partners that need assistance in adopting the selected IT platform.

Risk: Lack of clarity in how performance data will be collected and reported across the PPS leading to potential delays in reporting progress on metrics and milestones as required

Mitigation: IT and Quality Committee develops an interim and long term data collection and reporting system

Risk: Lack of clarity regarding how the PPS will collect and report data on patient engagement and population health management.

Mitigation: IT committee to work with PPS providers to develop an interim and long term reporting system

Risk: Lack of clarity as to how PPS providers will achieve PCMH recognition and meet meaningful use metrics:

Mitigation: Using a learning collaborative approach, PCMH cross functional teams will be formed and will jointly work towards achieving recognition.

Risk: Lack of clarity as to specific structure of the Management Office and process for allocation of sufficient resources to PPS partners to assure success

Mitigation: Development of an efficient Management Office to coordinate activities and ensure resources are appropriately allocated

Risk: Lack of clarity as to how the PPS will transition toward value based payment system



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Mitigation: Charge Finance Committee to engage PPS partners and negotiate appropriate contracts with MCOs with appropriate legal counsel

Risk: Lack of resources necessary to develop and deploy a comprehensive workforce strategy for the PPS that supports an integrated delivery system

Mitigation: Workforce committee will develop a comprehensive detailed strategy including training and development plan inclusive of an assessment/gap analysis with the goals of 1) building skills/knowledge within the current PPS partners and 2) retraining displaced workers and redeploying into the new job whenever possible

Risk: Lack of clarity regarding the PPS wide and individual project budget to support the integrated delivery system

Mitigation: Finance and Steering committee to develop overall program budget and guide the development of individual project budgets

Risk: Lack of clarity in how job roles will be re-defined and staff will be re deployed

Mitigation: Workforce Committee will develop a clearinghouse to assist workers who will be re-trained and re-deployed and will develop a decision making process to be utilized to determine which workers will be re-deployed and re-trained



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

Instructions :

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

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. | Project | N/A | In Progress | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers. | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Monitor and report to the Steering Committee and the State the status of the evolving provider network | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Conduct a gaps analysis of each provider in the PPS in regard to integrated care delivery readiness including work already completed | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Conduct a review of commitment level for all PPS providers and a plan to engage providers who are not yet committed to the IDS | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Development of a comprehensive plan to actively engage providers by provider type considering level of engagement in the overall PPS and in individual projects | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identification of payers, development and completion of a comprehensive payer directory | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Development and implementation of a communication and engagement plan focused on social services agencies | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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|--|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Task Development of a comprehensive directory of social services agencies and partner organizations and process for integrating these resources across the PPS | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identification of providers across the PPS and development of a comprehensive provider directory | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development of an ongoing communication plan focused on providers within the PPS with modes and timelines for communication | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development and implementation of a communication and engagement plan focused on payers with timelines for monthly meetings | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Implementation of an ongoing communication plan focused on providers within the PPS with modes and timelines for communication | Project | | In Progress | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Development and implementation of project level policies and procedures that ensure accountability for all participating providers | Project | | In Progress | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Implementation of an outreach plan to keep providers actively engaged in the PPS | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS produces a list of participating HHs and ACOs. | Project | | In Progress | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS. | Project | | In Progress | 01/01/2016 | 03/31/2017 | 10/01/2015 | 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|--|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Task Development of a communication plan with the two Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development of an engagement plan to engage the Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development of a joint interim IT plan with the PPS and Health Homes for population health management | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development of a joint plan with the PPS and Health Homes to integrate IT solution platform for population health management | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Implementation of a communication & engagement plan with the two Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Monitor and report to the Steering Committee and the State on status of HH and ACO service integration and population health management system evolving to an IDS | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Implementation of a joint interim and long-term IT plan with the PPS and Health Homes for population health management | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Management office will leverage PPS expertise to develop a system to track population health working with it to develop effective data reporting system | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Clinically Interoperable System is in place for all participating providers. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 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 | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|--|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 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. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS trains staff on IDS protocols and processes. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Development of Behavioral Health Strategy and Plan for ensuring patient access to behavioral health services | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Monitoring of behavioral health strategy and plan for ensuring access to behavioral health services and reporting | Project | | In Progress | 04/01/2015 | 12/31/2015 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development of a strategy and plan for ensuring patient access to PPS services | Project | | In Progress | 07/01/2015 | 12/31/2015 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identification of providers across the PPS and development of a comprehensive provider directory | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development of a communication plan focused on all providers within the PPS | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development of an engagement plan focused on all providers within the PPS | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Leveraging of provider expertise and sharing of best practices across the PPS | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development of an interim population health management strategy with key metrics for each project using IT and patient tracking registries until PPS wide IT platform solution is implemented | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development of a strategy to utilize outreach, patient navigators, peers, care managers across the PPS based on Health Home best practices to ensure patients receive appropriate services | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development of a PPS wide contact system for patients/clients | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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|---|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| that connects them to needed services | | | | | | | | | |
| Task Implementation of Behavioral Health Strategy and Plan for ensuring patient access to behavioral health services | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Implementation of an communication & engagement plan focused on all providers within the PPS | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Implementation of a strategy to utilize outreach, patient navigators, peers, care managers across the PPS based on Health Home best practices to ensure patients receive appropriate service | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Implementation of a strategy and plan for patients/clients that connects them to needed services | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Implementation of an interim population health management strategy with key metrics using IT and patient tracking until PPS wide IT platform solution is implemented | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Based on the CNA, development of a public health strategy for the PPS | Project | | In Progress | 01/01/2016 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Development of a plan to educate patients about the PPS | Project | | In Progress | 07/01/2015 | 12/31/2016 | 07/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Implementation of a plan to educate patients about the PPS | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Develop and Implementation of a public health strategy across the PPS | Project | | Not Started | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Monitoring of the impact of the public health strategy across the PPS | Project | | Not Started | 10/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Monitoring and reporting to the Steering Committee and to the State on the plan to educate patients about the PPS | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Development of IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in | Project | | In Progress | 01/01/2016 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |



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|--|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| appropriate services | | | | | | | | | |
| Task Monitor and report to the Steering Committee and to the State on status of patients receiving appropriate health care and community support | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Implementation of IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in appropriate services | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Development and implementation of interim IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in appropriate services | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 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 | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Hospital | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Mental Health | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Nursing Home | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task | Project | | In Progress | 01/01/2016 | 03/31/2018 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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|--|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| PPS uses alerts and secure messaging functionality. | | | | | | | | | |
| Task identification of safety net providers across the PPS and development of a comprehensive safety net provider directory including an it assessment (current state and gap) for all PPS providers | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Selection of a PPS wide IT platform and plan for engaging all providers in using the selected platform | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identification of safety net provider IT capabilities including current status in regards to: EHR implementation, participation in the RHIO, secure messaging systems, alerts systems | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Development of a needs assessment and gaps analysis focused on safety net providers IT needs | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Development of a plan to address safety net providers needs based on data from the needs assessment and gaps analysis | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Implementation of plan to address safety net providers IT needs and monitoring system to track progress | Project | | In Progress | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Development and implementation of a PPS wide plan for sharing EHR systems, PPS wide engagement in the RHIO, secure messaging and alerts systems | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 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 | 04/01/2015 | 03/31/2018 | 04/01/2015 | 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 | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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|--|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| into the assessment criteria). | | | | | | | | | |
| Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Development of a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 every quarter | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identification of primary care providers within the PPS and development of a PCP directory | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification and meaningful use | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use | Project | | In Progress | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | 01/01/2016 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |



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|---|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Task Identification of safety net provider IT capabilities including capability to utilize patient registries for population health management | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Development of a needs assessment and gaps analysis of safety net providers capability in actively using EHRs and use of targeted registries | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Development and implementation of an interim plan to address gaps in safety net providers ability to actively share EHRs and use patient registries for population health management while IT platform is in planning stage | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development of key metrics and system for tracking key metrics for all PPS projects; asthma, diabetes, behavioral health and HIV/AIDS | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Implement process for steering committee and clinical oversight of population health management, and use of targeted registries | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Implement a Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on asthma, diabetes, behavioral health conditions, maternal-child health and HIV AIDS. | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Develop and implement a process to monitor and report to the steering committee and the State on status of population health, EHRs and patient registries | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Development of a data dictionary to support the running of patient registry data | Project | | In Progress | 01/01/2016 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| 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 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|------------------------|--|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| providers, 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 | | Not Started | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards. | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 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 | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Monitoring and Reporting of status of providers achieving 2014 level 3 PCMH certification and meaningful use | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Monitor and report to the steering committee and the State on status of achievement of PCMH and MU | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identification of primary care providers eligible for PCMH designation within the PPS and development of a PCP directory | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve 2014 Level 3 PCMH standards and meaningful use | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving 2014 PCMH Level 3 certification and meaningful use | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Based on needs assessment and gaps analysis, development of a plan, staffing and budget to provide technical assistance to PCPs pursuing PCMH designation and collaboratively assisting them in achieving 2014 PCMH Level 3 certification and meaningful use | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Implementation of a plan to provide technical assistance to | Project | | In Progress | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |



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|--|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| PCPs assisting them in achieving 2014 level 3 PCMH certification and meaningful use | | | | | | | | | |
| 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 | 07/01/2015 | 03/31/2019 | 07/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Medicaid Managed Care contract(s) are in place that include value-based payments. | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Identify the current state of MCO contracts toward value based payment arrangements for all providers in the PPS | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Investigate contract management tools | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Actively engage MCOs to execute contracts with providers in the PPS ensuring payment while transitioning toward value based payment arrangements | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Using lessons learned from piloted value based payment arrangements, draft contracts with MCOs that are based on value based payment arrangements | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Monitoring and Reporting to the State in regard to the status of transition to value based payment arrangements | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Develop system wide processes for making VBP arrangements | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Identify all payers in the PPS geographic region and engage them in monthly meetings to develop strategies toward creating value based payment arrangements | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Identify providers and MCOs already engaged in making VBP arrangements and pilot new models | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Pilot and monitor strategies with MCOs that create value based payment arrangements | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Finalize MCO contracts with appropriate signatures based on | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |



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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| value based payment arrangements | | | | | | | | | |
| Task Share new successful models with other PPS providers | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 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 | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identify Medicaid MCOs and actively engage them in monthly meetings to discuss utilization trends, performance issues and payment reform | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Initiate engagement of Governance, PPS providers, primary care providers, patient navigation/care coordination in reviewing utilization and performance trends utilizing data to develop plans to reach at risk patients | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Pilot strategies with MCOs to address high utilization, performance issues and payment reform and monitor results through sharing of performance data (example: provider level and overall PPS level report cards) | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Using lessons learned from pilot initiatives, develop PPS wide protocols to 1) improve appropriate utilization, 2) improve performance on key metrics such as HEDIS, and 3) value based payment reform model | Project | | Not Started | 10/01/2015 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Develop and implement a system for monitoring and reporting to the steering committee and the State of status of meeting outcomes and recommendations | Project | | Not Started | 10/01/2015 | 03/31/2017 | 01/01/2016 | 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 | 07/01/2015 | 03/31/2019 | 07/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |



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|---|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives. | Project | | In Progress | 08/31/2015 | 03/31/2019 | 08/31/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Identify organizations with readiness to engage in developing payment reform models with MCOs | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Engage these organizations with demonstrated readiness in discussions on provider compensation aligned with value based payment | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Organizations with readiness will pilot provider compensation models based on VBPR | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Organizations with readiness will pilot risk sharing arrangements with contracted MCOs | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Develop and implement system to compensate providers in the PPS based on performance and patient outcomes evolving to value based payment arrangements | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Monitor and Report to the steering committee and the State on the status of PPS transition to value based payment reform | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Share successful models with other providers | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Document successful VBPR and provider compensation models | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives. | Project | | Not Started | 10/01/2015 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate. | Project | N/A | In Progress | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities. | Project | | In Progress | 07/01/2015 | 03/31/2019 | 07/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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|---|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Identify community health workers, peers, and culturally competent CBOs including the Health Homes within the PPS and develop a comprehensive directory | | | | | | | | | |
| Task Assess current outreach and navigation resources and gaps analysis | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Develop and implement a communication and engagement plan focused on community health workers, peers, culturally competent CBOs and the Health Homes (starts with a social worker, system for communicating with CHW, assessment/reassessment tools, communicate plan back, bi-directional activity, PCMH) (spider web) (concentric circles) | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Leverage and engage the expertise of the PPSs two Health Homes in outreach, patient navigation and care management for the entire PPS including sharing of best practices | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Develop a plan to address gaps in outreach and navigation | Project | | In Progress | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Using best practices from the Health Homes, develop a plan to engage community health workers, peers and culturally competent CBOs in population health management and patient registries using the PPSs IT platform | Project | | In Progress | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Develop and implement a strategy for community health workers, peers, culturally competent CBOs and Health Homes to share best practices in patient engagement | Project | | In Progress | 01/01/2016 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Develop clearly defined outreach and navigation roles and standardized training plan | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Based on plan, hire, retrain and/or re-deploy to fill gaps in outreach and navigation | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Map centralized outreach and navigation system ensuring access for all PPS providers | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Share best practices with PPS provider network | Project | | In Progress | 01/01/2017 | 03/31/2019 | 10/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 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 Monitor and report to the Steering Committee and the State the status of the evolving provider network | | | | | | | | | | |
| Task Conduct a gaps analysis of each provider in the PPS in regard to integrated care delivery readiness including work already completed | | | | | | | | | | |
| Task Conduct a review of commitment level for all PPS providers and a plan to engage providers who are not yet committed to the IDS | | | | | | | | | | |
| Task Development of a comprehensive plan to actively engage providers by provider type considering level of engagement in the overall PPS and in individual projects | | | | | | | | | | |
| Task Identification of payers, development and completion of a comprehensive payer directory | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on social services agencies | | | | | | | | | | |
| Task Development of a comprehensive directory of social services agencies and partner organizations and process for integrating these resources across the PPS | | | | | | | | | | |
| Task Identification of providers across the PPS and development of a comprehensive provider directory | | | | | | | | | | |
| Task Development of an ongoing communication plan focused on providers within the PPS with modes and timelines for communication | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on payers with timelines for monthly | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| meetings | | | | | | | | | | |
| Task Implementation of an ongoing communication plan focused on providers within the PPS with modes and timelines for communication | | | | | | | | | | |
| Task Development and implementation of project level policies and procedures that ensure accountability for all participating providers | | | | | | | | | | |
| Task Implementation of an outreach plan to keep providers actively engaged in the PPS | | | | | | | | | | |
| 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 Development of a communication plan with the two Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS | | | | | | | | | | |
| Task Development of an engagement plan to engage the Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS | | | | | | | | | | |
| Task Development of a joint interim IT plan with the PPS and Health Homes for population health management | | | | | | | | | | |
| Task Development of a joint plan with the PPS and Health Homes to integrate IT solution platform for population health management | | | | | | | | | | |
| Task Implementation of a communication & engagement plan with the two Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS | | | | | | | | | | |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task Monitor and report to the Steering Committee and the State on status of HH and ACO service integration and population health management system evolving to an IDS | | | | | | | | | | |
| Task Implementation of a joint interim and long-term IT plan with the PPS and Health Homes for population health management | | | | | | | | | | |
| Task Management office will leverage PPS expertise to develop a system to track population health working with it to develop effective data reporting system | | | | | | | | | | |
| 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 Development of Behavioral Health Strategy and Plan for ensuring patient access to behavioral health services | | | | | | | | | | |
| Task Monitoring of behavioral health strategy and plan for ensuring access to behavioral health services and reporting | | | | | | | | | | |
| Task Development of a strategy and plan for ensuring patient access to PPS services | | | | | | | | | | |
| Task Identification of providers across the PPS and development of a comprehensive provider directory | | | | | | | | | | |
| Task Development of a communication plan focused on all providers within the PPS | | | | | | | | | | |
| Task | | | | | | | | | | |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Development of an engagement plan focused on all providers within the PPS | | | | | | | | | | |
| Task Leveraging of provider expertise and sharing of best practices across the PPS | | | | | | | | | | |
| Task Development of an interim population health management strategy with key metrics for each project using IT and patient tracking registries until PPS wide IT platform solution is implemented | | | | | | | | | | |
| Task Development of a strategy to utilize outreach, patient navigators, peers, care managers across the PPS based on Health Home best practices to ensure patients receive appropriate services | | | | | | | | | | |
| Task Development of a PPS wide contact system for patients/clients that connects them to needed services | | | | | | | | | | |
| Task Implementation of Behavioral Health Strategy and Plan for ensuring patient access to behavioral health services | | | | | | | | | | |
| Task Implementation of an communication & engagement plan focused on all providers within the PPS | | | | | | | | | | |
| Task Implementation of a strategy to utilize outreach, patient navigators, peers, care managers across the PPS based on Health Home best practices to ensure patients receive appropriate service | | | | | | | | | | |
| Task Implementation of a strategy and plan for patients/clients that connects them to needed services | | | | | | | | | | |
| Task Implementation of an interim population health management strategy with key metrics using IT and patient tracking until PPS wide IT platform solution is implemented | | | | | | | | | | |
| Task Based on the CNA, development of a public health strategy for the PPS | | | | | | | | | | |
| Task Development of a plan to educate patients about the PPS | | | | | | | | | | |
| Task Implementation of a plan to educate patients about the PPS | | | | | | | | | | |
| Task Develop and Implementation of a public health strategy across | | | | | | | | | | |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| the PPS | | | | | | | | | | |
| Task Monitoring of the impact of the public health strategy across the PPS | | | | | | | | | | |
| Task Monitoring and reporting to the Steering Committee and to the State on the plan to educate patients about the PPS | | | | | | | | | | |
| Task Development of IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in appropriate services | | | | | | | | | | |
| Task Monitor and report to the Steering Committee and to the State on status of patients receiving appropriate health care and community support | | | | | | | | | | |
| Task Implementation of IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in appropriate services | | | | | | | | | | |
| Task Development and implementation of interim IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in appropriate services | | | | | | | | | | |
| 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 | 0 | 17 | 67 | 117 | 167 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 78 | 153 | 228 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 38 | 63 |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| requirements. | | | | | | | | | | |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Task PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| Task identification of safety net providers across the PPS and development of a comprehensive safety net provider directory including an it assessment (current state and gap) for all PPS providers | | | | | | | | | | |
| Task Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form | | | | | | | | | | |
| Task Selection of a PPS wide IT platform and plan for engaging all providers in using the selected platform | | | | | | | | | | |
| Task Identification of safety net provider IT capabilities including current status in regards to: EHR implementation, participation in the RHIO, secure messaging systems, alerts systems | | | | | | | | | | |
| Task Development of a needs assessment and gaps analysis focused on safety net providers IT needs | | | | | | | | | | |
| Task Development of a plan to address safety net providers needs based on data from the needs assessment and gaps analysis | | | | | | | | | | |
| Task Implementation of plan to address safety net providers IT needs and monitoring system to track progress | | | | | | | | | | |
| Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent | | | | | | | | | | |
| Task Development and implementation of a PPS wide plan for sharing EHR systems, PPS wide engagement in the RHIO, secure messaging and alerts systems | | | | | | | | | | |
| 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 | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| into the assessment criteria). | | | | | | | | | | |
| Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 42 | 117 |
| Task Development of a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 evert quarter | | | | | | | | | | |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use | | | | | | | | | | |
| Task Identification of primary care providers within the PPS and development of a PCP directory | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| 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 Identification of safety net provider IT capabilities including capability to utilize patient registries for population health management | | | | | | | | | | |
| Task Development of a needs assessment and gaps analysis of safety | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| net providers capability in actively using EHRs and use of targeted registries | | | | | | | | | | |
| Task Development and implementation of an interim plan to address gaps in safety net providers ability to actively share EHRs and use patient registries for population health management while IT platform is in planning stage | | | | | | | | | | |
| Task Development of key metrics and system for tracking key metrics for all PPS projects; asthma, diabetes, behavioral health and HIV/AIDS | | | | | | | | | | |
| Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory | | | | | | | | | | |
| Task Implement process for steering committee and clinical oversight of population health management, and use of targeted registries | | | | | | | | | | |
| Task Implement a Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on asthma, diabetes, behavioral health conditions, maternal-child health and HIV AIDS. | | | | | | | | | | |
| Task Develop and implement a process to monitor and report to the steering committee and the State on status of population health, EHRs and patient registries | | | | | | | | | | |
| Task Development of a data dictionary to support the running of patient registry data | | | | | | | | | | |
| 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. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 75 | 150 |
| Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.) | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task Monitoring and Reporting of status of providers achieving 2014 level 3 PCMH certification and meaningful use | | | | | | | | | | |
| Task Monitor and report to the steering committee and the State on status of achievement of PCMH and MU | | | | | | | | | | |
| Task Identification of primary care providers eligible for PCMH designation within the PPS and development of a PCP directory | | | | | | | | | | |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve 2014 Level 3 PCMH standards and meaningful use | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving 2014 PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Based on needs assessment and gaps analysis, development of a plan, staffing and budget to provide technical assistance to PCPs pursuing PCMH designation and collaboratively assisting them in achieving 2014 PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving 2014 level 3 PCMH certification and meaningful use | | | | | | | | | | |
| 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 Identify the current state of MCO contracts toward value based payment arrangements for all providers in the PPS | | | | | | | | | | |
| Task Investigate contract management tools | | | | | | | | | | |
| Task Actively engage MCOs to execute contracts with providers in the PPS ensuring payment while transitioning toward value based payment arrangements | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task Using lessons learned from piloted value based payment arrangements, draft contracts with MCOs that are based on value based payment arrangements | | | | | | | | | | |
| Task Monitoring and Reporting to the State in regard to the status of transition to value based payment arrangements | | | | | | | | | | |
| Task Develop system wide processes for making VBP arrangements | | | | | | | | | | |
| Task Identify all payers in the PPS geographic region and engage them in monthly meetings to develop strategies toward creating value based payment arrangements | | | | | | | | | | |
| Task Identify providers and MCOs already engaged in making VBP arrangements and pilot new models | | | | | | | | | | |
| Task Pilot and monitor strategies with MCOs that create value based payment arrangements | | | | | | | | | | |
| Task Finalize MCO contracts with appropriate signatures based on value based payment arrangements | | | | | | | | | | |
| Task Share new successful models with other PPS providers | | | | | | | | | | |
| 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 Identify Medicaid MCOs and actively engage them in monthly meetings to discuss utilization trends, performance issues and payment reform | | | | | | | | | | |
| Task Initiate engagement of Governance, PPS providers, primary care providers, patient navigation/care coordination in reviewing utilization and performance trends utilizing data to develop plans to reach at risk patients | | | | | | | | | | |
| Task Pilot strategies with MCOs to address high utilization, performance issues and payment reform and monitor results through sharing of performance data (example: provider level and overall PPS level report cards) | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task Using lessons learned from pilot initiatives, develop PPS wide protocols to 1) improve appropriate utilization, 2) improve performance on key metrics such as HEDIS, and 3) value based payment reform model | | | | | | | | | | |
| Task Develop and implement a system for monitoring and reporting to the steering committee and the State of status of meeting outcomes and recommendations | | | | | | | | | | |
| 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 Identify organizations with readiness to engage in developing payment reform models with MCOs | | | | | | | | | | |
| Task Engage these organizations with demonstrated readiness in discussions on provider compensation aligned with value based payment | | | | | | | | | | |
| Task Organizations with readiness will pilot provider compensation models based on VBPR | | | | | | | | | | |
| Task Organizations with readiness will pilot risk sharing arrangements with contracted MCOs | | | | | | | | | | |
| Task Develop and implement system to compensate providers in the PPS based on performance and patient outcomes evolving to value based payment arrangements | | | | | | | | | | |
| Task Monitor and Report to the steering committee and the State on the status of PPS transition to value based payment reform | | | | | | | | | | |
| Task Share successful models with other providers | | | | | | | | | | |
| Task Document successful VBPR and provider compensation models | | | | | | | | | | |
| Task Providers receive incentive-based compensation consistent with | | | | | | | | | | |



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| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| DSRIP goals and objectives. | | | | | | | | | | |
| 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 Identify community health workers, peers, and culturally competent CBOs including the Health Homes within the PPS and develop a comprehensive directory | | | | | | | | | | |
| Task Assess current outreach and navigation resources and gaps analysis | | | | | | | | | | |
| Task Develop and implement a communication and engagement plan focused on community health workers, peers, culturally competent CBOs and the Health Homes (starts with a social worker, system for communicating with CHW, assessment/reassessment tools, communicate plan back, bi-directional activity, PCMH) (spider web) (concentric circles) | | | | | | | | | | |
| Task Leverage and engage the expertise of the PPSs two Health Homes in outreach, patient navigation and care management for the entire PPS including sharing of best practices | | | | | | | | | | |
| Task Develop a plan to address gaps in outreach and navigation | | | | | | | | | | |
| Task Using best practices from the Health Homes, develop a plan to engage community health workers, peers and culturally competent CBOs in population health management and patient registries using the PPSs IT platform | | | | | | | | | | |
| Task Develop and implement a strategy for community health workers, peers, culturally competent CBOs and Health Homes to share best practices in patient engagement | | | | | | | | | | |
| Task Develop clearly defined outreach and navigation roles and standardized training plan | | | | | | | | | | |
| Task Based on plan, hire, retrain and/or re-deploy to fill gaps in outreach and navigation | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task Map centralized outreach and navigation system ensuring access for all PPS providers | | | | | | | | | | |
| Task Share best practices with PPS provider network | | | | | | | | | | |

| 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 Monitor and report to the Steering Committee and the State the status of the evolving provider network | | | | | | | | | | |
| Task Conduct a gaps analysis of each provider in the PPS in regard to integrated care delivery readiness including work already completed | | | | | | | | | | |
| Task Conduct a review of commitment level for all PPS providers and a plan to engage providers who are not yet committed to the IDS | | | | | | | | | | |
| Task Development of a comprehensive plan to actively engage providers by provider type considering level of engagement in the overall PPS and in individual projects | | | | | | | | | | |
| Task Identification of payers, development and completion of a comprehensive payer directory | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on social services agencies | | | | | | | | | | |
| Task Development of a comprehensive directory of social services agencies and partner organizations and process for integrating these resources across the PPS | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task Identification of providers across the PPS and development of a comprehensive provider directory | | | | | | | | | | |
| Task Development of an ongoing communication plan focused on providers within the PPS with modes and timelines for communication | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on payers with timelines for monthly meetings | | | | | | | | | | |
| Task Implementation of an ongoing communication plan focused on providers within the PPS with modes and timelines for communication | | | | | | | | | | |
| Task Development and implementation of project level policies and procedures that ensure accountability for all participating providers | | | | | | | | | | |
| Task Implementation of an outreach plan to keep providers actively engaged in the PPS | | | | | | | | | | |
| 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 Development of a communication plan with the two Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS | | | | | | | | | | |
| Task Development of an engagement plan to engage the Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS | | | | | | | | | | |
| Task Development of a joint interim IT plan with the PPS and Health | | | | | | | | | | |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Homes for population health management | | | | | | | | | | |
| Task Development of a joint plan with the PPS and Health Homes to integrate IT solution platform for population health management | | | | | | | | | | |
| Task Implementation of a communication & engagement plan with the two Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS | | | | | | | | | | |
| Task Monitor and report to the Steering Committee and the State on status of HH and ACO service integration and population health management system evolving to an IDS | | | | | | | | | | |
| Task Implementation of a joint interim and long-term IT plan with the PPS and Health Homes for population health management | | | | | | | | | | |
| Task Management office will leverage PPS expertise to develop a system to track population health working with it to develop effective data reporting system | | | | | | | | | | |
| 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 Development of Behavioral Health Strategy and Plan for ensuring patient access to behavioral health services | | | | | | | | | | |
| Task Monitoring of behavioral health strategy and plan for ensuring access to behavioral health services and reporting | | | | | | | | | | |
| Task Development of a strategy and plan for ensuring patient access | | | | | | | | | | |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| to PPS services | | | | | | | | | | |
| Task Identification of providers across the PPS and development of a comprehensive provider directory | | | | | | | | | | |
| Task Development of a communication plan focused on all providers within the PPS | | | | | | | | | | |
| Task Development of an engagement plan focused on all providers within the PPS | | | | | | | | | | |
| Task Leveraging of provider expertise and sharing of best practices across the PPS | | | | | | | | | | |
| Task Development of an interim population health management strategy with key metrics for each project using IT and patient tracking registries until PPS wide IT platform solution is implemented | | | | | | | | | | |
| Task Development of a strategy to utilize outreach, patient navigators, peers, care managers across the PPS based on Health Home best practices to ensure patients receive appropriate services | | | | | | | | | | |
| Task Development of a PPS wide contact system for patients/clients that connects them to needed services | | | | | | | | | | |
| Task Implementation of Behavioral Health Strategy and Plan for ensuring patient access to behavioral health services | | | | | | | | | | |
| Task Implementation of an communication & engagement plan focused on all providers within the PPS | | | | | | | | | | |
| Task Implementation of a strategy to utilize outreach, patient navigators, peers, care managers across the PPS based on Health Home best practices to ensure patients receive appropriate service | | | | | | | | | | |
| Task Implementation of a strategy and plan for patients/clients that connects them to needed services | | | | | | | | | | |
| Task Implementation of an interim population health management strategy with key metrics using IT and patient tracking until PPS wide IT platform solution is implemented | | | | | | | | | | |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task Based on the CNA, development of a public health strategy for the PPS | | | | | | | | | | |
| Task Development of a plan to educate patients about the PPS | | | | | | | | | | |
| Task Implementation of a plan to educate patients about the PPS | | | | | | | | | | |
| Task Develop and Implementation of a public health strategy across the PPS | | | | | | | | | | |
| Task Monitoring of the impact of the public health strategy across the PPS | | | | | | | | | | |
| Task Monitoring and reporting to the Steering Committee and to the State on the plan to educate patients about the PPS | | | | | | | | | | |
| Task Development of IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in appropriate services | | | | | | | | | | |
| Task Monitor and report to the Steering Committee and to the State on status of patients receiving appropriate health care and community support | | | | | | | | | | |
| Task Implementation of IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in appropriate services | | | | | | | | | | |
| Task Development and implementation of interim IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in appropriate services | | | | | | | | | | |
| 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. | 217 | 267 | 267 | 267 | 267 | 267 | 267 | 267 | 267 | 267 |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 303 | 378 | 378 | 378 | 378 | 378 | 378 | 378 | 378 | 378 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 6 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 88 | 113 | 113 | 113 | 113 | 113 | 113 | 113 | 113 | 113 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Task PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| Task identification of safety net providers across the PPS and development of a comprehensive safety net provider directory including an it assessment (current state and gap) for all PPS providers | | | | | | | | | | |
| Task Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form | | | | | | | | | | |
| Task Selection of a PPS wide IT platform and plan for engaging all providers in using the selected platform | | | | | | | | | | |
| Task Identification of safety net provider IT capabilities including current status in regards to: EHR implementation, participation in the RHIO, secure messaging systems, alerts systems | | | | | | | | | | |
| Task Development of a needs assessment and gaps analysis focused on safety net providers IT needs | | | | | | | | | | |
| Task Development of a plan to address safety net providers needs based on data from the needs assessment and gaps analysis | | | | | | | | | | |
| Task Implementation of plan to address safety net providers IT needs and monitoring system to track progress | | | | | | | | | | |
| Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent | | | | | | | | | | |
| Task Development and implementation of a PPS wide plan for sharing EHR systems, PPS wide engagement in the RHIO, secure | | | | | | | | | | |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| messaging and alerts systems | | | | | | | | | | |
| 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. | 192 | 267 | 267 | 267 | 267 | 267 | 267 | 267 | 267 | 267 |
| Task Development of a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 evert quarter | | | | | | | | | | |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use | | | | | | | | | | |
| Task Identification of primary care providers within the PPS and development of a PCP directory | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| 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 | | | | | | | | | | |



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Identification of safety net provider IT capabilities including capability to utilize patient registries for population health management | | | | | | | | | | |
| Task Development of a needs assessment and gaps analysis of safety net providers capability in actively using EHRs and use of targeted registries | | | | | | | | | | |
| Task Development and implementation of an interim plan to address gaps in safety net providers ability to actively share EHRs and use patient registries for population health management while IT platform is in planning stage | | | | | | | | | | |
| Task Development of key metrics and system for tracking key metrics for all PPS projects; asthma, diabetes, behavioral health and HIV/AIDS | | | | | | | | | | |
| Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory | | | | | | | | | | |
| Task Implement process for steering committee and clinical oversight of population health management, and use of targeted registries | | | | | | | | | | |
| Task Implement a Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on asthma, diabetes, behavioral health conditions, maternal-child health and HIV AIDS. | | | | | | | | | | |
| Task Develop and implement a process to monitor and report to the steering committee and the State on status of population health, EHRs and patient registries | | | | | | | | | | |
| Task Development of a data dictionary to support the running of patient registry data | | | | | | | | | | |
| 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 | | | | | | | | | | |



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| seeking services - particularly in high-need areas. | | | | | | | | | | |
| Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards. | 300 | 409 | 409 | 409 | 409 | 409 | 409 | 409 | 409 | 409 |
| 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 Monitoring and Reporting of status of providers achieving 2014 level 3 PCMH certification and meaningful use | | | | | | | | | | |
| Task Monitor and report to the steering committee and the State on status of achievement of PCMH and MU | | | | | | | | | | |
| Task Identification of primary care providers eligible for PCMH designation within the PPS and development of a PCP directory | | | | | | | | | | |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve 2014 Level 3 PCMH standards and meaningful use | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving 2014 PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Based on needs assessment and gaps analysis, development of a plan, staffing and budget to provide technical assistance to PCPs pursuing PCMH designation and collaboratively assisting them in achieving 2014 PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving 2014 level 3 PCMH certification and meaningful use | | | | | | | | | | |
| 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. | | | | | | | | | | |



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Identify the current state of MCO contracts toward value based payment arrangements for all providers in the PPS | | | | | | | | | | |
| Task Investigate contract management tools | | | | | | | | | | |
| Task Actively engage MCOs to execute contracts with providers in the PPS ensuring payment while transitioning toward value based payment arrangements | | | | | | | | | | |
| Task Using lessons learned from piloted value based payment arrangements, draft contracts with MCOs that are based on value based payment arrangements | | | | | | | | | | |
| Task Monitoring and Reporting to the State in regard to the status of transition to value based payment arrangements | | | | | | | | | | |
| Task Develop system wide processes for making VBP arrangements | | | | | | | | | | |
| Task Identify all payers in the PPS geographic region and engage them in monthly meetings to develop strategies toward creating value based payment arrangements | | | | | | | | | | |
| Task Identify providers and MCOs already engaged in making VBP arrangements and pilot new models | | | | | | | | | | |
| Task Pilot and monitor strategies with MCOs that create value based payment arrangements | | | | | | | | | | |
| Task Finalize MCO contracts with appropriate signatures based on value based payment arrangements | | | | | | | | | | |
| Task Share new successful models with other PPS providers | | | | | | | | | | |
| 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 Identify Medicaid MCOs and actively engage them in monthly meetings to discuss utilization trends, performance issues and payment reform | | | | | | | | | | |



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Initiate engagement of Governance, PPS providers, primary care providers, patient navigation/care coordination in reviewing utilization and performance trends utilizing data to develop plans to reach at risk patients | | | | | | | | | | |
| Task Pilot strategies with MCOs to address high utilization, performance issues and payment reform and monitor results through sharing of performance data (example: provider level and overall PPS level report cards) | | | | | | | | | | |
| Task Using lessons learned from pilot initiatives, develop PPS wide protocols to 1) improve appropriate utilization, 2) improve performance on key metrics such as HEDIS, and 3) value based payment reform model | | | | | | | | | | |
| Task Develop and implement a system for monitoring and reporting to the steering committee and the State of status of meeting outcomes and recommendations | | | | | | | | | | |
| 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 Identify organizations with readiness to engage in developing payment reform models with MCOs | | | | | | | | | | |
| Task Engage these organizations with demonstrated readiness in discussions on provider compensation aligned with value based payment | | | | | | | | | | |
| Task Organizations with readiness will pilot provider compensation models based on VBPR | | | | | | | | | | |
| Task Organizations with readiness will pilot risk sharing arrangements with contracted MCOs | | | | | | | | | | |
| Task Develop and implement system to compensate providers in the PPS based on performance and patient outcomes evolving to value based payment arrangements | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Monitor and Report to the steering committee and the State on the status of PPS transition to value based payment reform | | | | | | | | | | |
| Task Share successful models with other providers | | | | | | | | | | |
| Task Document successful VBPR and provider compensation models | | | | | | | | | | |
| Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives. | | | | | | | | | | |
| 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 Identify community health workers, peers, and culturally competent CBOs including the Health Homes within the PPS and develop a comprehensive directory | | | | | | | | | | |
| Task Assess current outreach and navigation resources and gaps analysis | | | | | | | | | | |
| Task Develop and implement a communication and engagement plan focused on community health workers, peers, culturally competent CBOs and the Health Homes (starts with a social worker, system for communicating with CHW, assessment/reassessment tools, communicate plan back, bi-directional activity, PCMH) (spider web) (concentric circles) | | | | | | | | | | |
| Task Leverage and engage the expertise of the PPSs two Health Homes in outreach, patient navigation and care management for the entire PPS including sharing of best practices | | | | | | | | | | |
| Task Develop a plan to address gaps in outreach and navigation | | | | | | | | | | |
| Task Using best practices from the Health Homes, develop a plan to engage community health workers, peers and culturally competent CBOs in population health management and patient registries using the PPSs IT platform | | | | | | | | | | |
| Task Develop and implement a strategy for community health workers, | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| peers, culturally competent CBOs and Health Homes to share best practices in patient engagement | | | | | | | | | | |
| Task Develop clearly defined outreach and navigation roles and standardized training plan | | | | | | | | | | |
| Task Based on plan, hire, retrain and/or re-deploy to fill gaps in outreach and navigation | | | | | | | | | | |
| Task Map centralized outreach and navigation system ensuring access for all PPS providers | | | | | | | | | | |
| Task Share best practices with PPS provider network | | | | | | | | | | |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | 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 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. | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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Bronx-Lebanon Hospital Center (PPS ID:27)

Milestone Review Status

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



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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.

Risk: The PPS believes the medical diagnoses originally proposed to identify patients for this project is too exclusive. In addition, these medical diagnoses tend to indicate other co-morbidities which would qualify the patient for the Health Home. Furthermore, it would be difficult for participating providers to screen for eligibility without access to the patient's medical record. Mitigation: The PPS has expanded the criteria to include more expansive list of common chronic diseases and conditions including Diabetes, Hypertension, Cardiovascular disease, Asthma/other respiratory diseases, Behavioral Health (Non-Serious Mental Illnesses), Substance Abuse, or Cancer.

Risk: There is no existing mechanism to identify and assign Health Home at risk patients to Health Homes and their downstream care management agencies. Mitigation: the PPS plans to create a Care Coordination clearinghouse that will screen patients that enter the healthcare system from a variety of settings (i.e. inpatient, outpatient, ED, CBO) for their Health Home at risk eligibility. Patients identified as eligible for Health Home at risk care coordination will be assigned to the care coordinator co located at the site of their preferred PCP.

Risk: With an expansion of patient pool, there is a possibility that it will be difficult for existing care coordinators to manage additions to their caseloads. In addition, the limited DSRIP funds available for project implementation make it difficult to hire the number of care coordinators needed to meet the patient engagement targets for this project. Mitigation: The PPS has identified network providers who have FTEs available to contribute to this effort, and will implement a plan to train, redeploy, and hire care coordinators for the project.

Risk: Currently the two participating Health Homes and their downstream providers use multiple care management IT platforms which makes it difficult to collate and report data to the state as well as share information across providers. Mitigation: The PPS will explore avenues to ensure partners connect to the Bronx RHIO for reporting and data sharing purposes.

Risk: Providers participating in this project will be at different stages in meeting PCMH requirements and many do not know what those requirements are. Mitigation: The BLHC PPS has developed a PCMH Work Group that is responsible for developing a work plan that outlines how the BLHC PPS will ensure NCQA 2013 Patient Centered Medical Home (PCMH) and Advanced Primary Care (APC) accreditation and to provide guidance and assistance to providers.

Risk: Each participating provider has their own care plan and the information collected on each patient may differ. This makes it difficult to assess and evaluate patient health outcomes and recommend appropriate interventions. Mitigation: The BLHC PPS has developed a Care Coordination Work Group that will create a comprehensive care plan that captures information to ensure the patient receives the appropriate project intervention.



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Risk: The 2.a.iii project planning work group lacks adequate representation from providers representing a variety of primary care settings such as clinics and private doctor's offices to serve as part of care plan development. Mitigation: BLHC PPS has developed a Stakeholder Engagement Work Group that will meet with the group to identify gaps in provider representation and will connect the work group with PCPs interested in participating in the project.



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Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

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

| Benchmarks | |
|--------------------------|-----------------------------|
| 100% Actively Engaged By | Expected Patient Engagement |
| DY4,Q4 | 10,000 |

| Patients Engaged to Date in Current DY | DY1,Q3 Patient Update | % of Semi-Annual Commitment To-Date | Semi-Annual Variance of Projected to Actual | % of Total Actively Engaged Patients To-Date |
|--|-----------------------|-------------------------------------|---|--|
| 1,075 | 1,771 | 177.10% | -771 | 17.71% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|--|---|---------------------|
| vg467992 | Report(s) | 27_PMDL2215_1_3_20160129153411_BHA-PATIENTLIST-2aiii-Q2-Q3.pdf | BHA PPS LLC Actively Engaged report for DY1 Q3- Project 2aiii Health Home at Risk | 01/29/2016 03:35 PM |

Narrative Text :

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

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

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

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Define the Health Home at Risk Target Population | Project | | Completed | 04/01/2015 | 04/30/2015 | 04/01/2015 | 04/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Identify and document the role and responsibilities of PCMH/APC PCP in the HH At Risk program | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identify and document the role and responsibilities of HH/Care Coordinators in the HH At Risk program | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Combine care coordination and comprehensive assessments from both HHs (Bronx Health Home and CCMP) to create one assessment for the PPS | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Identify and document the role and responsibilities of other providers in the HH At Risk program | Project | | In Progress | 09/30/2015 | 03/31/2016 | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Integrate the assessments/screening tools from the other DSRIP projects into the consolidated HH At risk Comprehensive Health Assessment | Project | | In Progress | 09/30/2015 | 03/31/2016 | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Notate skip logic, scoring logic and care plan intervention triggers in the Comprehensive Health Assessment | Project | | Not Started | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|------------------------|--|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Task Compare care plans of both HHs (Bronx Health Home and CCMP) to create one care plan for the PPS | Project | | In Progress | 09/30/2015 | 03/31/2016 | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Include other DSRIP project interventions/domains into care plan | Project | | In Progress | 09/30/2015 | 03/31/2016 | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Notate how Health Assessment drives the care plan | Project | | Not Started | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Submit newly developed Comprehensive Assessment and Care Plan to Care Coordination CFW and Steering Committee for approval | Project | | Not Started | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Work with IT Committee to develop a timeline to build the Comprehensive Assessment and Care Plan into participating provider's EMR/Care Management platforms | Project | | In Progress | 09/30/2015 | 03/31/2016 | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 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 | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task All practices meet NCQA 2014 Level 3 PCMH and APCM standards | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Survey which PCP providers participating in project 1) are/are not PCMH 2011 certified and 2) are/are not working towards PCMH 2014 certification | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Identification of primary care providers eligible for PCMH designation within the PPS and development of a PCP directory | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving 2014 PCMH Level 3 certification and meaningful use | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| ascertain their readiness to achieve 2014 Level 3 PCMH standards and meaningful use | | | | | | | | | |
| Task Based on needs assessment and gaps analysis, development of a plan, staffing and budget to provide technical assistance to PCPs pursuing PCMH designation and collaboratively assisting them in achieving 2014 PCMH Level 3 certification and meaningful use | Project | | In Progress | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving 2014 level 3 PCMH certification and meaningful use | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Monitoring and Reporting of status of providers achieving 2014 level 3 PCMH certification and meaningful use | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Monitor and report to the Steering committee and the State on status of achievement of PCMH and MU | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 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 | 04/01/2015 | 09/30/2018 | 04/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 09/30/2018 | 07/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | In Progress | 07/01/2015 | 09/30/2018 | 07/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Case Management / Health Home | In Progress | 07/01/2015 | 09/30/2018 | 07/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| Task PPS uses alerts and secure messaging functionality. | Project | | In Progress | 07/01/2015 | 09/30/2018 | 07/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| Task Subtask A - Start: Identify which HH at risk participating safety net providers have/do not have an EHR and is connected to the | Project | | In Progress | 07/01/2015 | 09/30/2018 | 07/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |



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|---|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Bronx RHIO | | | | | | | | | |
| Task Develop a strategy to ensure EHR meets Bronx RHIO connectivity requirements | Project | | In Progress | 07/01/2015 | 09/30/2018 | 07/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| Task Incorporate sharing of information through the Bronx RHIO into the care plan work flow process | Project | | In Progress | 09/30/2015 | 09/30/2018 | 09/30/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| Task Subtask B - Start: Identify which HH at risk participating safety net providers use/do not use alerts and secure messaging | Project | | In Progress | 07/01/2015 | 09/30/2018 | 07/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| Task Develop a strategy to help participating safety net providers use alerts and secure messaging | Project | | In Progress | 07/01/2015 | 09/30/2018 | 07/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| Task Incorporate alerts and secure messaging functionality in the care plan work flow process | Project | | In Progress | 01/01/2016 | 09/30/2018 | 10/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| 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 | 04/01/2015 | 09/30/2018 | 04/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| 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 | 07/01/2015 | 09/30/2018 | 07/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 09/30/2018 | 07/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| Task Subtask A - Start: Determine which of the HH at risk participating providers have/do not have EHRs that meet PCMH Level standards | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 certification | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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|---|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use | | | | | | | | | |
| Task Identification of primary care providers within the PPS and development of a PCP directory | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification | Project | | In Progress | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Subtask B - Start: Determine which of the HH at risk participating providers have/do not have EHRs that meet meaningful use standards | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving meaningful use standards | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Develop a system to monitor and report to the steering committee and the State on status of achievement of meaningful use standards | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve meaningful use standards | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identification of primary care providers within the PPS and development of a PCP directory | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving meaningful use standards | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Based on needs assessment and gaps analysis, development of | Project | | In Progress | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |



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|--|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving meaningful use standards | | | | | | | | | |
| 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 | 04/01/2015 | 09/30/2018 | 04/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting. | Project | | In Progress | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Identification of safety net provider IT capabilities including capability to utilize patient registries for population health management | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Development of a needs assessment and gaps analysis of safety net providers capability in actively using EHRs and use of targeted registries | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Development and implementation of an interim plan to address gaps in safety net providers ability to actively share EHRs and use patient registries for population health management while IT platform is in planning stage | Project | | In Progress | 09/30/2015 | 03/31/2016 | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development of key metrics and system for tracking key metrics for all PPS projects; asthma, diabetes, behavioral health and HIV/AIDS | Project | | In Progress | 09/30/2015 | 03/31/2016 | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Implement process for steering committee and clinical oversight of population health management, and use of targeted registries | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Implement a Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on asthma, diabetes, behavioral health conditions, maternal-child health and HIV AIDS | Project | | In Progress | 01/01/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |



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|---|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Develop and implement a process to monitor and report to the Steering Committee and the State on status of population health, EHRs and patient registries | | | | | | | | | |
| Task Development of a data dictionary to support the running of patient registry data | Project | | Not Started | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 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 | 04/01/2015 | 09/30/2018 | 04/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| Task Procedures to engage at-risk patients with care management plan instituted. | Project | | In Progress | 04/01/2015 | 09/30/2018 | 04/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| Task Develop a standard process workflow for conducting a health assessment and developing the care plan; add to the HH At Risk process workflow | Project | | Completed | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Develop a strategy to identify and engage HH at risk patients; add to the HH At Risk process workflow | Project | | Completed | 06/30/2015 | 12/31/2015 | 06/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with other DSRIP projects to determine the role of care coordinators for each project; add to the HH At Risk process workflow | Project | | Completed | 07/31/2015 | 09/30/2015 | 07/31/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Identify PCMH/APCM care planning standards outlined in the PCMH 2014 standards and guidelines manual ; add to the HH At Risk process workflow | Project | | Completed | 07/31/2015 | 12/31/2015 | 07/31/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Submit HH At Risk process workflow to Care Coordination CFW and Steering Committee for approval | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with Workforce Committee to develop the protocols to train Care Coordinators on new HH At Risk workflow (i.e. identification, engagement, assessment, and development of care plan) | Project | | In Progress | 01/01/2016 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Work with Workforce Committee to train front line staff Care Coordinators on new HH at risk work flow (i.e. identification, | Project | | In Progress | 01/01/2016 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |



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|---|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| engagement, assessment, and development of care plan) | | | | | | | | | |
| Task Work with PCMH workgroup to educate participating PCPs about new HH at Risk work flow | Project | | Not Started | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Pilot new HH At Risk work flow | Project | | Not Started | 07/01/2016 | 06/30/2017 | 07/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| Task Evaluate HH At Risk work flow pilot; modify workflow where necessary | Project | | Not Started | 07/01/2017 | 12/31/2017 | 07/01/2017 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Each identified PCP establish partnerships with the local Health Home for care management services. | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Each identified PCP establish partnerships with the local Health Home for care management services. | Provider | Case Management / Health Home | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Identify PCP and Care Management participating agencies partners | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Determine collaboration guidelines between the PCP and Care Coordinators (i.e. sharing patient data, structure of cross provider multi-specialty clinical team , agreement to meet and make group-decisions for shared patients, responsibilities of all provider types) | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Develop a strategy to assign CMAs to PCP office/clinics | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has established partnerships to medical, behavioral health, | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|--|-----------------|-------------------------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| and social services. | | | | | | | | | |
| Task PPS has established partnerships to medical, behavioral health, and social services. | Provider | Case Management / Health Home | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Step A - Start: Identify interested PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Health Home At Risk program | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Identify interested PPS network medical providers and determine their role in the Health Home At Risk program | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Identify interested PPS network behavioral health providers and determine their role in the Health Home At Risk program | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Determine collaboration guidelines amongst participating providers (i.e. sharing patient data, structure of cross provider multi-specialty clinical team, agreement to meet and make group-decisions for shared patients, responsibilities of all provider types) | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Step B - Start: Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent | Project | | In Progress | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Development and implementation of a PPS wide plan for sharing EHR systems, PPS wide engagement in the RHIO, secure messaging and alerts systems | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| 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. | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task PPS has included social services agencies in development of risk reduction and care practice guidelines. | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Step A - Start: Work with Clinical Committee to obtain evidence based practice guidelines for management of chronic conditions DSRIP projects | Project | | In Progress | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Add evidence based practice guidelines to care plan intervention options | Project | | In Progress | 04/01/2016 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Work with Workforce Committee to educate front line CC staff on evidence based chronic disease management practice guidelines | Project | | Not Started | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Pilot deployment of care plan which includes evidence based practice guidelines | Project | | In Progress | 10/01/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Step B - Start: Work with other DSRIP projects to collect their review their intervention data and outcomes | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Establish ongoing quarterly meetings with participating providers to review analytical data and determine whether specific interventions have had an impact of specific conditions. | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Step C - Start: Work with Stakeholder Engagement Committee to identify PPS social services agencies (e.g. homeless shelters, food banks, legal aid) who are critical to managing at risk populations (i.e. homeless, unemployed, system involved etc.) | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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|---|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task Work with social service agencies to determine their role in managing at risk populations; include that in the HH at risk workflow | Project | | In Progress | 01/01/2016 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Work with Clinical Committee to develop referral algorithm and linkage process to social service providers | Project | | In Progress | 01/01/2016 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Pilot referral algorithm and linkage process | Project | | Not Started | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Evaluate effectiveness of referral process; modify where necessary | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 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 Define the Health Home at Risk Target Population | | | | | | | | | | |
| Task Identify and document the role and responsibilities of PCMH/APC PCP in the HH At Risk program | | | | | | | | | | |
| Task Identify and document the role and responsibilities of HH/Care Coordinators in the HH At Risk program | | | | | | | | | | |
| Task Combine care coordination and comprehensive assessments from both HHS (Bronx Health Home and CCMP) to create one assessment for the PPS | | | | | | | | | | |
| Task Identify and document the role and responsibilities of other providers in the HH At Risk program | | | | | | | | | | |
| Task Integrate the assessments/screening tools from the other DSRIP | | | | | | | | | | |



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| projects into the consolidated HH At risk Comprehensive Health Assessment | | | | | | | | | | |
| Task Notate skip logic, scoring logic and care plan intervention triggers in the Comprehensive Health Assessment | | | | | | | | | | |
| Task Compare care plans of both HHs (Bronx Health Home and CCMP) to create one care plan for the PPS | | | | | | | | | | |
| Task Include other DSRIP project interventions/domains into care plan | | | | | | | | | | |
| Task Notate how Health Assessment drives the care plan | | | | | | | | | | |
| Task Submit newly developed Comprehensive Assessment and Care Plan to Care Coordination CFW and Steering Committee for approval | | | | | | | | | | |
| Task Work with IT Committee to develop a timeline to build the Comprehensive Assessment and Care Plan into participating provider's EMR/Care Management platforms | | | | | | | | | | |
| 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 | 0 | 0 | 0 | 0 | 22 |
| Task Survey which PCP providers participating in project 1) are/are not PCMH 2011 certified and 2) are/are not working towards PCMH 2014 certification | | | | | | | | | | |
| Task Identification of primary care providers eligible for PCMH designation within the PPS and development of a PCP directory | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving 2014 PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve 2014 Level 3 PCMH | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| standards and meaningful use | | | | | | | | | | |
| Task Based on needs assessment and gaps analysis, development of a plan, staffing and budget to provide technical assistance to PCPs pursuing PCMH designation and collaboratively assisting them in achieving 2014 PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving 2014 level 3 PCMH certification and meaningful use | | | | | | | | | | |
| Task Monitoring and Reporting of status of providers achieving 2014 level 3 PCMH certification and meaningful use | | | | | | | | | | |
| Task Monitor and report to the Steering committee and the State on status of achievement of PCMH and MU | | | | | | | | | | |
| 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 | 0 | 0 | 0 | 0 | 22 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 4 | 5 |
| Task PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| Task Subtask A - Start: Identify which HH at risk participating safety net providers have/do not have an EHR and is connected to the Bronx RHIO | | | | | | | | | | |
| Task Develop a strategy to ensure EHR meets Bronx RHIO connectivity requirements | | | | | | | | | | |
| Task Incorporate sharing of information through the Bronx RHIO into the care plan work flow process | | | | | | | | | | |



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| 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 Subtask B - Start: Identify which HH at risk participating safety net providers use/do not use alerts and secure messaging | | | | | | | | | | |
| Task Develop a strategy to help participating safety net providers use alerts and secure messaging | | | | | | | | | | |
| Task Incorporate alerts and secure messaging functionality in the care plan work flow process | | | | | | | | | | |
| Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | | | | | | | | | | |
| Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria). | | | | | | | | | | |
| Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 22 |
| Task Subtask A - Start: Determine which of the HH at risk participating providers have/do not have EHRs that meet PCMH Level standards | | | | | | | | | | |
| Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification | | | | | | | | | | |
| Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 certification | | | | | | | | | | |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use | | | | | | | | | | |
| Task Identification of primary care providers within the PPS and development of a PCP directory | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification | | | | | | | | | | |
| Task Based on needs assessment and gaps analysis, development of | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification | | | | | | | | | | |
| Task Subtask B - Start: Determine which of the HH at risk participating providers have/do not have EHRs that meet meaningful use standards | | | | | | | | | | |
| Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving meaningful use standards | | | | | | | | | | |
| Task Develop a system to monitor and report to the steering committee and the State on status of achievement of meaningful use standards | | | | | | | | | | |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve meaningful use standards | | | | | | | | | | |
| Task Identification of primary care providers within the PPS and development of a PCP directory | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving meaningful use standards | | | | | | | | | | |
| Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving meaningful use standards | | | | | | | | | | |
| 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 Identification of safety net provider IT capabilities including capability to utilize patient registries for population health management | | | | | | | | | | |
| Task Development of a needs assessment and gaps analysis of safety net providers capability in actively using EHRs and use of targeted registries | | | | | | | | | | |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task Development and implementation of an interim plan to address gaps in safety net providers ability to actively share EHRs and use patient registries for population health management while IT platform is in planning stage | | | | | | | | | | |
| Task Development of key metrics and system for tracking key metrics for all PPS projects; asthma, diabetes, behavioral health and HIV/AIDS | | | | | | | | | | |
| Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory | | | | | | | | | | |
| Task Implement process for steering committee and clinical oversight of population health management, and use of targeted registries | | | | | | | | | | |
| Task Implement a Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on asthma, diabetes, behavioral health conditions, maternal-child health and HIV AIDS | | | | | | | | | | |
| Task Develop and implement a process to monitor and report to the Steering Committee and the State on status of population health, EHRs and patient registries | | | | | | | | | | |
| Task Development of a data dictionary to support the running of patient registry data | | | | | | | | | | |
| 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 Develop a standard process workflow for conducting a health assessment and developing the care plan; add to the HH At Risk process workflow | | | | | | | | | | |
| Task Develop a strategy to identify and engage HH at risk patients; add to the HH At Risk process workflow | | | | | | | | | | |
| Task Work with other DSRIP projects to determine the role of care coordinators for each project; add to the HH At Risk process workflow | | | | | | | | | | |

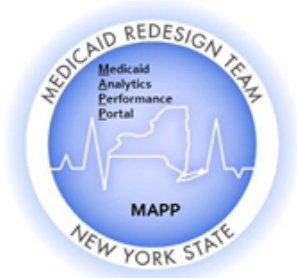


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| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task Identify PCMH/APCM care planning standards outlined in the PCMH 2014 standards and guidelines manual ; add to the HH At Risk process workflow | | | | | | | | | | |
| Task Submit HH At Risk process workflow to Care Coordination CFW and Steering Committee for approval | | | | | | | | | | |
| Task Work with Workforce Committee to develop the protocols to train Care Coordinators on new HH At Risk workflow (i.e. identification, engagement, assessment, and development of care plan) | | | | | | | | | | |
| Task Work with Workforce Committee to train front line staff Care Coordinators on new HH at risk work flow (i.e. identification, engagement, assessment, and development of care plan) | | | | | | | | | | |
| Task Work with PCMH workgroup to educate participating PCPs about new HH at Risk work flow | | | | | | | | | | |
| Task Pilot new HH At Risk work flow | | | | | | | | | | |
| Task Evaluate HH At Risk work flow pilot; modify workflow where necessary | | | | | | | | | | |
| 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 | 22 | 44 | 223 | 223 | 223 |
| Task Each identified PCP establish partnerships with the local Health Home for care management services. | 0 | 0 | 0 | 0 | 1 | 2 | 4 | 7 | 7 | 7 |
| Task Identify PCP and Care Management participating agencies partners | | | | | | | | | | |
| Task Determine collaboration guidelines between the PCP and Care Coordinators (i.e. sharing patient data, structure of cross provider multi-specialty clinical team , agreement to meet and make group-decisions for shared patients, responsibilities of all provider types) | | | | | | | | | | |
| Task Develop a strategy to assign CMAs to PCP office/clinics | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 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 | 22 | 44 | 223 | 223 | 223 |
| Task PPS has established partnerships to medical, behavioral health, and social services. | 0 | 0 | 0 | 0 | 1 | 2 | 4 | 7 | 7 | 7 |
| Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services. | | | | | | | | | | |
| Task Step A - Start: Identify interested PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Health Home At Risk program | | | | | | | | | | |
| Task Identify interested PPS network medical providers and determine their role in the Health Home At Risk program | | | | | | | | | | |
| Task Identify interested PPS network behavioral health providers and determine their role in the Health Home At Risk program | | | | | | | | | | |
| Task Determine collaboration guidelines amongst participating providers (i.e. sharing patient data, structure of cross provider multi-specialty clinical team, agreement to meet and make group-decisions for shared patients, responsibilities of all provider types) | | | | | | | | | | |
| Task Step B - Start: Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form | | | | | | | | | | |
| Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent | | | | | | | | | | |
| Task Development and implementation of a PPS wide plan for sharing EHR systems, PPS wide engagement in the RHIO, secure messaging and alerts systems | | | | | | | | | | |
| 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 | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 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 Step A - Start: Work with Clinical Committee to obtain evidence based practice guidelines for management of chronic conditions DSRIP projects | | | | | | | | | | |
| Task Add evidence based practice guidelines to care plan intervention options | | | | | | | | | | |
| Task Work with Workforce Committee to educate front line CC staff on evidence based chronic disease management practice guidelines | | | | | | | | | | |
| Task Pilot deployment of care plan which includes evidence based practice guidelines | | | | | | | | | | |
| Task Step B - Start: Work with other DSRIP projects to collect their review their intervention data and outcomes | | | | | | | | | | |
| Task Establish ongoing quarterly meetings with participating providers to review analytical data and determine whether specific interventions have had an impact of specific conditions. | | | | | | | | | | |
| Task Step C - Start: Work with Stakeholder Engagement Committee to identify PPS social services agencies (e.g. homeless shelters, food banks, legal aid) who are critical to managing at risk populations (i.e. homeless, unemployed, system involved etc.) | | | | | | | | | | |
| Task Work with social service agencies to determine their role in managing at risk populations; include that in the HH at risk workflow | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task Work with Clinical Committee to develop referral algorithm and linkage process to social service providers | | | | | | | | | | |
| Task Pilot referral algorithm and linkage process | | | | | | | | | | |
| Task Evaluate effectiveness of referral process; modify where necessary | | | | | | | | | | |

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program. | | | | | | | | | | |
| Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs | | | | | | | | | | |
| Task Define the Health Home at Risk Target Population | | | | | | | | | | |
| Task Identify and document the role and responsibilities of PCMH/APC PCP in the HH At Risk program | | | | | | | | | | |
| Task Identify and document the role and responsibilities of HH/Care Coordinators in the HH At Risk program | | | | | | | | | | |
| Task Combine care coordination and comprehensive assessments from both HHs (Bronx Health Home and CCMP) to create one assessment for the PPS | | | | | | | | | | |
| Task Identify and document the role and responsibilities of other providers in the HH At Risk program | | | | | | | | | | |
| Task Integrate the assessments/screening tools from the other DSRIP projects into the consolidated HH At risk Comprehensive Health Assessment | | | | | | | | | | |
| Task Notate skip logic, scoring logic and care plan intervention triggers in the Comprehensive Health Assessment | | | | | | | | | | |
| Task Compare care plans of both HHs (Bronx Health Home and | | | | | | | | | | |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| CCMP) to create one care plan for the PPS | | | | | | | | | | |
| Task Include other DSRIP project interventions/domains into care plan | | | | | | | | | | |
| Task Notate how Health Assessment drives the care plan | | | | | | | | | | |
| Task Submit newly developed Comprehensive Assessment and Care Plan to Care Coordination CFW and Steering Committee for approval | | | | | | | | | | |
| Task Work with IT Committee to develop a timeline to build the Comprehensive Assessment and Care Plan into participating provider's EMR/Care Management platforms | | | | | | | | | | |
| 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 | 44 | 223 | 223 | 223 | 223 | 223 | 223 | 223 | 223 | 223 |
| Task Survey which PCP providers participating in project 1) are/are not PCMH 2011 certified and 2) are/are not working towards PCMH 2014 certification | | | | | | | | | | |
| Task Identification of primary care providers eligible for PCMH designation within the PPS and development of a PCP directory | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving 2014 PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve 2014 Level 3 PCMH standards and meaningful use | | | | | | | | | | |
| Task Based on needs assessment and gaps analysis, development of a plan, staffing and budget to provide technical assistance to PCPs pursuing PCMH designation and collaboratively assisting them in achieving 2014 PCMH Level 3 certification and | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| meaningful use | | | | | | | | | | |
| Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving 2014 level 3 PCMH certification and meaningful use | | | | | | | | | | |
| Task Monitoring and Reporting of status of providers achieving 2014 level 3 PCMH certification and meaningful use | | | | | | | | | | |
| Task Monitor and report to the Steering committee and the State on status of achievement of PCMH and MU | | | | | | | | | | |
| 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. | 44 | 55 | 100 | 145 | 145 | 145 | 145 | 145 | 145 | 145 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 4 | 6 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Task PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| Task Subtask A - Start: Identify which HH at risk participating safety net providers have/do not have an EHR and is connected to the Bronx RHIO | | | | | | | | | | |
| Task Develop a strategy to ensure EHR meets Bronx RHIO connectivity requirements | | | | | | | | | | |
| Task Incorporate sharing of information through the Bronx RHIO into the care plan work flow process | | | | | | | | | | |
| Task Subtask B - Start: Identify which HH at risk participating safety net providers use/do not use alerts and secure messaging | | | | | | | | | | |
| Task Develop a strategy to help participating safety net providers use alerts and secure messaging | | | | | | | | | | |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task Incorporate alerts and secure messaging functionality in the care plan work flow process | | | | | | | | | | |
| 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. | 44 | 55 | 100 | 145 | 145 | 145 | 145 | 145 | 145 | 145 |
| Task Subtask A - Start: Determine which of the HH at risk participating providers have/do not have EHRs that meet PCMH Level standards | | | | | | | | | | |
| Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification | | | | | | | | | | |
| Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 certification | | | | | | | | | | |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use | | | | | | | | | | |
| Task Identification of primary care providers within the PPS and development of a PCP directory | | | | | | | | | | |
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| Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification | | | | | | | | | | |
| Task Subtask B - Start: Determine which of the HH at risk participating providers have/do not have EHRs that meet meaningful use standards | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Implementation of a plan to provide technical assistance to PCPs assisting them in achieving meaningful use standards | | | | | | | | | | |
| Task Develop a system to monitor and report to the steering committee and the State on status of achievement of meaningful use standards | | | | | | | | | | |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve meaningful use standards | | | | | | | | | | |
| Task Identification of primary care providers within the PPS and development of a PCP directory | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving meaningful use standards | | | | | | | | | | |
| Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving meaningful use standards | | | | | | | | | | |
| 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 Identification of safety net provider IT capabilities including capability to utilize patient registries for population health management | | | | | | | | | | |
| Task Development of a needs assessment and gaps analysis of safety net providers capability in actively using EHRs and use of targeted registries | | | | | | | | | | |
| Task Development and implementation of an interim plan to address gaps in safety net providers ability to actively share EHRs and use patient registries for population health management while IT platform is in planning stage | | | | | | | | | | |
| Task Development of key metrics and system for tracking key metrics | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| for all PPS projects; asthma, diabetes, behavioral health and HIV/AIDS | | | | | | | | | | |
| Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory | | | | | | | | | | |
| Task Implement process for steering committee and clinical oversight of population health management, and use of targeted registries | | | | | | | | | | |
| Task Implement a Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on asthma, diabetes, behavioral health conditions, maternal-child health and HIV AIDS | | | | | | | | | | |
| Task Develop and implement a process to monitor and report to the Steering Committee and the State on status of population health, EHRs and patient registries | | | | | | | | | | |
| Task Development of a data dictionary to support the running of patient registry data | | | | | | | | | | |
| 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 Develop a standard process workflow for conducting a health assessment and developing the care plan; add to the HH At Risk process workflow | | | | | | | | | | |
| Task Develop a strategy to identify and engage HH at risk patients; add to the HH At Risk process workflow | | | | | | | | | | |
| Task Work with other DSRIP projects to determine the role of care coordinators for each project; add to the HH At Risk process workflow | | | | | | | | | | |
| Task Identify PCMH/APCM care planning standards outlined in the PCMH 2014 standards and guidelines manual ; add to the HH At Risk process workflow | | | | | | | | | | |
| Task Submit HH At Risk process workflow to Care Coordination CFW and Steering Committee for approval | | | | | | | | | | |



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| 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 Work with Workforce Committee to develop the protocols to train Care Coordinators on new HH At Risk workflow (i.e. identification, engagement, assessment, and development of care plan) | | | | | | | | | | |
| Task Work with Workforce Committee to train front line staff Care Coordinators on new HH at risk work flow (i.e. identification, engagement, assessment, and development of care plan) | | | | | | | | | | |
| Task Work with PCMH workgroup to educate participating PCPs about new HH at Risk work flow | | | | | | | | | | |
| Task Pilot new HH At Risk work flow | | | | | | | | | | |
| Task Evaluate HH At Risk work flow pilot; modify workflow where necessary | | | | | | | | | | |
| 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. | 223 | 223 | 223 | 223 | 223 | 223 | 223 | 223 | 223 | 223 |
| Task Each identified PCP establish partnerships with the local Health Home for care management services. | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| Task Identify PCP and Care Management participating agencies partners | | | | | | | | | | |
| Task Determine collaboration guidelines between the PCP and Care Coordinators (i.e. sharing patient data, structure of cross provider multi-specialty clinical team, agreement to meet and make group-decisions for shared patients, responsibilities of all provider types) | | | | | | | | | | |
| Task Develop a strategy to assign CMAs to PCP office/clinics | | | | | | | | | | |
| 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). | | | | | | | | | | |

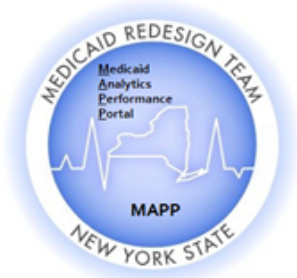


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| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task PPS has established partnerships to medical, behavioral health, and social services. | 223 | 223 | 223 | 223 | 223 | 223 | 223 | 223 | 223 | 223 |
| Task PPS has established partnerships to medical, behavioral health, and social services. | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services. | | | | | | | | | | |
| Task Step A - Start: Identify interested PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Health Home At Risk program | | | | | | | | | | |
| Task Identify interested PPS network medical providers and determine their role in the Health Home At Risk program | | | | | | | | | | |
| Task Identify interested PPS network behavioral health providers and determine their role in the Health Home At Risk program | | | | | | | | | | |
| Task Determine collaboration guidelines amongst participating providers (i.e. sharing patient data, structure of cross provider multi-specialty clinical team, agreement to meet and make group-decisions for shared patients, responsibilities of all provider types) | | | | | | | | | | |
| Task Step B - Start: Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form | | | | | | | | | | |
| Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent | | | | | | | | | | |
| Task Development and implementation of a PPS wide plan for sharing EHR systems, PPS wide engagement in the RHIO, secure messaging and alerts systems | | | | | | | | | | |
| 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. | | | | | | | | | | |



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| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices. | | | | | | | | | | |
| Task PPS has included social services agencies in development of risk reduction and care practice guidelines. | | | | | | | | | | |
| Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases. | | | | | | | | | | |
| Task Step A - Start: Work with Clinical Committee to obtain evidence based practice guidelines for management of chronic conditions DSRIP projects | | | | | | | | | | |
| Task Add evidence based practice guidelines to care plan intervention options | | | | | | | | | | |
| Task Work with Workforce Committee to educate front line CC staff on evidence based chronic disease management practice guidelines | | | | | | | | | | |
| Task Pilot deployment of care plan which includes evidence based practice guidelines | | | | | | | | | | |
| Task Step B - Start: Work with other DSRIP projects to collect their review their intervention data and outcomes | | | | | | | | | | |
| Task Establish ongoing quarterly meetings with participating providers to review analytical data and determine whether specific interventions have had an impact of specific conditions. | | | | | | | | | | |
| Task Step C - Start: Work with Stakeholder Engagement Committee to identify PPS social services agencies (e.g. homeless shelters, food banks, legal aid) who are critical to managing at risk populations (i.e. homeless, unemployed, system involved etc.) | | | | | | | | | | |
| Task Work with social service agencies to determine their role in managing at risk populations; include that in the HH at risk workflow | | | | | | | | | | |
| Task Work with Clinical Committee to develop referral algorithm and linkage process to social service providers | | | | | | | | | | |
| Task Pilot referral algorithm and linkage process | | | | | | | | | | |
| Task | | | | | | | | | | |



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| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Evaluate effectiveness of referral process; modify where necessary | | | | | | | | | | |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | 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 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 | |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|----------------|
| government units (such as SPOAs and public health departments). | |
| Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population. | |

Milestone Review Status

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



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

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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

Instructions :



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Project 2.b.i – Ambulatory Intensive Care Units (ICUs)

IPQR Module 2.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.

The Ambulatory ICU (AICU) is designed to improve care and decrease unnecessary hospital utilization for multimorbid patients with a past history of, or very high risk for, re-hospitalizations.

1. Risk: Patient Complexity. Assessing the target population (i.e., patients with multiple mental health and/or medical illnesses) is labor and time intensive. Each assessment lasts two or more hours and involves multiple providers and specialists across the continuum of services – primary care, specialty health care, mental health care, substance abuse, housing, and legal services. Mitigation Strategy: We plan to begin with two AICUs at Urban Health Plan (UHP) and Bronx-Lebanon Hospital Center (BLHC). Both organizations have considerable leadership experience in team-based assessments and care of high-risk patients. An advanced telemedicine capability will allow team members, specialists, and patients to be involved remotely, increasing availability and efficiency.

2. Risk. Referral and Engagement. Community providers may be reluctant to refer patients to the AICU. In the past, organizations competed for patients. Mitigation: Collaboration with Stakeholder Engagement CFW to develop relationships between community providers and AICUs to enhance communication and education strategy as well as establishing other AICUs at partner clinical sites will help overcome this barrier.

3. Risk. Staff development. The experience and capacities of professional staff – including physicians, social workers, and nurses – to be able to consider, address and treat the variety of problems presented by AICU cases need to be broadened. Mitigation Strategy: Intensive education on the purpose and methods of an AICU will help professionals realize they are involved in the entirety of the patient's situation from keeping an accurate patient's problem list to consulting with legal aid attorneys.

4. Risk. Demonstrating Effectiveness. With complex patients success does not happen overnight and differences made by the AICU will be challenging to demonstrate. For a time, such patients will continue to go to the emergency department, miss appointments, and have personal crises. Mitigation Strategy: Our experience with a pilot AICU team's efforts is promising. Our first 113 patients showed a 28% cost decrease from inpatient and emergency department visits during the first year. Qualitative assessments showing increased provider and patient satisfaction, along with decreased costs within the first year will make a powerful argument for the AICU's utility and increase referrals in later years.

5. Risk. Electronic Health Record Compatibility. UHP, BLHC, and other providers use a variety of electronic medical record platforms that are currently not interoperable. Mitigation Strategy: We anticipate meeting this challenge by sharing reports extracted from EMRs used by UHP and BLHC. Communication to outside providers will be done through a secure health messaging system.

6. Risk. PCMH Level 3. The challenges involved in getting all sites to PCMH 2014 Level 3 are formidable. Mitigation Strategy: The AICU are likely to attain 2014 PCMH standards because they are in practice settings already working to attain these standards. The PCMH cross-functional



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workgroup focuses on fulfillment of this requirement.

7. Risk. Cultural Competency. The South Bronx is a heterogeneous population using a variety of languages. Mitigation Strategy: Work closely with Workforce and Stakeholder Engagement to develop a gap analysis that will identify cultural and health needs of the population served to develop strategy for health literacy and cultural competence.

8. Risk. Ability to link patients to care coordination. Mitigation. Leverage the two Health Homes in the PPS and the centralized Care Coordination Clearinghouse to identify and link patients to appropriate care coordination.



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IPQR Module 2.b.i.2 - Patient Engagement Speed

Instructions :

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

| Benchmarks | |
|--------------------------|-----------------------------|
| 100% Actively Engaged By | Expected Patient Engagement |
| DY4,Q4 | 1,051 |

| Patients Engaged to Date in Current DY | DY1,Q3 Patient Update | % of Semi-Annual Commitment To-Date | Semi-Annual Variance of Projected to Actual | % of Total Actively Engaged Patients To-Date |
|--|-----------------------|-------------------------------------|---|--|
| 46 | 238 | 62.96% | 140 | 22.65% |

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (378)

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|--|---|---------------------|
| vg467992 | Report(s) | 27_PMDL2515_1_3_20160129153158_BHA-PATIENTLIST-2bi-Q2-Q3.pdf | BHA PPS LLC list of Actively Engaged for DY1 Q3 | 01/29/2016 03:33 PM |

Narrative Text :

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

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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IPQR Module 2.b.i.3 - Prescribed Milestones

Instructions :

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

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #1 Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population. | Project | N/A | In Progress | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task PPS has recruited adequate specialty resources within the community including medical, behavioral, nutritional, rehabilitation, and other necessary providers to meet the population needs. | Project | | In Progress | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task PPS has established a standard clinical protocol for Ambulatory ICU services. | Project | | In Progress | 07/01/2015 | 03/31/2019 | 07/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Assess whether the network of providers serving the ambulatory ICU is sufficient to serve the ambulatory ICU population | Project | | In Progress | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Develop list of network of providers that can currently serve the ambulatory ICU population | Project | | In Progress | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Continuously assess network of providers and ensure capacity to serve ambulatory ICU patients | Project | | In Progress | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Develop and pilot clinical protocols for provision of AMB-ICU services | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task If gaps analysis demonstrates gaps in network of providers, develop a plan with workforce to fill those gaps | Project | | In Progress | 10/01/2015 | 03/31/2019 | 10/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Bring successful ambulatory ICU clinical protocols to scale | Project | | In Progress | 01/01/2016 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task | Project | | In Progress | 01/01/2016 | 09/30/2017 | 10/01/2015 | 09/30/2017 | 09/30/2017 | DY3 Q2 |



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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|----------------------------|----------------------|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| Develop and finalize standardized work flow, clinical protocols, and policies and procedures | | | | | | | | | |
| Task If analysis demonstrates gaps in network of providers, implement a plan with workforce to fill gaps to serve the ambulatory ICU population | Project | | Not Started | 01/01/2016 | 03/31/2019 | 01/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Train staff on standardized work flow, clinical protocols, and policies and procedures | Project | | Not Started | 04/01/2016 | 12/31/2017 | 04/01/2016 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Milestone #2 Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community. | Project | N/A | In Progress | 07/01/2015 | 03/31/2019 | 07/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Each identified Ambulatory ICU has established partnerships with the local Health Home based on the Nuka Model. | Project | | In Progress | 07/01/2015 | 03/31/2019 | 07/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Partner with the two Health Homes in the PPS to ensure that all AMB-ICU patients have an assigned Health Home Case Manager | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Compile list of community resources; housing, rehabilitation, behavior health, social services, home care etc. within the PPS to serve the ambulatory ICU population | Project | | In Progress | 01/01/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Implement protocols and policies and procedures outlining how Health Home and community based services serve the Ambulatory ICUs | Project | | Not Started | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Develop system for tracking the number of ambulatory ICU patients with an assigned Health Home Case Manager | Project | | Not Started | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Develop protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs | Project | | In Progress | 01/01/2016 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Develop staff training on protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs | Project | | Not Started | 01/01/2016 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Implement staff training on protocols and policies outlining how | Project | | Not Started | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Health Home and community services serve the Ambulatory ICUs | | | | | | | | | |
| Milestone #3 Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Clearly define inclusion criteria for entry to ambulatory ICU project | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Assess current IT capacity to create registry of ambulatory ICU patients | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Develop methodology for identifying ambulatory ICU patients through EMR reporting tools | Project | | In Progress | 07/31/2015 | 03/31/2016 | 07/31/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Engage health plans to share data that will identify high cost/high utilization patients that may be appropriate for inclusion in ambulatory ICU project | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Identify multiple mechanisms for identifying ambulatory ICU patients | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Develop a patient registry at each ambulatory ICU that is updated each quarter | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Based on ambulatory ICU definition, develop report to run a patient registry list | Project | | In Progress | 04/01/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Create structured data fields in EMRs to report on number of engaged patients quarterly | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Collaborate with care coordination committee to identify and refer appropriate patients within the PPS to the AMB-ICU who are not identified through utilization and registry reports | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | Project | | Not Started | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |



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|--|------------------------|---|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Create system for reporting on the number of Ambulatory ICU patients that are assigned to the Health Home including what phase (outreach or enrollment) | | | | | | | | | |
| Task Develop system for tracking selected population health metrics and utilization for ambulatory ICU patient population | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Analyze related quality metrics and utilization data and focus on areas in need of improvement using PDSA rapid improvement cycles | Project | | Not Started | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Develop and deliver training for staff to collect, track and report patient data | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #4 Establish care managers co-located at each Ambulatory ICU site. | Project | N/A | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has co-located health home care managers and social support services. | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Develop plan to ensure Health Home Case Managers are co-located at AMB-ICUs | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Develop a list of social services resources within the PPS to be used to support the AMB-ICU population | Project | | In Progress | 01/01/2016 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Engage social services resources within the PPS in serving patient population in AMB-ICUs | Project | | In Progress | 04/01/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Implement plan to co-located Health Home Case Managers at AMB-ICUs | Project | | In Progress | 01/01/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #5 Ensure that all safety net project participants 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 | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY | Provider | Safety Net Practitioner - Primary Care Provider | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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|--|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| requirements. | | (PCP) | | | | | | | |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Hospital | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Mental Health | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS uses alerts and secure messaging functionality. | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory including an it assessment (current state and gap) for all PPS providers | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Selection of a PPS wide IT platform and plan for engaging all providers in using the selected platform | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Identification of safety net provider IT capabilities including current status in regards to: EHR implementation, participation in the RHIO, secure messaging systems, alerts systems | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Development of a needs assessment and gaps analysis focused on safety net providers IT needs | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Development of a plan to address safety net providers needs based on data from the needs assessment and gaps analysis | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Implementation of plan to address safety net providers IT needs and monitoring system to track progress | Project | | In Progress | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |



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|--|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task Development and implementation of a PPS wide plan for sharing EHR systems, PPS wide engagement in the RHIO, secure messaging and alerts systems | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #6 Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | Project | N/A | In Progress | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 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 | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Develop a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 every quarter | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identification of primary care providers within the PPS and development of a PCP directory | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification and meaningful use | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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|---|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| and meaningful use | | | | | | | | | |
| Milestone #7 Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management. | Project | N/A | In Progress | 01/01/2016 | 03/31/2019 | 10/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Secure patient portal supporting patient communication and engagement. | Project | | In Progress | 01/01/2016 | 03/31/2019 | 10/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Develop a secure patient portal to support patient communication and engagement for the ambulatory ICU population | Project | | Not Started | 01/01/2016 | 12/31/2017 | 01/01/2016 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task Implement a secure patient portal to support patient communication and engagement for the ambulatory ICU population | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Develop a training plan to implement secure patient portal supporting patient communication and engagement for the ambulatory ICU population | Project | | Not Started | 10/01/2016 | 12/31/2017 | 10/01/2016 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task Implement a training plan to implement secure patient portal supporting patient communication and engagement for the ambulatory ICU population | Project | | Not Started | 01/01/2017 | 03/31/2018 | 01/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Monitor and report on the implementation of a secure patient portal to support patient communication and engagement for the ambulatory ICU population | Project | | Not Started | 01/01/2017 | 03/31/2018 | 01/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #8 Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers. | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Policies and procedures are in place for team based care planning. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Research internal and external best practices/models in Team Based Care that includes multi-disciplinary case conferences and care planning meetings for each ambulatory ICU patient | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Task Pilot Team Based Care case review and planning during Interdisciplinary case conferences | Project | | In Progress | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identify internal and/or external trainers who are proficient at training on Team Based Care, case review and planning, and multi disciplinary case conferences | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Obtain or Develop training materials on Team Based Care Review | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Implement training on Team Based Care planning and multi disciplinary case conferences | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Develop policies and procedures on team-based case review and planning | Project | | Not Started | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Develop and implement protocols/work flow for Team Based Care and Interdisciplinary Case Conferences | Project | | Not Started | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #9 Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization. | Project | N/A | In Progress | 04/01/2016 | 03/31/2019 | 10/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task EHR System with Real Time Notification System is in use. | Project | | In Progress | 04/01/2016 | 03/31/2019 | 10/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Develop real time notification system in EMRs for ambulatory ICU population | Project | | Not Started | 04/01/2016 | 12/31/2017 | 04/01/2016 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task Implement system real time notification system in EMRs for ambulatory ICU population | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Develop a training plan to implement provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization for ambulatory ICU population . | Project | | Not Started | 10/01/2016 | 03/31/2019 | 10/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Implement a training plan provider notification/secure messaging system to alert care managers and Health Homes of important | Project | | Not Started | 01/01/2017 | 03/31/2019 | 01/01/2017 | 03/31/2019 | 03/31/2019 | DY4 Q4 |



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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| developments in patient care and utilization for ambulatory ICU population | | | | | | | | | |
| Task Monitor and report on the implementation of provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization for ambulatory ICU population . | Project | | Not Started | 01/01/2017 | 03/31/2019 | 01/01/2017 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Monitor and report on number of engaged ambulatory ICU patients | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Develop process for identifying patients for ambulatory ICU patient registry | Project | | In Progress | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Implement process for identifying patients for ambulatory ICU patient registry | Project | | In Progress | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Develop most effective and efficient platform for reporting on number of engaged patients | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 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 Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population. | | | | | | | | | | |
| Task PPS has recruited adequate specialty resources within the community including medical, behavioral, nutritional, rehabilitation, and other necessary providers to meet the population needs. | | | | | | | | | | |
| Task PPS has established a standard clinical protocol for Ambulatory | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| ICU services. | | | | | | | | | | |
| Task Assess whether the network of providers serving the ambulatory ICU is sufficient to serve the ambulatory ICU population | | | | | | | | | | |
| Task Develop list of network of providers that can currently serve the ambulatory ICU population | | | | | | | | | | |
| Task Continuously assess network of providers and ensure capacity to serve ambulatory ICU patients | | | | | | | | | | |
| Task Develop and pilot clinical protocols for provision of AMB-ICU services | | | | | | | | | | |
| Task If gaps analysis demonstrates gaps in network of providers, develop a plan with workforce to fill those gaps | | | | | | | | | | |
| Task Bring successful ambulatory ICU clinical protocols to scale | | | | | | | | | | |
| Task Develop and finalize standardized work flow, clinical protocols, and policies and procedures | | | | | | | | | | |
| Task If analysis demonstrates gaps in network of providers, implement a plan with workforce to fill gaps to serve the ambulatory ICU population | | | | | | | | | | |
| Task Train staff on standardized work flow, clinical protocols, and policies and procedures | | | | | | | | | | |
| Milestone #2 Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community. | | | | | | | | | | |
| Task Each identified Ambulatory ICU has established partnerships with the local Health Home based on the Nuka Model. | | | | | | | | | | |
| Task Partner with the two Health Homes in the PPS to ensure that all AMB-ICU patients have an assigned Health Home Case Manager | | | | | | | | | | |
| Task Compile list of community resources; housing, rehabilitation, behavior health, social services, home care etc. within the PPS to serve the ambulatory ICU population | | | | | | | | | | |
| Task Implement protocols and policies and procedures outlining how | | | | | | | | | | |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Health Home and community based services serve the Ambulatory ICUs | | | | | | | | | | |
| Task Develop system for tracking the number of ambulatory ICU patients with an assigned Health Home Case Manager | | | | | | | | | | |
| Task Develop protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs | | | | | | | | | | |
| Task Develop staff training on protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs | | | | | | | | | | |
| Task Implement staff training on protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs | | | | | | | | | | |
| Milestone #3 Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals. | | | | | | | | | | |
| Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| Task Clearly define inclusion criteria for entry to ambulatory ICU project | | | | | | | | | | |
| Task Assess current IT capacity to create registry of ambulatory ICU patients | | | | | | | | | | |
| Task Develop methodology for identifying ambulatory ICU patients through EMR reporting tools | | | | | | | | | | |
| Task Engage health plans to share data that will identify high cost/high utilization patients that may be appropriate for inclusion in ambulatory ICU project | | | | | | | | | | |
| Task Identify multiple mechanisms for identifying ambulatory ICU patients | | | | | | | | | | |
| Task Develop a patient registry at each ambulatory ICU that is updated each quarter | | | | | | | | | | |
| Task Based on ambulatory ICU definition, develop report to run a | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| patient registry list | | | | | | | | | | |
| Task Create structured data fields in EMRs to report on number of engaged patients quarterly | | | | | | | | | | |
| Task Collaborate with care coordination committee to identify and refer appropriate patients within the PPS to the AMB-ICU who are not identified through utilization and registry reports | | | | | | | | | | |
| Task Create system for reporting on the number of Ambulatory ICU patients that are assigned to the Health Home including what phase (outreach or enrollment) | | | | | | | | | | |
| Task Develop system for tracking selected population health metrics and utilization for ambulatory ICU patient population | | | | | | | | | | |
| Task Analyze related quality metrics and utilization data and focus on areas in need of improvement using PDSA rapid improvement cycles | | | | | | | | | | |
| Task Develop and deliver training for staff to collect, track and report patient data | | | | | | | | | | |
| Milestone #4 Establish care managers co-located at each Ambulatory ICU site. | | | | | | | | | | |
| Task PPS has co-located health home care managers and social support services. | | | | | | | | | | |
| Task Develop plan to ensure Health Home Case Managers are co-located at AMB-ICUs | | | | | | | | | | |
| Task Develop a list of social services resources within the PPS to be used to support the AMB-ICU population | | | | | | | | | | |
| Task Engage social services resources within the PPS in serving patient population in AMB-ICUs | | | | | | | | | | |
| Task Implement plan to co-located Health Home Case Managers at AMB-ICUs | | | | | | | | | | |
| Milestone #5 Ensure that all safety net project participants 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), | | | | | | | | | | |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| alerts and patient record look up. | | | | | | | | | | |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 24 | 49 | 74 | 99 | 124 | 149 | 149 | 149 | 149 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 1 | 6 | 11 | 16 | 21 | 21 | 21 | 21 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 2 | 4 | 5 | 6 | 7 | 8 | 8 | 8 | 8 |
| Task PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory including an it assessment (current state and gap) for all PPS providers | | | | | | | | | | |
| Task Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form | | | | | | | | | | |
| Task Selection of a PPS wide IT platform and plan for engaging all providers in using the selected platform | | | | | | | | | | |
| Task Identification of safety net provider IT capabilities including current status in regards to: EHR implementation, participation in the RHIO, secure messaging systems, alerts systems | | | | | | | | | | |
| Task Development of a needs assessment and gaps analysis focused on safety net providers IT needs | | | | | | | | | | |
| Task Development of a plan to address safety net providers needs based on data from the needs assessment and gaps analysis | | | | | | | | | | |
| Task Implementation of plan to address safety net providers IT needs and monitoring system to track progress | | | | | | | | | | |
| Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent | | | | | | | | | | |
| Task Development and implementation of a PPS wide plan for sharing | | | | | | | | | | |



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| EHR systems, PPS wide engagement in the RHIO, secure messaging and alerts systems | | | | | | | | | | |
| Milestone #6 Ensure that EHR systems used by participating 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 | 24 | 49 | 74 | 99 |
| Task Develop a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 evert quarter | | | | | | | | | | |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use | | | | | | | | | | |
| Task Identification of primary care providers within the PPS and development of a PCP directory | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Milestone #7 Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management. | | | | | | | | | | |
| Task Secure patient portal supporting patient communication and engagement. | | | | | | | | | | |



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Develop a secure patient portal to support patient communication and engagement for the ambulatory ICU population | | | | | | | | | | |
| Task Implement a secure patient portal to support patient communication and engagement for the ambulatory ICU population | | | | | | | | | | |
| Task Develop a training plan to implement secure patient portal supporting patient communication and engagement for the ambulatory ICU population | | | | | | | | | | |
| Task Implement a training plan to implement secure patient portal supporting patient communication and engagement for the ambulatory ICU population | | | | | | | | | | |
| Task Monitor and report on the implementation of a secure patient portal to support patient communication and engagement for the ambulatory ICU population | | | | | | | | | | |
| Milestone #8 Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers. | | | | | | | | | | |
| Task Policies and procedures are in place for team based care planning. | | | | | | | | | | |
| Task Research internal and external best practices/models in Team Based Care that includes multi-disciplinary case conferences and care planning meetings for each ambulatory ICU patient | | | | | | | | | | |
| Task Pilot Team Based Care case review and planning during Interdisciplinary case conferences | | | | | | | | | | |
| Task Identify internal and/or external trainers who are proficient at training on Team Based Care, case review and planning, and multi disciplinary case conferences | | | | | | | | | | |
| Task Obtain or Develop training materials on Team Based Care Review | | | | | | | | | | |
| Task Implement training on Team Based Care planning and multi disciplinary case conferences | | | | | | | | | | |
| Task Develop policies and procedures on team-based case review | | | | | | | | | | |



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 planning | | | | | | | | | | |
| Task Develop and implement protocols/work flow for Team Based Care and Interdisciplinary Case Conferences | | | | | | | | | | |
| Milestone #9 Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization. | | | | | | | | | | |
| Task EHR System with Real Time Notification System is in use. | | | | | | | | | | |
| Task Develop real time notification system in EMRs for ambulatory ICU population | | | | | | | | | | |
| Task Implement system real time notification system in EMRs for ambulatory ICU population | | | | | | | | | | |
| Task Develop a training plan to implement provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization for ambulatory ICU population . | | | | | | | | | | |
| Task Implement a training plan provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization for ambulatory ICU population | | | | | | | | | | |
| Task Monitor and report on the implementation of provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization for ambulatory ICU population . | | | | | | | | | | |
| Milestone #10 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 Monitor and report on number of engaged ambulatory ICU patients | | | | | | | | | | |
| Task Develop process for identifying patients for ambulatory ICU patient registry | | | | | | | | | | |



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Implement process for identifying patients for ambulatory ICU patient registry | | | | | | | | | | |
| Task Develop most effective and efficient platform for reporting on number of engaged patients | | | | | | | | | | |

| 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 Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population. | | | | | | | | | | |
| Task PPS has recruited adequate specialty resources within the community including medical, behavioral, nutritional, rehabilitation, and other necessary providers to meet the population needs. | | | | | | | | | | |
| Task PPS has established a standard clinical protocol for Ambulatory ICU services. | | | | | | | | | | |
| Task Assess whether the network of providers serving the ambulatory ICU is sufficient to serve the ambulatory ICU population | | | | | | | | | | |
| Task Develop list of network of providers that can currently serve the ambulatory ICU population | | | | | | | | | | |
| Task Continuously assess network of providers and ensure capacity to serve ambulatory ICU patients | | | | | | | | | | |
| Task Develop and pilot clinical protocols for provision of AMB-ICU services | | | | | | | | | | |
| Task If gaps analysis demonstrates gaps in network of providers, develop a plan with workforce to fill those gaps | | | | | | | | | | |
| Task Bring successful ambulatory ICU clinical protocols to scale | | | | | | | | | | |
| Task Develop and finalize standardized work flow, clinical protocols, and policies and procedures | | | | | | | | | | |
| Task If analysis demonstrates gaps in network of providers, implement | | | | | | | | | | |



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 plan with workforce to fill gaps to serve the ambulatory ICU population | | | | | | | | | | |
| Task Train staff on standardized work flow, clinical protocols, and policies and procedures | | | | | | | | | | |
| Milestone #2 Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community. | | | | | | | | | | |
| Task Each identified Ambulatory ICU has established partnerships with the local Health Home based on the Nuka Model. | | | | | | | | | | |
| Task Partner with the two Health Homes in the PPS to ensure that all AMB-ICU patients have an assigned Health Home Case Manager | | | | | | | | | | |
| Task Compile list of community resources; housing, rehabilitation, behavior health, social services, home care etc. within the PPS to serve the ambulatory ICU population | | | | | | | | | | |
| Task Implement protocols and policies and procedures outlining how Health Home and community based services serve the Ambulatory ICUs | | | | | | | | | | |
| Task Develop system for tracking the number of ambulatory ICU patients with an assigned Health Home Case Manager | | | | | | | | | | |
| Task Develop protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs | | | | | | | | | | |
| Task Develop staff training on protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs | | | | | | | | | | |
| Task Implement staff training on protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs | | | | | | | | | | |
| Milestone #3 Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals. | | | | | | | | | | |
| Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Clearly define inclusion criteria for entry to ambulatory ICU project | | | | | | | | | | |
| Task Assess current IT capacity to create registry of ambulatory ICU patients | | | | | | | | | | |
| Task Develop methodology for identifying ambulatory ICU patients through EMR reporting tools | | | | | | | | | | |
| Task Engage health plans to share data that will identify high cost/high utilization patients that may be appropriate for inclusion in ambulatory ICU project | | | | | | | | | | |
| Task Identify multiple mechanisms for identifying ambulatory ICU patients | | | | | | | | | | |
| Task Develop a patient registry at each ambulatory ICU that is updated each quarter | | | | | | | | | | |
| Task Based on ambulatory ICU definition, develop report to run a patient registry list | | | | | | | | | | |
| Task Create structured data fields in EMRs to report on number of engaged patients quarterly | | | | | | | | | | |
| Task Collaborate with care coordination committee to identify and refer appropriate patients within the PPS to the AMB-ICU who are not identified through utilization and registry reports | | | | | | | | | | |
| Task Create system for reporting on the number of Ambulatory ICU patients that are assigned to the Health Home including what phase (outreach or enrollment) | | | | | | | | | | |
| Task Develop system for tracking selected population health metrics and utilization for ambulatory ICU patient population | | | | | | | | | | |
| Task Analyze related quality metrics and utilization data and focus on areas in need of improvement using PDSA rapid improvement cycles | | | | | | | | | | |
| Task Develop and deliver training for staff to collect, track and report patient data | | | | | | | | | | |
| Milestone #4 | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Establish care managers co-located at each Ambulatory ICU site. | | | | | | | | | | |
| Task PPS has co-located health home care managers and social support services. | | | | | | | | | | |
| Task Develop plan to ensure Health Home Case Managers are co-located at AMB-ICUs | | | | | | | | | | |
| Task Develop a list of social services resources within the PPS to be used to support the AMB-ICU population | | | | | | | | | | |
| Task Engage social services resources within the PPS in serving patient population in AMB-ICUs | | | | | | | | | | |
| Task Implement plan to co-located Health Home Case Managers at AMB-ICUs | | | | | | | | | | |
| Milestone #5 Ensure that all safety net project participants 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. | 149 | 149 | 149 | 149 | 149 | 149 | 149 | 149 | 149 | 149 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| Task PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory including an it assessment (current state and gap) for all PPS providers | | | | | | | | | | |
| Task Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form | | | | | | | | | | |



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Selection of a PPS wide IT platform and plan for engaging all providers in using the selected platform | | | | | | | | | | |
| Task Identification of safety net provider IT capabilities including current status in regards to: EHR implementation, participation in the RHIO, secure messaging systems, alerts systems | | | | | | | | | | |
| Task Development of a needs assessment and gaps analysis focused on safety net providers IT needs | | | | | | | | | | |
| Task Development of a plan to address safety net providers needs based on data from the needs assessment and gaps analysis | | | | | | | | | | |
| Task Implementation of plan to address safety net providers IT needs and monitoring system to track progress | | | | | | | | | | |
| Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent | | | | | | | | | | |
| Task Development and implementation of a PPS wide plan for sharing EHR systems, PPS wide engagement in the RHIO, secure messaging and alerts systems | | | | | | | | | | |
| Milestone #6 Ensure that EHR systems used by participating 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. | 124 | 149 | 149 | 149 | 149 | 149 | 149 | 149 | 149 | 149 |
| Task Develop a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 evert quarter | | | | | | | | | | |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use | | | | | | | | | | |



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Identification of primary care providers within the PPS and development of a PCP directory | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use | | | | | | | | | | |
| Milestone #7 Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management. | | | | | | | | | | |
| Task Secure patient portal supporting patient communication and engagement. | | | | | | | | | | |
| Task Develop a secure patient portal to support patient communication and engagement for the ambulatory ICU population | | | | | | | | | | |
| Task Implement a secure patient portal to support patient communication and engagement for the ambulatory ICU population | | | | | | | | | | |
| Task Develop a training plan to implement secure patient portal supporting patient communication and engagement for the ambulatory ICU population | | | | | | | | | | |
| Task Implement a training plan to implement secure patient portal supporting patient communication and engagement for the ambulatory ICU population | | | | | | | | | | |
| Task Monitor and report on the implementation of a secure patient portal to support patient communication and engagement for the ambulatory ICU population | | | | | | | | | | |
| Milestone #8 Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers. | | | | | | | | | | |
| Task Policies and procedures are in place for team based care | | | | | | | | | | |



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| planning. | | | | | | | | | | |
| Task Research internal and external best practices/models in Team Based Care that includes multi-disciplinary case conferences and care planning meetings for each ambulatory ICU patient | | | | | | | | | | |
| Task Pilot Team Based Care case review and planning during Interdisciplinary case conferences | | | | | | | | | | |
| Task Identify internal and/or external trainers who are proficient at training on Team Based Care, case review and planning, and multi disciplinary case conferences | | | | | | | | | | |
| Task Obtain or Develop training materials on Team Based Care Review | | | | | | | | | | |
| Task Implement training on Team Based Care planning and multi disciplinary case conferences | | | | | | | | | | |
| Task Develop policies and procedures on team-based case review and planning | | | | | | | | | | |
| Task Develop and implement protocols/work flow for Team Based Care and Interdisciplinary Case Conferences | | | | | | | | | | |
| Milestone #9 Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization. | | | | | | | | | | |
| Task EHR System with Real Time Notification System is in use. | | | | | | | | | | |
| Task Develop real time notification system in EMRs for ambulatory ICU population | | | | | | | | | | |
| Task Implement system real time notification system in EMRs for ambulatory ICU population | | | | | | | | | | |
| Task Develop a training plan to implement provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization for ambulatory ICU population . | | | | | | | | | | |
| Task Implement a training plan provider notification/secure messaging system to alert care managers and Health Homes of important | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| developments in patient care and utilization for ambulatory ICU population | | | | | | | | | | |
| Task Monitor and report on the implementation of provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization for ambulatory ICU population . | | | | | | | | | | |
| Milestone #10 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 Monitor and report on number of engaged ambulatory ICU patients | | | | | | | | | | |
| Task Develop process for identifying patients for ambulatory ICU patient registry | | | | | | | | | | |
| Task Implement process for identifying patients for ambulatory ICU patient registry | | | | | | | | | | |
| Task Develop most effective and efficient platform for reporting on number of engaged patients | | | | | | | | | | |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|-----------------------|----------------|------------------|------------------|--------------------|--------------------|
|-----------------------|----------------|------------------|------------------|--------------------|--------------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|-----------------------|
| Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population. | |
| Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community. | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|----------------|
| Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals. | |
| Establish care managers co-located at each Ambulatory ICU site. | |
| Ensure that all safety net project participants 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 providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | |
| Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management. | |
| Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers. | |
| Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization. | |
| Use EHRs and other technical platforms to track all patients engaged in the project. | |

Milestone Review Status

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



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Bronx-Lebanon Hospital Center (PPS ID:27)

Milestone Review Status

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



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | 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

Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :



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Project 2.b.iv – Care transitions intervention model to reduce 30 day readmissions for chronic health conditions

✓ IPQR Module 2.b.iv.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.

Risk: managing a patient's social determinants of health that adversely impacts their risk for readmission (e.g. homelessness). Mitigation: The PPS will co-locate care coordinators at PCPs sites in order to connect patients to social services that will facilitate their compliance with discharge instructions.

Risk: Identifying placements with medical resources for homeless patients post discharge. Mitigation: The PPS will screen patients upon admission for unstable housing. We will connect patients with highest risk of readmission to our Ambulatory ICU program or to medical shelters. We also plan to implement a process to regularly communicate with homeless shelters with limited medical resources.

Risk: Ensuring patients with behavioral health issues comply with their discharge instructions. Mitigation: The PPS plans to draw upon its psychiatric resources at Bronx Lebanon Hospital and in the community to coordinate medical and behavioral health treatment. Patients with complex medical issues that are also seriously mentally ill will benefit from Ambulatory ICU level care. Patients with SMI and less complex medical issues will be linked to a primary care practice that co-locates both behavioral health and care coordination. Although substance abuse is a challenge to successfully treat, a more difficult subset are patients not willing to accept treatment referrals. We believe we can improve our process for engaging our referrals by making use of existing community resources, creating relationships between care coordinators/health navigators and patients and using peer resources.

Risk: Locating patients for follow up care post discharge. Many patients in the BLHC PPS are difficult to locate because they have unstable housing, are incarcerated, or do not have a phone. Mitigation: Issue, the project will collect caregiver contact information, personal cell phone numbers, expected addresses and pharmacies used for follow-up. For patients without phones, care coordinators will help them apply for the Obama phone.

Risk: Connectivity to care coordination does not occur. Mitigation: Work with the Care Coordination clearinghouse to identify and engage Care Coordination pre-discharge and to link them to the a care coordinator to work with them to develop and implement the care transition plan to ensure patient compliance with care and to provide the necessary support

The DSRIP start-up funds available are not sufficient in order to expand this project successfully and meet our patient engagement targets. The project plans to use the existing Care Transitions program at Bronx Lebanon to roll out this project.

Many patients at risk for readmission do not have the health benefit for all services needed. To address this challenge, the BLHC PPS will rely on its social service organizations such as JASA who have benefits entitlement navigators who can help people access services that they qualify for.



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Providers participating in this project have different EHR systems that do not talk with each other. To help facilitate the sharing of patient data across providers electronically, all participating organizations will have to join the Bronx RHIO which may not be financially realistic for some community based providers.

It is difficult for hospital discharge planners to follow up with patients who have been transitioned to residential care (i.e. hospice, nursing home, and/or assisted living) due to privacy and confidentiality restrictions. PPS plans to connect patients with a care coordinator who can act as a liaison between the hospital discharge planners and the residential care facilities.

Lack of communication between these out-of-network hospitals and providers within the PPS will make it difficult to follow up with the patients and connect them with the care they need to prevent their read



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IPQR Module 2.b.iv.2 - Patient Engagement Speed

Instructions :

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

| Benchmarks | |
|--------------------------|-----------------------------|
| 100% Actively Engaged By | Expected Patient Engagement |
| DY4,Q4 | 25,000 |

| Patients Engaged to Date in Current DY | DY1,Q3 Patient Update | % of Semi-Annual Commitment To-Date | Semi-Annual Variance of Projected to Actual | % of Total Actively Engaged Patients To-Date |
|--|-----------------------|-------------------------------------|---|--|
| 1,188 | 2,795 | 79.86% | 705 | 11.18% |

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (3,500)

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|---|---|---------------------|
| vg467992 | Report(s) | 27_PMDL2815_1_3_20160129153605_BHA-PATIENTLIST-2biv-Q2-Q3.pdf | BHA PPS LLC Actively Engaged report for DY1 Q3- Project 2biv- Care Transtions | 01/29/2016 03:36 PM |

Narrative Text :

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

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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IPQR Module 2.b.iv.3 - Prescribed Milestones

Instructions :

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

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 1 subtask start: Adapt existing Care Transitions pre and post discharge protocols to fit the 30 day readmission window and new patient population | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identify existing workflow and transition protocol for Health Home/downstream CMAs | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identify existing workflow and transition protocol for homecare and social service providers | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identify existing workflow and transitions for PCPs, behavioral health providers, and clinics (medical and behavioral) | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identify "out-of-PPS network" hospitals in the Bronx or with existing relationships with PPS and determine their role in Care Transitions Intervention Model. Integrate into Care Transitions workflow. | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with Stakeholder CRW to identify PPS-network home care service providers and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow. | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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|---|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task Work with Stakeholder CFW Identify PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow. | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with Stakeholder CFW to identify PPS network clinics and top PCP employers and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow. | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with Stakeholder CFW to identify HH/downstream CMA providers and determine their role in the Care Transitions Intervention model. Integrate into Care Transitions workflow. Integrate into Care Transitions workflow. | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with Stakeholder CFW to identify psychiatric providers and behavioral outpatient service providers and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow. | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with Stakeholder CFW to identify drug inpatient and outpatient rehab and detox providers and determine their role in the Care Transitions Intervention Model | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Conduct a gap analysis of the pre and post discharge resources needed | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Work with Workforce Committee to develop Training Materials on new integrated care team procedures and protocols | Project | | Not Started | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Work with Workforce Committee to train providers about the new process | Project | | Not Started | 06/01/2016 | 12/31/2016 | 06/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Pilot new protocols | Project | | Not Started | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Evaluate effectiveness of new process, and modify process as necessary | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #2 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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|---|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed. | | | | | | | | | |
| Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes. | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes. | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA. | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Task 1 subtask start: Work with Steering and Stakeholder to Identify which network providers have existing contracts with MCOs for care transitions | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with Steering to identify areas for opportunity to negotiate, revise, or renew contracts with MCOs for care transitions (e.g. bundled payments, covered providers) | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Task 2 subtask start: Work with Steering to Identify whether or not MCOs provide transitional care services. If no, negotiate a contract with MCOs to provide transitions services | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identify where duplication of workflows exist between the DSRIP Care Transitions program and MCOs providing transitional services | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Streamline the procedures, policies, protocols, workflows etc of the DSRIP Care Transitions program and the MCOs providers transitions services | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with Steering to Identify the types of care transitions services HH/downstream CMAs offer | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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|---|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Identify where duplication of workflows exist between the DSRIP Care Transitions program and HH/downstream CMAs | | | | | | | | | |
| Task Streamline the processes, procedures, protocols, workflows etc of the DSRIP Care Transitions program and the HH/downstream CMAs | Project | | Not Started | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Develop data sharing and communication plan with MCOs and HHs/CMAs; Encrypted E-mail communication between MCO/HHs and Care Transitions Team until HIE is in place | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Work with Workforce Committee to develop Training Materials on new streamline process, procedures, and workflow | Project | | Not Started | 10/01/2016 | 12/31/2016 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Work with Workforce Committee to train front line staff on new streamlined processes, procedures, workflow etc | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Work with Workforce Committee to pilot new streamlined care transitions processes, procedures, workflow etc | Project | | Not Started | 04/01/2017 | 12/31/2017 | 04/01/2017 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task Evaluate effectiveness of new streamlined processes, procedures, workflows etc, modify process as necessary | Project | | Not Started | 01/01/2018 | 03/31/2018 | 01/01/2018 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Task 3 subtask start: Identify existing protocol/process (if any) to identify Health Home eligible patients | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identify challenges in existing protocol/process to identify Health Home eligible patients and assign them a care coordinator | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Collaborate with PPS Health Homes to mitigate challenges in existing protocol/process to identify Health Home eligible patients and assign them a care coordinator | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Develop a risk stratification process that links patients to appropriate level of care coordination services | Project | | Not Started | 10/01/2015 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Document revised HH linkage process | Project | | Not Started | 10/01/2016 | 12/31/2016 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Work with Workforce Committee to develop Training Materials | Project | | Not Started | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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|---|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| on new HH linkage process | | | | | | | | | |
| Task Work with Workforce Committee to train front line staff on new HH linkage process | Project | | Not Started | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Pilot new process | Project | | Not Started | 10/01/2016 | 09/30/2017 | 10/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task Evaluate effectiveness of new process, and modify process as necessary | Project | | Not Started | 10/01/2017 | 03/31/2018 | 10/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #3 Ensure required social services participate in the project. | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Required network social services, including medically tailored home food services, are provided in care transitions. | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Task 1 subtask start: Identify interested PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Care Transitions Intervention Model | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with Bronx Hospital discharge Department to align referral services from Care Transitions program | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with Stakeholder to develop a referral algorithm to determine which social services providers will receive the referral | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Conduct a gap analysis of post discharge social services needed | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identify PPS network social services providers that will fill the gap in pre and post discharge resources | Project | | In Progress | 01/01/2016 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Work with Workforce Committee to develop training tools on new referral process | Project | | Not Started | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Work with Workforce Committee to train staff on new referral process | Project | | Not Started | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Pilot the revised referral process | Project | | Not Started | 10/01/2016 | 09/30/2017 | 10/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task | Project | | Not Started | 10/01/2017 | 03/31/2018 | 10/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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|---|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Evaluate revised referral process, and make changes where necessary | | | | | | | | | |
| Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Policies and procedures are in place for early notification of planned discharges. | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Policies and procedures are in place for early notification of planned discharges. | Provider | Practitioner - Non-Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Policies and procedures are in place for early notification of planned discharges. | Provider | Hospital | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 1-3 subtask start: Identify provider types that need early notification of planned discharges (e.g. PCPs, Care Coordinators, Specialists, Housing) | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identify existing structure to notify providers | Project | | In Progress | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identify gaps in existing structures to notify providers | Project | | In Progress | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identify best practices in the literature or among partner providers to address failures in the notification process | Project | | In Progress | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Develop new policy and procedure to address failures in the notification process | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Work with Workforce Committee to develop training tools on new notification process | Project | | Not Started | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Work with Workforce Committee to train staff on new notification | Project | | Not Started | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |



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|--|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| process | | | | | | | | | |
| Task Pilot new notification policy and procedure for a few patients | Project | | Not Started | 10/01/2016 | 12/31/2016 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Evaluate pilot and identify areas for improvement | Project | | Not Started | 10/01/2016 | 12/31/2016 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Revise notification policy and procedure based on evaluation results | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Expand policy and procedure to total patient population | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Continue to monitor and evaluate policy and procedure for quality improvement | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 4 subtask start: Identify exiting policies and procedures that either prohibits or allow care managers/care coordinators to visit patients in the hospital | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with hospital leadership to ensure care managers/care coordinators have access to the hospitals | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with inpatient staff and care management agencies to Identify ideal role and responsibilities care managers/care coordinators in the inpatient setting | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Develop training tools for new hospital care coordinator hospital access process | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Conduct a pilot for a few patients | Project | | Not Started | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Evaluate pilot implementation and identify areas for improvement | Project | | Not Started | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Revise pilot based on evaluation results | Project | | Not Started | 10/01/2016 | 12/31/2016 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Expand policy and procedure to total patient population | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Continue to monitor and evaluate policy and procedure for quality improvement | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #5 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|---|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider. | | | | | | | | | |
| Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Develop discharge plan tool/template | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with BL hospital IT staff to build discharge plan into Allscripts | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with IT Committee to ensure that discharge plan can be shared to providers via the Bronx RHIO | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Develop a strategy of sharing data across providers for patients that do not sign the RHIO consent form | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with Workforce Committee to develop training tools on how to access the discharge plan on the Bronx RHIO | Project | | Not Started | 01/01/2016 | 03/01/2016 | 01/01/2016 | 03/01/2016 | 03/31/2016 | DY1 Q4 |
| Task Work with Workforce Committee to train providers on how to get patient to sign yes to the Bronx RHIO consent form | Project | | Not Started | 04/01/2016 | 12/31/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Milestone #6 Ensure that a 30-day transition of care period is established. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Create a 30 day transition of care workflow | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identify roles and responsibilities of providers (e.g. clinics, PCPs, social service providers, homecare, care coordinators) integral to the workflow | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Document activities and roles identified in the 30 day transition of care period | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task Identify sites to pilot the 30 day transition of care protocol | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with Workforce Committee to develop training materials | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Work with Workforce Committee to train front line staff to pilot sites on new process. There may be a different process for internal versus external trainings | Project | | Not Started | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Pilot new processes | Project | | Not Started | 04/01/2016 | 12/31/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Evaluate effectiveness of new process, and modify as necessary | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 1 subtask start: Refine Care Transitions patient eligibility criteria | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Develop actively engaged data collection specs | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Create patient tracking template to be used by providers | Project | | Completed | 04/10/2015 | 12/31/2015 | 04/10/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Submit specs, tracking template, and protocols to IT | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Pilot tracking of patients | Project | | In Progress | 09/01/2015 | 06/30/2016 | 09/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Evaluate effectiveness of new process, and modify as necessary | Project | | In Progress | 09/01/2015 | 12/31/2016 | 09/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Monitor hard to reach patients that are impacting actively engaged counts | Project | | Not Started | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 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 standardized protocols for a Care Transitions | | | | | | | | | | |



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency. | | | | | | | | | | |
| Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place. | | | | | | | | | | |
| Task Task 1 subtask start: Adapt existing Care Transitions pre and post discharge protocols to fit the 30 day readmission window and new patient population | | | | | | | | | | |
| Task Identify existing workflow and transition protocol for Health Home/downstream CMAs | | | | | | | | | | |
| Task Identify existing workflow and transition protocol for homecare and social service providers | | | | | | | | | | |
| Task Identify existing workflow and transitions for PCPs, behavioral health providers, and clinics (medical and behavioral) | | | | | | | | | | |
| Task Identify "out-of-PPS network" hospitals in the Bronx or with existing relationships with PPS and determine their role in Care Transitions Intervention Model. Integrate into Care Transitions workflow. | | | | | | | | | | |
| Task Work with Stakeholder CRW to identify PPS-network home care service providers and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow. | | | | | | | | | | |
| Task Work with Stakeholder CFW Identify PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow. | | | | | | | | | | |
| Task Work with Stakeholder CFW to identify PPS network clinics and top PCP employers and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow. | | | | | | | | | | |
| Task Work with Stakeholder CFW to identify HH/downstream CMA providers and determine their role in the Care Transitions Intervention model. Integrate into Care Transitions workflow. Integrate into Care Transitions workflow. | | | | | | | | | | |
| Task Work with Stakeholder CFW to identify psychiatric providers and behavioral outpatient service providers and determine their role | | | | | | | | | | |



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| in the Care Transitions Intervention Model. Integrate into Care Transitions workflow. | | | | | | | | | | |
| Task Work with Stakeholder CFW to identify drug inpatient and outpatient rehab and detox providers and determine their role in the Care Transitions Intervention Model | | | | | | | | | | |
| Task Conduct a gap analysis of the pre and post discharge resources needed | | | | | | | | | | |
| Task Work with Workforce Committee to develop Training Materials on new integrated care team procedures and protocols | | | | | | | | | | |
| Task Work with Workforce Committee to train providers about the new process | | | | | | | | | | |
| Task Pilot new protocols | | | | | | | | | | |
| Task Evaluate effectiveness of new process, and modify process as necessary | | | | | | | | | | |
| Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed. | | | | | | | | | | |
| Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes. | | | | | | | | | | |
| Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes. | | | | | | | | | | |
| Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA. | | | | | | | | | | |
| Task Task 1 subtask start: Work with Steering and Stakeholder to Identify which network providers have existing contracts with MCOs for care transitions | | | | | | | | | | |
| Task Work with Steering to identify areas for opportunity to negotiate, revise, or renew contracts with MCOs for care transitions (e.g. bundled payments, covered providers) | | | | | | | | | | |
| Task | | | | | | | | | | |



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 2 subtask start: Work with Steering to Identify whether or not MCOs provide transitional care services. If no, negotiate a contract with MCOs to provide transitions services | | | | | | | | | | |
| Task Identify where duplication of workflows exist between the DSRIP Care Transitions program and MCOs providing transitional services | | | | | | | | | | |
| Task Streamline the procedures, policies, protocols, workflows etc of the DSRIP Care Transitions program and the MCOs providers transitions services | | | | | | | | | | |
| Task Work with Steering to Identify the types of care transitions services HH/downstream CMAs offer | | | | | | | | | | |
| Task Identify where duplication of workflows exist between the DSRIP Care Transitions program and HH/downstream CMAs | | | | | | | | | | |
| Task Streamline the processes, procedures, protocols, workflows etc of the DSRIP Care Transitions program and the HH/downstream CMAs | | | | | | | | | | |
| Task Develop data sharing and communication plan with MCOs and HHs/CMAs; Encrypted E-mail communication between MCO/HHs and Care Transitions Team until HIE is in place | | | | | | | | | | |
| Task Work with Workforce Committee to develop Training Materials on new streamline process, procedures, and workflow | | | | | | | | | | |
| Task Work with Workforce Committee to train front line staff on new streamlined processes, procedures, workflow etc | | | | | | | | | | |
| Task Work with Workforce Committee to pilot new streamlined care transitions processes, procedures, workflow etc | | | | | | | | | | |
| Task Evaluate effectiveness of new streamlined processes, procedures, workflows etc, modify process as necessary | | | | | | | | | | |
| Task Task 3 subtask start: Identify existing protocol/process (if any) to identify Health Home eligible patients | | | | | | | | | | |
| Task Identify challenges in existing protocol/process to identify Health Home eligible patients and assign them a care coordinator | | | | | | | | | | |
| Task | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Collaborate with PPS Health Homes to mitigate challenges in existing protocol/process to identify Health Home eligible patients and assign them a care coordinator | | | | | | | | | | |
| Task Develop a risk stratification process that links patients to appropriate level of care coordination services | | | | | | | | | | |
| Task Document revised HH linkage process | | | | | | | | | | |
| Task Work with Workforce Committee to develop Training Materials on new HH linkage process | | | | | | | | | | |
| Task Work with Workforce Committee to train front line staff on new HH linkage process | | | | | | | | | | |
| Task Pilot new process | | | | | | | | | | |
| Task Evaluate effectiveness of new process, and modify process as necessary | | | | | | | | | | |
| Milestone #3 Ensure required social services participate in the project. | | | | | | | | | | |
| Task Required network social services, including medically tailored home food services, are provided in care transitions. | | | | | | | | | | |
| Task Task 1 subtask start: Identify interested PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Care Transitions Intervention Model | | | | | | | | | | |
| Task Work with Bronx Hospital discharge Department to align referral services from Care Transitions program | | | | | | | | | | |
| Task Work with Stakeholder to develop a referral algorithm to determine which social services providers will receive the referral | | | | | | | | | | |
| Task Conduct a gap analysis of post discharge social services needed | | | | | | | | | | |
| Task Identify PPS network social services providers that will fill the gap in pre and post discharge resources | | | | | | | | | | |
| Task Work with Workforce Committee to develop training tools on new referral process | | | | | | | | | | |
| Task | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Work with Workforce Committee to train staff on new referral process | | | | | | | | | | |
| Task Pilot the revised referral process | | | | | | | | | | |
| Task Evaluate revised referral process, and make changes where necessary | | | | | | | | | | |
| Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services. | | | | | | | | | | |
| Task Policies and procedures are in place for early notification of planned discharges. | 0 | 0 | 0 | 0 | 35 | 70 | 141 | 286 | 286 | 286 |
| Task Policies and procedures are in place for early notification of planned discharges. | 0 | 0 | 0 | 0 | 10 | 25 | 40 | 52 | 52 | 52 |
| Task Policies and procedures are in place for early notification of planned discharges. | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 3 | 3 |
| Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement. | | | | | | | | | | |
| Task Task 1-3 subtask start: Identify provider types that need early notification of planned discharges (e.g. PCPs, Care Coordinators, Specialists, Housing) | | | | | | | | | | |
| Task Identify existing structure to notify providers | | | | | | | | | | |
| Task Identify gaps in existing structures to notify providers | | | | | | | | | | |
| Task Identify best practices in the literature or among partner providers to address failures in the notification process | | | | | | | | | | |
| Task Develop new policy and procedure to address failures in the notification process | | | | | | | | | | |
| Task Work with Workforce Committee to develop training tools on new notification process | | | | | | | | | | |
| Task Work with Workforce Committee to train staff on new notificaiton | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| process | | | | | | | | | | |
| Task Pilot new notification policy and procedure for a few patients | | | | | | | | | | |
| Task Evaluate pilot and identify areas for improvement | | | | | | | | | | |
| Task Revise notification policy and procedure based on evaluation results | | | | | | | | | | |
| Task Expand policy and procedure to total patient population | | | | | | | | | | |
| Task Continue to monitor and evaluate policy and procedure for quality improvement | | | | | | | | | | |
| Task Task 4 subtask start: Identify exiting policies and procedures that either prohibits or allow care managers/care coordinators to visit patients in the hospital | | | | | | | | | | |
| Task Work with hospital leadership to ensure care managers/care coordinators have access to the hospitals | | | | | | | | | | |
| Task Work with inpatient staff and care management agencies to Identify ideal role and responsibilities care managers/care coordinators in the inpatient setting | | | | | | | | | | |
| Task Develop training tools for new hospital care coordinator hospital access process | | | | | | | | | | |
| Task Conduct a pilot for a few patients | | | | | | | | | | |
| Task Evaluate pilot implementation and identify areas for improvement | | | | | | | | | | |
| Task Revise pilot based on evaluation results | | | | | | | | | | |
| Task Expand policy and procedure to total patient population | | | | | | | | | | |
| Task Continue to monitor and evaluate policy and procedure for quality improvement | | | | | | | | | | |
| Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider. | | | | | | | | | | |
| Task Policies and procedures are in place for including care transition | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record. | | | | | | | | | | |
| Task Develop discharge plan tool/template | | | | | | | | | | |
| Task Work with BL hospital IT staff to build discharge plan into Allscripts | | | | | | | | | | |
| Task Work with IT Committee to ensure that discharge plan can be shared to providers via the Bronx RHIO | | | | | | | | | | |
| Task Develop a strategy of sharing data across providers for patients that do not sign the RHIO consent form | | | | | | | | | | |
| Task Work with Workforce Committee to develop training tools on how to access the discharge plan on the Bronx RHIO | | | | | | | | | | |
| Task Work with Workforce Committee to train providers on how to get patient to sign yes to the Bronx RHIO consent form | | | | | | | | | | |
| Milestone #6 Ensure that a 30-day transition of care period is established. | | | | | | | | | | |
| Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized. | | | | | | | | | | |
| Task Create a 30 day transition of care workflow | | | | | | | | | | |
| Task Identify roles and responsibilities of providers (e.g. clinics, PCPs, social service providers, homecare, care coordinators) integral to the workflow | | | | | | | | | | |
| Task Document activities and roles identified in the 30 day transition of care period | | | | | | | | | | |
| Task Identify sites to pilot the 30 day transition of care protocol | | | | | | | | | | |
| Task Work with Workforce Committee to develop training materials | | | | | | | | | | |
| Task Work with Workforce Committee to train front line staff to pilot sites on new process. There may be a different process for internal versus external trainings | | | | | | | | | | |
| Task Pilot new processes | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Evaluate effectiveness of new process, and modify as necessary | | | | | | | | | | |
| Milestone #7 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 Task 1 subtask start: Refine Care Transitions patient eligibility criteria | | | | | | | | | | |
| Task Develop actively engaged data collection specs | | | | | | | | | | |
| Task Create patient tracking template to be used by providers | | | | | | | | | | |
| Task Submit specs, tracking template, and protocols to IT | | | | | | | | | | |
| Task Pilot tracking of patients | | | | | | | | | | |
| Task Evaluate effectiveness of new process, and modify as necessary | | | | | | | | | | |
| Task Monitor hard to reach patients that are impacting actively engaged counts | | | | | | | | | | |

| 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 standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency. | | | | | | | | | | |
| Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place. | | | | | | | | | | |
| Task Task 1 subtask start: Adapt existing Care Transitions pre and post discharge protocols to fit the 30 day readmission window and new patient population | | | | | | | | | | |
| Task Identify existing workflow and transition protocol for Health Home/downstream CMAs | | | | | | | | | | |
| Task Identify existing workflow and transition protocol for homecare and social service providers | | | | | | | | | | |



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| 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 Identify existing workflow and transitions for PCPs, behavioral health providers, and clinics (medical and behavioral) | | | | | | | | | | |
| Task Identify "out-of-PPS network" hospitals in the Bronx or with existing relationships with PPS and determine their role in Care Transitions Intervention Model. Integrate into Care Transitions workflow. | | | | | | | | | | |
| Task Work with Stakeholder CRW to identify PPS-network home care service providers and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow. | | | | | | | | | | |
| Task Work with Stakeholder CFW Identify PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow. | | | | | | | | | | |
| Task Work with Stakeholder CFW to identify PPS network clinics and top PCP employers and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow. | | | | | | | | | | |
| Task Work with Stakeholder CFW to identify HH/downstream CMA providers and determine their role in the Care Transitions Intervention model. Integrate into Care Transitions workflow. Integrate into Care Transitions workflow. | | | | | | | | | | |
| Task Work with Stakeholder CFW to identify psychiatric providers and behavioral outpatient service providers and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow. | | | | | | | | | | |
| Task Work with Stakeholder CFW to identify drug inpatient and outpatient rehab and detox providers and determine their role in the Care Transitions Intervention Model | | | | | | | | | | |
| Task Conduct a gap analysis of the pre and post discharge resources needed | | | | | | | | | | |
| Task Work with Workforce Committee to develop Training Materials on new integrated care team procedures and protocols | | | | | | | | | | |
| Task Work with Workforce Committee to train providers about the new process | | | | | | | | | | |



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| 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 Pilot new protocols | | | | | | | | | | |
| Task Evaluate effectiveness of new process, and modify process as necessary | | | | | | | | | | |
| Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed. | | | | | | | | | | |
| Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes. | | | | | | | | | | |
| Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes. | | | | | | | | | | |
| Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA. | | | | | | | | | | |
| Task Task 1 subtask start: Work with Steering and Stakeholder to Identify which network providers have existing contracts with MCOs for care transitions | | | | | | | | | | |
| Task Work with Steering to identify areas for opportunity to negotiate, revise, or renew contracts with MCOs for care transitions (e.g. bundled payments, covered providers) | | | | | | | | | | |
| Task Task 2 subtask start: Work with Steering to Identify whether or not MCOs provide transitional care services. If no, negotiate a contract with MCOs to provide transitions services | | | | | | | | | | |
| Task Identify where duplication of workflows exist between the DSRIP Care Transitions program and MCOs providing transitional services | | | | | | | | | | |
| Task Streamline the procedures, policies, protocols, workflows etc of the DSRIP Care Transitions program and the MCOs providers transitions services | | | | | | | | | | |
| Task Work with Steering to Identify the types of care transitions services HH/downstream CMAs offer | | | | | | | | | | |
| Task Identify where duplication of workflows exist between the DSRIP | | | | | | | | | | |



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Care Transitions program and HH/downstream CMAs | | | | | | | | | | |
| Task Streamline the processes, procedures, protocols, workflows etc of the DSRIP Care Transitions program and the HH/downstream CMAs | | | | | | | | | | |
| Task Develop data sharing and communication plan with MCOs and HHs/CMAs; Encrypted E-mail communication between MCO/HHs and Care Transitions Team until HIE is in place | | | | | | | | | | |
| Task Work with Workforce Committee to develop Training Materials on new streamline process, procedures, and workflow | | | | | | | | | | |
| Task Work with Workforce Committee to train front line staff on new streamlined processes, procedures, workflow etc | | | | | | | | | | |
| Task Work with Workforce Committee to pilot new streamlined care transitions processes, procedures, workflow etc | | | | | | | | | | |
| Task Evaluate effectiveness of new streamlined processes, procedures, workflows etc, modify process as necessary | | | | | | | | | | |
| Task Task 3 subtask start: Identify existing protocol/process (if any) to identify Health Home eligible patients | | | | | | | | | | |
| Task Identify challenges in existing protocol/process to identify Health Home eligible patients and assign them a care coordinator | | | | | | | | | | |
| Task Collaborate with PPS Health Homes to mitigate challenges in existing protocol/process to identify Health Home eligible patients and assign them a care coordinator | | | | | | | | | | |
| Task Develop a risk stratification process that links patients to appropriate level of care coordination services | | | | | | | | | | |
| Task Document revised HH linkage process | | | | | | | | | | |
| Task Work with Workforce Committee to develop Training Materials on new HH linkage process | | | | | | | | | | |
| Task Work with Workforce Committee to train front line staff on new HH linkage process | | | | | | | | | | |
| Task Pilot new process | | | | | | | | | | |



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| 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 Evaluate effectiveness of new process, and modify process as necessary | | | | | | | | | | |
| Milestone #3 Ensure required social services participate in the project. | | | | | | | | | | |
| Task Required network social services, including medically tailored home food services, are provided in care transitions. | | | | | | | | | | |
| Task Task 1 subtask start: Identify interested PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Care Transitions Intervention Model | | | | | | | | | | |
| Task Work with Bronx Hospital discharge Department to align referral services from Care Transitions program | | | | | | | | | | |
| Task Work with Stakeholder to develop a referral algorithm to determine which social services providers will receive the referral | | | | | | | | | | |
| Task Conduct a gap analysis of post discharge social services needed | | | | | | | | | | |
| Task Identify PPS network social services providers that will fill the gap in pre and post discharge resources | | | | | | | | | | |
| Task Work with Workforce Committee to develop training tools on new referral process | | | | | | | | | | |
| Task Work with Workforce Committee to train staff on new referral process | | | | | | | | | | |
| Task Pilot the revised referral process | | | | | | | | | | |
| Task Evaluate revised referral process, and make changes where necessary | | | | | | | | | | |
| Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services. | | | | | | | | | | |
| Task Policies and procedures are in place for early notification of planned discharges. | 286 | 286 | 286 | 286 | 286 | 286 | 286 | 286 | 286 | 286 |
| Task | 52 | 52 | 52 | 52 | 52 | 52 | 52 | 52 | 52 | 52 |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Policies and procedures are in place for early notification of planned discharges. | | | | | | | | | | |
| Task Policies and procedures are in place for early notification of planned discharges. | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement. | | | | | | | | | | |
| Task Task 1-3 subtask start: Identify provider types that need early notification of planned discharges (e.g. PCPs, Care Coordinators, Specialists, Housing) | | | | | | | | | | |
| Task Identify existing structure to notify providers | | | | | | | | | | |
| Task Identify gaps in existing structures to notify providers | | | | | | | | | | |
| Task Identify best practices in the literature or among partner providers to address failures in the notification process | | | | | | | | | | |
| Task Develop new policy and procedure to address failures in the notification process | | | | | | | | | | |
| Task Work with Workforce Committee to develop training tools on new notification process | | | | | | | | | | |
| Task Work with Workforce Committee to train staff on new notification process | | | | | | | | | | |
| Task Pilot new notification policy and procedure for a few patients | | | | | | | | | | |
| Task Evaluate pilot and identify areas for improvement | | | | | | | | | | |
| Task Revise notification policy and procedure based on evaluation results | | | | | | | | | | |
| Task Expand policy and procedure to total patient population | | | | | | | | | | |
| Task Continue to monitor and evaluate policy and procedure for quality improvement | | | | | | | | | | |
| Task Task 4 subtask start: Identify exiting policies and procedures that either prohibits or allow care managers/care coordinators to visit | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| patients in the hospital | | | | | | | | | | |
| Task Work with hospital leadership to ensure care managers/care coordinators have access to the hospitals | | | | | | | | | | |
| Task Work with inpatient staff and care management agencies to Identify ideal role and responsibilities care managers/care coordinators in the inpatient setting | | | | | | | | | | |
| Task Develop training tools for new hospital care coordinator hospital access process | | | | | | | | | | |
| Task Conduct a pilot for a few patients | | | | | | | | | | |
| Task Evaluate pilot implementation and identify areas for improvement | | | | | | | | | | |
| Task Revise pilot based on evaluation results | | | | | | | | | | |
| Task Expand policy and procedure to total patient population | | | | | | | | | | |
| Task Continue to monitor and evaluate policy and procedure for quality improvement | | | | | | | | | | |
| Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider. | | | | | | | | | | |
| Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record. | | | | | | | | | | |
| Task Develop discharge plan tool/template | | | | | | | | | | |
| Task Work with BL hospital IT staff to build discharge plan into Allscripts | | | | | | | | | | |
| Task Work with IT Committee to ensure that discharge plan can be shared to providers via the Bronx RHIO | | | | | | | | | | |
| Task Develop a strategy of sharing data across providers for patients that do not sign the RHIO consent form | | | | | | | | | | |
| Task Work with Workforce Committee to develop training tools on how | | | | | | | | | | |



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| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| to access the discharge plan on the Bronx RHIO | | | | | | | | | | |
| Task Work with Workforce Committee to train providers on how to get patient to sign yes to the Bronx RHIO consent form | | | | | | | | | | |
| Milestone #6 Ensure that a 30-day transition of care period is established. | | | | | | | | | | |
| Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized. | | | | | | | | | | |
| Task Create a 30 day transition of care workflow | | | | | | | | | | |
| Task Identify roles and responsibilities of providers (e.g. clinics, PCPs, social service providers, homecare, care coordinators) integral to the workflow | | | | | | | | | | |
| Task Document activities and roles identified in the 30 day transition of care period | | | | | | | | | | |
| Task Identify sites to pilot the 30 day transition of care protocol | | | | | | | | | | |
| Task Work with Workforce Committee to develop training materials | | | | | | | | | | |
| Task Work with Workforce Committee to train front line staff to pilot sites on new process. There may be a different process for internal versus external trainings | | | | | | | | | | |
| Task Pilot new processes | | | | | | | | | | |
| Task Evaluate effectiveness of new process, and modify as necessary | | | | | | | | | | |
| Milestone #7 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 Task 1 subtask start: Refine Care Transitions patient eligibility criteria | | | | | | | | | | |
| Task Develop actively engaged data collection specs | | | | | | | | | | |
| Task Create patient tracking template to be used by providers | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Submit specs, tracking template, and protocols to IT | | | | | | | | | | |
| Task Pilot tracking of patients | | | | | | | | | | |
| Task Evaluate effectiveness of new process, and modify as necessary | | | | | | | | | | |
| Task Monitor hard to reach patients that are impacting actively engaged counts | | | | | | | | | | |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|-----------------------|----------------|------------------|------------------|--------------------|--------------------|
|-----------------------|----------------|------------------|------------------|--------------------|--------------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|-----------------------|
| Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency. | |
| Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed. | |
| Ensure required social services participate in the project. | |
| Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services. | |
| Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider. | |
| Ensure that a 30-day transition of care period is established. | |
| Use EHRs and other technical platforms to track all patients engaged in the project. | |



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Milestone Review Status

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



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Bronx-Lebanon Hospital Center (PPS ID:27)

IPQR Module 2.b.iv.4 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

IPQR Module 2.b.iv.5 - IA Monitoring

Instructions :



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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.

Risk: Partner engagement. Mitigation: Engage through phone, email, in-person; Define partner roles/expectations; Identify buy-in barriers; Provide education on integration models; share examples of successful integration models; Follow Up "Coach" calls for support; Develop Learning Collaborative for providers.

Risk: Workforce unfamiliar with integrated clinical practice may fail to adopt as required. Mitigation: Educate workforce on foundation of collaborative care/ integrated clinical practices; Communicate with providers discussing concerns/suggestions related to clinical care practices; provide implementation guidance according to new standards; Develop specific competencies defining role of team members; Develop training program addressing primary care/behavioral health topics; Develop written plan/flow chart with new practice design/workflow

Risk: Primary Care Providers failing to adopt new PCMH guidelines within required time frame. Mitigation: Educate providers/administrators on specific elements of PCMH guidelines; Develop toolkit that illustrates steps to achieve PCMH certification by DY3, Q4; Offer webinars/learning collaborative opportunities on PCMH certification process; Customize training-offering in-person consultation/support at provider sites; Offer trainings at centralized location after office hours; Create Help Line via phone/ email for providers with PCMH specialist/support person

Risk: Primary Care Providers may fail to implement screenings or not use screening tools as indicated. Mitigation: Educate providers on screening tools implementation; On-site training at provider locations; Group training at centralized location after office hours; Create Help Line via phone/email for providers from a screening tool specialist/support person

Risk: Insufficient quantity of behavioral health providers. Mitigation: Develop relationships with professional schools to recruit behavioral health providers; Hire peer mentor/recovery coaches to work with care team helping clients achieve wellness goals; Explore online therapy

Risk: Insufficient quantity of multilingual speaking behavioral health providers. Mitigation: Strengthen behavioral health skill set of providers who are multilingual; Recruit providers speaking non-English languages; Use multilingual peer mentor/recovery coaches; Offer free foreign language courses to existing staff; Create incentives for staff to learn foreign languages

Risk: Patient confusion regarding new concept of multiple providers in one location. Mitigation: Educate patients on integrated care; Offer workshops preparing patients for transition; Prepare multilingual Flyer for patients; Implement joint case conferences

Risk: Patients with severe illnesses/acute symptoms may not benefit from level of services offered onsite. Mitigation: Leverage existing Health Homes to develop referral process with PPS partners providing intensive services for those requiring services offsite; Walk-in appointments for crisis management; Weekend/evening availability; ER diversion plan; Create 24 hour warm line; Utilize Peer Mentors/Recovery Coaches



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Risk: Programs may make decisions without input from stakeholders, compromising person-centered care driven by patient choice. Mitigation: Institute advisory board consisting of patients, families, providers, community partners and engage patients in dialogue about services provided, satisfaction/suggestions to improve/maintain high-quality care

Risk: Connectivity to care coordination does not occur. Mitigation: Work with the Care Coordination clearinghouse to identify and engage Care Coordination pre-discharge and to link them to the a care coordinator to work with them to develop and implement the care transition plan to ensure patient compliance with care and to provide the necessary



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IPQR Module 3.a.i.2 - Patient Engagement Speed

Instructions :

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

| Benchmarks | |
|--------------------------|-----------------------------|
| 100% Actively Engaged By | Expected Patient Engagement |
| DY4,Q4 | 30,000 |

| Patients Engaged to Date in Current DY | DY1,Q3 Patient Update | % of Semi-Annual Commitment To-Date | Semi-Annual Variance of Projected to Actual | % of Total Actively Engaged Patients To-Date |
|--|-----------------------|-------------------------------------|---|--|
| 9,777 | 37,411 | 1870.55% | -35,411 | 124.70% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------------------------|--|---|---------------------|
| vg467992 | Documentation/Certification | 27_PMDL3715_1_3_20160201095458_BHA-PATIENTLIST-3ai-Q2-Q3.pdf | BHA PPS LLC Actively Engaged for DY1 Q3- Integration of Behavioral Health in Primary Care-3ai | 02/01/2016 09:56 AM |

Narrative Text :

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

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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IPQR Module 3.a.i.3 - Prescribed Milestones

Instructions :

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

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|--------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3. | Model 1 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Behavioral health services are co-located within PCMH/APC practices and are available. | | Provider | Mental Health | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Establish a PCMH Working Group | | Project | | Completed | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Identify all participating primary care sites | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Finalize contracts/MOUs with PCP practices | | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Establish policies and procedures outlining coordination of care and hand-offs between BH and PCP | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Establish training for providers on integrated model of care | | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Institute clear workflows for assessment, referrals and follow up care to be provided | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Train providers on workflows and care coordination processes | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Develop a plan to provide technical assistance to PCPs | | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| assisting them in achieving PCMH Level 3 certification | | | | | | | | | | |
| Task Develop a system to monitor and report to the steering committee on status of achievement of PCMH Level 3 every quarter | | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards | | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identification of primary care providers within the PPS and development of a PCP directory | | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification | | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification | | Project | | In Progress | 07/01/2015 | 08/31/2016 | 07/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task In coordination with the Workforce Committee, re-deploy and recruit staff necessary to support co-location | | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process. | Model 1 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Regularly scheduled formal meetings are held to develop collaborative care practices. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes. | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-------------------------------|----------------------------|--|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| Task Identify group of providers to meet regularly to design collaborative care approach | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Establish training for providers on coordinated care models | | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Establish policies and procedures for patients that need a warm transfer | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Train care team on workflows and care coordination | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Establish and implement a mechanism to track patients that receive a warm transfer | | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Conduct a gap analysis to determine the success of the warm transfer and make any necessary changes to the system | | Project | | Not Started | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| 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 | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Policies and procedures are in place to facilitate and document completion of screenings. | | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Screenings are documented in Electronic Health Record. | | Project | | In Progress | 07/01/2015 | 03/31/2019 | 07/01/2015 | 03/31/2019 | 03/31/2019 | DY4 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 | 07/01/2015 | 03/31/2019 | 07/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 10/01/2015 | 03/31/2019 | 10/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Establish training for providers on the various screening | | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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|---|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| tools | | | | | | | | | | |
| Task Policies and procedures are in place to facilitate and document completion of screenings. | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Establish policies and procedures for patients that need a warm transfer | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Establish and implement a mechanism to track patients that receive a warm transfer | | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Conduct a gap analysis to determine the success of the warm transfer and make any necessary changes to the system | | Project | | Not Started | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Train care team on workflows and care coordination | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project. | Model 1 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task EHR demonstrates integration of medical and behavioral health record within individual patient records. | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 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 | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Perform a current state assessment and gap analysis of EMR technology throughout the PPS, specifically looking at MU EMR's, RHIO Connectivity and Behavioral health/physical health Integration within EMR's | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Work with IT and Workforce Committee to develop and implement a training on EHR integration of medical and behavioral health records to inform providers | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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|--|-------------------------------|----------------------------|----------------------|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting | | | | | | | | | | |
| Task Finalize patient inclusion criteria and identification per NYS and PPS criteria including risk stratification criteria | | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task IT meets with Project workgroup to determine IT Requirements, including identifying fields and templates required for tracking patients, reporting, and risk stratification of patients | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Build discrete variables to track patients in EHR/Template, which will allow the PPS to track engaged patients. | | Project | | In Progress | 08/31/2015 | 03/31/2016 | 08/31/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Create tracking and reporting system with IT platform. | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Create a dashboard tracking the progress of the projects engagement of actively engaged patients | | Project | | In Progress | 08/01/2015 | 03/31/2016 | 08/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Develop current state assessment plan to determine the current landscape of EHR deployments, state of implemented interoperability between these systems, and levels of functional data sharing in the MS PPS provider network, including a list of PPS participant organizations to be queried | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Conduct data collection (survey of partners) for assessment utilizing tools such as email, phone, and in person assessments. | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Provide PPS Recommendations and information to organizations procuring an EMR, which will meet PPS requirements including MU and RHIO Connectivity. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Leverage the Stakeholder Engagement workgroup to communicate messages around financial and technical assistance programs offered by NYS and NYC. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|--|-------------------------------|----------------------------|--|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| Task Work directly with RHIO on solutions to exchange behavioral health information among partners | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Develop framework for data sharing and interoperability roadmap, including resources responsible for key components. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Solicit stakeholder input on plan for IT standards and infrastructure. Revise as needed. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Discuss consent issues and options when exchanges Behavioral health information with RHIO | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Build a provider portal with the ability to view an integrated medical and behavioral health record of individual patients at the RHIO level. | | Project | | In Progress | 12/01/2015 | 03/31/2017 | 12/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Build analytics analyzing behavioral health information among partners | | Project | | In Progress | 12/01/2015 | 03/31/2017 | 12/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Monitor use of provider portal to ensure providers utilize the developed technology appropriately and make any adjustments to the provider portal as necessary throughout the process | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #5 Co-locate primary care services at behavioral health sites. | Model 2 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3. | | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Primary care services are co-located within behavioral Health practices and are available. | | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Primary care services are co-located within behavioral Health practices and are available. | | Provider | Mental Health | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #6 | Model 2 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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|--|--------------------|-----------------|--|---------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 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. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | Model 2 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Screenings are documented in Electronic Health Record. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT). | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record. | | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project. | Model 2 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task EHR demonstrates integration of medical and behavioral health record within individual patient records. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS identifies targeted patients and is able to track actively | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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|--|--------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| engaged patients for project milestone reporting. | | | | | | | | | | |
| Milestone #9 Implement IMPACT Model at Primary Care Sites. | Model 3 | Project | N/A | In Progress | 07/01/2015 | 03/31/2019 | 07/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task PPS has implemented IMPACT Model at Primary Care Sites. | | Provider | Practitioner - Primary Care Provider (PCP) | Not Started | 01/01/2017 | 03/31/2019 | 01/01/2017 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Identify group of providers to provide guidance on the design of IMPACT model approach | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Regularly scheduled formal meetings are held to develop and refine IMPACT model. | | Project | | In Progress | 01/01/2016 | 03/31/2019 | 10/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Establish training protocol for providers on the IMPACT model | | Project | | In Progress | 01/01/2016 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identify sites with capacity to implement or are currently using IMPACT | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Work with Workforce Committee to recruit and re-deploy staff for IMPACT sites | | Project | | In Progress | 01/01/2016 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Working with Workforce Committee to train new staff hired for IMPACT | | Project | | Not Started | 03/31/2016 | 12/31/2016 | 03/31/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention | | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task IMPACT screenings and intervention is documented in Electronic Health Record. | | Project | | Not Started | 01/01/2017 | 03/31/2019 | 01/01/2017 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Train care team on workflows and care coordination | | Project | | Not Started | 03/31/2016 | 12/31/2016 | 03/31/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| 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 | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|--|-------------------------------|----------------------------|----------------------|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| 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 | | In Progress | 01/01/2017 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Policies and procedures include process for consulting with Psychiatrist. | | Project | | In Progress | 01/01/2017 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention | | Project | | In Progress | 01/01/2016 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Establish training protocol for providers on the IMPACT model | | Project | | In Progress | 01/01/2016 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Develop and implement care coordination and patient flow for IMPACT | | Project | | In Progress | 01/01/2016 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | Model 3 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 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 | | In Progress | 07/01/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Determine the number of depression care managers needed in the PPS to support IMPACT patients | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Work with Workforce Committee to develop and disseminate a job description for the position | | Project | | In Progress | 01/01/2016 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task | | Project | | In Progress | 04/01/2016 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |



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| Work with workforce committee to Recruit or redeploy a depression case managers for IMPACT | | | | | | | | | | |
| Task Train depression care managers on the IMPACT model and patient flow | | Project | | Not Started | 10/01/2016 | 12/31/2016 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention | | Project | | Not Started | 10/01/2016 | 12/31/2016 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Depression Case manager documents patient care in EMR | | Project | | In Progress | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model. | Model 3 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 12/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task All IMPACT participants in PPS have a designated Psychiatrist. | | Project | | In Progress | 01/01/2017 | 03/31/2017 | 12/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Take an inventory of the number of psychiatrists in the PPS | | Project | | Not Started | 01/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Identify the number of patients likely to access IMPACT services and need a psychiatrist | | Project | | Not Started | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Determine the number of psychiatrists needed in the PPS to support IMPACT patients | | Project | | Not Started | 01/01/2016 | 06/30/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Work with Workforce Committee to develop job description for recruitment | | Project | | Not Started | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Work with Workforce Committee to recruit or redeploy psychiatrists for IMPACT | | Project | | Not Started | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Train psychiatrists on the IMPACT model and patient flow | | Project | | Not Started | 10/01/2016 | 12/31/2016 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention | | Project | | Not Started | 10/01/2016 | 12/31/2016 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task | | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Psychiatrists document patient care in EMR | | | | | | | | | | |
| Milestone #13 Measure outcomes as required in the IMPACT Model. | Model 3 | Project | N/A | In Progress | 01/01/2017 | 03/31/2019 | 10/01/2015 | 03/31/2019 | 03/31/2019 | DY4 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 | 01/01/2017 | 03/31/2019 | 10/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Identify discrete screening variable in EHRs | | Project | | In Progress | 01/01/2017 | 03/31/2019 | 10/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Work with IT committee to create and implement a screening report to track the progress of IMPACT | | Project | | In Progress | 01/01/2017 | 03/31/2019 | 12/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Provide quarterly roster of eligible patients screened vs the total eligible to project team | | Project | | Not Started | 01/01/2017 | 03/31/2019 | 01/01/2017 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Develop outreach to difficult to reach IMPACT eligible patients to bring to the program | | Project | | Not Started | 01/01/2017 | 03/31/2019 | 01/01/2017 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Milestone #14 Provide "stepped care" as required by the IMPACT Model. | Model 3 | Project | N/A | In Progress | 01/01/2016 | 03/31/2019 | 10/01/2015 | 03/31/2019 | 03/31/2019 | DY4 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 | | Not Started | 01/01/2017 | 03/31/2019 | 01/01/2017 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Review evidence-based IMPACT care model guidelines | | Project | | In Progress | 01/01/2016 | 03/31/2016 | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Create an universal algorithm for treatment for depression/anxiety and/or substance use | | Project | | Not Started | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Individual sites adjust the universal algorithm to fit their specific site with mandatory case review at 10-12 weeks in the program | | Project | | Not Started | 01/01/2017 | 03/31/2019 | 01/01/2017 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Reassess and adjust algorithm as needed after 1-2 cycles. | | Project | | Not Started | 01/01/2017 | 03/31/2019 | 01/01/2017 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Milestone #15 | Model 3 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|--|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Work with IT and Workforce Committee to develop and implement a training on EHR integration of medical and behavioral health records to inform providers including psychiatrists | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Finalize patient inclusion criteria and identification per NYS and PPS criteria including risk stratification criteria | | Project | | In Progress | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task IT meets with Project workgroup to determine IT Requirements, including identifying fields and templates required for tracking patients, reporting, and risk stratification of patients | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Build discrete variables to track patients in EHR/Template, which will allow the PPS to track engaged patients. | | Project | | In Progress | 08/01/2015 | 03/31/2016 | 08/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Create tracking and reporting system with IT platform. | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Create a dashboard tracking the progress of the projects engagement of actively engaged patients | | Project | | In Progress | 08/01/2015 | 03/31/2016 | 08/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Develop current state assessment plan to determine the | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-------------------------------|----------------------------|----------------------|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| current landscape of EHR deployments, state of implemented interoperability between these systems, and levels of functional data sharing in the MS PPS provider network, including a list of PPS participant organizations to be queried | | | | | | | | | | |
| Task Conduct data collection (survey of partners) for assessment utilizing tools such as email, phone, and in person assessments. | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Perform a current state assessment and gap analysis of EMR technology throughout the PPS, specifically looking at MU/RHIO Connectivity | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Provide PPS Recommendations and information to organizations procuring an EMR, which will meet PPS requirements including MU and RHIO Connectivity. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Leverage the Stakeholder Engagement workgroup to communicate messages around financial and technical assistance programs offered by NYS and NYC. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Work directly with RHIO on solutions to exchange behavioral health information among partners | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Discuss consent issues and options when exchanges Behavioral health information with RHIO | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Build a provider portal with the ability to view an integrated medical and behavioral health record of individual patients at the RHIO level. | | Project | | In Progress | 12/01/2015 | 03/31/2017 | 12/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Build analytics analyzing behavioral health information among partners | | Project | | In Progress | 12/01/2015 | 03/31/2017 | 12/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Monitor use of provider portal to ensure providers utilize the developed technology appropriately and make any | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|--------------------|-----------------|---------------|--------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
| adjustments to the provider portal as necessary throughout the process | | | | | | | | | | |

| 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 | 0 | 0 | 0 | 15 | 35 |
| Task Behavioral health services are co-located within PCMH/APC practices and are available. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 |
| Task Establish a PCMH Working Group | | | | | | | | | | |
| Task Identify all participating primary care sites | | | | | | | | | | |
| Task Finalize contracts/MOUs with PCP practices | | | | | | | | | | |
| Task Establish policies and procedures outlining coordination of care and hand-offs between BH and PCP | | | | | | | | | | |
| Task Establish training for providers on integrated model of care | | | | | | | | | | |
| Task Institute clear workflows for assessment, referrals and follow up care to be provided | | | | | | | | | | |
| Task Train providers on workflows and care coordination processes | | | | | | | | | | |
| Task Develop a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification | | | | | | | | | | |
| Task Develop a system to monitor and report to the steering committee on status of achievement of PCMH Level 3 every quarter | | | | | | | | | | |
| Task | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards | | | | | | | | | | |
| Task Identification of primary care providers within the PPS and development of a PCP directory | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification | | | | | | | | | | |
| Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification | | | | | | | | | | |
| Task In coordination with the Workforce Committee, re-deploy and recruit staff necessary to support co-location | | | | | | | | | | |
| 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 Identify group of providers to meet regularly to design collaborative care approach | | | | | | | | | | |
| Task Establish training for providers on coordinated care models | | | | | | | | | | |
| Task Establish policies and procedures for patients that need a warm transfer | | | | | | | | | | |
| Task Train care team on workflows and care coordination | | | | | | | | | | |
| Task Establish and implement a mechanism to track patients that receive a warm transfer | | | | | | | | | | |
| Task Conduct a gap analysis to determine the success of the warm transfer and make any necessary changes to the system | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | | | | | | | | | | |
| Task Policies and procedures are in place to facilitate and document completion of screenings. | | | | | | | | | | |
| Task Screenings are documented in Electronic Health Record. | | | | | | | | | | |
| Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT). | | | | | | | | | | |
| Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record. | 0 | 0 | 0 | 0 | 0 | 25 | 50 | 75 | 100 | 125 |
| Task Establish training for providers on the various screening tools | | | | | | | | | | |
| Task Policies and procedures are in place to facilitate and document completion of screenings. | | | | | | | | | | |
| Task Establish policies and procedures for patients that need a warm transfer | | | | | | | | | | |
| Task Establish and implement a mechanism to track patients that receive a warm transfer | | | | | | | | | | |
| Task Conduct a gap analysis to determine the success of the warm transfer and make any necessary changes to the system | | | | | | | | | | |
| Task Train care team on workflows and care coordination | | | | | | | | | | |
| 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 | | | | | | | | | | |



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| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Perform a current state assessment and gap analysis of EMR technology throughout the PPS, specifically looking at MU EMR's, RHIO Connectivity and Behavioral health/physical health Integration within EMR's | | | | | | | | | | |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements | | | | | | | | | | |
| Task Work with IT and Workforce Committee to develop and implement a training on EHR integration of medical and behavioral health records to inform providers | | | | | | | | | | |
| Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting | | | | | | | | | | |
| Task Finalize patient inclusion criteria and identification per NYS and PPS criteria including risk stratification criteria | | | | | | | | | | |
| Task IT meets with Project workgroup to determine IT Requirements, including identifying fields and templates required for tracking patients, reporting, and risk stratification of patients | | | | | | | | | | |
| Task Build discrete variables to track patients in EHR/Template, which will allow the PPS to track engaged patients. | | | | | | | | | | |
| Task Create tracking and reporting system with IT platform. | | | | | | | | | | |
| Task Create a dashboard tracking the progress of the projects engagement of actively engaged patients | | | | | | | | | | |
| Task Develop current state assessment plan to determine the current landscape of EHR deployments, state of implemented interoperability between these systems, and levels of functional data sharing in the MS PPS provider network, including a list of PPS participant organizations to be queried | | | | | | | | | | |
| Task Conduct data collection (survey of partners) for assessment utilizing tools such as email, phone, and in person assessments. | | | | | | | | | | |
| Task Provide PPS Recommendations and information to organizations procuring an EMR, which will meet PPS requirements including MU and RHIO Connectivity. | | | | | | | | | | |
| Task Leverage the Stakeholder Engagement workgroup to communicate messages around financial and technical | | | | | | | | | | |



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| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| assistance programs offered by NYS and NYC. | | | | | | | | | | |
| Task Work directly with RHIO on solutions to exchange behavioral health information among partners | | | | | | | | | | |
| Task Develop framework for data sharing and interoperability roadmap, including resources responsible for key components. | | | | | | | | | | |
| Task Solicit stakeholder input on plan for IT standards and infrastructure. Revise as needed. | | | | | | | | | | |
| Task Discuss consent issues and options when exchanges Behavioral health information with RHIO | | | | | | | | | | |
| Task Build a provider portal with the ability to view an integrated medical and behavioral health record of individual patients at the RHIO level. | | | | | | | | | | |
| Task Build analytics analyzing behavioral health information among partners | | | | | | | | | | |
| Task Monitor use of provider portal to ensure providers utilize the developed technology appropriately and make any adjustments to the provider portal as necessary throughout the process | | | | | | | | | | |
| 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 | 0 | 0 | 0 | 0 | 0 |
| Task Primary care services are co-located within behavioral Health practices and are available. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Task Primary care services are co-located within behavioral Health practices and are available. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process. | | | | | | | | | | |
| Task Regularly scheduled formal meetings are held to develop collaborative care practices. | | | | | | | | | | |
| Task Coordinated evidence-based care protocols are in place, | | | | | | | | | | |



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| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| including a medication management and care engagement process. | | | | | | | | | | |
| 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 | 0 | 0 | 0 | 0 |
| 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. | | | | | | | | | | |
| 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 | 2 | 10 | 20 | 40 |
| Task Identify group of providers to provide guidance on the design of IMPACT model approach | | | | | | | | | | |
| Task Regularly scheduled formal meetings are held to develop and refine IMPACT model. | | | | | | | | | | |
| Task Establish training protocol for providers on the IMPACT model | | | | | | | | | | |
| Task Identify sites with capacity to implement or are currently using | | | | | | | | | | |



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| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| IMPACT | | | | | | | | | | |
| Task Work with Workforce Committee to recruit and re-deploy staff for IMPACT sites | | | | | | | | | | |
| Task Working with Workforce Committee to train new staff hired for IMPACT | | | | | | | | | | |
| Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention | | | | | | | | | | |
| Task IMPACT screenings and intervention is documented in Electronic Health Record. | | | | | | | | | | |
| Task Train care team on workflows and care coordination | | | | | | | | | | |
| Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | | | | | | | | | | |
| Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager. | | | | | | | | | | |
| Task Policies and procedures include process for consulting with Psychiatrist. | | | | | | | | | | |
| Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention | | | | | | | | | | |
| Task Establish training protocol for providers on the IMPACT model | | | | | | | | | | |
| Task Develop and implement care coordination and patient flow for IMPACT | | | | | | | | | | |
| Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | | | | | | | | | | |
| Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records. | | | | | | | | | | |
| Task Depression care manager meets requirements of IMPACT | | | | | | | | | | |



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|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan. | | | | | | | | | | |
| Task Determine the number of depression care managers needed in the PPS to support IMPACT patients | | | | | | | | | | |
| Task Work with Workforce Committee to develop and disseminate a job description for the position | | | | | | | | | | |
| Task Work with workforce committee to Recruit or redeploy a depression case managers for IMPACT | | | | | | | | | | |
| Task Train depression care managers on the IMPACT model and patient flow | | | | | | | | | | |
| Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention | | | | | | | | | | |
| Task Depression Case manager documents patient care in EMR | | | | | | | | | | |
| Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model. | | | | | | | | | | |
| Task All IMPACT participants in PPS have a designated Psychiatrist. | | | | | | | | | | |
| Task Take an inventory of the number of psychiatrists in the PPS | | | | | | | | | | |
| Task Identify the number of patients likely to access IMPACT services and need a psychiatrist | | | | | | | | | | |
| Task Determine the number of psychiatrists needed in the PPS to support IMPACT patients | | | | | | | | | | |
| Task Work with Workforce Committee to develop job description for recruitment | | | | | | | | | | |
| Task Work with Workforce Committee to recruit or redeploy psychiatrists for IMPACT | | | | | | | | | | |
| Task Train psychiatrists on the IMPACT model and patient flow | | | | | | | | | | |
| Task Policies and procedures are in place to facilitate and document | | | | | | | | | | |



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| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| completion of IMPACT screening and intervention | | | | | | | | | | |
| Task Psychiatrists document patient care in EMR | | | | | | | | | | |
| 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 Identify discrete screening variable in EHRs | | | | | | | | | | |
| Task Work with IT committee to create and implement a screening report to track the progress of IMPACT | | | | | | | | | | |
| Task Provide quarterly roster of eligible patients screened vs the total eligible to project team | | | | | | | | | | |
| Task Develop outreach to difficult to reach IMPACT eligible patients to bring to the program | | | | | | | | | | |
| 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 Review evidence-based IMPACT care model guidelines | | | | | | | | | | |
| Task Create an universal algorithm for treatment for depression/anxiety and/or substance use | | | | | | | | | | |
| Task Individual sites adjust the universal algorithm to fit their specific site with mandatory case review at 10-12 weeks in the program | | | | | | | | | | |
| Task Reassess and adjust algorithm as needed after 1-2 cycles. | | | | | | | | | | |
| 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. | | | | | | | | | | |



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| 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 targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements | | | | | | | | | | |
| Task Work with IT and Workforce Committee to develop and implement a training on EHR integration of medical and behavioral health records to inform providers including psychiatrists | | | | | | | | | | |
| Task Finalize patient inclusion criteria and identification per NYS and PPS criteria including risk stratification criteria | | | | | | | | | | |
| Task Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | | | | | | | | | | |
| Task IT meets with Project workgroup to determine IT Requirements, including identifying fields and templates required for tracking patients, reporting, and risk stratification of patients | | | | | | | | | | |
| Task Build discrete variables to track patients in EHR/Template, which will allow the PPS to track engaged patients. | | | | | | | | | | |
| Task Create tracking and reporting system with IT platform. | | | | | | | | | | |
| Task Create a dashboard tracking the progress of the projects engagement of actively engaged patients | | | | | | | | | | |
| Task Develop current state assessment plan to determine the current landscape of EHR deployments, state of implemented interoperability between these systems, and levels of functional data sharing in the MS PPS provider network, including a list of PPS participant organizations to be queried | | | | | | | | | | |
| Task Conduct data collection (survey of partners) for assessment utilizing tools such as email, phone, and in person assessments. | | | | | | | | | | |
| Task Perform a current state assessment and gap analysis of EMR technology throughout the PPS, specifically looking at MU/RHIO Connectivity | | | | | | | | | | |
| Task Provide PPS Recommendations and information to organizations | | | | | | | | | | |



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| procuring an EMR, which will meet PPS requirements including MU and RHIO Connectivity. | | | | | | | | | | |
| Task Leverage the Stakeholder Engagement workgroup to communicate messages around financial and technical assistance programs offered by NYS and NYC. | | | | | | | | | | |
| Task Work directly with RHIO on solutions to exchange behavioral health information among partners | | | | | | | | | | |
| Task Discuss consent issues and options when exchanges Behavioral health information with RHIO | | | | | | | | | | |
| Task Build a provider portal with the ability to view an integrated medical and behavioral health record of individual patients at the RHIO level. | | | | | | | | | | |
| Task Build analytics analyzing behavioral health information among partners | | | | | | | | | | |
| Task Monitor use of provider portal to ensure providers utilize the developed technology appropriately and make any adjustments to the provider portal as necessary throughout the process | | | | | | | | | | |

| 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. | 63 | 187 | 187 | 187 | 187 | 187 | 187 | 187 | 187 | 187 |
| Task Behavioral health services are co-located within PCMH/APC practices and are available. | 6 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 |
| Task Establish a PCMH Working Group | | | | | | | | | | |
| Task Identify all participating primary care sites | | | | | | | | | | |
| Task Finalize contracts/MOUs with PCP practices | | | | | | | | | | |



**New York State Department Of Health
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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Establish polices and procedures outlining coordination of care and hand-offs between BH and PCP | | | | | | | | | | |
| Task Establish training for providers on integrated model of care | | | | | | | | | | |
| Task Institute clear workflows for assessment, referrals and follow up care to be provided | | | | | | | | | | |
| Task Train providers on workflows and care coordination processes | | | | | | | | | | |
| Task Develop a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification | | | | | | | | | | |
| Task Develop a system to monitor and report to the steering committee on status of achievement of PCMH Level 3 every quarter | | | | | | | | | | |
| Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards | | | | | | | | | | |
| Task Identification of primary care providers within the PPS and development of a PCP directory | | | | | | | | | | |
| Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification | | | | | | | | | | |
| Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification | | | | | | | | | | |
| Task In coordination with the Workforce Committee, re-deploy and recruit staff necessary to support co-location | | | | | | | | | | |
| 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, | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| including medication management and care engagement processes. | | | | | | | | | | |
| Task Identify group of providers to meet regularly to design collaborative care approach | | | | | | | | | | |
| Task Establish training for providers on coordinated care models | | | | | | | | | | |
| Task Establish policies and procedures for patients that need a warm transfer | | | | | | | | | | |
| Task Train care team on workflows and care coordination | | | | | | | | | | |
| Task Establish and implement a mechanism to track patients that receive a warm transfer | | | | | | | | | | |
| Task Conduct a gap analysis to determine the success of the warm transfer and make any necessary changes to the system | | | | | | | | | | |
| Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | | | | | | | | | | |
| Task Policies and procedures are in place to facilitate and document completion of screenings. | | | | | | | | | | |
| Task Screenings are documented in Electronic Health Record. | | | | | | | | | | |
| Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT). | | | | | | | | | | |
| Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record. | 150 | 175 | 187 | 187 | 187 | 187 | 187 | 187 | 187 | 187 |
| Task Establish training for providers on the various screening tools | | | | | | | | | | |
| Task Policies and procedures are in place to facilitate and document completion of screenings. | | | | | | | | | | |
| Task Establish policies and procedures for patients that need a warm transfer | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Establish and implement a mechanism to track patients that receive a warm transfer | | | | | | | | | | |
| Task Conduct a gap analysis to determine the success of the warm transfer and make any necessary changes to the system | | | | | | | | | | |
| Task Train care team on workflows and care coordination | | | | | | | | | | |
| 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 Perform a current state assessment and gap analysis of EMR technology throughout the PPS, specifically looking at MU EMR's, RHIO Connectivity and Behavioral health/physical health Integration within EMR's | | | | | | | | | | |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements | | | | | | | | | | |
| Task Work with IT and Workforce Committee to develop and implement a training on EHR integration of medical and behavioral health records to inform providers | | | | | | | | | | |
| Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting | | | | | | | | | | |
| Task Finalize patient inclusion criteria and identification per NYS and PPS criteria including risk stratification criteria | | | | | | | | | | |
| Task IT meets with Project workgroup to determine IT Requirements, including identifying fields and templates required for tracking patients, reporting, and risk stratification of patients | | | | | | | | | | |
| Task Build discrete variables to track patients in EHR/Template, which will allow the PPS to track engaged patients. | | | | | | | | | | |
| Task Create tracking and reporting system with IT platform. | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Create a dashboard tracking the progress of the projects engagement of actively engaged patients | | | | | | | | | | |
| Task Develop current state assessment plan to determine the current landscape of EHR deployments, state of implemented interoperability between these systems, and levels of functional data sharing in the MS PPS provider network, including a list of PPS participant organizations to be queried | | | | | | | | | | |
| Task Conduct data collection (survey of partners) for assessment utilizing tools such as email, phone, and in person assessments. | | | | | | | | | | |
| Task Provide PPS Recommendations and information to organizations procuring an EMR, which will meet PPS requirements including MU and RHIO Connectivity. | | | | | | | | | | |
| Task Leverage the Stakeholder Engagement workgroup to communicate messages around financial and technical assistance programs offered by NYS and NYC. | | | | | | | | | | |
| Task Work directly with RHIO on solutions to exchange behavioral health information among partners | | | | | | | | | | |
| Task Develop framework for data sharing and interoperability roadmap, including resources responsible for key components. | | | | | | | | | | |
| Task Solicit stakeholder input on plan for IT standards and infrastructure. Revise as needed. | | | | | | | | | | |
| Task Discuss consent issues and options when exchanges Behavioral health information with RHIO | | | | | | | | | | |
| Task Build a provider portal with the ability to view an integrated medical and behavioral health record of individual patients at the RHIO level. | | | | | | | | | | |
| Task Build analytics analyzing behavioral health information among partners | | | | | | | | | | |
| Task Monitor use of provider portal to ensure providers utilize the developed technology appropriately and make any adjustments to the provider portal as necessary throughout the process | | | | | | | | | | |
| Milestone #5 Co-locate primary care services at behavioral health sites. | | | | | | | | | | |



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| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Task Primary care services are co-located within behavioral Health practices and are available. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Task Primary care services are co-located within behavioral Health practices and are available. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process. | | | | | | | | | | |
| Task Regularly scheduled formal meetings are held to develop collaborative care practices. | | | | | | | | | | |
| Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process. | | | | | | | | | | |
| 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 | 0 | 0 | 0 | 0 |
| 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. | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| Milestone #9 Implement IMPACT Model at Primary Care Sites. | | | | | | | | | | |
| Task PPS has implemented IMPACT Model at Primary Care Sites. | 60 | 80 | 90 | 90 | 90 | 94 | 94 | 94 | 94 | 94 |
| Task Identify group of providers to provide guidance on the design of IMPACT model approach | | | | | | | | | | |
| Task Regularly scheduled formal meetings are held to develop and refine IMPACT model. | | | | | | | | | | |
| Task Establish training protocol for providers on the IMPACT model | | | | | | | | | | |
| Task Identify sites with capacity to implement or are currently using IMPACT | | | | | | | | | | |
| Task Work with Workforce Committee to recruit and re-deploy staff for IMPACT sites | | | | | | | | | | |
| Task Working with Workforce Committee to train new staff hired for IMPACT | | | | | | | | | | |
| Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention | | | | | | | | | | |
| Task IMPACT screenings and intervention is documented in Electronic Health Record. | | | | | | | | | | |
| Task Train care team on workflows and care coordination | | | | | | | | | | |
| Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | | | | | | | | | | |
| Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager. | | | | | | | | | | |
| Task Policies and procedures include process for consulting with Psychiatrist. | | | | | | | | | | |



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| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention | | | | | | | | | | |
| Task Establish training protocol for providers on the IMPACT model | | | | | | | | | | |
| Task Develop and implement care coordination and patient flow for IMPACT | | | | | | | | | | |
| Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | | | | | | | | | | |
| Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records. | | | | | | | | | | |
| Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan. | | | | | | | | | | |
| Task Determine the number of depression care managers needed in the PPS to support IMPACT patients | | | | | | | | | | |
| Task Work with Workforce Committee to develop and disseminate a job description for the position | | | | | | | | | | |
| Task Work with workforce committee to Recruit or redeploy a depression case managers for IMPACT | | | | | | | | | | |
| Task Train depression care managers on the IMPACT model and patient flow | | | | | | | | | | |
| Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention | | | | | | | | | | |
| Task Depression Case manager documents patient care in EMR | | | | | | | | | | |
| Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model. | | | | | | | | | | |
| Task All IMPACT participants in PPS have a designated Psychiatrist. | | | | | | | | | | |
| Task | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Take an inventory of the number of psychiatrists in the PPS | | | | | | | | | | |
| Task Identify the number of patients likely to access IMPACT services and need a psychiatrist | | | | | | | | | | |
| Task Determine the number of psychiatrists needed in the PPS to support IMPACT patients | | | | | | | | | | |
| Task Work with Workforce Committee to develop job description for recruitment | | | | | | | | | | |
| Task Work with Workforce Committee to recruit or redeploy psychiatrists for IMPACT | | | | | | | | | | |
| Task Train psychiatrists on the IMPACT model and patient flow | | | | | | | | | | |
| Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention | | | | | | | | | | |
| Task Psychiatrists document patient care in EMR | | | | | | | | | | |
| 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 Identify discrete screening variable in EHRs | | | | | | | | | | |
| Task Work with IT committee to create and implement a screening report to track the progress of IMPACT | | | | | | | | | | |
| Task Provide quarterly roster of eligible patients screened vs the total eligible to project team | | | | | | | | | | |
| Task Develop outreach to difficult to reach IMPACT eligible patients to bring to the program | | | | | | | | | | |
| 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. | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Review evidence-based IMPACT care model guidelines | | | | | | | | | | |
| Task Create an universal algorithm for treatment for depression/anxiety and/or substance use | | | | | | | | | | |
| Task Individual sites adjust the universal algorithm to fit their specific site with mandatory case review at 10-12 weeks in the program | | | | | | | | | | |
| Task Reassess and adjust algorithm as needed after 1-2 cycles. | | | | | | | | | | |
| 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 EHR meets connectivity to RHIO's HIE and SHIN-NY requirements | | | | | | | | | | |
| Task Work with IT and Workforce Committee to develop and implement a training on EHR integration of medical and behavioral health records to inform providers including psychiatrists | | | | | | | | | | |
| Task Finalize patient inclusion criteria and identification per NYS and PPS criteria including risk stratification criteria | | | | | | | | | | |
| Task Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | | | | | | | | | | |
| Task IT meets with Project workgroup to determine IT Requirements, including identifying fields and templates required for tracking patients, reporting, and risk stratification of patients | | | | | | | | | | |
| Task Build discrete variables to track patients in EHR/Template, which will allow the PPS to track engaged patients. | | | | | | | | | | |
| Task Create tracking and reporting system with IT platform. | | | | | | | | | | |
| Task | | | | | | | | | | |



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| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Create a dashboard tracking the progress of the projects engagement of actively engaged patients | | | | | | | | | | |
| Task Develop current state assessment plan to determine the current landscape of EHR deployments, state of implemented interoperability between these systems, and levels of functional data sharing in the MS PPS provider network, including a list of PPS participant organizations to be queried | | | | | | | | | | |
| Task Conduct data collection (survey of partners) for assessment utilizing tools such as email, phone, and in person assessments. | | | | | | | | | | |
| Task Perform a current state assessment and gap analysis of EMR technology throughout the PPS, specifically looking at MU/RHIO Connectivity | | | | | | | | | | |
| Task Provide PPS Recommendations and information to organizations procuring an EMR, which will meet PPS requirements including MU and RHIO Connectivity. | | | | | | | | | | |
| Task Leverage the Stakeholder Engagement workgroup to communicate messages around financial and technical assistance programs offered by NYS and NYC. | | | | | | | | | | |
| Task Work directly with RHIO on solutions to exchange behavioral health information among partners | | | | | | | | | | |
| Task Discuss consent issues and options when exchanges Behavioral health information with RHIO | | | | | | | | | | |
| Task Build a provider portal with the ability to view an integrated medical and behavioral health record of individual patients at the RHIO level. | | | | | | | | | | |
| Task Build analytics analyzing behavioral health information among partners | | | | | | | | | | |
| Task Monitor use of provider portal to ensure providers utilize the developed technology appropriately and make any adjustments to the provider portal as necessary throughout the process | | | | | | | | | | |



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Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | 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. | |
| 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 | |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|------------------|----------------|
| in this project. | |

Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---------------|----------------|--------------------|
| Milestone #1 | Pass & Ongoing | |
| Milestone #2 | Pass & Ongoing | |
| Milestone #3 | Pass & Ongoing | |
| Milestone #4 | Pass & Ongoing | |
| Milestone #5 | Pass & Ongoing | |
| Milestone #6 | Pass & Ongoing | |
| Milestone #7 | Pass & Ongoing | |
| Milestone #8 | Pass & Ongoing | |
| Milestone #9 | Pass & Ongoing | |
| Milestone #10 | Pass & Ongoing | |
| Milestone #11 | Pass & Ongoing | |
| Milestone #12 | Pass & Ongoing | |
| Milestone #13 | Pass & Ongoing | |
| Milestone #14 | Pass & Ongoing | |
| Milestone #15 | Pass & Ongoing | |



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IPQR Module 3.a.i.4 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
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**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

IPQR Module 3.a.i.5 - IA Monitoring

Instructions :



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

IPQR Module 3.c.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.

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| <p>Risk: Assuring all providers are trained on the selected best practices for management of diabetes</p> <p>Mitigation</p> <ul style="list-style-type: none">- Select the evidence-based best practice for disease management and share with BLHCPPS partners- Identify all providers that need to be trained by coordinating training across the BLHCPPS- Select and train master trainers to facilitate training across the BLHCPPS- Develop a timetable to ensure all required providers will be trained and to implement best practices- Develop tracking tool to monitor training to ensure that all providers requiring training participate in this process <p>Risk: Partial adherence by providers of the evidence based practices, E.g. Not meeting the 80% participation of the required primary care practices within the BLHCPPS.</p> <p>Mitigation</p> <ul style="list-style-type: none">- Develop communication/engagement plan to engage providers that are not participating- Identify providers champion in the selected best practice to communicate the message- Develop a BLHCPPS learning collaborative to ensure implementation- Monitor effectiveness of the learning collaborative- Report on the outcomes of the learning collaborative <p>Risk: Insufficient staff as required for the described care coordination team to cover the number of patients within the target population who will need this service.</p> <p>Mitigation strategy</p> <ul style="list-style-type: none">• Workforce committee will be created to address definitions by repurpose and hire new staff• Collaboration with CBO's to leverage staffing needs.• Stanford disease model to be provided by Community partners• Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management <p>Risk: Ensure coordination with the Medicaid Managed Care organizations serving the target population.</p> <p>Mitigation Strategy</p> <ul style="list-style-type: none">- Share BLHCPPS initiative with MCOs to discuss coordination efforts and |
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- Engage MCOs in regular meetings to share strategies
- Identify MCOs serving the target population and gaps in care and coverage are by MCO in the target community
- Establish a contract with MCOs to provide coverage and payment for services
- Have MCOs share data with BLHCPPS partners on a quarterly basis to assess coordination of provision of quality value based services
- Align with Finance Workgroup Plan

Risk: Many BLHCPPS partners do not have EHRs or other technical platforms to track all patients engaged in this project.

Mitigation Strategy

- Collaborate with the PCMH and IT Committees to identify partners current technical platforms
- Create a timeline and plan to develop a tracking tool in conjunction with IT Committee, that can be used by all BLHCPPS partners who do not have a technical platform to monitor their progress
- Work with the PCMH and IT Committees to align work with IT Workgroup Plan for technical assistance and implementation
- Link current IT infrastructures and disease registries so that patient care can be tracked and information shared between care providers.

Risk: Failure to meet the 2014 NCQA standards, Meaningful Use, and/or PCMH Level 3 standards by the end of Demonstration Year 3 for EHR systems used by participating safety net providers

Mitigation Strategy

- Identify where the providers are in terms of meeting the Meaningful Use and PCMH Level 3
- Use a learning collaborative to share best practices
- Track partners that are not meeting the standards
- Develop a plan to provide technical assistance to providers not meeting the standards

Risk: Connectivity to care coordination does not occur. Mitigation: Work with the Care Coordination clearinghouse to identify and engage Care Coordination pre-discharge and to link them to the a care coordinator to work with them to develop and implement the care transition plan



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✓ IPQR Module 3.c.i.2 - Patient Engagement Speed

Instructions :

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

| Benchmarks | |
|--------------------------|-----------------------------|
| 100% Actively Engaged By | Expected Patient Engagement |
| DY3,Q4 | 20,000 |

| Patients Engaged to Date in Current DY | DY1,Q3 Patient Update | % of Semi-Annual Commitment To-Date | Semi-Annual Variance of Projected to Actual | % of Total Actively Engaged Patients To-Date |
|--|-----------------------|-------------------------------------|---|--|
| 7,760 | 13,374 | 175.97% | -5,774 | 66.87% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------------------------|---|---|---------------------|
| vg467992 | Documentation/Certification | 27_PMDL4415_1_3_20160203091904_v2_BHA-PATIENTLIST-3ci-Q2-Q3.pdf | BHA PPS LLC Actively Engaged report for DY1 Q3- Project 3ci- Chronic Disease Management- Diabetes | 02/03/2016 09:19 AM |

Narrative Text :

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

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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IPQR Module 3.c.i.3 - Prescribed Milestones

Instructions :

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

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Select the clinical evidence based best practices: *American Diabetes Association Standards of medical care in diabetes 2015 – provider level *Chronic Disease care Model – Practice level | Project | | Completed | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Select the non-clinical evidence based best practice: Stanford Model (fits into self-management) | Project | | Completed | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Identify organizations to pilot this project. List of organizations identified | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Contact pilot organizations to communicate the details of the project. Call or send electronic mail to pilot organization leads | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Track hemoglobin A1c testing by creating a tracking template and check with partners how best to track | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Identify all organizations committed to the Diabetes project. List of organizations participating to be identified to be developed in partnership with the Stakeholder Workgroup. | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|------------------------|--|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices. | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has engaged at least 80% of their PCPs in this activity. | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Engage PCPs in project with the support of the Stakeholder Engagement Workgroup | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Conduct outreach to engage PCPs in our network with the support of the Stakeholder Engagement Workgroup | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Identify Partners that are ready to pilot this project with the support of the Stakeholder Engagement Workgroup | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Contact pilot Partners to communicate the details of the project with the support of the Stakeholder Engagement Workgroup. Call or send electronic mail to pilot organization leads. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Track hemoglobin A1c testing by creating a tracking template and check with partners how best to track with the support of the IT Committee | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Identify all Partners committed to this Diabetes project with the support of the Stakeholder Engagement Workgroup. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Clinically Interoperable System is in place for all participating providers. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Task Care coordination processes are established and implemented. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 2 Subtask: Develop care coordination team | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 3 Subtask: Care coordination processes are established and implemented | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| 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 | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task If applicable, PPS has established linkages to health homes for targeted patient populations. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 2 subtask: Implement Stanford model for high-risk population in our PPS health homes by establishing linkage with health homes in PPS. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 3 subtask start: Define clinical criteria for patient referral to Stanford model | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Select community based organization(s) group to deliver Stanford model by outreaching to Partners with interested CBO with support of Stakeholder Engagement Workgroup | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Make partnership agreement with community based organization to deliver Stanford model with support of Stakeholder Engagement Workgroup | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Train staff/peers to deliver Stanford | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Task IT committee to assist in the delivery of IT/EHR "prompts" for referrals to Stanford | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Instruct PCP's core managers in use of QTAC electronic patient referral portal to Stanford classes. Engage Bronx RHIO to ID pool of patients for Stanford Model | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Community group/ peer outreach to patients living in hot spots | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Provide Stanford course to designated populations such as patients in high risk neighborhoods | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population. | Project | N/A | In Progress | 07/01/2015 | 03/31/2020 | 07/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| 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 | 07/01/2015 | 03/31/2020 | 07/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Task 1 subtask: Develop coordination of services agreement with MCO for high risk populations and preventive care services with the support of the Steering Committee | Project | | In Progress | 07/01/2015 | 03/31/2020 | 07/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 1 subtask: Identify and track all patients in project with the support of the IT Committee. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 2 subtask: Use a recall system to identify and outreach | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| patients requiring services with the support of the IT Committee. | | | | | | | | | |
| Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers. | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 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 | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO/SHIN-NY requirements. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO/SHIN-NY requirements. | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO/SHIN-NY requirements. | Provider | Safety Net Mental Health | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 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 best practices for disease management, specific to diabetes, in community and ambulatory care settings. | | | | | | | | | | |
| Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed. | | | | | | | | | | |
| Task Select the clinical evidence based best practices: *American Diabetes Association Standards of medical care in diabetes 2015 – provider level *Chronic Disease care Model – Practice level | | | | | | | | | | |
| Task Select the non-clinical evidence based best practice: Stanford | | | | | | | | | | |



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| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Model (fits into self-management) | | | | | | | | | | |
| Task Identify organizations to pilot this project. List of organizations identified | | | | | | | | | | |
| Task Contact pilot organizations to communicate the details of the project. Call or send electronic mail to pilot organization leads | | | | | | | | | | |
| Task Track hemoglobin A1c testing by creating a tracking template and check with partners how best to track | | | | | | | | | | |
| Task Identify all organizations committed to the Diabetes project. List of organizations participating to be identified to be developed in partnership with the Stakeholder Workgroup. | | | | | | | | | | |
| Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices. | | | | | | | | | | |
| Task PPS has engaged at least 80% of their PCPs in this activity. | 0 | 0 | 0 | 5 | 45 | 85 | 115 | 166 | 166 | 166 |
| Task Engage PCPs in project with the support of the Stakeholder Engagement Workgroup | | | | | | | | | | |
| Task Conduct outreach to engage PCPs in our network with the support of the Stakeholder Engagement Workgroup | | | | | | | | | | |
| Task Identify Partners that are ready to pilot this project with the support of the Stakeholder Engagement Workgroup | | | | | | | | | | |
| Task Contact pilot Partners to communicate the details of the project with the support of the Stakeholder Engagement Workgroup. Call or send electronic mail to pilot organization leads. | | | | | | | | | | |
| Task Track hemoglobin A1c testing by creating a tracking template and check with partners how best to track with the support of the IT Committee | | | | | | | | | | |
| Task Identify all Partners committed to this Diabetes project with the support of the Stakeholder Engagement Workgroup. | | | | | | | | | | |
| Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve | | | | | | | | | | |



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| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| health literacy, patient self-efficacy, and patient 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 established and implemented. | | | | | | | | | | |
| Task Task 2 Subtask: Develop care coordination team | | | | | | | | | | |
| Task Task 3 Subtask: Care coordination processes are established and implemented | | | | | | | | | | |
| Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods. | | | | | | | | | | |
| 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 Task 2 subtask: Implement Stanford model for high-risk population in our PPS health homes by establishing linkage with health homes in PPS. | | | | | | | | | | |
| Task Task 3 subtask start: Define clinical criteria for patient referral to Stanford model | | | | | | | | | | |
| Task Select community based organization(s) group to deliver Stanford model by outreaching to Partners with interested CBO with support of Stakeholder Engagement Workgroup | | | | | | | | | | |
| Task Make partnership agreement with community based organization | | | | | | | | | | |



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| 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 deliver Stanford model with support of Stakeholder Engagement Workgroup | | | | | | | | | | |
| Task Train staff/peers to deliver Stanford | | | | | | | | | | |
| Task IT committee to assist in the delivery of IT/EHR "prompts" for referrals to Stanford | | | | | | | | | | |
| Task Instruct PCP's core managers in use of QTAC electronic patient referral portal to Stanford classes. Engage Bronx RHIO to ID pool of patients for Stanford Model | | | | | | | | | | |
| Task Community group/ peer outreach to patients living in hot spots | | | | | | | | | | |
| Task Provide Stanford course to designated populations such as patients in high risk neighborhoods | | | | | | | | | | |
| Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population. | | | | | | | | | | |
| 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 Task 1 subtask: Develop coordination of services agreement with MCO for high risk populations and preventive care services with the support of the Steering Committee | | | | | | | | | | |
| Milestone #6 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 PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services. | | | | | | | | | | |
| Task Task 1 subtask: Identify and track all patients in project with the support of the IT Committee. | | | | | | | | | | |
| Task Task 2 subtask: Use a recall system to identify and outreach patients requiring services with the support of the IT Committee. | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers. | | | | | | | | | | |
| 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 | 5 | 25 | 65 | 100 |
| Task EHR meets connectivity to RHIO/SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 25 | 50 |
| Task EHR meets connectivity to RHIO/SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Task EHR meets connectivity to RHIO/SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |

| 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 best practices for disease management, specific to diabetes, in community and ambulatory care settings. | | | | | | | | | | |
| Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed. | | | | | | | | | | |
| Task Select the clinical evidence based best practices: *American Diabetes Association Standards of medical care in diabetes 2015 – provider level *Chronic Disease care Model – Practice level | | | | | | | | | | |
| Task Select the non-clinical evidence based best practice: Stanford Model (fits into self-management) | | | | | | | | | | |
| Task Identify organizations to pilot this project. List of organizations identified | | | | | | | | | | |
| Task Contact pilot organizations to communicate the details of the project. Call or send electronic mail to pilot organization leads | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Track hemoglobin A1c testing by creating a tracking template and check with partners how best to track | | | | | | | | | | |
| Task Identify all organizations committed to the Diabetes project. List of organizations participating to be identified to be developed in partnership with the Stakeholder Workgroup. | | | | | | | | | | |
| Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices. | | | | | | | | | | |
| Task PPS has engaged at least 80% of their PCPs in this activity. | 166 | 166 | 166 | 166 | 166 | 166 | 166 | 166 | 166 | 166 |
| Task Engage PCPs in project with the support of the Stakeholder Engagement Workgroup | | | | | | | | | | |
| Task Conduct outreach to engage PCPs in our network with the support of the Stakeholder Engagement Workgroup | | | | | | | | | | |
| Task Identify Partners that are ready to pilot this project with the support of the Stakeholder Engagement Workgroup | | | | | | | | | | |
| Task Contact pilot Partners to communicate the details of the project with the support of the Stakeholder Engagement Workgroup. Call or send electronic mail to pilot organization leads. | | | | | | | | | | |
| Task Track hemoglobin A1c testing by creating a tracking template and check with partners how best to track with the support of the IT Committee | | | | | | | | | | |
| Task Identify all Partners committed to this Diabetes project with the support of the Stakeholder Engagement Workgroup. | | | | | | | | | | |
| Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient 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, dietitians, community health workers, and Health | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Home care managers where applicable. | | | | | | | | | | |
| Task Care coordination processes are established and implemented. | | | | | | | | | | |
| Task Task 2 Subtask: Develop care coordination team | | | | | | | | | | |
| Task Task 3 Subtask: Care coordination processes are established and implemented | | | | | | | | | | |
| Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods. | | | | | | | | | | |
| 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 Task 2 subtask: Implement Stanford model for high-risk population in our PPS health homes by establishing linkage with health homes in PPS. | | | | | | | | | | |
| Task Task 3 subtask start: Define clinical criteria for patient referral to Stanford model | | | | | | | | | | |
| Task Select community based organization(s) group to deliver Stanford model by outreaching to Partners with interested CBO with support of Stakeholder Engagement Workgroup | | | | | | | | | | |
| Task Make partnership agreement with community based organization to deliver Stanford model with support of Stakeholder Engagement Workgroup | | | | | | | | | | |
| Task Train staff/peers to deliver Stanford | | | | | | | | | | |
| Task IT committee to assist in the delivery of IT/EHR "prompts" for referrals to Stanford | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Instruct PCP's core managers in use of QTAC electronic patient referral portal to Stanford classes. Engage Bronx RHIO to ID pool of patients for Stanford Model | | | | | | | | | | |
| Task Community group/ peer outreach to patients living in hot spots | | | | | | | | | | |
| Task Provide Stanford course to designated populations such as patients in high risk neighborhoods | | | | | | | | | | |
| Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population. | | | | | | | | | | |
| 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 Task 1 subtask: Develop coordination of services agreement with MCO for high risk populations and preventive care services with the support of the Steering Committee | | | | | | | | | | |
| Milestone #6 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 PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services. | | | | | | | | | | |
| Task Task 1 subtask: Identify and track all patients in project with the support of the IT Committee. | | | | | | | | | | |
| Task Task 2 subtask: Use a recall system to identify and outreach patients requiring services with the support of the IT Committee. | | | | | | | | | | |
| Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers. | | | | | | | | | | |
| Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria). | | | | | | | | | | |



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| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | 135 | 166 | 166 | 166 | 166 | 166 | 166 | 166 | 166 | 166 |
| Task EHR meets connectivity to RHIO/SHIN-NY requirements. | 80 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 |
| Task EHR meets connectivity to RHIO/SHIN-NY requirements. | 4 | 8 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 |
| Task EHR meets connectivity to RHIO/SHIN-NY requirements. | 4 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|-----------------------|----------------|------------------|------------------|--------------------|--------------------|
|-----------------------|----------------|------------------|------------------|--------------------|--------------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|-----------------------|
| Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings. | |
| Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices. | |
| Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management. | |
| Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods. | |
| Ensure coordination with the Medicaid Managed Care organizations serving the target population. | |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |
| Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers. | |



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Milestone Review Status

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



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Bronx-Lebanon Hospital Center (PPS ID:27)

IPQR Module 3.c.i.4 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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IPQR Module 3.c.i.5 - IA Monitoring

Instructions :



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Project 3.d.ii – Expansion of asthma home-based self-management program

✓ IPQR Module 3.d.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.

Risk #1: Lack of patient and community awareness regarding the benefits of participation in home visitation programs.

Mitigation #1: Develop a screening tool for use in identifying who needs a home assessment. Utilize screen as an education tool to teach patients why home visit is useful.

Tool to be used in:

- Emergency Room visit
- In-patient units
- OPD Clinic

Risk #2: Patient non-compliance with home visitation services.

Mitigation #2:

- In addition to setting up telephone appointment CHW would show up at door if there is not telephone response
- Further education
- Involvement of other relevant CBOs, including child welfare, mental health agencies

Risk #3: Challenges in identifying and hiring a workforce that can appropriately address asthma issues in the community.

Mitigation #3:

- Work with 1199 workforce training and development team to assist with identifying potential workforce
- Work closely with PPS Workforce Committee

Risk #4: Lack of patient/family engagement in psycho-social interventions.

Mitigation #4: Train staff in Motivational Interviewing, an EBM intervention shown to effectively engage families.

Risk #5: Lack of availability of mental health and social service resources

Mitigation #5: Develop a resource manual and engage appropriate PPS Partners in addition to other CBOs to commit to providing services for their clients in the programs. Integrate the resource into PPS website and other electronic platforms.



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Risk #6: Inadequate programs and/or financial capacity to address the Integrated Pest Management (IPM) needs of the patients identified

Mitigation #6: Work with health home at risk and DOH Asthma program to provide additional support for clients unable to afford IPM interventions. Potentially, negotiate with IPM companies to secure subsidized cost of certain products. Work with Finance Committee to identify payment support options.

Risk #7: Inconsistent implementation of evidence based asthma guidelines across PPS providers.

Mitigation #7: Develop standardized processes and requirements for partners.

- Conduct an evaluation of community providers to assess their level of compliance with the guidelines thereby identifying those that need to be trained on implementation of the guidelines
- Develop mechanism to train providers to be compliant with Asthma Guidelines and monitor appropriate use

Risk #8: Difficulty with obtaining RHIO consent form/authorization for data sharing as well as the provision of other services by the PPS.

Mitigation #8: Address in close collaboration with IT Committee.

Risk #9: Challenge with the provision of asthma educational resources to community providers for patients/families.

Mitigation #9: Addressed in close collaboration with Finance Committee. Workforce Committee will be involved as it relates to the development of educational resources that are culturally and linguistically appropriate as well as developing community based forums for providers to refer patients on asthma and other co-morbidities.

Risk #10: Many providers do not have electronic platforms that are needed to coordinate care

Mitigation #10: Will work with IT and Steering Committee to develop inexpensive electronic alternative platforms for providers that do not have an EHR, such as a HIPAA compliant database such as an Excel spreadsheet to track.

Risk #11: Connectivity to care coordination does not occur.

Mitigation #11: Work with the Care Coordination clearinghouse to identify and engage Care Coordination pre-discharge and to link them to the a care coordinator to work with them to develop and implement the care transition plan to ensure patient compliance with care and to provide the necessary support



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IPQR Module 3.d.ii.2 - Patient Engagement Speed

Instructions :

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

| Benchmarks | |
|--------------------------|-----------------------------|
| 100% Actively Engaged By | Expected Patient Engagement |
| DY4,Q4 | 18,000 |

| Patients Engaged to Date in Current DY | DY1,Q3 Patient Update | % of Semi-Annual Commitment To-Date | Semi-Annual Variance of Projected to Actual | % of Total Actively Engaged Patients To-Date |
|--|-----------------------|-------------------------------------|---|--|
| 2,728 | 3,770 | 83.78% | 730 | 20.94% |

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (4,500)

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|---|--|---------------------|
| vg467992 | Report(s) | 27_PMDL4715_1_3_20160129154024_Copy_of_BHA-PATIENTLIST-3dii-Q2-Q3.pdf | BHA PPS LLC Actively Engaged report for DY1 Q3- Project 3dii- Asthma Self Management | 01/29/2016 03:41 PM |

Narrative Text :

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

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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IPQR Module 3.d.ii.3 - Prescribed Milestones

Instructions :

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

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #1 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up. | Project | N/A | Completed | 04/01/2015 | 04/28/2015 | 04/01/2015 | 04/28/2015 | 06/30/2015 | DY1 Q1 |
| Task PPS has developed a strategy for the collaboration of community medical and social services providers to assess a patient's home and provide self-management education for the appropriate control of asthma. | Project | | Completed | 04/01/2015 | 04/28/2015 | 04/01/2015 | 04/28/2015 | 06/30/2015 | DY1 Q1 |
| Task Create tools to identify & refer ED/OPD inpatient patients to the asthma project – select those patients who demonstrate asthma exacerbations/symptoms | Project | | Completed | 04/01/2015 | 04/28/2015 | 04/01/2015 | 04/28/2015 | 06/30/2015 | DY1 Q1 |
| Task Develop home environmental screening for patients requiring intensive services – assess control over asthma | Project | | Completed | 04/01/2015 | 04/28/2015 | 04/01/2015 | 04/28/2015 | 06/30/2015 | DY1 Q1 |
| Task Define levels of service based risk and create scoring tool regarding asthma triggers. | Project | | Completed | 04/01/2015 | 04/28/2015 | 04/01/2015 | 04/28/2015 | 06/30/2015 | DY1 Q1 |
| Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke. | Project | N/A | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task PPS has developed intervention protocols and identified resources in the community to assist patients with needed evidence-based trigger reduction interventions. | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |



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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Create an operation's manual to outline all details of program implantation functions, including educational services, care coordination, and home visit interventions. | | | | | | | | | |
| Task Create a staff training manual to educate staff on environmental triggers and appropriate interventions | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Create patient education manual for interventions based on assessment algorithm to reduce home environment triggers and self-care/medication adherence | Project | | In Progress | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Milestone #3 Develop and implement evidence-based asthma management guidelines. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management. | Project | | Completed | 04/01/2015 | 04/28/2015 | 04/01/2015 | 04/28/2015 | 06/30/2015 | DY1 Q1 |
| Task Conduct gap analysis to identify where current guidelines are insufficient or not up-to-date of current asthma standards and best practice | Project | | Completed | 04/01/2015 | 04/28/2015 | 04/01/2015 | 04/28/2015 | 06/30/2015 | DY1 Q1 |
| Task Review evidence based practice (existing step from implementation plan) to develop revised guidelines to enhance current asthma guidelines | Project | | In Progress | 01/01/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Draft new BHA asthma guidelines in collaboration with clinical leads and PPS partners | Project | | In Progress | 01/01/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Finalize updated asthma guidelines with review and vote by asthma workgroup leads and PPS partners | Project | | In Progress | 01/01/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Create implementation plan for evidence based asthma protocols at various project sites to ensure uptake will be appropriate and seamless for each PPS partner | Project | | In Progress | 01/01/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Develop plan for comprehensive training on guidelines-based asthma services to additional members of the asthma team | Project | | In Progress | 01/01/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Collaborate with PPS Partners to set up evidence-based training for select asthma team members. Create a "train the trainer" program to ensure continuous training at participating partner sites. | | | | | | | | | |
| Task Develop a asthma guidelines quality assurance process to ensure evidence based guidelines are kept up-to-date with any new best practice or updated evidence recommended by the scientific and/or regulatory community | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Ensure a continuous quality improvement process is implemented to ensure participating partner sites comply to new evidence based guidelines and evaluate its uptake to manage asthma care screening and treatment | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Ensure a continuous quality improvement process is implemented to ensure participating partner sites comply to new evidence based guidelines and evaluate its uptake to manage asthma care screening and treatment | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has developed training and comprehensive asthma self-management education, to include basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Review the National Standards for asthma self-management education to ensure that training is comprehensive and utilizes national guidelines for asthma self-management education | Project | | Completed | 04/01/2015 | 04/28/2015 | 04/01/2015 | 04/28/2015 | 06/30/2015 | DY1 Q1 |
| Task Create schedule of trainings to educate DSRIP personnel, PCP, | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| and CHW/community partners, on assessment, patient education, home environmental education, and all other aspects of program algorithms. Deliver directly to PCPs in addition to open training forums | | | | | | | | | |
| Task Emphasis for PPS members to create/operationalize asthma action plan and how to refer Medicaid patients (component of the patient education manual) | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Create a plan to promote and educate PPS Partners to nominate and encourage their qualified staff, as appropriate, to consider certified asthma educator (AE-C) training and credentialing | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Leverage workgroup members on the Bronx RESPIRAR Regional Asthma Coalition for guidance pertaining to appropriate training in order to ensure the provision of services in concordance with NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #5 Ensure coordinated care for asthma patients includes social services and support. | Project | N/A | In Progress | 04/01/2015 | 04/30/2019 | 04/01/2015 | 04/30/2019 | 06/30/2019 | DY5 Q1 |
| Task PPS has developed and conducted training of all providers, including social services and support. | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task All practices in PPS have a Clinical Interoperability System in place for all participating providers. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has assembled a care coordination team that includes 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 | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Create job description for Asthma Prevention Program Director, CHW's, RNs, etc. | Project | | Completed | 04/01/2015 | 07/12/2015 | 04/01/2015 | 07/12/2015 | 09/30/2015 | DY1 Q2 |
| Task Create RN job descriptions | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task | Project | | In Progress | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|------------------------|----------------------|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Step A - Start: Training curriculum is built from EBM and/or individual questions used in the screening tool and home environmental assessment. It includes compliance training, health education, utilizing internal and external resources, assessment tools, and Motivational Interviewing. Some services will require extensive training (smoking cessation, assessment of living environment, implementing asthma action plan, legal services) | | | | | | | | | |
| Task Step B - Start: Coordinate with IT Committee to identify the elements that are necessary to track and report. Also, to automate reminders to contact patients for appointment and prescription refill adherence. Equip and train, PPS partners with appropriate IT software to carry out DSRIP project functions. Monitor uptake and compliance to developed interoperable systems. | Project | | In Progress | 04/01/2015 | 04/30/2019 | 04/01/2015 | 04/30/2019 | 06/30/2019 | DY5 Q1 |
| Task Step C - Start: PPS clearinghouse will assign patients a care coordinator to track patient navigation and to connect them to appropriate PCP and other members of the care team, and to activate asthma care plan. Strategies are being developed to implement intervention elements such as automated schedule appointments within 72hrs of hospital visits, send patient reminders, track prescription filling, send alerts when appointments aren't met or when prescriptions aren't filled, and creating educational interventions that address cultural and health literacy issues. | Project | | In Progress | 04/01/2015 | 04/30/2019 | 04/01/2015 | 04/30/2019 | 06/30/2019 | DY5 Q1 |
| Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Follow-up services implemented after ED or hospital visit occurs. Root cause analysis is conducted and shared with patient's family. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Map patient flow and compliance to ensure that they are receiving the most effective intervention. Patient's asthma status | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| will be monitored per recommended guideline(s) by a care coordinator. Changes in status will result in a change in care plan and/or service to decrease/increase health care utilization based on patient (re-)assessment | | | | | | | | | |
| Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with health home care managers, PCPs, and specialty providers. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Develop system to monitor patients' utilization of health care through their managed care organization. -Insurance status -Inpatient admissions -ED utilization -OPD utilization -Prescriptions Share this information with care coordinator and health team to be used to modify care plan as needed. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Allow for access to RHIO and other managed care data to strengthen communication among the care team. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Generate reports for project managers that enable them to modify care plans | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Create an exportable spread sheet to track patient care plan, to be used in the interim until a interoperable solution is adopted | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| across the PPS | | | | | | | | | |
| Task Utilize automated calls, text reminders, and other IT reminders for patients to go to their appointments and prescriptions; also for care coordinators to remind them to follow up with assigned patients | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Allow for outpatient visit request orders to schedule follow-up appointment with the patient's PCP shortly after hospital visits | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Create a report to identify patients with asthma admitted or evaluated in the E.D. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 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 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up. | | | | | | | | | | |
| Task PPS has developed a strategy for the collaboration of community medical and social services providers to assess a patient's home and provide self-management education for the appropriate control of asthma. | | | | | | | | | | |
| Task Create tools to identify & refer ED/OPD inpatient patients to the asthma project – select those patients who demonstrate asthma exacerbations/symptoms | | | | | | | | | | |
| Task Develop home environmental screening for patients requiring intensive services – assess control over asthma | | | | | | | | | | |
| Task Define levels of service based risk and create scoring tool regarding asthma triggers. | | | | | | | | | | |
| Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke. | | | | | | | | | | |



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Delivery System Reform Incentive Payment Project**

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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 developed intervention protocols and identified resources in the community to assist patients with needed evidence-based trigger reduction interventions. | | | | | | | | | | |
| Task Create an operation's manual to outline all details of program implantation functions, including educational services, care coordination, and home visit interventions. | | | | | | | | | | |
| Task Create a staff training manual to educate staff on environmental triggers and appropriate interventions | | | | | | | | | | |
| Task Create patient education manual for interventions based on assessment algorithm to reduce home environment triggers and self-care/medication adherence | | | | | | | | | | |
| Milestone #3 Develop and implement evidence-based asthma management guidelines. | | | | | | | | | | |
| Task PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management. | | | | | | | | | | |
| Task Conduct gap analysis to identify where current guidelines are insufficient or not up-to-date of current asthma standards and best practice | | | | | | | | | | |
| Task Review evidence based practice (existing step from implementation plan) to develop revised guidelines to enhance current asthma guidelines | | | | | | | | | | |
| Task Draft new BHA asthma guidelines in collaboration with clinical leads and PPS partners | | | | | | | | | | |
| Task Finalize updated asthma guidelines with review and vote by asthma workgroup leads and PPS partners | | | | | | | | | | |
| Task Create implementation plan for evidence based asthma protocols at various project sites to ensure uptake will be appropriate and seamless for each PPS partner | | | | | | | | | | |
| Task Develop plan for comprehensive training on guidelines-based asthma services to additional members of the asthma team | | | | | | | | | | |
| Task Collaborate with PPS Partners to set up evidence-based training | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| for select asthma team members. Create a "train the trainer" program to ensure continuous training at participating partner sites. | | | | | | | | | | |
| Task Develop a asthma guidelines quality assurance process to ensure evidence based guidelines are kept up-to-date with any new best practice or updated evidence recommended by the scientific and/or regulatory community | | | | | | | | | | |
| Task Ensure a continuous quality improvement process is implemented to ensure participating partner sites comply to new evidence based guidelines and evaluate its uptake to manage asthma care screening and treatment | | | | | | | | | | |
| Task Ensure a continuous quality improvement process is implemented to ensure participating partner sites comply to new evidence based guidelines and evaluate its uptake to manage asthma care screening and treatment | | | | | | | | | | |
| Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans. | | | | | | | | | | |
| Task PPS has developed training and comprehensive asthma self-management education, to include basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans. | | | | | | | | | | |
| Task Review the National Standards for asthma self-management education to ensure that training is comprehensive and utilizes national guidelines for asthma self-management education | | | | | | | | | | |
| Task Create schedule of trainings to educate DSRIP personnel, PCP, and CHW/community partners, on assessment, patient education, home environmental education, and all other aspects of program algorithms. Deliver directly to PCPs in addition to open training forums | | | | | | | | | | |
| Task Emphasis for PPS members to create/operationalize asthma action plan and how to refer Medicaid patients (component of the patient education manual) | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Create a plan to promote and educate PPS Partners to nominate and encourage their qualified staff, as appropriate, to consider certified asthma educator (AE-C) training and credentialing | | | | | | | | | | |
| Task Leverage workgroup members on the Bronx RESPIRAR Regional Asthma Coalition for guidance pertaining to appropriate training in order to ensure the provision of services in concordance with NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma | | | | | | | | | | |
| Milestone #5 Ensure coordinated care for asthma patients includes social services and support. | | | | | | | | | | |
| Task PPS has developed and conducted training of all providers, including social services and support. | | | | | | | | | | |
| Task All practices in PPS have a Clinical Interoperability System in place for all participating providers. | | | | | | | | | | |
| Task PPS has assembled a care coordination team that includes 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 Create job description for Asthma Prevention Program Director, CHW's, RNs, etc. | | | | | | | | | | |
| Task Create RN job descriptions | | | | | | | | | | |
| Task Step A - Start: Training curriculum is built from EBM and/or individual questions used in the screening tool and home environmental assessment. It includes compliance training, health education, utilizing internal and external resources, assessment tools, and Motivational Interviewing. Some services will require extensive training (smoking cessation, assessment of living environment, implementing asthma action plan, legal services) | | | | | | | | | | |
| Task Step B - Start: Coordinate with IT Committee to identify the elements that are necessary to track and report. Also, to automate reminders to contact patients for appointment and prescription refill adherence. Equip and train, PPS partners with appropriate IT software to carry out DSRIP project functions. | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Monitor uptake and compliance to developed interoperable systems. | | | | | | | | | | |
| Task Step C - Start: PPS clearinghouse will assign patients a care coordinator to track patient navigation and to connect them to appropriate PCP and other members of the care team, and to activate asthma care plan. Strategies are being developed to implement intervention elements such as automated schedule appointments within 72hrs of hospital visits, send patient reminders, track prescription filling, send alerts when appointments aren't met or when prescriptions aren't filled, and creating educational interventions that address cultural and health literacy issues. | | | | | | | | | | |
| Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events. | | | | | | | | | | |
| Task Follow-up services implemented after ED or hospital visit occurs. Root cause analysis is conducted and shared with patient's family. | | | | | | | | | | |
| Task Map patient flow and compliance to ensure that they are receiving the most effective intervention. Patient's asthma status will be monitored per recommended guideline(s) by a care coordinator. Changes in status will result in a change in care plan and/or service to decrease/increase health care utilization based on patient (re-)assessment | | | | | | | | | | |
| Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers. | | | | | | | | | | |
| Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with health home care managers, PCPs, and specialty providers. | | | | | | | | | | |
| Task Develop system to monitor patients' utilization of health care through their managed care organization. -Insurance status -Inpatient admissions -ED utilization -OPD utilization -Prescriptions | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Share this information with care coordinator and health team to be used to modify care plan as needed. | | | | | | | | | | |
| Milestone #8 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 Allow for access to RHIO and other managed care data to strengthen communication among the care team. | | | | | | | | | | |
| Task Generate reports for project managers that enable them to modify care plans | | | | | | | | | | |
| Task Create an exportable spread sheet to track patient care plan, to be used in the interim until a interoperable solution is adopted across the PPS | | | | | | | | | | |
| Task Utilize automated calls, text reminders, and other IT reminders for patients to go to their appointments and prescriptions; also for care coordinators to remind them to follow up with assigned patients | | | | | | | | | | |
| Task Allow for outpatient visit request orders to schedule follow-up appointment with the patient's PCP shortly after hospital visits | | | | | | | | | | |
| Task Create a report to identify patients with asthma admitted or evaluated in the E.D. | | | | | | | | | | |

| 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 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up. | | | | | | | | | | |
| Task PPS has developed a strategy for the collaboration of community medical and social services providers to assess a patient's home and provide self-management education for the appropriate control of asthma. | | | | | | | | | | |
| Task Create tools to identify & refer ED/OPD inpatient patients to the asthma project – select those patients who demonstrate asthma | | | | | | | | | | |



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| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| exacerbations/symptoms | | | | | | | | | | |
| Task Develop home environmental screening for patients requiring intensive services – assess control over asthma | | | | | | | | | | |
| Task Define levels of service based risk and create scoring tool regarding asthma triggers. | | | | | | | | | | |
| Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke. | | | | | | | | | | |
| Task PPS has developed intervention protocols and identified resources in the community to assist patients with needed evidence-based trigger reduction interventions. | | | | | | | | | | |
| Task Create an operation's manual to outline all details of program implantation functions, including educational services, care coordination, and home visit interventions. | | | | | | | | | | |
| Task Create a staff training manual to educate staff on environmental triggers and appropriate interventions | | | | | | | | | | |
| Task Create patient education manual for interventions based on assessment algorithm to reduce home environment triggers and self-care/medication adherence | | | | | | | | | | |
| Milestone #3 Develop and implement evidence-based asthma management guidelines. | | | | | | | | | | |
| Task PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management. | | | | | | | | | | |
| Task Conduct gap analysis to identify where current guidelines are insufficient or not up-to-date of current asthma standards and best practice | | | | | | | | | | |
| Task Review evidence based practice (existing step from implementation plan) to develop revised guidelines to enhance current asthma guidelines | | | | | | | | | | |



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| 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 Draft new BHA asthma guidelines in collaboration with clinical leads and PPS partners | | | | | | | | | | |
| Task Finalize updated asthma guidelines with review and vote by asthma workgroup leads and PPS partners | | | | | | | | | | |
| Task Create implementation plan for evidence based asthma protocols at various project sites to ensure uptake will be appropriate and seamless for each PPS partner | | | | | | | | | | |
| Task Develop plan for comprehensive training on guidelines-based asthma services to additional members of the asthma team | | | | | | | | | | |
| Task Collaborate with PPS Partners to set up evidence-based training for select asthma team members. Create a "train the trainer" program to ensure continuous training at participating partner sites. | | | | | | | | | | |
| Task Develop a asthma guidelines quality assurance process to ensure evidence based guidelines are kept up-to-date with any new best practice or updated evidence recommended by the scientific and/or regulatory community | | | | | | | | | | |
| Task Ensure a continuous quality improvement process is implemented to ensure participating partner sites comply to new evidence based guidelines and evaluate its uptake to manage asthma care screening and treatment | | | | | | | | | | |
| Task Ensure a continuous quality improvement process is implemented to ensure participating partner sites comply to new evidence based guidelines and evaluate its uptake to manage asthma care screening and treatment | | | | | | | | | | |
| Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans. | | | | | | | | | | |
| Task PPS has developed training and comprehensive asthma self-management education, to include basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| action plans. | | | | | | | | | | |
| Task Review the National Standards for asthma self-management education to ensure that training is comprehensive and utilizes national guidelines for asthma self-management education | | | | | | | | | | |
| Task Create schedule of trainings to educate DSRIP personnel, PCP, and CHW/community partners, on assessment, patient education, home environmental education, and all other aspects of program algorithms. Deliver directly to PCPs in addition to open training forums | | | | | | | | | | |
| Task Emphasis for PPS members to create/operationalize asthma action plan and how to refer Medicaid patients (component of the patient education manual) | | | | | | | | | | |
| Task Create a plan to promote and educate PPS Partners to nominate and encourage their qualified staff, as appropriate, to consider certified asthma educator (AE-C) training and credentialing | | | | | | | | | | |
| Task Leverage workgroup members on the Bronx RESPIRAR Regional Asthma Coalition for guidance pertaining to appropriate training in order to ensure the provision of services in concordance with NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma | | | | | | | | | | |
| Milestone #5 Ensure coordinated care for asthma patients includes social services and support. | | | | | | | | | | |
| Task PPS has developed and conducted training of all providers, including social services and support. | | | | | | | | | | |
| Task All practices in PPS have a Clinical Interoperability System in place for all participating providers. | | | | | | | | | | |
| Task PPS has assembled a care coordination team that includes 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 Create job description for Asthma Prevention Program Director, CHW's, RNs, etc. | | | | | | | | | | |



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| 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 Create RN job descriptions | | | | | | | | | | |
| Task Step A - Start: Training curriculum is built from EBM and/or individual questions used in the screening tool and home environmental assessment. It includes compliance training, health education, utilizing internal and external resources, assessment tools, and Motivational Interviewing. Some services will require extensive training (smoking cessation, assessment of living environment, implementing asthma action plan, legal services) | | | | | | | | | | |
| Task Step B - Start: Coordinate with IT Committee to identify the elements that are necessary to track and report. Also, to automate reminders to contact patients for appointment and prescription refill adherence. Equip and train, PPS partners with appropriate IT software to carry out DSRIP project functions. Monitor uptake and compliance to developed interoperable systems. | | | | | | | | | | |
| Task Step C - Start: PPS clearinghouse will assign patients a care coordinator to track patient navigation and to connect them to appropriate PCP and other members of the care team, and to activate asthma care plan. Strategies are being developed to implement intervention elements such as automated schedule appointments within 72hrs of hospital visits, send patient reminders, track prescription filling, send alerts when appointments aren't met or when prescriptions aren't filled, and creating educational interventions that address cultural and health literacy issues. | | | | | | | | | | |
| Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events. | | | | | | | | | | |
| Task Follow-up services implemented after ED or hospital visit occurs. Root cause analysis is conducted and shared with patient's family. | | | | | | | | | | |
| Task Map patient flow and compliance to ensure that they are receiving the most effective intervention. Patient's asthma status will be monitored per recommended guideline(s) by a care coordinator. Changes in status will result in a change in care plan and/or service to decrease/increase health care utilization based on patient (re-)assessment | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers. | | | | | | | | | | |
| Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with health home care managers, PCPs, and specialty providers. | | | | | | | | | | |
| Task Develop system to monitor patients' utilization of health care through their managed care organization. -Insurance status -Inpatient admissions -ED utilization -OPD utilization -Prescriptions Share this information with care coordinator and health team to be used to modify care plan as needed. | | | | | | | | | | |
| Milestone #8 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 Allow for access to RHIO and other managed care data to strengthen communication among the care team. | | | | | | | | | | |
| Task Generate reports for project managers that enable them to modify care plans | | | | | | | | | | |
| Task Create an exportable spread sheet to track patient care plan, to be used in the interim until a interoperable solution is adopted across the PPS | | | | | | | | | | |
| Task Utilize automated calls, text reminders, and other IT reminders for patients to go to their appointments and prescriptions; also for care coordinators to remind them to follow up with assigned patients | | | | | | | | | | |
| Task Allow for outpatient visit request orders to schedule follow-up appointment with the patient's PCP shortly after hospital visits | | | | | | | | | | |
| Task Create a report to identify patients with asthma admitted or | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| evaluated in the E.D. | | | | | | | | | | |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|-----------------------|----------------|------------------|------------------|--------------------|--------------------|
|-----------------------|----------------|------------------|------------------|--------------------|--------------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|-----------------------|
| Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up. | |
| Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke. | |
| Develop and implement evidence-based asthma management guidelines. | |
| Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans. | |
| Ensure coordinated care for asthma patients includes social services and support. | |
| Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events. | |
| Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers. | |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |



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Milestone Review Status

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



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IPQR Module 3.d.ii.4 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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IPQR Module 3.d.ii.5 - IA Monitoring

Instructions :



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Project 3.f.i – Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)

✓ IPQR Module 3.f.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.

Risk: It is difficult to reach and engage high risk women because they are not often in care, they do not engage in those activities where there is outreach, such as health fairs, workshops etc, and they are often isolated demographically, racially and culturally. Mitigation: To address this challenge, the BLHC PPS plans to hire flexible CHWs with the ability to work evenings and weekends. In addition, the PPS will train the CHWs on how to outreach to high risk women.

Risk: The PPS does not know who the State approved CHW trainers are and if the CHWs can start seeing patients before they have been trained by a state approved trainer. Mitigation: The PPS will seek guidance from the state about this issue.

Risk: It is difficult to find CHW supervisors and CHWs with a maternal child health background because maternal child health was not a big focus until recently. Mitigation: The PPS will address this challenge by recruiting from community colleges and PPS partners who have similar programs, providing on-going training on Maternal and child health issues, and employing a Community Health Worker Coordinator with maternal and child health background.

Risk: That the project has goals that cannot be met within the required timeframe because of a delay in funds for implementation which resulted in a delay in hiring and deploying CHWs. Mitigation: The PPS plans to establish process for a timely deployment of CHWs. In addition, the PPs will work with the Workforce Committee to coordinate trainings and redeployment.

Risk: That it will be difficult to coordinate with managed care plans because there are no established linkages that connects their patients to the Maternal and Child Health program. Mitigation: To address this challenge, the PPS will develop a strategic plan to reach out to MCOs around a variety of issues including the Maternal and Child Health program.

Risk: That it will be difficult to track patients without an IT platform where patient information can be shared across providers. Mitigation: To address this challenge in the interim, this project will use paper intake assessment form to collect patient data, translate that information into a flat file, and submit to the Bronx RHIO to share across providers. In the future, the BLHC PPS will work with IT Committee to develop data fields that will capture the necessary patient information in a provider's EMR, and this information will be shared across providers using the Bronx RHIO.

Risk: That it will be a challenge to engage family in DY1 due to a slow hiring process. It will take at least 6 months to bring on and train staff, possibly affecting the number of index patients served within this period. Mitigation: The PPS plans to identify existing CHW staff and leverage existing programs with maternal and child health components to engage families until CHW staff can be hired.

Risk: Making sure appropriate referrals are made, information is shared, and progress reports are submitted on a timely basis. Mitigation: The



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PPS will address this by collaborating with the PPS' IT Committee to expand the current EMR to include referral feedback loops with community partners.

Risk: Ability to link patients to care coordination. Mitigation. Leverage the two Health Homes in the PPS and the centralized Care Coordination Clearinghouse to identify and link patients to appropriate care coordination.

Risk: Since both CHW and NFP serve low income pregnant woman, another challenge is differentiating the target population for CHW program versus the NFP program. Mitigation: The NFP program will serve primarily patients with highly complex medical conditions that could benefit from clinical support.

Risk: Ensuring a seamless collaboration between the CHW and the NFP providers. Mitigation: NFP nurses will be available to participate in joint CHW and NFP meetings in order to st



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IPQR Module 3.f.i.2 - Patient Engagement Speed

Instructions :

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

| Benchmarks | |
|--------------------------|-----------------------------|
| 100% Actively Engaged By | Expected Patient Engagement |
| DY4,Q4 | 800 |

| Patients Engaged to Date in Current DY | DY1,Q3 Patient Update | % of Semi-Annual Commitment To-Date | Semi-Annual Variance of Projected to Actual | % of Total Actively Engaged Patients To-Date |
|--|-----------------------|-------------------------------------|---|--|
| 132 | 269 | 89.67% | 31 | 33.62% |

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (300)

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------------------------|--|--|---------------------|
| vg467992 | Documentation/Certification | 27_PMDL5015_1_3_20160201100144_BHA-PATIENTLIST-3fi-Q2-Q3.pdf | BHA PPS LLC Actively Engaged for DY1 Q3- Maternal & Child Health-3fi | 02/01/2016 10:02 AM |

Narrative Text :

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

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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IPQR Module 3.f.i.3 - Prescribed Milestones

Instructions :

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

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-------------------------------|----------------------------|----------------------|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| Milestone #1 Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high- risk mothers including high-risk first time mothers. | Model 1 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has developed a project plan that includes a timeline for implementation of an evidence-based home visiting model, such as Nurse-Family Partnership visitation model, for this population. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 1 subtask: Identify ways to better coordinate the VNSY's existing NFP program with the CHW program being developed by the PPS | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk. | Model 1 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has developed a referral system for early identification of women who are or may be at high-risk. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 1 subtask start: Determine the inclusion and exclusion criteria for a high risk referral to NFP program | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Determine potential intake points and referral sources | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Develop a process to refer women into the NFP program | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #3 Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and | Model 1 | Project | N/A | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| implement new or change activities as appropriate. | | | | | | | | | | |
| Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders. | | Project | | Not Started | 10/01/2015 | 03/31/2017 | 01/01/2016 | 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 | | Not Started | 01/01/2016 | 03/31/2017 | 01/01/2016 | 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 Perinatal Care Metrics. | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Service and quality outcome measures are reported to all stakeholders. | | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 1 subtask start: Identify OB/GYN and primary care providers interested in joining the oversight committee | | Project | | Not Started | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identify PPS staff involved in the quality improvement process | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identify other stakeholders that should be on the quality oversight committee | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identify co chairs for the committee | | Project | | Not Started | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Select members from the above mentioned groups | | Project | | Not Started | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Create a charter for the committee with goals and objectives | | Project | | Not Started | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Facilitate a kick off meeting | | Project | | Not Started | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Develop a schedule of ongoing meetings | | Project | | Not Started | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task | | Project | | Not Started | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |



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| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task 2 subtask start: Determine potential areas for improvement | | | | | | | | | | |
| Task Collect and analyze data | | Project | | Not Started | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Communicate results to stakeholders | | Project | | Not Started | 10/01/2016 | 12/31/2016 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Create a ongoing evaluation schedule to fuel quality improvement | | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 3 subtask start: Determine potential areas for improvement | | Project | | Not Started | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Collect and analyze data | | Project | | Not Started | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Communicate results to stakeholders | | Project | | Not Started | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Develop protocols/policies/procedures to improve areas | | Project | | Not Started | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Pilot protocols | | Project | | Not Started | 10/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Evaluate pilot impacts | | Project | | Not Started | 03/01/2017 | 03/31/2017 | 03/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Expand pilots with successful outcomes | | Project | | Not Started | 03/01/2017 | 03/31/2017 | 03/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Create an ongoing evaluation schedule to fuel quality improvement | | Project | | Not Started | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 4 subtask: Create a stakeholder communication plan on quality outcome measuers | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project. | Model 1 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 1 subtask start: Determine participating patient | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| criteria | | | | | | | | | | |
| Task Develop actively engaged data collection specs | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Create patient tracking template to be used by providers | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Submit specs, tracking template, and protocols to IT | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Monitor hard to reach patients that are impacting actively engaged counts | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #5 Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center). | Model 2 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS has identified and engaged with a regional medical center to address the care of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center). Assessment of the volume of high-risk pregnancies to be obtained through the CNA. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #6 Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers. | Model 2 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS has assembled a team of experts, including the number and type of experts and specialists and roles in the multidisciplinary team, to address the management of care of high-risk mothers and infants. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS has established MOUs or joint operating agreements with substantive multidisciplinary team responsible for co-managing care of high-risk mothers and infants. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #7 Develop service MOUs between multidisciplinary team and OB/GYN providers. | Model 2 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|--------------------|-----------------|---|---------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task PPS has identified and established MOUs or joint operating agreements between multidisciplinary team and OB/GYN providers. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #8 Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines. | Model 2 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS has developed/adopted uniform clinical protocols guidelines based upon evidence-based standards agreed to by all partners. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS has established best practice guidelines, policies and procedures, and plans for dissemination and training for interdisciplinary team on best practices. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Training has been completed. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #9 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms 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, by the end of DY 3. | Model 2 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Clinic | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS uses alerts and secure messaging functionality. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|--------------------|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #10 Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | Model 2 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task EHR or other IT platforms meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria). | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #11 Use EHRs or other IT platforms to track all patients engaged in this project. | Model 2 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #12 Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program. | Model 3 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS developed a work plan to use NYSDOH CHW training program and ensure CHW-trained members are integrated into the multidisciplinary team. PPS has obtained DOH funding for CHW training. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 1 subtask: Identify NYS DOH funded CHW training program | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Determine role of CHWs in relation to the rest of the care team | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Develop CHW curriculum based on existing MICHC | | Project | | Not Started | 10/01/2015 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| program curriculum | | | | | | | | | | |
| Task Create a plan to incorporate NYSDOH training into CHWs onboarding process and ongoing education | | Project | | Not Started | 10/01/2015 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Obtain funding from DOH for CHW training | | Project | | Not Started | 10/01/2015 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Contract with NYS DOH funded CHW training program to train CHWs | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #13 Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria. | Model 3 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has named assigned CHW Coordinator(s) or timeline for hiring CHW Coordinator(s). | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Task 1 subtask: Determine education/work experience of CHW coordinator | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Determine administrative duties of CHW coordinator | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Determine program development duties of CHW coordinator | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Based on the above, develop a job description for CHW coordinator | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Develop a timeline to hire and train CHW Coordinator | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Assign hired CHWS to CHW Coordinator for supervision | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #14 Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training. | Model 3 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has developed a CHW workforce strategy and | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-------------------------------|----------------------------|----------------------|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| attendant qualifications of CHW(s) who meet the following criteria: 1) Indigenous community resident of the targeted area; 2) Writing ability sufficient to provide adequate documentation in the family record, referral forms and other service coordination forms, and reading ability to the level necessary to comprehend training materials and assist others to fill out forms; 3) Bilingual skills, depending on the community and families being served; 4) Knowledge of the community, community organizations, and community leaders; 5) Ability to work flexible hours, including evening and weekend hours. | | | | | | | | | | |
| Task Task 1 subtask: Develop a CHW workforce recruitment, hiring, and training strategy to ensure staff meet the DSRIP defined criteria | | Project | | Completed | 04/01/2015 | 12/01/2015 | 04/01/2015 | 12/01/2015 | 12/31/2015 | DY1 Q3 |
| Task Advertise/Recruit internally as well as externally (community colleges) for hiring CHWs | | Project | | Completed | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Screen potential candidates for comprehension, writing skills (using writing samples), computer skills, bilingual/multilingual abilities, and work hour flexibility | | Project | | In Progress | 01/01/2017 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Hire CHWs who meet requirements | | Project | | In Progress | 01/01/2017 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #15 Establish protocols for deployment of CHW. | Model 3 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has established timelines to complete protocols (policies and procedures) for CHW program, including methods for new and ongoing training for CHWs. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has developed plans to develop operational program components of CHW. | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identify protocols that need to be completed for the CHW | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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|---|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| program | | | | | | | | | | |
| Task Identify individuals assigned to work on protocols | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Determine when protocols can be completed | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Develop a timeline to complete protocols | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Combine protocols into a manual to distribute to CHWs | | Project | | Not Started | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Train CHWs on new protocols | | Project | | Not Started | 04/01/2016 | 12/31/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Conduct an evaluate to measure the effectiveness of the protocols | | Project | | Not Started | 10/01/2016 | 12/31/2016 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Based on PDSA results, modify the protocols where necessary | | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #16 Coordinate with the Medicaid Managed Care organizations serving the target population. | Model 3 | Project | N/A | Not Started | 10/01/2015 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has established agreements with MCOs demonstrating coordination regarding CHW program, or attestation of intent to establish coverage agreements, as well as progress to date. | | Project | | Not Started | 10/01/2015 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Identify what network providers have existing contracts with MCOs for coordination with CHW programs | | Project | | Not Started | 10/01/2015 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Identify areas for opportunity to negotiate, revise, or renew contracts with MCOs to cover CHW services (e.g. bundled payments, covered providers) | | Project | | Not Started | 10/01/2015 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #17 Use EHRs or other IT platforms to track all patients engaged in this project. | Model 3 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task Determine participating patient criteria | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Develop actively engaged patient data collection specs | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Create patient tracking template to be used by providers | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Submit specs, tracking template, and protocols to IT | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Train org staff process on how to track patients | | Project | | Not Started | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Pilot tracking of patients | | Project | | Not Started | 10/01/2015 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Evaluate tracking process, modify where necessary | | Project | | Not Started | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Monitor hard to reach patients that are impacting actively engaged counts | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 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 an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high- risk mothers including high-risk first time mothers. | | | | | | | | | | |
| Task PPS has developed a project plan that includes a timeline for implementation of an evidence-based home visiting model, such as Nurse-Family Partnership visitation model, for this population. | | | | | | | | | | |
| Task Task 1 subtask: Identify ways to better coordinate the VNSY's existing NFP program with the CHW program being developed by the PPS | | | | | | | | | | |
| Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk. | | | | | | | | | | |
| Task PPS has developed a referral system for early identification of women who are or may be at high-risk. | | | | | | | | | | |
| Task | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 1 subtask start: Determine the inclusion and exclusion criteria for a high risk referral to NFP program | | | | | | | | | | |
| Task Determine potential intake points and referral sources | | | | | | | | | | |
| Task Develop a process to refer women into the NFP program | | | | | | | | | | |
| Milestone #3 Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate. | | | | | | | | | | |
| Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders. | | | | | | | | | | |
| 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 Perinatal Care Metrics. | | | | | | | | | | |
| Task Service and quality outcome measures are reported to all stakeholders. | | | | | | | | | | |
| Task Task 1 subtask start: Identify OB/GYN and primary care providers interested in joining the oversight committee | | | | | | | | | | |
| Task Identify PPS staff involved in the quality improvement process | | | | | | | | | | |
| Task Identify other stakeholders that should be on the quality oversight committee | | | | | | | | | | |
| Task Identify co chairs for the committee | | | | | | | | | | |
| Task Select members from the above mentioned groups | | | | | | | | | | |
| Task Create a charter for the committee with goals and objectives | | | | | | | | | | |
| Task Facilitate a kick off meeting | | | | | | | | | | |
| Task Develop a schedule of ongoing meetings | | | | | | | | | | |



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| 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 Task 2 subtask start: Determine potential areas for improvement | | | | | | | | | | |
| Task Collect and analyze data | | | | | | | | | | |
| Task Communicate results to stakeholders | | | | | | | | | | |
| Task Create a ongoing evaluation schedule to fuel quality improvement | | | | | | | | | | |
| Task Task 3 subtask start: Determine potential areas for improvement | | | | | | | | | | |
| Task Collect and analyze data | | | | | | | | | | |
| Task Communicate results to stakeholders | | | | | | | | | | |
| Task Develop protocols/policies/procedures to improve areas | | | | | | | | | | |
| Task Pilot protocols | | | | | | | | | | |
| Task Evaluate pilot impacts | | | | | | | | | | |
| Task Expand pilots with successful outcomes | | | | | | | | | | |
| Task Create an ongoing evaluation schedule to fuel quality improvement | | | | | | | | | | |
| Task Task 4 subtask: Create a stakeholder communication plan on quality outcome measuers | | | | | | | | | | |
| Milestone #4 Use EHRs or other IT 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 Task 1 subtask start: Determine participating patient criteria | | | | | | | | | | |
| Task Develop actively engaged data collection specs | | | | | | | | | | |
| Task Create patient tracking template to be used by providers | | | | | | | | | | |
| Task Submit specs, tracking template, and protocols to IT | | | | | | | | | | |



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| 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 Monitor hard to reach patients that are impacting actively engaged counts | | | | | | | | | | |
| Milestone #5 Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center). | | | | | | | | | | |
| Task PPS has identified and engaged with a regional medical center to address the care of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center). Assessment of the volume of high-risk pregnancies to be obtained through the CNA. | | | | | | | | | | |
| Milestone #6 Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers. | | | | | | | | | | |
| Task PPS has assembled a team of experts, including the number and type of experts and specialists and roles in the multidisciplinary team, to address the management of care of high-risk mothers and infants. | | | | | | | | | | |
| Task PPS has established MOUs or joint operating agreements with substantive multidisciplinary team responsible for co-managing care of high-risk mothers and infants. | | | | | | | | | | |
| Milestone #7 Develop service MOUs between multidisciplinary team and OB/GYN providers. | | | | | | | | | | |
| Task PPS has identified and established MOUs or joint operating agreements between multidisciplinary team and OB/GYN providers. | | | | | | | | | | |
| Milestone #8 Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines. | | | | | | | | | | |
| Task PPS has developed/adopted uniform clinical protocols guidelines based upon evidence-based standards agreed to by all partners. | | | | | | | | | | |
| Task PPS has established best practice guidelines, policies and procedures, and plans for dissemination and training for interdisciplinary team on best practices. | | | | | | | | | | |



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| 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 Training has been completed. | | | | | | | | | | |
| Milestone #9 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms 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, by the end of DY 3. | | | | | | | | | | |
| Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Task PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| Milestone #10 Ensure that EHR systems or other IT platforms 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 or other IT platforms meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria). | | | | | | | | | | |
| Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Milestone #11 Use EHRs or other IT 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. | | | | | | | | | | |
| Milestone #12 Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program. | | | | | | | | | | |
| Task PPS developed a work plan to use NYSDOH CHW training program and ensure CHW-trained members are integrated into | | | | | | | | | | |



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|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| the multidisciplinary team. PPS has obtained DOH funding for CHW training. | | | | | | | | | | |
| Task Task 1 subtask: Identify NYS DOH funded CHW training program | | | | | | | | | | |
| Task Determine role of CHWs in relation to the rest of the care team | | | | | | | | | | |
| Task Develop CHW curriculum based on existing MICHC program curriculum | | | | | | | | | | |
| Task Create a plan to incorporate NYSDOH training into CHWs onboarding process and ongoing education | | | | | | | | | | |
| Task Obtain funding from DOH for CHW training | | | | | | | | | | |
| Task Contract with NYS DOH funded CHW training program to train CHWs | | | | | | | | | | |
| Milestone #13 Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria. | | | | | | | | | | |
| Task PPS has named assigned CHW Coordinator(s) or timeline for hiring CHW Coordinator(s). | | | | | | | | | | |
| Task Task 1 subtask: Determine education/work experience of CHW coordinator | | | | | | | | | | |
| Task Determine administrative duties of CHW coordinator | | | | | | | | | | |
| Task Determine program development duties of CHW coordinator | | | | | | | | | | |
| Task Based on the above, develop a job description for CHW coordinator | | | | | | | | | | |
| Task Develop a timeline to hire and train CHW Coordinator | | | | | | | | | | |
| Task Assign hired CHWS to CHW Coordinator for supervision | | | | | | | | | | |
| Milestone #14 Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training. | | | | | | | | | | |
| Task PPS has developed a CHW workforce strategy and attendant | | | | | | | | | | |



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| qualifications of CHW(s) who meet the following criteria: 1) Indigenous community resident of the targeted area; 2) Writing ability sufficient to provide adequate documentation in the family record, referral forms and other service coordination forms, and reading ability to the level necessary to comprehend training materials and assist others to fill out forms; 3) Bilingual skills, depending on the community and families being served; 4) Knowledge of the community, community organizations, and community leaders; 5)Ability to work flexible hours, including evening and weekend hours. | | | | | | | | | | |
| Task Task 1 subtask: Develop a CHW workforce recruitment, hiring, and training strategy to ensure staff meet the DSRIP defined criteria | | | | | | | | | | |
| Task Advertise/Recruit internally as well as externally (community colleges) for hiring CHWs | | | | | | | | | | |
| Task Screen potential candidates for comprehension, writing skills (using writing samples), computer skills, bilingual/multilingual abilities, and work hour flexibility | | | | | | | | | | |
| Task Hire CHWs who meet requirements | | | | | | | | | | |
| Milestone #15 Establish protocols for deployment of CHW. | | | | | | | | | | |
| Task PPS has established timelines to complete protocols (policies and procedures) for CHW program, including methods for new and ongoing training for CHWs. | | | | | | | | | | |
| Task PPS has developed plans to develop operational program components of CHW. | | | | | | | | | | |
| Task Identify protocols that need to be completed for the CHW program | | | | | | | | | | |
| Task Identify individuals assigned to work on protocols | | | | | | | | | | |
| Task Determine when protocols can be completed | | | | | | | | | | |
| Task Develop a timeline to complete protocols | | | | | | | | | | |
| Task Combine protocols into a manual to distribute to CHWs | | | | | | | | | | |



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Train CHWs on new protocols | | | | | | | | | | |
| Task Conduct an evaluate to measure the effectiveness of the protocols | | | | | | | | | | |
| Task Based on PDSA results, modify the protocols where necessary | | | | | | | | | | |
| Milestone #16 Coordinate with the Medicaid Managed Care organizations serving the target population. | | | | | | | | | | |
| Task PPS has established agreements with MCOs demonstrating coordination regarding CHW program, or attestation of intent to establish coverage agreements, as well as progress to date. | | | | | | | | | | |
| Task Identify what network providers have existing contracts with MCOs for coordination with CHW programs | | | | | | | | | | |
| Task Identify areas for opportunity to negotiate, revise, or renew contracts with MCOs to cover CHW services (e.g. bundled payments, covered providers) | | | | | | | | | | |
| Milestone #17 Use EHRs or other IT 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 Determine participating patient criteria | | | | | | | | | | |
| Task Develop actively engaged patient data collection specs | | | | | | | | | | |
| Task Create patient tracking template to be used by providers | | | | | | | | | | |
| Task Submit specs, tracking template, and protocols to IT | | | | | | | | | | |
| Task Train org staff process on how to track patients | | | | | | | | | | |
| Task Pilot tracking of patients | | | | | | | | | | |
| Task Evaluate tracking process, modify where necessary | | | | | | | | | | |
| Task Monitor hard to reach patients that are impacting actively engaged counts | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high- risk mothers including high-risk first time mothers. | | | | | | | | | | |
| Task PPS has developed a project plan that includes a timeline for implementation of an evidence-based home visiting model, such as Nurse-Family Partnership visitation model, for this population. | | | | | | | | | | |
| Task Task 1 subtask: Identify ways to better coordinate the VNSY's existing NFP program with the CHW program being developed by the PPS | | | | | | | | | | |
| Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk. | | | | | | | | | | |
| Task PPS has developed a referral system for early identification of women who are or may be at high-risk. | | | | | | | | | | |
| Task Task 1 subtask start: Determine the inclusion and exclusion criteria for a high risk referral to NFP program | | | | | | | | | | |
| Task Determine potential intake points and referral sources | | | | | | | | | | |
| Task Develop a process to refer women into the NFP program | | | | | | | | | | |
| Milestone #3 Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate. | | | | | | | | | | |
| Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders. | | | | | | | | | | |
| 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 Perinatal Care Metrics. | | | | | | | | | | |
| Task Service and quality outcome measures are reported to all stakeholders. | | | | | | | | | | |

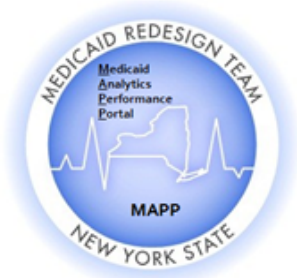


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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Task 1 subtask start: Identify OB/GYN and primary care providers interested in joining the oversight committee | | | | | | | | | | |
| Task Identify PPS staff involved in the quality improvement process | | | | | | | | | | |
| Task Identify other stakeholders that should be on the quality oversight committee | | | | | | | | | | |
| Task Identify co chairs for the committee | | | | | | | | | | |
| Task Select members from the above mentioned groups | | | | | | | | | | |
| Task Create a charter for the committee with goals and objectives | | | | | | | | | | |
| Task Facilitate a kick off meeting | | | | | | | | | | |
| Task Develop a schedule of ongoing meetings | | | | | | | | | | |
| Task Task 2 subtask start: Determine potential areas for improvement | | | | | | | | | | |
| Task Collect and analyze data | | | | | | | | | | |
| Task Communicate results to stakeholders | | | | | | | | | | |
| Task Create a ongoing evaluation schedule to fuel quality improvement | | | | | | | | | | |
| Task Task 3 subtask start: Determine potential areas for improvement | | | | | | | | | | |
| Task Collect and analyze data | | | | | | | | | | |
| Task Communicate results to stakeholders | | | | | | | | | | |
| Task Develop protocols/policies/procedures to improve areas | | | | | | | | | | |
| Task Pilot protocols | | | | | | | | | | |
| Task Evaluate pilot impacts | | | | | | | | | | |
| Task Expand pilots with successful outcomes | | | | | | | | | | |
| Task Create an ongoing evaluation schedule to fuel quality improvement | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 Task 4 subtask: Create a stakeholder communication plan on quality outcome measures | | | | | | | | | | |
| Milestone #4 Use EHRs or other IT 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 Task 1 subtask start: Determine participating patient criteria | | | | | | | | | | |
| Task Develop actively engaged data collection specs | | | | | | | | | | |
| Task Create patient tracking template to be used by providers | | | | | | | | | | |
| Task Submit specs, tracking template, and protocols to IT | | | | | | | | | | |
| Task Monitor hard to reach patients that are impacting actively engaged counts | | | | | | | | | | |
| Milestone #5 Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center). | | | | | | | | | | |
| Task PPS has identified and engaged with a regional medical center to address the care of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center). Assessment of the volume of high-risk pregnancies to be obtained through the CNA. | | | | | | | | | | |
| Milestone #6 Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers. | | | | | | | | | | |
| Task PPS has assembled a team of experts, including the number and type of experts and specialists and roles in the multidisciplinary team, to address the management of care of high-risk mothers and infants. | | | | | | | | | | |
| Task PPS has established MOUs or joint operating agreements with substantive multidisciplinary team responsible for co-managing care of high-risk mothers and infants. | | | | | | | | | | |



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| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Milestone #7 Develop service MOUs between multidisciplinary team and OB/GYN providers. | | | | | | | | | | |
| Task PPS has identified and established MOUs or joint operating agreements between multidisciplinary team and OB/GYN providers. | | | | | | | | | | |
| Milestone #8 Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines. | | | | | | | | | | |
| Task PPS has developed/adopted uniform clinical protocols guidelines based upon evidence-based standards agreed to by all partners. | | | | | | | | | | |
| Task PPS has established best practice guidelines, policies and procedures, and plans for dissemination and training for interdisciplinary team on best practices. | | | | | | | | | | |
| Task Training has been completed. | | | | | | | | | | |
| Milestone #9 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms 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, by the end of DY 3. | | | | | | | | | | |
| Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Task PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| Milestone #10 Ensure that EHR systems or other IT platforms 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 or other IT platforms meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS) | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| will be incorporated into the assessment criteria). | | | | | | | | | | |
| Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Milestone #11 Use EHRs or other IT 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. | | | | | | | | | | |
| Milestone #12 Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program. | | | | | | | | | | |
| Task PPS developed a work plan to use NYSDOH CHW training program and ensure CHW-trained members are integrated into the multidisciplinary team. PPS has obtained DOH funding for CHW training. | | | | | | | | | | |
| Task Task 1 subtask: Identify NYS DOH funded CHW training program | | | | | | | | | | |
| Task Determine role of CHWs in relation to the rest of the care team | | | | | | | | | | |
| Task Develop CHW curriculum based on existing MICHC program curriculum | | | | | | | | | | |
| Task Create a plan to incorporate NYSDOH training into CHWs onboarding process and ongoing education | | | | | | | | | | |
| Task Obtain funding from DOH for CHW training | | | | | | | | | | |
| Task Contract with NYS DOH funded CHW training program to train CHWs | | | | | | | | | | |
| Milestone #13 Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria. | | | | | | | | | | |
| Task PPS has named assigned CHW Coordinator(s) or timeline for hiring CHW Coordinator(s). | | | | | | | | | | |
| Task Task 1 subtask: Determine education/work experience of CHW | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| coordinator | | | | | | | | | | |
| Task Determine administrative duties of CHW coordinator | | | | | | | | | | |
| Task Determine program development duties of CHW coordinator | | | | | | | | | | |
| Task Based on the above, develop a job description for CHW coordinator | | | | | | | | | | |
| Task Develop a timeline to hire and train CHW Coordinator | | | | | | | | | | |
| Task Assign hired CHWS to CHW Coordinator for supervision | | | | | | | | | | |
| Milestone #14 Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training. | | | | | | | | | | |
| Task PPS has developed a CHW workforce strategy and attendant qualifications of CHW(s) who meet the following criteria: 1) Indigenous community resident of the targeted area; 2) Writing ability sufficient to provide adequate documentation in the family record, referral forms and other service coordination forms, and reading ability to the level necessary to comprehend training materials and assist others to fill out forms; 3) Bilingual skills, depending on the community and families being served; 4) Knowledge of the community, community organizations, and community leaders; 5) Ability to work flexible hours, including evening and weekend hours. | | | | | | | | | | |
| Task Task 1 subtask: Develop a CHW workforce recruitment, hiring, and training strategy to ensure staff meet the DSRIP defined criteria | | | | | | | | | | |
| Task Advertise/Recruit internally as well as externally (community colleges) for hiring CHWs | | | | | | | | | | |
| Task Screen potential candidates for comprehension, writing skills (using writing samples), computer skills, bilingual/multilingual abilities, and work hour flexibility | | | | | | | | | | |
| Task Hire CHWs who meet requirements | | | | | | | | | | |
| Milestone #15 Establish protocols for deployment of CHW. | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 established timelines to complete protocols (policies and procedures) for CHW program, including methods for new and ongoing training for CHWs. | | | | | | | | | | |
| Task PPS has developed plans to develop operational program components of CHW. | | | | | | | | | | |
| Task Identify protocols that need to be completed for the CHW program | | | | | | | | | | |
| Task Identify individuals assigned to work on protocols | | | | | | | | | | |
| Task Determine when protocols can be completed | | | | | | | | | | |
| Task Develop a timeline to complete protocols | | | | | | | | | | |
| Task Combine protocols into a manual to distribute to CHWs | | | | | | | | | | |
| Task Train CHWs on new protocols | | | | | | | | | | |
| Task Conduct an evaluate to measure the effectiveness of the protocols | | | | | | | | | | |
| Task Based on PDSA results, modify the protocols where necessary | | | | | | | | | | |
| Milestone #16 Coordinate with the Medicaid Managed Care organizations serving the target population. | | | | | | | | | | |
| Task PPS has established agreements with MCOs demonstrating coordination regarding CHW program, or attestation of intent to establish coverage agreements, as well as progress to date. | | | | | | | | | | |
| Task Identify what network providers have existing contracts with MCOs for coordination with CHW programs | | | | | | | | | | |
| Task Identify areas for opportunity to negotiate, revise, or renew contracts with MCOs to cover CHW services (e.g. bundled payments, covered providers) | | | | | | | | | | |
| Milestone #17 Use EHRs or other IT platforms to track all patients engaged in this project. | | | | | | | | | | |
| Task PPS identifies targeted patients and is able to track actively | | | | | | | | | | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

| 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 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| engaged patients for project milestone reporting. | | | | | | | | | | |
| Task Determine participating patient criteria | | | | | | | | | | |
| Task Develop actively engaged patient data collection specs | | | | | | | | | | |
| Task Create patient tracking template to be used by providers | | | | | | | | | | |
| Task Submit specs, tracking template, and protocols to IT | | | | | | | | | | |
| Task Train org staff process on how to track patients | | | | | | | | | | |
| Task Pilot tracking of patients | | | | | | | | | | |
| Task Evaluate tracking process, modify where necessary | | | | | | | | | | |
| Task Monitor hard to reach patients that are impacting actively engaged counts | | | | | | | | | | |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|-----------------------|----------------|------------------|------------------|--------------------|--------------------|
|-----------------------|----------------|------------------|------------------|--------------------|--------------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|-----------------------|
| Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high- risk mothers including high-risk first time mothers. | |
| Develop a referral system for early identification of women who are or may be at high-risk. | |
| Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate. | |
| Use EHRs or other IT platforms to track all patients engaged in this project. | |
| Identify and engage a regional medical center with expertise in | |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|-----------------------|
| management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center). | |
| Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers. | |
| Develop service MOUs between multidisciplinary team and OB/GYN providers. | |
| Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines. | |
| Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms 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, by the end of DY 3. | |
| Ensure that EHR systems or other IT platforms 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 IT platforms to track all patients engaged in this project. | |
| Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHIC) program; access NYSDOH-funded CHW training program. | |
| Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria. | |
| Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training. | |
| Establish protocols for deployment of CHW. | |
| Coordinate with the Medicaid Managed Care organizations serving the target population. | |
| Use EHRs or other IT platforms to track all patients engaged in this project. | |



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Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|--------------------|----------------------|---------------------------|
| Milestone #1 | Pass & Ongoing | |
| Milestone #2 | Pass & Ongoing | |
| Milestone #3 | Pass & Ongoing | |
| Milestone #4 | Pass & Ongoing | |
| Milestone #5 | Pass & Ongoing | |
| Milestone #6 | Pass & Ongoing | |
| Milestone #7 | Pass & Ongoing | |
| Milestone #8 | Pass & Ongoing | |
| Milestone #9 | Pass & Ongoing | |
| Milestone #10 | Pass & Ongoing | |
| Milestone #11 | Pass & Ongoing | |
| Milestone #12 | Pass & Ongoing | |
| Milestone #13 | Pass & Ongoing | |
| Milestone #14 | Pass & Ongoing | |
| Milestone #15 | Pass & Ongoing | |
| Milestone #16 | Pass & Ongoing | |
| Milestone #17 | Pass & Ongoing | |



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Bronx-Lebanon Hospital Center (PPS ID:27)

IPQR Module 3.f.i.4 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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Bronx-Lebanon Hospital Center (PPS ID:27)

IPQR Module 3.f.i.5 - IA Monitoring

Instructions :



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Project 4.a.iii – Strengthen Mental Health and Substance Abuse Infrastructure across Systems

IPQR Module 4.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.

1. Not enough buy-in from community schools for program
 - a. Develop relationships with school principals/staff
 - b. Provide education on benefits of MEB screening and referral services to school administrators
2. Too few resources to start up and maintain the program
 - a. Outline funding streams with HR and Finance committee
3. Challenges Integrating SMHC into school infrastructure
 - a. Hire SMHC with previous school experience
4. Challenges retaining and maintaining new staff
 - a. Retraining staff already in similar programs in the PPS
5. Inadequate referral network in place
 - a. Maintain collaborative relationships through frequent in-person contact
 - b. Develop clear guidelines for referral procedures
 - c. Demonstrate to referral providers the benefits of receiving school referrals
6. Lack of buy in from parents, guardians, caregivers for services
 - a. Educate students/parents/caregivers about new opportunities for school-based interventions
 - b. Develop culturally-relevant interventions to reduce stigma
7. No focus on the broad intervention into the system including family dynamics
 - a. Expand on SMHC capacity to screen/educate parents/caregivers of identified children
 - b. Expand school sites to include community colleges
8. Stigma around mental illness
 - a. Education and awareness through school assembly
 - b. Bring discussion into global school conversation
9. Being unable to sustain care over medically appropriate period of time
 - a. Develop appropriate referral streams to long-term care



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Organize and convene citywide MHSA Workgroup meetings | Completed | Organize and convene citywide MHSA Workgroup meetings | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Form MHSA Work Group composed of representatives of the four collaborating PPSs, including community-based representatives | Completed | Form MHSA Work Group composed of representatives of the four collaborating PPSs, including community-based representatives | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Identify PPS subject matter experts to join Work Group | Completed | Identify PPS subject matter experts to join Work Group | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Invite representatives from DOE-affiliated Office of School Health and DOHMH to join Workgroup as advisory members | Completed | Invite representatives from DOE-affiliated Office of School Health and DOHMH to join Workgroup as advisory members | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Convene Citywide MHSA Workgroup meetings under the standing structure | Completed | Convene Citywide MHSA Workgroup meetings under the standing structure | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Milestone Establish formalized structure for cross-PPS collaboration on governance and implementation of MHSA project | In Progress | Establish formalized structure for cross-PPS collaboration on governance and implementation of MHSA project | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Confirm commitment of four collaborating PPSs to partner in City-wide implementation of MHSA Project | Completed | Confirm commitment of four collaborating PPSs to partner in City-wide implementation of MHSA Project | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Develop governance structure and process among collaborating PPSs to oversee the implementation and ongoing operation of the MHSA project, and document functions, roles, | In Progress | Develop governance structure and process among collaborating PPSs to oversee the implementation and ongoing operation of the MHSA project, and document functions, roles, and responsibilities for parties including Workgroup | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| and responsibilities for parties including Workgroup | | | | | | | | |
| Milestone Review existing programs and CBOs providing MHPA services, as well as adaptations of CC based model. | In Progress | Review existing programs and CBOs providing MHPA services, as well as adaptations of CC based model. | 06/30/2015 | 03/31/2016 | 06/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Conduct baseline analysis of existing programs and CBOs providing MHPA services to adolescents in schools | Completed | Conduct baseline analysis of existing programs and CBOs providing MHPA services to adolescents in schools | 06/30/2015 | 12/31/2015 | 06/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Review evidence-based adaptations of Collaborative Care (CC) model that have targeted adolescents | Completed | Review evidence-based adaptations of Collaborative Care (CC) model that have targeted adolescents | 06/30/2015 | 12/31/2015 | 06/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Incorporate findings into MHPA project concept document | Completed | Incorporate findings into MHPA project concept document | 06/30/2015 | 03/31/2016 | 06/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Milestone Develop detailed MHPA project operational plan for Collaborative Care Adaptation in schools | In Progress | Develop detailed MHPA project operational plan for Collaborative Care Adaptation in schools | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Engage MHPA Workgroup to develop concept paper describing the approach to strengthening the MHPA infrastructure in schools | Completed | Engage MHPA Workgroup to develop concept paper describing the approach to strengthening the MHPA infrastructure in schools | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Design/implement process to select well qualified Lead agency to manage detailed program planning and implementation of the MHPA initiative | Completed | Design/implement process to select well qualified Lead agency to manage detailed program planning and implementation of the MHPA initiative | 06/30/2015 | 09/30/2015 | 06/30/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Contract with selected Lead Agency to manage all aspects of the MHPA project including developing operational plan, selection of community mental/behavioral health agencies, selection of target schools, | Completed | Contract with selected Lead Agency to manage all aspects of the MHPA project including developing operational plan, selection of community mental/behavioral health agencies, selection of target schools, | 07/31/2015 | 12/31/2015 | 07/31/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| project staffing structure, and training curriculum | | | | | | | | |
| Task Develop draft operational plan for MHSA Workgroup review that incorporates development of culturally and linguistically sensitive MEB health promotion and prevention resources, data-collection and evaluation, staffing, training, and referral planning, as needed | In Progress | Develop draft operational plan for MHSA Workgroup review that incorporates development of culturally and linguistically sensitive MEB health promotion and prevention resources, data-collection and evaluation, staffing, training, and referral planning, as needed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Finalize draft operational plan and budget; share with MHSA Collaborative PPS Governance body for approval | In Progress | Finalize draft operational plan and budget; share with MHSA Collaborative PPS Governance body for approval | 04/01/2016 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Milestone Implement Collaborative Care (CC) Adaptation in schools | In Progress | Implement Collaborative Care (CC) Adaptation in schools | 01/31/2016 | 09/30/2017 | 10/01/2015 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task Design and implement process to select and contract with community mental/behavioral agencies to implement programs in the schools | In Progress | Design and implement process to select and contract with community mental/behavioral agencies to implement programs in the schools | 01/31/2016 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Solicit DOE input on school selection methodology | In Progress | Solicit DOE input on school selection methodology | 01/31/2016 | 09/30/2017 | 10/01/2015 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task Identify target schools for implementation of CC adaptation | In Progress | Identify target schools for implementation of CC adaptation | 03/31/2016 | 06/30/2017 | 10/01/2015 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| Task Develop schedule for MHSA Project activities, including activities preparatory to launch of CC adaptation in schools such as contracting, staff recruitment and deployment, training | In Progress | Develop schedule for MHSA Project activities, including activities preparatory to launch of CC adaptation in schools such as contracting, staff recruitment and deployment, training | 12/31/2016 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Launch implementation of MHSA Project CC adaptation in schools | In Progress | Launch implementation of MHSA Project CC adaptation in schools | 09/30/2016 | 09/30/2017 | 10/01/2015 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Milestone | Not Started | Design young adult-interfacing MHSA programs (for those ages 21- | 06/30/2016 | 03/31/2018 | 06/30/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Design young adult-interfacing MHSAs programs (for those ages 21-25 yrs) | | 25 yrs) | | | | | | |
| Task Identify target young adult groups, potentially including community college students | Not Started | Identify target young adult groups, potentially including community college students | 06/30/2016 | 03/31/2017 | 06/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Refine MHSAs intervention to integrate programming to reach these young adult groups, including by developing culturally and linguistically sensitive MEB health promotion and prevention resources, data-collection and evaluation plan, and staffing and training plans | Not Started | Refine MHSAs intervention to integrate programming to reach these young adult groups, including by developing culturally and linguistically sensitive MEB health promotion and prevention resources, data-collection and evaluation plan, and staffing and training plans | 06/30/2017 | 03/31/2018 | 06/30/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Launch young adult programs | Not Started | Launch young adult programs | 03/31/2018 | 03/31/2018 | 03/31/2018 | 03/31/2018 | 03/31/2018 | DY3 Q4 |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|----------------|
| Organize and convene citywide MHSAs Workgroup meetings | |
| Establish formalized structure for cross-PPS collaboration on governance and implementation of MHSAs project | |
| Review existing programs and CBOs providing MHSAs services, as well as adaptations of CC based model. | |
| Develop detailed MHSAs project operational plan for Collaborative Care Adaptation in schools | |
| Implement Collaborative Care (CC) Adaptation in schools | |
| Design young adult-interfacing MHSAs programs (for those ages 21-25 yrs) | |



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Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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IPQR Module 4.a.iii.3 - IA Monitoring

Instructions :



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Bronx-Lebanon Hospital Center (PPS ID:27)

Project 4.c.ii – Increase early access to, and retention in, HIV care

☑ IPQR Module 4.c.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.

Major risk: Developing effective cultural competency across multiple regions and sub-groups. To mitigate the PPS will utilize expertise in various CBOs to ensure the quality of cultural competence strategies

Risk: Maintaining funding streams to support peer services beyond DSRIP. Mitigation: Multiple funding streams exist that provide support to many agencies utilizing this service. Sustainability planning will begin immediately upon implementation. Improved revenue from reduced no-shows will support the provision of services

Risk: Managing relapse and recidivism among peers. Mitigation: The PPS will train supervisors on how to recognize relapse and engage peers in support to reengage in recovery activities

Risk: Difficulty in successfully integrating peers into workplace. Mitigation: The PPS will offer training and support to sites who host peer navigators

Risk: Develop or adapt a curriculum that meets the needs of various partners within the PPS and for a culturally diverse target population. Mitigation: Allow the curriculum the flexibility to adapt new challenges as they present themselves. There are several evidence-based curriculum that can be adapted to meet the needs of the multiple partners and a culturally diverse target population

Risk: Difficulty in engaging diverse groups through multiple media. Mitigation: The PPS will utilize the initial Community Needs Assessment to drive the development as well as ongoing community engagement to develop specific media campaigns. Community outreach will be conducted to develop an understanding of the most effective tools. The PPS will participate in a city-wide collaborative which will lend an added perspective and expertise to the campaign.

Risk: Disparate quality standards and outcomes. Mitigation: The PPS will develop a policy and procedure manual to standardize service delivery. A Quality Improvement plan will be developed to ensure providers perform. Low-performing providers will be offered technical assistance to meet PPS Quality standards

Risk: Maintain a level of participation from relevant CBOs while reaching out for their support and expertise. Mitigation: The larger committees within the PPS are working to continue to build on CBO partnerships. CBOs will maintain positions of leadership. The workgroup will commit to maintaining active communication with CBOs as the project develops

Risk: Lack of integration with other HIV projects that can create confusion and duplication of media outreach. Mitigation: The PPS will seek to develop collaborative relations with parallel organizations providing media outreach and maintain participation in all city-wide 4cii collaboratives



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IPQR Module 4.c.ii.2 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-----------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Milestone 1: Establish a shared workplan and timeline for project implementation | Completed | Establish a shared workplan and timeline for project implementation | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Establish 4cii PPS leadership committee directing the planning if workplan and schedules. | Completed | Establish 4cii PPS leadership committee directing the planning if workplan and schedules. | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Establish regularly scheduled 4cii PPS meetings to manage workplan tasks and timelines. These meetings will be used to engage and survey individual CBO needs on an ongoing basis to assess readiness and intentions of participating organizations. | Completed | Establish regularly scheduled 4cii PPS meetings to manage workplan tasks and timelines. These meetings will be used to engage and survey individual CBO needs on an ongoing basis to assess readiness and intentions of participating organizations. | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Produce preliminary workplan and implementation schedule, considered a living document since a number of uncertainties in timetable. This is a result of limited information on the next steps on the joint PPS committee and cross-PPS shared resources available for projects within PPS necessitate flexibility in workplan and schedule. | Completed | Produce preliminary workplan and implementation schedule, considered a living document since a number of uncertainties in timetable. This is a result of limited information on the next steps on the joint PPS committee and cross-PPS shared resources available for projects within PPS necessitate flexibility in workplan and schedule. | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Establish 4cii PPS leadership committee directing the planning if workplan and schedules. | Completed | Establish 4cii PPS leadership committee directing the planning if workplan and schedules. | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Establish regularly scheduled 4cii PPS meetings to manage workplan tasks and | Completed | Establish regularly scheduled 4cii PPS meetings to manage workplan tasks and timelines. These meetings will be used to engage and survey individual CBO needs on an ongoing basis to | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| timelines. These meetings will be used to engage and survey individual CBO needs on an ongoing basis to assess readiness and intentions of participating organizations. | | assess readiness and intentions of participating organizations. | | | | | | |
| Task Produce preliminary workplan and implementation schedule, considered a living document since a number of uncertainties in timetable. This is a result of limited information on the next steps on the joint PPS committee and cross-PPS shared resources available for projects within PPS necessitate flexibility in workplan and schedule. | Completed | Produce preliminary workplan and implementation schedule, considered a living document since a number of uncertainties in timetable. This is a result of limited information on the next steps on the joint PPS committee and cross-PPS shared resources available for projects within PPS necessitate flexibility in workplan and schedule. | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Milestone Milestone 2: Develop agreed upon milestones for project implementation | Completed | Develop agreed upon milestones for project implementation | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Work in collaboration with 4cii PPS partners to confirm milestones and tasks to achieve project success | Completed | Work in collaboration with 4cii PPS partners to confirm milestones and tasks to achieve project success | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Present milestones and reach consensus with other PPS project leads on overlapping 4cii project tasks to align work and ensure success of milestone across all DSRIP projects | Completed | Present milestones and reach consensus with other PPS project leads on overlapping 4cii project tasks to align work and ensure success of milestone across all DSRIP projects | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Milestone Milestone 3: Participate in cross PPS joint planning committee | In Progress | Participate in cross PPS joint planning committee | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Meet with Amidacare and the NYCDOHMH to determine course of action to align initiatives and 4cii planning across PPSs | Completed | Meet with Amidacare and the NYCDOHMH to determine course of action to align initiatives and 4cii planning across PPSs | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Participate with Joint Planning Committee in determining leadership through consensus, and in determining on finances and services to align resources across PPS participants. | Completed | Participate with Joint Planning Committee in determining leadership through consensus, and in determining on finances and services to align resources across PPS participants. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task Two BLHC PPS co-leads serve on the AIDS Institute Initiative Steering Committee on Peer Training/Certification Program. | Completed | Two BLHC PPS co-leads serve on the AIDS Institute Initiative Steering Committee on Peer Training/Certification Program. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Collaborate with PPS Domain 4cii projects across New York City on local-level HIV awareness and testing media campaign. The campaign focused on viral suppression will give real time feedback to patients on viral control. | In Progress | Collaborate with PPS Domain 4cii projects across New York City on local-level HIV awareness and testing media campaign. The campaign focused on viral suppression will give real time feedback to patients on viral control. | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone Milestone 4: Reach agreement on shared resources | Completed | Reach agreement on shared resources | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Develop HIV workflow that integrates identified patients into the PPS Care Coordination Clearing House | Completed | Develop HIV workflow that integrates identified patients into the PPS Care Coordination Clearing House | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Participate in bi-weekly meetings with PPS project leads to identify common themes and discuss shared resource opportunities | Completed | Initiate bi-weekly meetings with PPS project leads to identify common themes and discuss shared resource opportunities | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Actively participate in Workforce Planning Cross Functional Workgroup by responding to inquiries and surveys. One co-lead also participates as a workgroup member. | Completed | Initiate active participation in Workforce Planning Cross Functional Workgroup by responding to inquiries and surveys. One PPS 4cii co-lead also participates as a workgroup member. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Identify gaps in training by surveying 4cii partners on their current staffing levels/types | Completed | Identify gaps in training by surveying 4cii partners on their current staffing levels/types | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Actively participate in Stakeholder Engagement Cross Functional Workgroup by responding to inquiries and surveys | Completed | Initiate active participation in Stakeholder Engagement Cross Functional Workgroup by responding to inquiries and surveys. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Actively participate in Care Coordination Cross Functional Workgroup by responding to | Completed | Initiate active participation in Care Coordination Cross Functional Workgroup by responding to inquiries and surveys. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| inquiries and surveys | | | | | | | | |
| Task Hold individual meetings with PPS project leads to identify commonalities to integrate and share resources across projects | Completed | Initiate individual meetings with PPS project leads to identify commonalities to integrate and share resources across projects | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task Identify a budget for staffing plan and overall project interventions based on shared commonalities and resources as well as partner needs and resources | Completed | Identify a budget for staffing plan and overall project interventions based on shared commonalities and resources as well as partner needs and resources | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Milestone Milestone 5. Plan for shared data platform | In Progress | Plan for shared data platform | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Identify the data sources available to PPS through NYCDOHMH as well as partners in PPS itself | In Progress | Identify the data sources available to PPS through NYCDOHMH as well as partners in PPS itself | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Development of key metrics and system for tracking key metrics for HIV/AIDS | In Progress | Development of key metrics and system for tracking key metrics for HIV/AIDS | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Identify the most appropriate method to track data using the PPS resources and/or that of the NYCDOHMH | In Progress | Identify the most appropriate method to track data using the PPS resources and/or that of the NYCDOHMH | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Plan for engaging all providers in using the selected data platform | In Progress | Plan for engaging all providers in using the selected data platform | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Identification of safety net provider IT capabilities and gaps including capability to utilize patient registries for population health management | In Progress | Identification of safety net provider IT capabilities and gaps including capability to utilize patient registries for population health management | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task Participate in PPS Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on HIV AIDS. | In Progress | Participate in PPS Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on HIV AIDS. | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|--|----------|-----------------------------|--|---|---------------------|
| Milestone 4: Reach agreement on shared resources | vg467992 | Documentation/Certification | 27_PMDL6004_1_3_20160202141204_Bronx_Lebanon_PPS_4cii_Policy_and_Procedures_consolidated_12.29.15.docx | BHA PPS LLC Policy & Procedure Document- 4cii | 02/02/2016 02:12 PM |
| | vg467992 | Documentation/Certification | 27_PMDL6004_1_3_20160202140638_4cii_Partner_Readiness_&_Workforce_Results.xlsx | BHA PPS LLC Readiness Survey & results. | 02/02/2016 02:06 PM |
| | vg467992 | Meeting Materials | 27_PMDL6004_1_3_20160202140551_1_BL_4cii_Workgroup_Agenda_10.30.15.docx | BHA PPS LLC meeting agenda- 4cii | 02/02/2016 02:05 PM |
| | vg467992 | Documentation/Certification | 27_PMDL6004_1_3_20160202140355_PCM_Flow_Chart_6.30.15.pdf | Flow Chart- Patient Care Model | 02/02/2016 02:03 PM |
| | vg467992 | Documentation/Certification | 27_PMDL6004_1_3_20160128174043_DSRIP_HIV_Coalition_By-Laws_12_18_15.pdf | HIV Coalition Bylaws | 01/28/2016 05:40 PM |
| | vg467992 | Meeting Materials | 27_PMDL6004_1_3_20160128174012_Domain_4_HIV_Project_Second_Joint_Planning_Meeting_11_5_14.pdf | Citywide Collaboration Planning Meeting | 01/28/2016 05:40 PM |
| | vg467992 | Meeting Materials | 27_PMDL6004_1_3_20160128173934_Domain_4_HIV_Project_Second_Joint_Planning_Meeting_11_5_14.pdf | Citywide Collaboration meeting Minutes | 01/28/2016 05:39 PM |
| | vg467992 | Meeting Materials | 27_PMDL6004_1_3_20160128173804_8.5.15_DS RIP_4cii_meeting_minutes.docx | Citywide Collaboration Minutes | 01/28/2016 05:38 PM |
| | vg467992 | Documentation/Certification | 27_PMDL6004_1_3_20160128173724_BHA_4cii_Workgroup_Membership.pdf | Subcommittee membership | 01/28/2016 05:37 PM |

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|----------------|
| Milestone 1: Establish a shared workplan and timeline for project implementation | |
| Milestone 2: Develop agreed upon milestones for project implementation | |
| Milestone 3: Participate in cross PPS joint planning committee | |
| Milestone 4: Reach agreement on shared resources | |
| Milestone 5. Plan for shared data platform | |



**New York State Department Of Health
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Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



**New York State Department Of Health
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IPQR Module 4.c.ii.3 - IA Monitoring

Instructions :



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

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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 'Bronx-Lebanon Hospital Center', that all information provided on this Quarterly report is true and accurate to the best of my knowledge, and that, following initial submission in the current quarterly reporting period as defined by NY DOH, changes made to this report were pursuant only to documented instructions or documented approval of changes from DOH or DSRIP Independent Assessor.

| | |
|-------------------------------------|-------------------------------|
| Primary Lead PPS Provider: | BRONX LEBANON HOSPITAL CENTER |
| Secondary Lead PPS Provider: | |
| Lead Representative: | |
| Submission Date: | |

Comments:

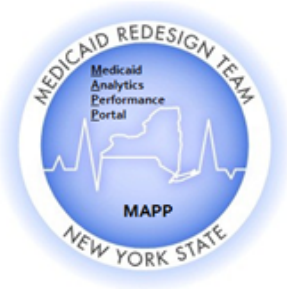


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Bronx-Lebanon Hospital Center (PPS ID:27)

| Status Log | | | | |
|--------------------------------|-----------------------------------|---------------------------------|----------------|-----------------------|
| Quarterly Report (DY,Q) | Status | Lead Representative Name | User ID | Date Timestamp |
| DY1, Q3 | Adjudicated | | mrurak | 03/31/2016 05:14 PM |
| DY1, Q3 | Submitted without PPS Attestation | | mrurak | 03/30/2016 04:38 PM |
| DY1, Q3 | Returned | Virgilina Gonzalez | mrurak | 03/01/2016 05:14 PM |
| DY1, Q3 | Submitted | Virgilina Gonzalez | vg467992 | 02/03/2016 03:20 PM |
| DY1, Q3 | In Process | | ETL | 01/03/2016 08:01 PM |



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| Comments Log | | | |
|---------------------|--|----------------|-----------------------|
| Status | Comments | User ID | Date Timestamp |
| Adjudicated | The IA has adjudicated the DY1Q3 Quarterly Report. | mrurak | 03/31/2016 05:14 PM |
| Returned | The IA is returning the DY1Q3 Quarterly Report to the PPS for Remediation. | mrurak | 03/01/2016 05:14 PM |

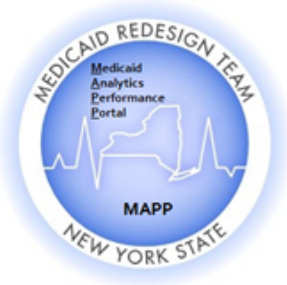


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| Section | Module Name | Status |
|------------|--|---|
| Section 01 | IPQR Module 1.1 - PPS Budget Report (Baseline) | <input type="checkbox"/> In Process |
| | IPQR Module 1.2 - PPS Budget Report (Quarterly) | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 1.3 - PPS Flow of Funds (Baseline) | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 1.4 - PPS Flow of Funds (Quarterly) | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 1.5 - Prescribed Milestones | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 1.6 - PPS Defined Milestones | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 1.7 - IA Monitoring | |
| Section 02 | IPQR Module 2.1 - Prescribed Milestones | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 2.2 - PPS Defined Milestones | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 2.4 - Major Dependencies on Organizational Workstreams | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 2.5 - Roles and Responsibilities | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 2.6 - Key Stakeholders | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 2.7 - IT Expectations | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 2.8 - Progress Reporting | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 2.9 - IA Monitoring | |
| Section 03 | IPQR Module 3.1 - Prescribed Milestones | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 3.2 - PPS Defined Milestones | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 3.4 - Major Dependencies on Organizational Workstreams | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 3.5 - Roles and Responsibilities | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 3.6 - Key Stakeholders | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 3.7 - IT Expectations | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 3.8 - Progress Reporting | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 3.9 - IA Monitoring | |
| Section 04 | IPQR Module 4.1 - Prescribed Milestones | <input checked="" type="checkbox"/> Completed |
| | IPQR Module 4.2 - PPS Defined Milestones | <input checked="" type="checkbox"/> Completed |

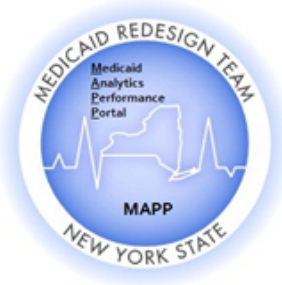


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| Section | Module Name | Status |
|------------|--|-------------|
| | IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 4.4 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 4.5 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 4.6 - Key Stakeholders | ✔ Completed |
| | IPQR Module 4.7 - IT Expectations | ✔ Completed |
| | IPQR Module 4.8 - Progress Reporting | ✔ Completed |
| | IPQR Module 4.9 - IA Monitoring | |
| Section 05 | IPQR Module 5.1 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 5.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 5.4 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 5.5 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 5.6 - Key Stakeholders | ✔ Completed |
| | IPQR Module 5.7 - Progress Reporting | ✔ Completed |
| | IPQR Module 5.8 - IA Monitoring | |
| Section 06 | IPQR Module 6.1 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 6.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 6.4 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 6.5 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 6.6 - Key Stakeholders | ✔ Completed |
| | IPQR Module 6.7 - IT Expectations | ✔ Completed |
| | IPQR Module 6.8 - Progress Reporting | ✔ Completed |
| | IPQR Module 6.9 - IA Monitoring | |
| Section 07 | IPQR Module 7.1 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 7.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 7.4 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 7.5 - Roles and Responsibilities | ✔ Completed |



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| Section | Module Name | Status |
|------------|---|-------------|
| | IPQR Module 7.6 - Key Stakeholders | ✔ Completed |
| | IPQR Module 7.7 - IT Expectations | ✔ Completed |
| | IPQR Module 7.8 - Progress Reporting | ✔ Completed |
| | IPQR Module 7.9 - IA Monitoring | |
| Section 08 | IPQR Module 8.1 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 8.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 8.4 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 8.5 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 8.6 - Key Stakeholders | ✔ Completed |
| | IPQR Module 8.7 - IT Expectations | ✔ Completed |
| | IPQR Module 8.8 - Progress Reporting | ✔ Completed |
| | IPQR Module 8.9 - IA Monitoring | |
| Section 09 | IPQR Module 9.1 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 9.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 9.4 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 9.5 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 9.6 - Key Stakeholders | ✔ Completed |
| | IPQR Module 9.7 - IT Expectations | ✔ Completed |
| | IPQR Module 9.8 - Progress Reporting | ✔ Completed |
| | IPQR Module 9.9 - IA Monitoring | |
| Section 10 | IPQR Module 10.1 - Overall approach to implementation | ✔ Completed |
| | IPQR Module 10.2 - Major dependencies between work streams and coordination of projects | ✔ Completed |
| | IPQR Module 10.3 - Project Roles and Responsibilities | ✔ Completed |
| | IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects | ✔ Completed |
| | IPQR Module 10.5 - IT Requirements | ✔ Completed |
| | IPQR Module 10.6 - Performance Monitoring | ✔ Completed |
| | IPQR Module 10.7 - Community Engagement | ✔ Completed |

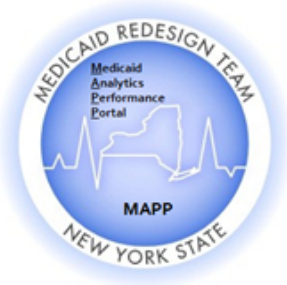


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| Section | Module Name | Status |
|------------|---|-------------|
| | IPQR Module 10.8 - IA Monitoring | |
| Section 11 | IPQR Module 11.1 - Workforce Strategy Spending | ✔ Completed |
| | IPQR Module 11.2 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 11.3 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 11.5 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 11.6 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 11.7 - Key Stakeholders | ✔ Completed |
| | IPQR Module 11.8 - IT Expectations | ✔ Completed |
| | IPQR Module 11.9 - Progress Reporting | ✔ Completed |
| | IPQR Module 11.10 - Staff Impact | ✔ Completed |
| | IPQR Module 11.11 - IA Monitoring | |



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| Project ID | Module Name | Status |
|------------|---|-------------|
| 2.a.i | IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 2.a.i.2 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 2.a.i.3 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 2.a.i.4 - IA Monitoring | |
| 2.a.iii | IPQR Module 2.a.iii.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 2.a.iii.2 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 2.a.iii.3 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 2.a.iii.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 2.a.iii.5 - IA Monitoring | |
| 2.b.i | IPQR Module 2.b.i.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 2.b.i.2 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 2.b.i.3 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 2.b.i.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 2.b.i.5 - IA Monitoring | |
| 2.b.iv | IPQR Module 2.b.iv.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 2.b.iv.2 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 2.b.iv.3 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 2.b.iv.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 2.b.iv.5 - IA Monitoring | |
| 3.a.i | IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 3.a.i.2 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 3.a.i.3 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 3.a.i.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 3.a.i.5 - IA Monitoring | |
| 3.c.i | IPQR Module 3.c.i.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 3.c.i.2 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 3.c.i.3 - Prescribed Milestones | ✔ Completed |



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| Project ID | Module Name | Status |
|------------|---|-------------|
| | IPQR Module 3.c.i.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 3.c.i.5 - IA Monitoring | |
| 3.d.ii | IPQR Module 3.d.ii.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 3.d.ii.2 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 3.d.ii.3 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 3.d.ii.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 3.d.ii.5 - IA Monitoring | |
| 3.f.i | IPQR Module 3.f.i.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 3.f.i.2 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 3.f.i.3 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 3.f.i.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 3.f.i.5 - IA Monitoring | |
| 4.a.iii | IPQR Module 4.a.iii.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 4.a.iii.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 4.a.iii.3 - IA Monitoring | |
| 4.c.ii | IPQR Module 4.c.ii.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 4.c.ii.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 4.c.ii.3 - IA Monitoring | |



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| Section | Module Name / Milestone # | Review Status | |
|------------|---|-----------------|---|
| Section 01 | Module 1.1 - PPS Budget Report (Baseline) | Pass & Complete | |
| | Module 1.2 - PPS Budget Report (Quarterly) | Pass & Ongoing | |
| | Module 1.3 - PPS Flow of Funds (Baseline) | Pass & Complete | |
| | Module 1.4 - PPS Flow of Funds (Quarterly) | Pass & Ongoing | |
| | Module 1.5 - Prescribed Milestones | | |
| | Milestone #1 Complete funds flow budget and distribution plan and communicate with network | Pass & Complete |   |
| Section 02 | Module 2.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize governance structure and sub-committee structure | Pass & Complete |   |
| | Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project | Pass & Complete |   |
| | Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable | Pass & Complete |  |
| | Milestone #4 Establish governance structure reporting and monitoring processes | Pass & Complete |   |
| | Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement) | Pass & Complete |   |
| | Milestone #6 Finalize partnership agreements or contracts with CBOs | Pass & Ongoing |   |
| | Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.) | Pass & Ongoing | |
| | Milestone #8 Finalize workforce communication and engagement plan | Pass & Ongoing | |
| | Milestone #9 Inclusion of CBOs in PPS Implementation. | Pass & Ongoing | |
| Section 03 | Module 3.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize PPS finance structure, including reporting structure | Pass & Complete |   |
| | Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | Pass & Ongoing | |
| | Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d | Pass & Complete |   |
| | Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. | Pass & Ongoing | |
| | Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the | Pass & Ongoing | |



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| Section | Module Name / Milestone # | Review Status | |
|------------|--|-----------------|---|
| | latest | | |
| | Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation | Pass & Ongoing | |
| | Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher | Pass & Ongoing | |
| | Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher | Pass & Ongoing | |
| Section 04 | Module 4.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize cultural competency / health literacy strategy. | Pass & Complete |   |
| | Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). | Pass & Ongoing | |
| Section 05 | Module 5.1 - Prescribed Milestones | | |
| | Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s). | Pass & Ongoing | |
| | Milestone #2 Develop an IT Change Management Strategy. | Pass & Complete |   |
| | Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | Pass & Ongoing | |
| | Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities | Pass & Complete |   |
| | Milestone #5 Develop a data security and confidentiality plan. | Pass & Ongoing |   |
| Section 06 | Module 6.1 - Prescribed Milestones | | |
| | Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication. | Pass & Ongoing | |
| | Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | Pass & Ongoing | |
| Section 07 | Module 7.1 - Prescribed Milestones | | |
| | Milestone #1 Develop Practitioners communication and engagement plan. | Pass & Ongoing | |
| | Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda. | Pass & Ongoing | |
| Section 08 | Module 8.1 - Prescribed Milestones | | |
| | Milestone #1 Develop population health management roadmap. | Pass & Ongoing | |
| | Milestone #2 Finalize PPS-wide bed reduction plan. | Pass & Ongoing | |
| Section 09 | Module 9.1 - Prescribed Milestones | | |
| | Milestone #1 Perform a clinical integration 'needs assessment'. | Pass & Ongoing | |

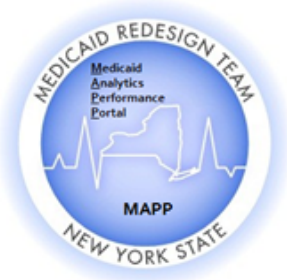


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| Section | Module Name / Milestone # | Review Status | |
|------------|--|----------------|---|
| | Milestone #2 Develop a Clinical Integration strategy. | Pass & Ongoing | |
| Section 11 | Module 11.2 - Prescribed Milestones | | |
| | Milestone #1 Define target workforce state (in line with DSRIP program's goals). | Pass & Ongoing |  |
| | Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state. | Pass & Ongoing | |
| | Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state. | Pass & Ongoing | |
| | Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | Pass & Ongoing | |
| | Milestone #5 Develop training strategy. | Pass & Ongoing |  |

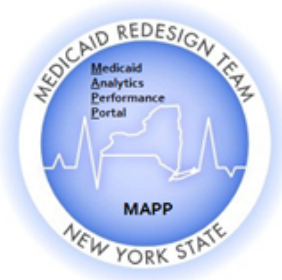


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Bronx-Lebanon Hospital Center (PPS ID:27)



| Project ID | Module Name / Milestone # | Review Status | |
|---|--|----------------|---|
| 2.a.i | Module 2.a.i.2 - Prescribed Milestones | | |
| | Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. | Pass & Ongoing | |
| | Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | Pass & Ongoing | |
| | Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services. | Pass & Ongoing | |
| | Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3. | Pass & Ongoing | |
| | Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | Pass & Ongoing | |
| | Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | Pass & Ongoing | |
| | Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3. | Pass & Ongoing | |
| | Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements. | Pass & Ongoing | |
| | Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | Pass & Ongoing | |
| | Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes. | Pass & Ongoing | |
| Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate. | Pass & Ongoing | | |
| 2.a.iii | Module 2.a.iii.2 - Patient Engagement Speed | Pass & Ongoing |   |
| | Module 2.a.iii.3 - Prescribed Milestones | | |
| | Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program. | Pass & Ongoing | |
| | Milestone #2 Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3. | Pass & Ongoing | |

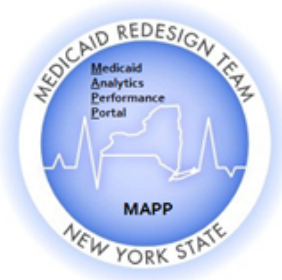


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| | Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up. | Pass & Ongoing | |
| | Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | Pass & Ongoing | |
| | Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | Pass & Ongoing | |
| | Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors. | Pass & Ongoing | |
| | Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties. | Pass & Ongoing | |
| | Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments). | Pass & Ongoing | |
| | Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population. | Pass & Ongoing | |
| | Module 2.b.i.2 - Patient Engagement Speed | Pass & Ongoing |   |
| | Module 2.b.i.3 - Prescribed Milestones | | |
| 2.b.i | Milestone #1 Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population. | Pass & Ongoing | |
| | Milestone #2 Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community. | Pass & Ongoing | |
| | Milestone #3 Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals. | Pass & Ongoing | |
| | Milestone #4 Establish care managers co-located at each Ambulatory ICU site. | Pass & Ongoing | |
| | Milestone #5 Ensure that all safety net project participants are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up. | Pass & Ongoing | |
| | Milestone #6 Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | Pass & Ongoing | |
| | Milestone #7 Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management. | Pass & Ongoing | |
| | Milestone #8 Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers. | Pass & Ongoing | |
| | Milestone #9 Deploy a provider notification/secure messaging system to alert care managers and Health Homes of | Pass & Ongoing | |

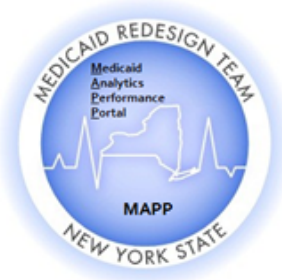


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| | important developments in patient care and utilization. | |
| | Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project. | Pass & Ongoing |
| 2.b.iv | Module 2.b.iv.2 - Patient Engagement Speed | Pass & Ongoing   |
| | Module 2.b.iv.3 - Prescribed Milestones | |
| | Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency. | Pass & Ongoing |
| | Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed. | Pass & Ongoing |
| | Milestone #3 Ensure required social services participate in the project. | Pass & Ongoing |
| | Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services. | Pass & Ongoing |
| | Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider. | Pass & Ongoing |
| | Milestone #6 Ensure that a 30-day transition of care period is established. | Pass & Ongoing |
| | Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project. | Pass & Ongoing |
| 3.a.i | Module 3.a.i.2 - Patient Engagement Speed | Pass & Ongoing   |
| | Module 3.a.i.3 - Prescribed Milestones | |
| | Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3. | Pass & Ongoing |
| | Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process. | Pass & Ongoing |
| | Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | Pass & Ongoing |
| | Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing |
| | Milestone #5 Co-locate primary care services at behavioral health sites. | Pass & Ongoing |
| | Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process. | Pass & Ongoing |
| | Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | Pass & Ongoing |
| | Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing |
| Milestone #9 Implement IMPACT Model at Primary Care Sites. | Pass & Ongoing | |

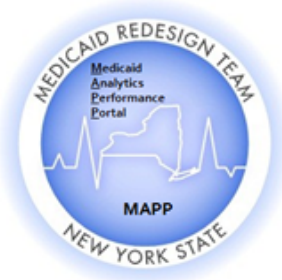


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| | Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | Pass & Ongoing | |
| | Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | Pass & Ongoing | |
| | Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model. | Pass & Ongoing | |
| | Milestone #13 Measure outcomes as required in the IMPACT Model. | Pass & Ongoing | |
| | Milestone #14 Provide "stepped care" as required by the IMPACT Model. | Pass & Ongoing | |
| | Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| 3.c.i | Module 3.c.i.2 - Patient Engagement Speed | Pass & Ongoing |   |
| | Module 3.c.i.3 - Prescribed Milestones | | |
| | Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings. | Pass & Ongoing | |
| | Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices. | Pass & Ongoing | |
| | Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management. | Pass & Ongoing | |
| | Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods. | Pass & Ongoing | |
| | Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population. | Pass & Ongoing | |
| | Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| | Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers. | Pass & Ongoing | |
| 3.d.ii | Module 3.d.ii.2 - Patient Engagement Speed | Pass & Ongoing |   |
| | Module 3.d.ii.3 - Prescribed Milestones | | |
| | Milestone #1 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up. | Pass & Ongoing | |
| | Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke. | Pass & Ongoing | |
| | Milestone #3 Develop and implement evidence-based asthma management guidelines. | Pass & Ongoing | |
| | Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of | Pass & Ongoing | |



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| | asthma symptoms and asthma control, and using written asthma action plans. | |
| | Milestone #5 Ensure coordinated care for asthma patients includes social services and support. | Pass & Ongoing |
| | Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events. | Pass & Ongoing |
| | Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers. | Pass & Ongoing |
| | Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing |
| 3.f.i | Module 3.f.i.2 - Patient Engagement Speed | Pass & Ongoing   |
| | Module 3.f.i.3 - Prescribed Milestones | |
| | Milestone #1 Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high- risk mothers including high-risk first time mothers. | Pass & Ongoing |
| | Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk. | Pass & Ongoing |
| | Milestone #3 Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate. | Pass & Ongoing |
| | Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project. | Pass & Ongoing |
| | Milestone #5 Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center). | Pass & Ongoing |
| | Milestone #6 Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers. | Pass & Ongoing |
| | Milestone #7 Develop service MOUs between multidisciplinary team and OB/GYN providers. | Pass & Ongoing |
| | Milestone #8 Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines. | Pass & Ongoing |
| | Milestone #9 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms 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, by the end of DY 3. | Pass & Ongoing |
| | Milestone #10 Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | Pass & Ongoing |
| | Milestone #11 Use EHRs or other IT platforms to track all patients engaged in this project. | Pass & Ongoing |
| | Milestone #12 Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program. | Pass & Ongoing |
| Milestone #13 Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria. | Pass & Ongoing | |
| Milestone #14 Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training. | Pass & Ongoing | |



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| | Milestone #15 Establish protocols for deployment of CHW. | Pass & Ongoing | |
| | Milestone #16 Coordinate with the Medicaid Managed Care organizations serving the target population. | Pass & Ongoing | |
| | Milestone #17 Use EHRs or other IT platforms to track all patients engaged in this project. | Pass & Ongoing | |
| 4.a.iii | Module 4.a.iii.2 - PPS Defined Milestones | Pass & Ongoing | |
| 4.c.ii | Module 4.c.ii.2 - PPS Defined Milestones | Pass & Ongoing | |