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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Quarterly Report - Implementation Plan for Bronx-Lebanon Hospital Center

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

Status By Section

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

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	Completed
2.a.iii	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services	Completed
2.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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Section 01 – Budget

IPQR Module 1.1 - PPS Budget Report

Instructions :

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

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	11,511,609	12,267,591	19,838,235	17,566,681	11,511,609	72,695,725
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
Other	0	0	0	0	0	0
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**

Current File Uploads

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Narrative Text :

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IPQR Module 1.2 - PPS Flow of Funds

Instructions :

In the table below, please detail your PPS's projected flow of DSRIP funds for the next five years, splitting out the flow of funds by provider type. The provider types match the categories used for the Speed & Scale portion of your Project Plan Application.
- This table requires your funds flow projections on an annual basis. Subsequent quarterly reports will require you to submit your actual distribution of funds to these provider categories on a quarterly basis.
- These quarterly submissions of actual funds distribution will ultimately be required at the provider level (as opposed to the provider type level required here)

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	11,511,609	12,267,591	19,838,235	17,566,681	11,511,609	72,695,725
Primary Care Physicians	2,052,352	1,987,687	2,445,759	1,999,929	1,384,719	9,870,446
Non-PCP Practitioners	1,026,176	993,844	1,222,879	999,965	692,360	4,935,224
Hospitals	8,308,317	9,581,671	13,484,724	14,768,710	13,649,375	59,792,797
Clinics	3,078,528	2,981,531	3,668,638	2,999,894	2,077,079	14,805,670
Health Home / Care Management	2,873,293	2,782,762	3,424,062	2,799,901	1,938,607	13,818,625
Behavioral 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
Skilled Nursing Facilities / Nursing Homes	820,941	795,075	978,303	799,972	553,888	3,948,179
Pharmacies	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
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**

Current File Uploads

User ID	File Name	File Description	Upload Date

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Narrative Text :

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IPQR Module 1.3 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	In Progress	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	04/01/2015	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	In Progress	Distribute Project plan developed by each project for distribution to project participants, include total project implementation budget	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	In Progress	Based on the total project begets, finalize provider level project budgets that outline specific flows of funds	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.	In Progress	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	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	In Progress	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	12/31/2015	DY1 Q3	
Task Distribute funds flow and distribution plan to Finance Committee and Project Committees and receive input	In Progress	Distribute funds flow and distribution plan to Finance Committee and Project Committees and receive input	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Revise plan and obtain approval from Finance and Steering Committees	In Progress	Revise plan and obtain approval from Finance and Steering Committees	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Communicate approved funds flow plan to each Project and its network providers and	In Progress	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	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
incorporate funds plan and budget into provider participation agreements							
Task Finalize Funds Flow policy and procedure including DSRIP period closing requirements and expected funds distribution schedule for distribution to PPS partners	In Progress	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	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.	In Progress	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	12/31/2015	DY1 Q3	
Task Annually prepare funds flow budgets based on final budget review with Project Committees and approval of Finance Committee.	In Progress	Annually prepare funds flow budgets based on final budget review with Project Committees and approval of Finance Committee.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Complete funds flow budget and distribution plan and communicate with network	

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IPQR Module 1.4 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 1.5 - 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	In Progress	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task LLC oversees existing committee structure	In Progress	LLC oversees existing committee structure	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	In Progress	Existing committees including Finance, Clinical (PDI), Workforce, and IT and their existing memberships are formally organized under LLC	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	In Progress	Complete administrative services agreement between LLC and BLHC for professional and administrative services	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	In Progress	LLC formally organizes existing Steering Committee as its governing board/board of managers	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Complete by-laws/operating agreement of LLC	In Progress	Complete by-laws/operating agreement of LLC	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish BLHC PPS LLC	In Progress	Establish BLHC PPS LLC	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	In Progress	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Contract for operational management of clinical	In Progress	Contract for operational management of clinical quality with PMO	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Steering Committee receives reports from each committee - Workforce, Finance, IT, PDI, Quality and Compliance at each meeting		Finance, IT, PDI, Quality and Compliance at each meeting					
Task Develop key metrics for each management committee - IT, workforce, Clinical , Compliance, Quality, and Finance	In Progress	Develop key metrics for each management committee - IT, workforce, Clinical , Compliance, Quality, and Finance	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.	In Progress	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	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.	In Progress	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	09/30/2015	DY1 Q2	
Task Distribute tools to participating providers to report on their DSRIP activities	In Progress	Distribute tools to participating providers to report on their DSRIP activities	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.	In Progress	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	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.	In Progress	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	12/31/2015	DY1 Q3	
Task LLC contracts with PMO to operationalize	In Progress	LLC contracts with PMO to operationalize oversight and monitoring of quality,	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
oversight and monitoring of quality, provider financial stability, provider contracts management, IT and other implementation activities		provider financial stability, provider contracts management, IT and other implementation activities					
Task Educate participating providers on PPS compliance program	In Progress	Educate participating providers on PPS compliance program	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)	In Progress	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Engage community and provider relations expertise to develop plan	In Progress	Engage community and provider relations expertise to develop plan	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.	In Progress	Identify gaps in the participating provider network and seek providers to fill those gaps.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review list of PPS Network Providers to confirm contact information	In Progress	Review list of PPS Network Providers to confirm contact information, etc.	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.	In Progress	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	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.	In Progress	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	12/31/2015	DY1 Q3	
Task LLC approves community engagement plan	In Progress	LLC approves community engagement plan	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #6 Finalize partnership agreements or contracts	In Progress	Signed CBO partnership agreements or contracts.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.	In Progress	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	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	In Progress	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	09/30/2015	DY1 Q2	
Task Contracts are distributed, signed and implemented	In Progress	Contracts are distributed, signed and implemented	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	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	12/31/2015	DY1 Q3	
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	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	06/30/2016	DY2 Q1	
Task	In Progress	Identify the role and responsibility of each identified public agency in the PPS'	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Identify the role and responsibility of each identified public agency in the PPS' projects		projects					
Task Begin cooperation with selected agencies	In Progress	Begin cooperation with selected agencies	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	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	06/30/2018	DY4 Q1	
Milestone #8 Inclusion of CBOs in PPS Implementation.	In Progress	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
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	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	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	In Progress	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	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS through MOUs or contracts							
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	03/31/2016	DY1 Q4	
Milestone #9 Finalize workforce communication and engagement plan	In Progress	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Review list of PPS Network Providers to confirm contact information	In Progress	Review list of PPS Network Providers to confirm contact information	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	In Progress	Inventory communication needs and available communication channels that can be used to reach key stakeholders	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	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	06/30/2016	DY2 Q1	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Inclusion of CBOs in PPS Implementation.	vg467992	27_MDL0203_1_1_20150806163604_Bronx CNA Report_Final.pdf	Bronx CNA	08/06/2015 04:35 PM
	vg467992	27_MDL0203_1_1_20150806163119_CNA_qualitative_final_1 1 6 2014 w_ cover.pdf	focus group gap analysis	08/06/2015 04:25 PM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	
Finalize bylaws and policies or Committee Guidelines where applicable	
Establish governance structure reporting and monitoring processes	
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	
Finalize partnership agreements or contracts with CBOs	
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	
Finalize workforce communication and engagement plan	
Inclusion of CBOs in PPS Implementation.	

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

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 & Oversigh	Virgilina Gonzalez/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 is 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		
Sam Shutman - Bronx-Lebanon Hospital Center	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
Aida Morales- 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
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

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 minimized 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 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 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	In Progress	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Develop and receive approval for Finance Mission	In Progress	Develop and receive approval for Finance Mission	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	In Progress	Finalize Finance functions including banking, treasury, accounting, general ledger and receive steering approval for activities	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Produce cash flow forecasts and report to Steering Committee	In Progress	Produce cash flow forecasts and report to Steering Committee	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	In Progress	Establish policies and procedures for Steering Committee approvals of funds distributions to partners	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Complete ASO agreement between BLHC and PPS for financial services	In Progress	Complete ASO agreement between BLHC and PPS for financial services	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 providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		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	In Progress	Finance committee establishes metrics for financial monitoring	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	In Progress	Distribute financial monitoring survey to each participating provider along with participating provider agreement and compliance questionnaire	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	In Progress	Review provider financial information in relation to metrics for review of financial stress established by PPS	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Evaluate responses and determine partner institutions that are at financial risk	In Progress	Evaluate responses and determine partner institutions that are at financial risk	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Contact partners to verify risk status	In Progress	Contact partners to verify risk status	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	In Progress	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	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Monitor financially fragile providers, particularly those that have received sustainability funds	In Progress	Monitor financially fragile providers, particularly those that have received sustainability funds	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 sustainability funds	On Hold	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	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Finance committee establishes requirements and process to apply for financial sustainability	On Hold	Finance committee establishes requirements and process to apply for financial sustainability funds	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
funds							
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	In Progress	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	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	In Progress	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	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	In Progress	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	09/30/2015	DY1 Q2	
Task Hire Compliance Officer who has independent reporting responsibility to the LLC and PPS Lead	In Progress	Hire Compliance Officer who has independent reporting responsibility to the LLC and PPS Lead	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.	In Progress	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	12/31/2015	DY1 Q3	
Task Review results of participating partner compliance survey and develop criteria for corrective actions	In Progress	Review results of participating partner compliance survey and develop criteria for corrective actions	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish permanent reporting requirement of Compliance to Steering Committee at least quarterly	In Progress	Establish permanent reporting requirement of Compliance to Steering Committee at least quarterly	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different	In Progress	This milestone must be completed by 3/31/2016. Value-based payment plan, signed off by PPS board	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
provider-types and functions, and MCO strategy.							
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.	In Progress	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	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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 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	On Hold	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	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS will expand care coordination arrangements to other MCOs to learn how to manage larger and more complex populations	On Hold	PPS will expand care coordination arrangements to other MCOs to learn how to manage larger and more complex populations	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS will engage community partners to participate on care coordination teams	On Hold	PPS will engage community partners to participate on care coordination teams	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Based on experience with care coordination, PPS will implement learning collaborative about care coordination as a tool to move toward VBP.	On Hold	Based on experience with care coordination, PPS will implement learning collaborative about care coordination as a tool to move toward VBP.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS will develop a road map to expand care coordination to additional MCOs	On Hold	PPS will develop a road map to expand care coordination to additional MCOs	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS will finalize a plan to move from care coordination contracts to contracts that include upside risk for PPS and its partners	On Hold	PPS will finalize a plan to move from care coordination contracts to contracts that include upside risk for PPS and its partners	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 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	12/31/2016	DY2 Q3	YES
Task Collect and Analysis current state of PPS's VBP arrangements	In Progress	Collect and Analysis current state of PPS's VBP arrangements	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	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	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	03/31/2016	DY1 Q4	
Task Review and Modify Plan to achieve 90% value-based payments across network by year 5 of the waiver	On Hold	Review and Modify Plan to achieve 90% value-based payments across network by year 5 of the waiver	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Finalize and sign-off from steering the Plan to achieve 90% value-based payments across network by year 5 of the waiver	On Hold	Finalize and sign-off from steering the Plan to achieve 90% value-based payments across network by year 5 of the waiver	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	In Progress		04/01/2016	03/31/2018	03/31/2018	DY3 Q4	YES
Task PPS will evaluate its current shared risk arrangement for its health home population as a	On Hold	PPS will evaluate its current shared risk arrangement for its health home population as a model for 2aiii participants	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
model for 2aiii participants							
Task Based on that evaluation, PPS will seek to expand its shared risk arrangement to include the 2aiii population	On Hold	Based on that evaluation, PPS will seek to expand its shared risk arrangement to include the 2aiii population	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPs will evaluate the possibility of a bundled payment methodology for a subpopulation engaged in one of the projects	On Hold	PPs will evaluate the possibility of a bundled payment methodology for a subpopulation engaged in one of the projects	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS will test the bundled payment methodology with the lead entity	On Hold	PPS will test the bundled payment methodology with the lead entity	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS will seek an MCO partner to develop a bundled payment methodology for the identified subpopulation	On Hold	PPS will seek an MCO partner to develop a bundled payment methodology for the identified subpopulation	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task If the results of the bundled payment methodology at the lead entity are acceptable, PPS will expand participation to other PPS partners	On Hold	If the results of the bundled payment methodology at the lead entity are acceptable, PPS will expand participation to other PPS partners	04/01/2015	03/31/2020	03/31/2020	DY5 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	06/30/2019	DY5 Q1	YES
Task Collect and Analysis current state of PPS's VBP arrangements	In Progress	Collect and Analysis current state of PPS's VBP arrangements	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Perform gap analysis on current state to meet the 50% contracting goals	In Progress	Perform gap analysis on current state to meet the 50% contracting goals	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	09/30/2016	DY2 Q2	
Task PPS will test the MCO agreements with partners	In Progress	PPS will test the MCO agreements with partners	07/01/2017	09/30/2017	09/30/2017	DY3 Q2	
Task	In Progress	If the results of the VBP level 1 payment methodology at the lead entity are	01/01/2018	03/31/2018	03/31/2018	DY3 Q4	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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		acceptable, PPS will expand participation to other PPS partners to meet the 50% Goal					
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	06/30/2019	DY5 Q1	YES
Task PPS will seek approval to participate in the Innovator Program	In Progress	PPS will seek approval to participate in the Innovator Program	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Collect and Analysis current state of PPS's VBP arrangements	In Progress	Collect and Analysis current state of PPS's VBP arrangements	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	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	On Hold	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	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS will seek MCO partners to expand Innovator program coverage to those MCO populations	On Hold	PPS will seek MCO partners to expand Innovator program coverage to those MCO populations	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS will test the MCO agreements with partners	On Hold	PPS will test the MCO agreements with partners	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS will ramp up contracting agreements to close remaining gap	On Hold	PPS will ramp up contracting agreements to close remaining gap	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Bronx-Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	
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	
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	

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

Bronx-Lebanon Hospital Center (PPS ID:27)

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	Financial oversight and participation in finance committee	Urban Health Plan Inc.
Elizabeth Hirschhorn	Financial oversight and participation in finance committee	American Dental Offices
Jaymie Kahn	Financial oversight and participation in finance committee	Bailey House
Tony Martinez	Financial oversight and participation in finance committee	All Med Medical & Rehabilitation of New York, Inc.
Dr. Biren Patel	Financial oversight and participation in finance committee	Hemant Patel MD PC/ Harlem Medical Group PC
Nunzio Signorella	Financial oversight and participation in finance committee	BOOM!Health
Michelle Trebitsch	Financial oversight and participation in finance committee	Visiting Nurse Service of New York
Alan Wengrofsky	Financial oversight and participation in finance committee	Community Healthcare Network
John A. Darin	Financial oversight and participation in finance committee	NADAP
Geoffrey Anaele	Financial oversight and participation in finance committee	Dennelisse Corporation
Connie Fong	Financial oversight and participation in finance committee	Dennelisse Corporation
Alan Zuckerman	Financial oversight and participation in finance committee	Harlem United
John Salandra	Financial oversight and participation in finance committee	Dominican Sisters
Jessica Diamond	Financial oversight and participation in finance committee	Community Care Management Partners Health Home (CCMP)/HELP/PSI
Debbian Fletcher-Blake	Financial oversight and participation in finance committee	Care for the Homeless
Victor Demarco	Financial oversight and participation in finance committee	Bronx Lebanon Hospital Center
Arvind Pragani	Financial oversight and participation in finance committee	Bronx Lebanon Hospital Center
Beverly Mosquera	Financial oversight and participation in finance committee	Comunilife, Inc.
Phil Opatz	Financial oversight and participation in finance committee	Community Care Management Partners Health Home (CCMP)
Silva Umukoro	Financial oversight and participation in finance committee	Urban Health Plan Inc.
Tamisha McPherson	Financial oversight and participation in finance committee	Harlem United
Dan McCarthy	Financial oversight and participation in finance committee	Healthfirst
Richard Parker	Financial oversight and participation in finance committee	Bronx Lebanon Hospital Center
Rocco Morello	Financial oversight and participation in finance committee	Bronx Lebanon Hospital Center

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Rosemarie Gooden	Financial oversight and participation in finance committee	Unique People Services
Sheldon Foster	Financial oversight and participation in finance committee	Unique People Services
Jay Aronowitz	Financial oversight and participation in finance committee	Comunilife, Inc.
Louis Lopez	Financial oversight and participation in finance committee	Bronx Lebanon Hospital Center
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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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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	In Progress	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	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	In Progress	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	09/30/2015	DY1 Q2	
Task Building off the work of the Community Needs Assessment, PDI will 1) identify priority groups (including people with disabilities) experiencing	In Progress	Building off the work of the Community Needs 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	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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	In Progress	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	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	In Progress	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	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	In Progress	PDI will work with CC/HL sub-committee to develop culturally-appropriate assessments, tools and patient self-management materials	10/01/2015	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	In Progress	TEF and other training partners will identify curricula to be developed for the PPS that address core employee CC/HL competencies	11/01/2015	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	In Progress	CC/HL sub-committee will develop recommendations for a PPS-wide strategy that defines cultural competency and standards for culturally appropriate services and care	11/01/2015	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	In Progress	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	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 material).	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-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	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		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	In Progress	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	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	In Progress	Workforce will survey partners to determine training capacity and knowledge across the PPS and externally including existing curricula, vendors and methods of training	04/01/2015	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	09/01/2015	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	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	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	In Progress	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	06/30/2016	DY2 Q1	
Task Submit comprehensive training plan to Steering Committee for approval	In Progress	Submit comprehensive training plan to Steering Committee for approval	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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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 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
CC/HL Sub-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

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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		
Aida Morales, 1199	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Celestino Fuentes, Liberty Management	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	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	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
Serena Griffin, Bronx Lebanon Hospital Center	Workforce Committee Partner	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
Premier Home Health Care Services	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Strive International	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		and provide training
University Consultation Center	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
NYSNA	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Denise Bauer, Catholic Charities	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Luarnie Bermudo, DSFHS	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Joann Casado, UHP	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Dr. John Coffey, BLHC	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Dr. Kamala Greene, BLHC	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Bill Herl, Care for the Homeless	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Beth Lorell, BLHC	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Dr. Magdy Mikhail, BLHC	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Fernando Martinez, the Osbourne Group	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Michelle Miller, Catholic Charities	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Lisa Orriola, BLHC	Stakeholder Enagement 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 Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Peter Sherman, BLHC	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Roy Vega, BLHC	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Debbie Pantin, VIP	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Brent Stackhouse, Mount Sinai Hospital	Stakeholder Enagement Workgroup 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
Gary Rosario, BLHC	Stakeholder Enagement Workgroup Partner	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
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

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 trianing 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 unneccessary 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	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	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.	In Progress	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	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.	In Progress	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	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	In Progress	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	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
ongoing effort throughout the deployment. Note: 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	In Progress	Review and approval of Assessment Plan, Key Findings, and Gap Analysis by Bronx Lebanon PPS leadership	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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #2 Develop an IT Change Management Strategy.	In Progress	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes	04/01/2015	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.	In Progress	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.	04/01/2015	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	In Progress	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.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
communication channels exist between the IT Committee and 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)	On Hold	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)	04/01/2105	12/31/2015	12/31/2015	DY1 Q3	
Task Review and approval by PPS leadership of the IT Change Management Plan	On Hold	Review and approval by PPS leadership of the IT Change Management Plan	04/01/2015	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 DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).	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	In Progress	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 roadmap will offer remediation steps to these	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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 roadmap will offer remediation steps to these shortcomings (i.e. rules to the road).		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.	In Progress	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	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.	In Progress	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	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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Solicit stakeholder input on draft governance and policy framework, including data exchange agreements, and revise as needed	On Hold	Solicit stakeholder input on draft governance and policy framework, including data exchange agreements, and revise as needed	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Map IT standards and infrastructure plan to the finalized Current State Assessment to	On Hold	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	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
determine gaps. Prioritize IT deployment based on largest impact to the projects, which will be identified when soliciting stakeholder input (e.x. meeting with project workgroups).		input (e.x. meeting 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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	In Progress	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	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.	In Progress	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.	04/01/2015	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).	In Progress	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).	04/01/2015	10/30/2015	12/31/2015	DY1 Q3	
Task Review and approval of Engagement Plan by PPS leadership	On Hold	Review and approval of Engagement Plan by PPS leadership	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #5 Develop a data security and confidentiality plan.	In Progress	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		-- Plans for ongoing security testing and controls to be rolled 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.	In Progress	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	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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
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	On Hold	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	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
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).	On Hold	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).	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Review and approval of Data Security and Confidentiality Plan by PPS leadership	On Hold	Review and approval of Data Security and Confidentiality Plan by PPS leadership	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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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 o 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), 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	- 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), 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)	- 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	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
Chris Quiñones, Community Healthcare Network , 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,

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		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
Dan Figueras, Urban Health Plan, 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
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

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		proportion of PPS members; Responsible for development of implementation plan with in put from committee members
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, Dennelisse 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 infrastructure

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
	delivery of IT strategy for PPS	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
Vivian Torres, 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	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	06/30/2016	DY2 Q1	NO
Task PMO will Identify PPS resources that are responsible for clinical and financial outcomes of specific patient pathways	In Progress	Staffing and Resource Plan for Outcomes Monitoring and Reporting	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	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	In Progress	Technology Architecture for Dashboard Technologies, and Communication Strategy	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task	In Progress	Rapid Cycle Evaluation Framework	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PMO will establish framework for facilitating rapid cycle improvement informed by diligent outcomes tracking							
Task Review and approval of Performance and Communication Strategy by PPS Steering Committee.	In Progress	Final Performance Reporting and Communication Strategy	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.	In Progress	Sub-Committee Charter and Defined Goals	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	In Progress	Monthly Reports, and applicable change management documentation	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.	In Progress	Finalized performance reporting training program.	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	In Progress	Draft Performance Reporting Training Program	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	In Progress	Summary of Stakeholder Input	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Review and approval of Performance Reporting Training Program by PPS Steering Committee	In Progress	Final Performance Reporting Training Program	01/01/2017	12/31/2017	12/31/2017	DY3 Q3	
Task The Workforce Committee will implement Performance Reporting Training Program	In Progress	Program Management Documentation	01/01/2018	06/30/2018	06/30/2018	DY4 Q1	
Task	In Progress	Quarterly Reports, Description of Training Programs Delivered, Participant-	01/01/2018	06/30/2018	06/30/2018	DY4 Q1	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS Leadership and the Workforce Committee will deliver the description of Training Programs delivered and participant-level data, including training outcomes, based upon subsequent quarterly reports		Level Data, and Training Outcomes					

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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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 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	• 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	• 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	• 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	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
Chris Quiñones, Community Healthcare Network , 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	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

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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
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
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 Beltsyz, Dennelisse 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, Communilife; 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
Aida Morales, 1199, 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
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
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
Sam Shutman - 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

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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
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 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
Aida Morales- 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
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

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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	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

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 :

Progress Reporting: This section appears to be a copy of the Progress Reporting section for Population Health. Please replace with performance reporting appropriate strategy.

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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	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	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	In Progress	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	09/30/2015	DY1 Q2	
Task Determine the practitioner function -- Gather information on functions and services offered by PPS partners	In Progress	Determine the practitioner function -- Gather information on functions and services offered by PPS partners	10/01/2015	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	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
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	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish ongoing stakeholder panel. These are	In Progress	Establish ongoing stakeholder panel. These are services designed to help practitioners and providers improve the efficiency of their operations, thereby	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
services designed to help practitioners and providers improve the efficiency of their operations, thereby freeing up time for the new collaborative care practices		freeing up time for the new collaborative care practices					
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	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Steering Committee will review and finalize the provider communication and engagement plan.	In Progress	Steering Committee will review and finalize the provider communication and engagement plan.	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	In Progress	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	12/31/2016	DY2 Q3	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	In Progress	Practitioner training / education plan.	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task Review existing plans and materials	In Progress	Review existing plans and materials	10/01/2015	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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	In Progress	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	03/31/2017	DY2 Q4	
Task Define criteria for identifying and prioritizing stakeholders based on : a. attribution b. services c. possible impacts	In Progress	Define criteria for identifying and prioritizing stakeholders based on : a. attribution b. services c. possible impacts	10/01/2015	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	In Progress	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	03/31/2017	DY2 Q4	
Task Define short- and long-term goals, and set tactics and rules for the engagement.	In Progress	Define short- and long-term goals, and set tactics and rules for the engagement.	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task 360 Review of training materials and feedback	In Progress	360 Review of training materials and feedback	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

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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.	

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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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-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 is 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	Virgilina Gonzalez/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
Luarnie Bermudo, DSFHS	Stakeholder Engagement Workgroup Partner	Engage providers and assist in the work of the PPS
Joann Casado, UHP	Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. John Coffey, BLHC	Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Kamala Greene, BLHC	Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Bill Herl, Care for the Homeless	Stakeholder Engagement Workgroup Partner	Engage providers and assist in the work of the PPS
Beth Lorell, BLHC	Stakeholder Engagement Workgroup Partner; 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	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	Engage providers and assist in the work of the PPS
Gary Rosario, BLHC	Stakeholder Engagement Workgroup Partner; 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

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Roy Wallach, Liberty Management	Stakeholder Engagement Workgroup Partner; 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
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	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
Sam Shutman, 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
Aida Morales, 1199	Workforce Committee Partner	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 Plans	Workforce Committee Partner	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

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Vivian Torres, Self Help Community Services, Inc	Workforce Committee Partner	Engage providers and assist in the work of the PPS
Serena Griffin, BLHC	Workforce Committee Partner	Engage providers and assist in the work of the PPS
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 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

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 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	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	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.)	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Acquire, aggregate and leverage data in support of population health.	In Progress	Acquire, aggregate and leverage data in support of population health.	10/01/2015	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	In Progress	Engage patients, physicians and other clinicians and create a collaborative partnership to develop population health roadmap	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop intervention protocols for identified population	In Progress	Develop intervention protocols for identified population	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 Progress	Identify the necessary IT infrastructure to support a population health approach and work in the PPS	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
in the 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	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	03/31/2017	DY2 Q4	NO
Task The lead entity will develop a methodology to evaluate acute care bed utilization in the PPS	In Progress	The lead entity will develop a methodology to evaluate acute care bed utilization in the PPS	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	In Progress	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	12/31/2015	DY1 Q3	
Task Identifies members of the PPS who have gaps in care and requires intervention	In Progress	Identifies members of the PPS who have gaps in care and requires intervention	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	03/31/2016	DY1 Q4	
Task Engage patients, physicians and other clinicians and create a collaborative partnership to identify potentially avoidable admissions.	In Progress	Engage patients, physicians and other clinicians and create a collaborative partnership to identify potentially avoidable admissions.	10/01/2015	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	In Progress	Define criteria for identifying DSRIP projects impact on bed reduction to allow for planning and implementation of strategy	10/01/2015	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.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Evaluate existing and DSRIP project activities	In Progress	Evaluate existing and DSRIP project activities that will impact bed utilization	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
that will impact bed utilization							
Task Map bed reduction strategies to stakeholders needs and prioritize	In Progress	Map bed reduction strategies to stakeholders needs and prioritize	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Establish ongoing training regarding potentially avoidable admissions panel	In Progress	Establish ongoing training regarding potentially avoidable admissions panel	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	In Progress	Define short and long-term goals, and set tactics and rules for the plan	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Bed reduction plan finalized and approved by Steering committee	In Progress	Bed reduction plan finalized and approved by Steering committee	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	
Finalize PPS-wide bed reduction plan.	

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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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 commonalties 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	Establish LLC, PMO contract, Provider participation contracts, compliance program
Integrated Delivery System Implementation & Oversight	Virgilina Gonzalez/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 is 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/ Confer Park-Armes 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 Partner	Participate in PPS and worked towards meeting deliverables and milestones
Beth Lorell, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Christina Coons, VNSNY	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
David Gerber, St. Christopher's Inn	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Debbie Lester, Urban Health Plan	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Debbie Pantin , VIP Services	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Deborah Witham, VIP Services	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Abayomi Salako	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Issac Dapkins, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Jeffery Levine, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. John Coffey, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Kamala Greene, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Magdy Mikhail	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Manuel Vasquez , Urban Health Plan	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Mario F. Moquete, Hudson Heights IPA	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		milestones
Dr. Peter Sherman , BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Richard Cindrich, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Gary Rosario, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Georgia Connell, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Javiera Rivera, Urban Health Plan	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Joann Casado, Urban Health Plan	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Kathryn Salisbury, MHA of NYC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Luarnie Bermudo, Domincian Sisters Family Health Services	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Natalie Cruz, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Paloma Hernandez, Urban Health Plan	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Patricia Cahill, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Richard Biscotti, ArchCare	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Richard Parker, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Roy Wallach, Arms Acres, Conifer Park	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Sam Shutman, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Scott Auwarter, Bronx Works	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Virgilina Gonazalez, BLHC	Project Development and Implementation 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 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	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 :

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

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	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	06/30/2016	DY2 Q1	NO
Task Define the 1) purpose of the NA, 2) target population for NA, and 3) key NA questions	In Progress	Conduct a data assessment and gap analysis to identify service provider needs	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	In Progress	PMO through stakeholder engagement will identify active Clinical providers	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop a plan for collecting and and analyzing primary and secondary data sources	In Progress	Assess existing programs and workflows to enable cross and bi-directional communication providers and patients.	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	In Progress	Determined projected needs for Clinical Integration for DSRIP	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assess existing programs, human resources, IT solutions and, and workflows that drive a care coordination within the network	In Progress	Identify key datas need to change for Clinical integration	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Develop key data measures and benchmarks for successful clinical integration within the PPS	In Progress	Identify key interfaces needs for clinical integration	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Identify reports needed to support clinical integration functions	In Progress	Identify reports needs to support clinical integration functions	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Establish a 360 review processes for aligned needs and provider expectations	In Progress	Establish 360 Review prepossess for aligned needs and provider expectations	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Clinical Quality Committee review and approval of Clinical Integration Needs Assessment	In Progress	Steering Committee review and approval of clinical integration plan	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	Identity the services provided by participating clinical partners	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	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	06/30/2016	DY2 Q1	NO
Task Identify key Clinical and other information for sharing	In Progress	Identify key Clinical and other information for sharing	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	06/30/2016	DY2 Q1	
Task Establish framework for discharge coordination	In Progress	Establish framework for discharge coordination	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Training for operations staff on care	In Progress	Training for operations staff on care coordination and communication tools	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
coordination and communication tools							
Task Training for providers across settings	In Progress	Training for providers across settings	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Establish framework for hospital admission coordination	In Progress	Establish framework for hospital admission coordination	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Establish 360 Review prepossess for aligned needs and provider expectations	In Progress	Establish 360 Review prepossess for aligned needs and provider expectations	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Steering Committee review and approval of clinical integration plan	In Progress	Steering Committee review and approval of clinical integration plan	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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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.

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 out reach 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	Establish LLC, PMO contract, Provider participation contracts, compliance program
Integrated Delivery System Implementation & Oversight	Virgilina Gonzalez/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	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 is 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/ Confer Park-Armes Acre	Coordinate stakeholder communication for the 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 Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Beth Lorell , BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Christina Coons, VNSNY	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
David Gerber, St. Christopher's Inn	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Debbie Lester, Urban Health Plan	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Debbie Pantin , VIP Services	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Deborah Witham , VIP Services	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Abayomi Salako, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Issac Dapkins, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Jeffery Levine, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. John Coffey, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Kamala Greene, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Magdy Mikhail, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Manuel Vasquez , Urban Health Plan	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Mario F. Moquete, Hudson Heights IPA	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		milestones
Dr. Peter Sherman , BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Richard Cindrich, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Gary Rosario, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Georgia Connell, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Javiera Rivera, Urban Health Plan	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Joann Casado, Urban Health Plan	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Kathryn Salisbury, MHA of NYC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Leonardo Vicente, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Luarnie Bermudo, Domincian Sisters Family Health Services	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Natalie Cruz, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Paloma Hernandez, Urban Health Plan	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Patricia Cahill, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Richard Biscotti, ArchCare	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Richard Parker, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Roy Wallach, Arms Acres, Conifer Park	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Sam Shutman, BLHC	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Scott Auwarter, Bronx Works	Project Development and Implementation Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Virgilina Gonazalez, BLHC	Project Development and Implementation 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
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 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	• 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	Virgilina Gonzalez / 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 Sam Shutman / Bronx Lebanon	• 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 & Virgilina Gonzalez / 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	Jill Huck / Mount Sinai; Virgilina Gonzalez / 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	• Making key decisions for the PPS on strategy and process
Yasmine Gourdian/Bronx Lebanon	PPS Compliance Officer	• Ensuring that the PPS is in compliance with all DSRIP related polices and procedures
Victor DeMarco/Bronx Lebanon	Financial Management and oversight	• Financial structure and management of PPS, treasury and accounting, financial oversight of PPS participating providers
Virgilina Gonzalez/Bronx Lebanon	Integrated Delivery System Implementation & Oversight	• Establish and Implement DSRIP: IT, Project Implementation , PCMH Certification, Care Coordination, Stakeholder Engagement oversight. Reporting on milestones and metric
Fred Miller	PPS Governance and organization	• 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	• 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	• 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	• Exchange of best practices; Work together on projects in common where possible	• 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 - 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 - Project Implementation Speed

Instructions :

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

Benchmarks
100% Total Committed By
DY4,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	409	0	0	0	0	20	60	100	150	200	250
Non-PCP Practitioners	1,171	0	0	0	23	48	73	98	123	198	323
Hospitals	8	0	0	0	0	0	0	0	0	0	0
Clinics	60	0	0	0	1	3	5	8	11	15	19
Health Home / Care Management	21	0	0	0	1	2	3	4	5	7	9
Behavioral Health	189	0	0	0	4	6	8	10	12	14	39
Substance Abuse	33	0	0	0	1	2	4	7	8	11	15
Skilled Nursing Facilities / Nursing Homes	27	0	0	0	0	0	0	0	0	1	3
Pharmacies	4	0	0	0	1	2	2	2	2	2	2
Hospice	3	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	13	0	0	0	0	0	1	3	5	8	13
All Other	752	0	0	10	22	40	64	94	129	169	219
Total Committed Providers	**2,690**	**0**	**0**	**10**	**53**	**123**	**220**	**326**	**445**	**625**	**892**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.37**	**1.97**	**4.57**	**8.18**	**12.12**	**16.54**	**23.23**	**33.16**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	409	300	409	409	409	409	409	409	409	409	409
Non-PCP Practitioners	1,171	474	649	739	939	1,014	1,171	1,171	1,171	1,171	1,171

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Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Hospitals	8	0	1	3	5	7	8	8	8	8	8
Clinics	60	24	29	37	45	53	60	60	60	60	60
Health Home / Care Management	21	11	13	15	17	19	21	21	21	21	21
Behavioral Health	189	64	94	134	134	159	189	189	189	189	189
Substance Abuse	33	18	18	18	33	33	33	33	33	33	33
Skilled Nursing Facilities / Nursing Homes	27	6	10	15	20	25	27	27	27	27	27
Pharmacies	4	2	2	2	2	3	4	4	4	4	4
Hospice	3	0	0	0	1	2	3	3	3	3	3
Community Based Organizations	13	13	13	13	13	13	13	13	13	13	13
All Other	752	279	354	444	554	679	752	752	752	752	752
Total Committed Providers	**2,690**	**1,191**	**1,592**	**1,829**	**2,172**	**2,416**	**2,690**	**2,690**	**2,690**	**2,690**	**2,690**
Percent Committed Providers(%)		**44.28**	**59.18**	**67.99**	**80.74**	**89.81**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Project	N/A	In Progress	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	03/31/2016	DY1 Q4
Task Monitor and report to the Steering Committee and the State the status of the evolving provider network	Project		In Progress	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		In Progress	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		In Progress	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		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identification of payers, development and completion of a comprehensive payer directory	Project		In Progress	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	03/31/2016	DY1 Q4
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	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Identification of providers across the PPS and development of a comprehensive provider directory	Project		In Progress	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	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	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	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	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	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	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.	Project		In Progress	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	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	03/31/2017	DY2 Q4
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	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	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	03/31/2016	DY1 Q4
Task Development of a joint plan with the PPS and Health Homes to integrate IT	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		In Progress	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	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	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	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	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	03/31/2017	DY2 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.	Project		In Progress	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	03/31/2017	DY2 Q4
Task Development of Behavioral Health Strategy and Plan for ensuring patient access to behavioral health services	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
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	12/31/2015	DY1 Q3
Task Development of a strategy and plan for ensuring patient access to PPS services	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identification of providers across the PPS and development of a	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
comprehensive provider directory							
Task Development of a communication plan focused on all providers within the PPS	Project		In Progress	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	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	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	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	03/31/2016	DY1 Q4
Task Development of a PPS wide contact system for patients/clients that connects them to needed services	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
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	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	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	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	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		In Progress	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	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	12/31/2016	DY2 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Implementation of a plan to educate patients about the PPS	Project		In Progress	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop and Implementation of a public health strategy across the PPS	Project		In Progress	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		In Progress	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		In Progress	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 appropriate services	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
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	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	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	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	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	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 Non-PCP Practitioners	In Progress	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 Hospitals	In Progress	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 Behavioral Health	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Provider	Safety Net Skilled Nursing	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Facilities / Nursing Homes					
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	01/01/2016	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		In Progress	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		In Progress	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	12/31/2015	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		In Progress	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		In Progress	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	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	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	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	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	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU	Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirements adjusted by CMS will be incorporated into the assessment criteria).							
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Primary Care Physicians	In Progress	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		In Progress	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 evert quarter	Project		In Progress	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 PCMH Level 3 standards and meaningful use	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identification of primary care providers within the PPS and development of a PCP directory	Project		In Progress	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	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	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	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	06/30/2016	DY2 Q1
Task Identification of safety net provider IT capabilities including capability to utilize patient registries for population health management	Project		In Progress	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		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		In Progress	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	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	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	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	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	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 providers, and meet EHR Meaningful Use standards by the end of DY 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.	Project		In Progress	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	Primary Care Physicians	In Progress	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	03/31/2018	DY3 Q4
Task Monitoring and Reporting of status of providers achieving 2014 level 3 PCMH	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
certification and meaningful use							
Task Monitor and report to the steering committee and the State on status of achievement of PCMH and MU	Project		In Progress	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	03/31/2018	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	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	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	06/30/2016	DY2 Q1
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	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
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	03/31/2019	DY4 Q4
Task Medicaid Managed Care contract(s) are in place that include value-based payments.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Identify the current state of MCO contracts toward value based payment arrangements for all providers in the PPS	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Investigate contract management tools	Project		In Progress	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Bronx-Lebanon Hospital Center (PPS ID:27)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop system wide processes for making VBP arrangements	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Identify providers and MCOs already engaged in making VBP arrangements and pilot new models	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Pilot and monitor strategies with MCOs that create value based payment arrangements	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Finalize MCO contracts with appropriate signatures based on value based payment arrangements	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Share new successful models with other PPS providers	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Project	N/A	In Progress	07/01/2015	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	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	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	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	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
(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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	03/31/2019	DY4 Q4
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.	Project		In Progress	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	03/31/2016	DY1 Q4
Task Engage these organizations with demonstrated readiness in discussions on provider compensation aligned with value based payment	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Organizations with readiness will pilot provider compensation models based on VBPR	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Organizations with readiness will pilot risk sharing arrangements with contracted MCOs	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Monitor and Report to the steering committee and the State on the status of PPS transition to value based payment reform	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Share successful models with other providers	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Bronx-Lebanon Hospital Center (PPS ID:27)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Document successful VBPR and provider compensation models							
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Engage patients in the integrated delivery system through outreach and 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	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	03/31/2019	DY4 Q4
Task Identify community health workers, peers, and culturally competent CBOs including the Health Homes within the PPS and develop a comprehensive directory	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Assess current outreach and navigation resources and gaps analysis	Project		In Progress	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	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	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	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	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	12/31/2016	DY2 Q3
Task Develop clearly defined outreach and navigation roles and standardized	Project		In Progress	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
training plan							
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	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	03/31/2017	DY2 Q4
Task Share best practices with PPS provider network	Project		In Progress	01/01/2017	03/31/2019	03/31/2019	DY4 Q4

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

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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 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 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										

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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
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										
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.										

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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 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 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										

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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 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 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										

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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
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 requirements.	0	0	0	0	0	0	0	13	38	63
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										

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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 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 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										

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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 #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 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										

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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 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.)										
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										

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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 #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										
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										

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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
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)										
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										

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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 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 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										

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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 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										
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										

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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
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 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.										

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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 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										
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										

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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
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 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										

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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 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 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										

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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 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
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										

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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 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 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										

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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
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 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										

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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
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.	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										

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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 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										
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										

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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 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)										
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.										

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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 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 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										

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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
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										
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 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	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	
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.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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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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IPQR Module 2.a.iii.2 - Project Implementation Speed

Instructions :

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

Benchmarks
100% Total Committed By
DY4,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	223	0	0	0	0	0	0	0	0	0	22
Non-PCP Practitioners	30	0	0	0	0	0	0	0	0	0	5
Clinics	7	0	0	0	0	1	2	3	4	7	7
Health Home / Care Management	7	0	0	0	0	1	2	3	4	7	7
Behavioral Health	10	0	0	0	0	2	4	6	8	10	10
Substance Abuse	4	0	0	0	0	1	2	3	4	4	4
Pharmacies	1	0	0	0	0	0	0	0	1	1	1
Community Based Organizations	1	0	0	0	0	0	0	0	1	1	1
All Other	50	0	0	0	0	5	10	15	25	50	50
Total Committed Providers	**333**	**0**	**0**	**0**	**0**	**10**	**20**	**30**	**47**	**80**	**107**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**3.00**	**6.01**	**9.01**	**14.11**	**24.02**	**32.13**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	223	44	88	132	223	223	223	223	223	223	223
Non-PCP Practitioners	30	15	25	30	30	30	30	30	30	30	30
Clinics	7	7	7	7	7	7	7	7	7	7	7
Health Home / Care Management	7	7	7	7	7	7	7	7	7	7	7
Behavioral Health	10	10	10	10	10	10	10	10	10	10	10

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Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Substance Abuse	4	4	4	4	4	4	4	4	4	4	4
Pharmacies	1	1	1	1	1	1	1	1	1	1	1
Community Based Organizations	1	1	1	1	1	1	1	1	1	1	1
All Other	50	50	50	50	50	50	50	50	50	50	50
Total Committed Providers	**333**	**139**	**193**	**242**	**333**	**333**	**333**	**333**	**333**	**333**	**333**
Percent Committed Providers(%)		**41.74**	**57.96**	**72.67**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

Instructions :

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

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

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	500	700	1,000	800	2,000	3,200	4,000	1,500	4,000
Percent of Expected Patient Engagement(%)	**0.00**	**5.00**	**7.00**	**10.00**	**8.00**	**20.00**	**32.00**	**40.00**	**15.00**	**40.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	6,500	8,000	2,000	5,000	8,000	10,000	10,000	10,000	10,000	10,000
Percent of Expected Patient Engagement(%)	**65.00**	**80.00**	**20.00**	**50.00**	**80.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	Project	N/A	In Progress	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	04/01/2015	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	06/30/2015	DY1 Q1
Task Identify and document the role and responsibilities of PCMH/APC PCP in the HH At Risk program	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify and document the role and responsibilities of HH/Care Coordinators in the HH At Risk program	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Combine care coordination and comphrehensive assessments from both HHs (Bronx Health Home and CCMP) to create one assessment for the PPS	Project		In Progress	04/01/2015	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	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	03/31/2016	DY1 Q4
Task Notate skip logic, scoring logic and care plan intervention triggers in the Comprehensive Health Assessment	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
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	03/31/2016	DY1 Q4
Task	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Include other DSRIP project interventions/domains into care plan							
Task Notate how Health Assessment drives the care plan	Project		In Progress	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		In Progress	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	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	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and APCM standards	Provider	Primary Care Physicians	In Progress	04/01/2015	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		In Progress	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	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	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 2014 Level 3 PCMH standards and meaningful use	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
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	04/01/2015	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	05/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Monitoring and Reporting of status of providers achieving 2014 level 3 PCMH certification and meaningful use	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Monitor and report to the Steering committee and the State on status of achievement of PCMH and MU	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
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	09/30/2018	DY4 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	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 Non-PCP Practitioners	In Progress	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 Health Home / Care Management	In Progress	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	04/01/2015	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 Bronx RHIO	Project		In Progress	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Develop a strategy to ensure EHR meets Bronx RHIO connectivity requirements	Project		In Progress	04/01/2015	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	09/30/2018	DY4 Q2
Task Subtask B - Start: Identify which HH at risk particiapting safety net providers use/do not use alerts and secure messaging	Project		In Progress	04/01/2015	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	04/01/2015	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	09/30/2018	DY4 Q2
Milestone #4 Ensure that EHR systems used by participating safety net providers meet	Project	N/A	In Progress	04/01/2015	09/30/2018	09/30/2018	DY4 Q2

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Bronx-Lebanon Hospital Center (PPS ID:27)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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).	Project		In Progress	05/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Primary Care Physicians	In Progress	05/01/2015	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		In Progress	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	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 certification	Project		In Progress	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 PCMH Level 3 standards and meaningful use	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identification of primary care providers within the PPS and development of a PCP directory	Project		In Progress	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	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	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 meaninfgul use standards	Project		In Progress	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 meaninfgul use standards	Project		In Progress	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	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Bronx-Lebanon Hospital Center (PPS ID:27)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identification of primary care providers within the PPS and development of a PCP directory	Project		In Progress	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	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 meaningful use standards	Project		In Progress	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
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	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	06/30/2016	DY2 Q1
Task Identification of safety net provider IT capabilities including capability to utilize patient registries for population health management	Project		In Progress	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		In Progress	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	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	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	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	03/31/2017	DY2 Q4
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	10/01/2015	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	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	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	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	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		In Progress	06/30/2015	09/30/2015	09/30/2015	DY1 Q2
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		In Progress	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		In Progress	07/31/2015	09/30/2015	09/30/2015	DY1 Q2
Task Submit HH At Risk process workflow to Care Coordination CFW and Steering Committee for approval	Project		In Progress	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	06/30/2016	DY2 Q1
Task	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Pilot new HH At Risk work flow	Project		In Progress	07/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Evaluate HH At Risk work flow pilot; modify workflow where necessary	Project		In Progress	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	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.	Provider	Primary Care Physicians	In Progress	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	Health Home / Care Management	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify PCP and Care Management participating agencies partners	Project		In Progress	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		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop a strategy to assign CMAs to PCP office/clinics	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.	Provider	Primary Care Physicians	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social	Provider	Health Home / Care Management	In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
services.							
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.	Project		In Progress	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	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	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	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	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		In Progress	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	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	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	03/31/2017	DY2 Q4
Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.							
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	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	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	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	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		In Progress	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	03/31/2017	DY2 Q4
Task Step B - Start: Work with other DSRIP projects to collect their review their intervention data and outcomes	Project		In Progress	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	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		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
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	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	06/30/2016	DY2 Q1
Task Pilot referral algorithim and linkage process	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Evaluate effectivness of referral process; modify where necessary	Project		In Progress	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 comphrehensive 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 CCMP) to create one care plan for the PPS										
Task Include other DSRIP project interventions/domains into care plan										

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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 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 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										

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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
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	1	3	4	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 particiapting 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										

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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
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 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 meaninfgul use standards										
Task Implementation of a plan to provide technical assistance to										

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PCPs assisting them in achieving meaninfgul 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										

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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										
Task Identify PCMH/APCM care planning standards outlined in the PCMH 2014 standards and guidelines manual ; add to the HH At Risk process workflow										

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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										
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for										

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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
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 cultural and linguistic needs of the population.										

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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 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										

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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
workflow										
Task Work with Clinical Committee to develop referral algorithm and linkage process to social service providers										
Task Pilot referral algorithim and linkage process										
Task Evaluate effectivness 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 comphrehensive 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										

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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 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	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										

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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
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.	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 particiapting safety net providers use/do not use alerts and secure messaging										
Task Develop a strategy to help participating safety net providers use										

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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
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.	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										
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										

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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 Subtask B - Start: Determine which of the HH at risk participating providers have/do not have EHRs that meet meaninfgul use standards										
Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving meaninfgul 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										

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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
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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
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.	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)										

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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 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).										
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										

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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 #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.										
Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.										
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.										
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.										
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.										
Task 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										

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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
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 algorithim and linkage process										
Task Evaluate effectivness of referral process; modify where necessary										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	vg467992	27_PMDL2203_1_1_20150807122920_Health Home At Risk Process Flow_041415 Task Completed.pptx	Health Home At Risk Definition - proof of completed task	08/07/2015 12:28 PM
Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	vg467992	27_PMDL2203_1_1_20150807123314_Health Home At Risk Process Flow_041415 Task Completed.pptx	Standard process workflow for conducting a health assessment and developing the care plan - Proof of completed task	08/07/2015 12:32 PM

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.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 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.	

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IPQR Module 2.a.iii.5 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 2.a.iii.6 - 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

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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Bronx-Lebanon Hospital Center (PPS ID:27)

IPQR Module 2.b.i.2 - Project Implementation Speed

Instructions :

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

Benchmarks
100% Total Committed By
DY4,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Expected Number of Ambulatory ICUs Established	2	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Expected Number of Ambulatory ICUs Established	2	0	0	0	0	0	2	2	2	2	2
Total Committed Providers	**2**	**0**	**0**	**0**	**0**	**0**	**2**	**2**	**2**	**2**	**2**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

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Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

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

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

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	42	142	378	125	378	503	757	125	504
Percent of Expected Patient Engagement(%)	**0.00**	**4.00**	**13.51**	**35.97**	**11.89**	**35.97**	**47.86**	**72.03**	**11.89**	**47.95**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	629	1,009	125	526	651	1,051	1,051	1,051	1,051	1,051
Percent of Expected Patient Engagement(%)	**59.85**	**96.00**	**11.89**	**50.05**	**61.94**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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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 2.b.i.4 - Prescribed Milestones

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 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	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	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	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	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	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	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	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	03/31/2019	DY4 Q4
Task Bring successful ambulatory ICU clinical protocols to scale	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop and finalize standardized work flow, clinical protocols, and policies and procedures	Project		In Progress	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task If analysis demonstrates gaps in network of providers, implement a plan with	Project		In Progress	01/01/2016	03/31/2019	03/31/2019	DY4 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
workforce to fill gaps to serve the ambulatory ICU population							
Task Train staff on standardized work flow, clinical protocols, and policies and procedures	Project		In Progress	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	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	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	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	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		In Progress	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		In Progress	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	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		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement staff training on protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
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	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	03/31/2017	DY2 Q4
Task	Project		In Progress	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Bronx-Lebanon Hospital Center (PPS ID:27)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Clearly define inclusion criteria for entry to ambulatory ICU project							
Task Assess current IT capacity to create registry of ambulatory ICU patients	Project		In Progress	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	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	03/31/2017	DY2 Q4
Task Identify multiple mechanisms for identifying ambulatory ICU patients	Project		In Progress	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	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	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	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	03/31/2017	DY2 Q4
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)	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
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	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		In Progress	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	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	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	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	06/30/2016	DY2 Q1

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Bronx-Lebanon Hospital Center (PPS ID:27)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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	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	03/31/2019	DY4 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	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 Non-PCP Practitioners	In Progress	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 Hospitals	In Progress	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 Behavioral Health	In Progress	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	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		In Progress	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		In Progress	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	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	12/31/2016	DY2 Q3
Task Development of a needs assessment and gaps analysis focused on safety net	Project		In Progress	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Bronx-Lebanon Hospital Center (PPS ID:27)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
providers IT needs							
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	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	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	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	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	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	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Primary Care Physicians	In Progress	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		In Progress	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 evert quarter	Project		In Progress	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 PCMH Level 3 standards and meaningful use	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identification of primary care providers within the PPS and development of a PCP directory	Project		In Progress	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	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
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	03/31/2019	DY4 Q4
Task Secure patient portal supporting patient communication and engagement.	Project		In Progress	01/01/2016	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		In Progress	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		In Progress	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		In Progress	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		In Progress	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		In Progress	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	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	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	03/31/2017	DY2 Q4
Task Pilot Team Based Care case review and planning during Interdisciplinary case conferences	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		In Progress	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	03/31/2017	DY2 Q4
Task Develop policies and procedures on team-based case review and planning	Project		In Progress	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		In Progress	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	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	03/31/2019	DY4 Q4
Task Develop real time notification system in EMRs for ambulatory ICU population	Project		In Progress	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		In Progress	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		In Progress	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 developments in patient care and utilization for ambulatory ICU population	Project		In Progress	01/01/2017	03/31/2019	03/31/2019	DY4 Q4
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		In Progress	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	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients	Project		In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
for project milestone reporting.							
Task Monitor and report on number of engaged ambulatory ICU patients	Project		In Progress	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	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	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	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 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,										

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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
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 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										

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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
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 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										

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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 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), 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.										

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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 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 #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										

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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 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.										
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										

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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 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 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										

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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
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										
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.										

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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 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 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										

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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
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.										
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										

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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 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 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										

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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 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										
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										

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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 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										
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										

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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
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 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										

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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
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 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.										

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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 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 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.	
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	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	

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IPQR Module 2.b.i.5 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 2.b.i.6 - 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.

Providers participating in this project have different EHR systems that do not talk with each other. To help facilitate the sharing of patient data

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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 - Project Implementation Speed

Instructions :

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

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	286	0	0	0	0	0	0	0	0	35	70
Non-PCP Practitioners	52	0	0	0	26	26	26	26	39	39	39
Hospitals	3	0	0	0	2	2	2	2	3	3	3
Health Home / Care Management	5	0	0	0	2	2	2	2	4	4	4
Community Based Organizations	1	0	0	0	0	0	0	0	1	1	1
All Other	64	0	0	0	32	32	32	32	48	48	48
Total Committed Providers	**411**	**0**	**0**	**0**	**62**	**62**	**62**	**62**	**95**	**130**	**165**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**15.09**	**15.09**	**15.09**	**15.09**	**23.11**	**31.63**	**40.15**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	286	141	286	286	286	286	286	286	286	286	286
Non-PCP Practitioners	52	39	52	52	52	52	52	52	52	52	52
Hospitals	3	3	3	3	3	3	3	3	3	3	3
Health Home / Care Management	5	4	5	5	5	5	5	5	5	5	5
Community Based Organizations	1	1	1	1	1	1	1	1	1	1	1
All Other	64	48	64	64	64	64	64	64	64	64	64
Total Committed Providers	**411**	**236**	**411**	**411**	**411**	**411**	**411**	**411**	**411**	**411**	**411**
Percent Committed Providers(%)		**57.42**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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Narrative Text :

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IPQR Module 2.b.iv.3 - Patient Engagement Speed

Instructions :

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

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

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	1,000	2,250	3,500	2,000	5,000	8,400	10,500	7,500	15,000
Percent of Expected Patient Engagement(%)	**0.00**	**4.00**	**9.00**	**14.00**	**8.00**	**20.00**	**33.60**	**42.00**	**30.00**	**60.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	16,250	17,500	10,000	20,000	22,500	25,000	25,000	25,000	25,000	25,000
Percent of Expected Patient Engagement(%)	**65.00**	**70.00**	**40.00**	**80.00**	**90.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

IPQR Module 2.b.iv.4 - Prescribed Milestones

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop 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	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	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		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify existing workflow and transition protocol for Health Home/downstream CMAs	Project		In Progress	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		In Progress	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		In Progress	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		In Progress	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		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
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		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	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		In Progress	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		In Progress	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	10/01/2015	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		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Work with Workforce Committee to train providers about the new process	Project		In Progress	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Pilot new protocols	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate effectiveness of new process, and modify process as necessary	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
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.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	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	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Task 1 subtask start: Work with Steering and Stakeholder to Identify which network providers have existing contracts with MCOs for care transitions	Project		In Progress	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	03/31/2016	DY1 Q4
Task Identify where duplication of workflows exist between the DSRIP Care Transitions program and MCOs providing transitional services	Project		In Progress	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		In Progress	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		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify where duplication of workflows exist between the DSRIP Care Transitions program and HH/downstream CMAs	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Streamline the processes, procedures, protocols, workflows etc of the DSRIP Care Transitions program and the HH/downstream CMAs	Project		In Progress	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Work with Workforce Committee to develop Training Materials on new streamline process, procedures, and workflow	Project		In Progress	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		In Progress	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		In Progress	04/01/2017	12/31/2017	12/31/2017	DY3 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Evaluate effectiveness of new streamlined processes, procedures, workflows etc, modify process as necessary	Project		In Progress	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		In Progress	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	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	03/31/2016	DY1 Q4
Task Develop a risk stratification process that links patients to appropriate level of care coordination services	Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Document revised HH linkage process	Project		In Progress	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Work with Workforce Committee to develop Training Materials on new HH linkage process	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with Workforce Committee to train front line staff on new HH linkage process	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Pilot new process	Project		In Progress	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Evaluate effectiveness of new process, and modify process as necessary	Project		In Progress	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	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	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		In Progress	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		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Work with Stakeholder to develop a referral algorithm to determine which social services providers will receive the referral	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct a gap analysis of post discharge social services needed	Project		In Progress	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	03/31/2016	DY1 Q4
Task Work with Workforce Committee to develop training tools on new referral process	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Work with Workforce Committee to train staff on new referral process	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Pilot the revised referral process	Project		In Progress	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Evaluate revised referral process, and make changes where necessary	Project		In Progress	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
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	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.	Provider	Primary Care Physicians	In Progress	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	Non-PCP Practitioners	In Progress	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	Hospitals	In Progress	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	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		In Progress	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	03/31/2016	DY1 Q4
Task Identify gaps in existing structures to notify providers	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	06/30/2016	DY2 Q1
Task Work with Workforce Committee to develop training tools on new notification process	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Work with Workforce Committee to train staff on new notificaiton process	Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Pilot new notification policy and procedure for a few patients	Project		In Progress	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate pilot and identify areas for improvement	Project		In Progress	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Revise notification policy and procedure based on evaluation results	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Expand policy and procedure to total patient population	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Continue to monitor and evaluate policy and procedure for quality improvement	Project		In Progress	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		In Progress	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		In Progress	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		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop traning tools for new hospital care coordinator hospital access process	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct a pilot for a few patients	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Evaluate pilot implementation and identify areas for improvement	Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Revise pilot based on evaluation results	Project		In Progress	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Expand policy and procedure to total patient population							
Task Continue to monitor and evaluate policy and procedure for quality improvement	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	03/31/2017	DY2 Q4
Task Develop discharge plan tool/template	Project		In Progress	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		In Progress	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	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		In Progress	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		In Progress	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		In Progress	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	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	03/31/2017	DY2 Q4
Task Create a 30 day transition of care workflow	Project		In Progress	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		In Progress	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		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify sites to pilot the 30 day transition of care protocol	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Work with Workforce Committee to develop training materials	Project		In Progress	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		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Pilot new processes	Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate effectiveness of new process, and modify as necessary	Project		In Progress	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	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	03/31/2017	DY2 Q4
Task Task 1 substask start: Refine Care Transitions patient eligibility criteria	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop actively engaged data collection specs	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Create patient tracking template to be used by providers	Project		In Progress	04/10/2015	12/31/2015	12/31/2015	DY1 Q3
Task Submit specs, tracking template, and protocols to IT	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Pilot tracking of patients	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Evaluate effectiveness of new process, and modify as necessary	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Monitor hard to reach patients that are impacting actively engaged counts	Project		In Progress	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 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										

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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
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 in the Care Transitions Intervention Model. Integrate into Care Transitions 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 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 Task 2 subtask start: Work with Steering to Identify whether or not MCOs provide transitional care services. If no, negotiate a										

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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
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 Collaborate with PPS Health Homes to mitigate challenges in										

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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
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										

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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 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										

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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
notificaiton 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 traning 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.										

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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 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 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										

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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 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 substask 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										

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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 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 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										

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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
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 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										

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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 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 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										

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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 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 Work with Workforce Committee to train staff on new referral process										
Task Pilot the revised referral process										

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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 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 Policies and procedures are in place for early notification of planned discharges.	52	52	52	52	52	52	52	52	52	52
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 notificaiton process										
Task Pilot new notification policy and procedure for a few patients										
Task Evaluate pilot and identify areas for improvement										

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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 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 traning 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										

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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 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										
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.										

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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.										
Task Task 1 substask 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										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop 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.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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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IPQR Module 2.b.iv.5 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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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 - Project Implementation Speed

Instructions :

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

Benchmarks
100% Total Committed By
DY4,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	187	0	0	0	0	0	0	0	0	15	35
Non-PCP Practitioners	55	0	0	0	0	0	0	0	0	5	12
Clinics	13	2	3	4	5	6	8	10	11	12	13
Behavioral Health	17	1	3	4	5	6	8	9	10	11	13
Substance Abuse	7	1	1	1	1	1	2	2	2	3	4
Community Based Organizations	2	0	1	1	1	1	1	1	1	1	2
All Other	54	2	5	7	9	12	16	19	21	23	29
Total Committed Providers	**335**	**6**	**13**	**17**	**21**	**26**	**35**	**41**	**45**	**70**	**108**
Percent Committed Providers(%)		**1.79**	**3.88**	**5.07**	**6.27**	**7.76**	**10.45**	**12.24**	**13.43**	**20.90**	**32.24**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	187	63	87	95	97	152	187	187	187	187	187
Non-PCP Practitioners	55	21	28	31	36	47	55	55	55	55	55
Clinics	13	13	13	13	13	13	13	13	13	13	13
Behavioral Health	17	14	15	15	17	17	17	17	17	17	17
Substance Abuse	7	4	4	5	6	7	7	7	7	7	7
Community Based Organizations	2	2	2	2	2	2	2	2	2	2	2
All Other	54	33	35	37	47	47	54	54	54	54	54

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Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Total Committed Providers	335	150	184	198	218	285	335	335	335	335	335
Percent Committed Providers(%)		44.78	54.93	59.10	65.07	85.07	100.00	100.00	100.00	100.00	100.00

Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

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

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

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	500	1,500	2,000	2,150	2,500	4,500	6,000	6,150	6,500
Percent of Expected Patient Engagement(%)	**0.00**	**1.67**	**5.00**	**6.67**	**7.17**	**8.33**	**15.00**	**20.00**	**20.50**	**21.67**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	11,000	13,500	13,650	14,000	24,000	30,000	30,000	30,000	30,000	30,000
Percent of Expected Patient Engagement(%)	**36.67**	**45.00**	**45.50**	**46.67**	**80.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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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.4 - Prescribed Milestones

Instructions :

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

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Model 1	Project	N/A	In Progress	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	Primary Care Physicians	In Progress	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	Behavioral Health	In Progress	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	06/30/2015	DY1 Q1
Task Identify all participating primary care sites		Project		In Progress	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	03/31/2016	DY1 Q4
Task Establish polices and procedures outlining coordination of care and hand-offs between BH and PCP		Project		In Progress	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	03/31/2016	DY1 Q4
Task Institute clear workflows for assessment, referrals and follow up care to be provided		Project		In Progress	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	03/31/2016	DY1 Q4
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	09/30/2015	09/30/2015	DY1 Q2
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	09/30/2015	09/30/2015	DY1 Q2

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Bronx-Lebanon Hospital Center (PPS ID:27)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 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	09/30/2015	09/30/2015	DY1 Q2
Task Identification of primary care providers within the PPS and development of a PCP directory		Project		In Progress	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	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	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	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	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	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	03/31/2017	DY2 Q4
Task Identify group of providers to meet regularly to design collaborative care approach		Project		In Progress	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	03/31/2016	DY1 Q4
Task Establish policies and procedures for patients that need a warm transfer		Project		In Progress	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	03/31/2016	DY1 Q4
Task Establish and implement a mechanism to track patients that		Project		In Progress	10/01/2015	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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		Project		In Progress	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	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	03/31/2016	DY1 Q4
Task Screenings are documented in Electronic Health Record.		Project		In Progress	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	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	Primary Care Physicians	In Progress	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Establish training for providers on the various screening tools		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Policies and procedures are in place to facilitate and document completion of screenings.		Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish policies and procedures for patients that need a warm transfer		Project		In Progress	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		In Progress	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		In Progress	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	03/31/2016	DY1 Q4
Milestone #4	Model 1	Project	N/A	In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Use EHRs or other technical platforms to track all patients engaged in this project.								
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	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	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		In Progress	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	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	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	03/31/2016	03/31/2016	DY1 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	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		In Progress	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	03/31/2016	DY1 Q4
Task Create tracking and reporting system with IT platform.		Project		In Progress	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	03/31/2016	DY1 Q4
Task Develop current state assessment plan to determine the current		Project		In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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		In Progress	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	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	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	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	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	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	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	03/31/2017	DY2 Q4
Task Build analytics analyzing behavioral health information among partners		Project		In Progress	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	03/31/2017	DY2 Q4
Milestone #5	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Provider	Primary Care Physicians	On Hold	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	Primary Care Physicians	On Hold	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	Behavioral Health	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.		Project		On Hold	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	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	03/31/2020	DY5 Q4
Task Screenings are documented in Electronic Health Record.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		On Hold	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	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8	Model 2	Project	N/A	On Hold	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Use EHRs or other technical platforms to track all patients engaged in this project.								
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		On Hold	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	03/31/2020	DY5 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	Model 3	Project	N/A	In Progress	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.		Provider	Primary Care Physicians	In Progress	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		In Progress	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	03/31/2019	DY4 Q4
Task Establish training protocol for providers on the IMPACT model		Project		In Progress	01/01/2016	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	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	12/31/2016	DY2 Q3
Task Working with Workforce Committee to train new staff hired for IMPACT		Project		In Progress	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	12/31/2016	DY2 Q3
Task IMPACT screenings and intervention is documented in Electronic Health Record.		Project		In Progress	01/01/2017	03/31/2019	03/31/2019	DY4 Q4
Task Train care team on workflows and care coordination		Project		In Progress	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	Model 3	Project	N/A	In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Project		In Progress	01/01/2017	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	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	12/31/2016	DY2 Q3
Task Establish training protocol for providers on the IMPACT model		Project		In Progress	01/01/2016	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	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	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	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	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	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	03/31/2016	DY1 Q4
Task Work with workforce committee to Recruit or redeploy a depression case managers for IMPACT		Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task		Project		In Progress	10/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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		Project		In Progress	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	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	03/31/2017	DY2 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.		Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Take an inventory of the number of psychiatrists in the PPS		Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify the number of patients likely to access IMPACT services and need a psychiatrist		Project		In Progress	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		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Work with Workforce Committee to develop job description for recruitment		Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Work with Workforce Committee to recruit or redeploy psychiatrists for IMPACT		Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Train psychiatrists on the IMPACT model and patient flow		Project		In Progress	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		In Progress	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Psychiatrists document patient care in EMR		Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	Model 3	Project	N/A	In Progress	01/01/2017	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	03/31/2019	DY4 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Identify discrete screening variable in EHRs		Project		In Progress	01/01/2017	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	03/31/2019	DY4 Q4
Task Provide quarterly roster of eligible patients screened vs the total eligible to project team		Project		In Progress	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		In Progress	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	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		In Progress	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	03/31/2016	DY1 Q4
Task Create an universal algorithm for treatment for depression/anxiety and/or substance use		Project		In Progress	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		In Progress	01/01/2017	03/31/2019	03/31/2019	DY4 Q4
Task Reassess and adjust algorithm as needed after 1-2 cycles.		Project		In Progress	01/01/2017	03/31/2019	03/31/2019	DY4 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 3	Project	N/A	In Progress	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	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	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	03/31/2017	DY2 Q4
Task Work with IT and Workforce Committee to develop and implement		Project		In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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		Project		In Progress	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	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		In Progress	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	03/31/2016	DY1 Q4
Task Create tracking and reporting system with IT platform.		Project		In Progress	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	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		In Progress	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		In Progress	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		In Progress	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	03/31/2017	DY2 Q4
Task		Project		In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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		Project		In Progress	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	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	03/31/2017	DY2 Q4
Task Build analytics analyzing behavioral health information among partners		Project		In Progress	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	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 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										

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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 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 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 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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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
including medication management and care engagement processes.										
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.	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										

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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 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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Project 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 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										

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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
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, 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.										

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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 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 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.										

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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 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 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.										

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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 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										

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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
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.										
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.										

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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 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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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										
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 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 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										

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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 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										
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.										

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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 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										
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										

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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
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 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.										

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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, 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										

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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
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.	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										

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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
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 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										

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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
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 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										

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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
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.										
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										

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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
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 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										

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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
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										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
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.	vg467992	27_PMDL3703_1_1_20150807121651_Roster.xlsx	PCMH Workgroup Membership	08/07/2015 12:16 PM

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.	PCMH workgroup has been formed and meets regularly.
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.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	For Model 3 (IMPACT), the assumption is that approximately 50% of the PCPs in the project will participate in this model. Therefore, the primary care ramp up numbers reflects this assumption and demonstrates the timing of when the 94 PCPs will meet project requirements
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	
Designate a Psychiatrist meeting requirements of the IMPACT Model.	
Measure outcomes as required in the IMPACT Model.	
Provide "stepped care" as required by the IMPACT Model.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

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IPQR Module 3.a.i.5 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

Model 1, Milestone 4: The PPS needs to review this milestone and add tasks, at a minimum, that address more deeply the integration of BH and physical health records in the EHR and gap analysis of current state and process to close gaps. Model 3, Milestone 15 : Ensure all members of the care team including the consulting psychiatrist has access to the registry. The PPS needs to review this milestone and add tasks, at a minimum, that address more deeply the integration of BH and physical health records in the EHR and gap analysis of current state and process to close gaps.

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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.

Risk: Assuring all providers are trained on the selected best practices for management of diabetes
Mitigation
- 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

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.
Mitigation
- 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

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.
Mitigation strategy
• 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

Risk: Ensure coordination with the Medicaid Managed Care organizations serving the target population.

Mitigation Strategy
- Share BLHCPPS initiative with MCOs to discuss coordination efforts and
- Engage MCOs in regular meetings to share strategies

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- 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 - Project Implementation Speed

Instructions :

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

Benchmarks
100% Total Committed By
DY4,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	166	0	0	0	0	0	0	0	0	20	40
Non-PCP Practitioners	48	0	0	0	0	0	0	0	0	5	10
Clinics	9	0	0	0	0	0	0	0	0	0	0
Health Home / Care Management	6	0	0	0	0	0	0	0	0	0	0
Behavioral Health	11	0	0	0	0	0	0	0	0	0	0
Substance Abuse	3	0	0	0	0	0	0	0	0	0	0
Pharmacies	1	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	0	0	0	0	0	0	0	0	0	0	0
All Other	52	0	0	0	0	0	0	0	5	10	15
Total Committed Providers	**296**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**35**	**65**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1.69**	**11.82**	**21.96**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	166	60	70	80	120	140	166	166	166	166	166
Non-PCP Practitioners	48	15	20	28	36	42	48	48	48	48	48
Clinics	9	0	2	4	6	8	9	9	9	9	9
Health Home / Care Management	6	0	0	2	4	5	6	6	6	6	6
Behavioral Health	11	2	4	6	8	10	11	11	11	11	11

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Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Substance Abuse	3	0	0	0	1	2	3	3	3	3	3
Pharmacies	1	0	0	0	0	1	1	1	1	1	1
Community Based Organizations	0	0	0	0	0	0	0	0	0	0	0
All Other	52	22	30	37	42	47	52	52	52	52	52
Total Committed Providers	**296**	**99**	**126**	**157**	**217**	**255**	**296**	**296**	**296**	**296**	**296**
Percent Committed Providers(%)		**33.45**	**42.57**	**53.04**	**73.31**	**86.15**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

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

Instructions :

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

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

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	3,800	5,800	7,600	5,000	6,200	11,400	12,600	5,000	10,000
Percent of Expected Patient Engagement(%)	**0.00**	**19.00**	**29.00**	**38.00**	**25.00**	**31.00**	**57.00**	**63.00**	**25.00**	**50.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	15,000	20,000	5,000	10,000	15,000	20,000	20,000	20,000	20,000	20,000
Percent of Expected Patient Engagement(%)	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

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IPQR Module 3.c.i.4 - Prescribed Milestones

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement 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	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	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	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	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	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	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	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	03/31/2017	DY2 Q4
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	03/31/2017	DY2 Q4
Task	Provider	Primary Care Physicians	In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has engaged at least 80% of their PCPs in this activity.							
Task Engage PCPs in project with the support of the Stakeholder Engagement Workgroup	Provider	Primary Care Physicians	In Progress	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	Provider	Primary Care Physicians	In Progress	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	Provider	Primary Care Physicians	In Progress	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.	Provider	Primary Care Physicians	In Progress	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	Provider	Primary Care Physicians	In Progress	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.	Provider	Primary Care Physicians	In Progress	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	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	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	03/31/2017	DY2 Q4
Task Care coordination processes are established and implemented.	Project		In Progress	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	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	03/31/2017	DY2 Q4
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement	Project	N/A	In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.	Project		In Progress	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	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	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	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	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	03/31/2017	DY2 Q4
Task Train staff/peers to deliver Stanford	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	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	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	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	03/31/2017	DY2 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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	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	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	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	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	03/31/2017	DY2 Q4
Task Task 2 subtask: Use a recall system to identify and outreach patients requiring services with the support of the IT Committee.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	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	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Provider	Safety Net Primary Care	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHR meets connectivity to RHIO/SHIN-NY requirements.		Physicians					
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	Provider	Safety Net Non-PCP Practitioners	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	Provider	Safety Net Behavioral Health	In Progress	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 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										

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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
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 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										

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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
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										
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										

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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
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).										
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

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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 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										
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										

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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
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, 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										

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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
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										
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										

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
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).										
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

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	vg467992	27_PMDL4403_1_1_20150805063313_Stanford_Model_(Milestone_1_task_2).docx	3.c.i - Milestone 1, Task 2	08/05/2015 06:32 AM
	vg467992	27_PMDL4403_1_1_20150805063230_Diabetes_Standards_2015_(Milestone_1_task_1).pdf	3.c.i - Milestone 1, Task 1b	08/05/2015 06:32 AM
	vg467992	27_PMDL4403_1_1_20150805063124_Chronic Care Model 2013 (Milestone 1 task 1).pdf	3.c.i - Milestone 1, Task 1a	08/05/2015 06:30 AM

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.	State-defined task 1 is not applicable to the project and is thus placed "on hold".
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.	Tasks 1, 3, 4, and 5 will be achieved with the leadership of the IT committee Task 2 will be achieved with leadership from the PCMH cross-functional workgroup

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IPQR Module 3.c.i.5 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 3.c.i.6 - 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 - Project Implementation Speed

Instructions :

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

Benchmarks
100% Total Committed By
DY4,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	150	0	0	0	0	0	0	0	0	20	40
Non-PCP Practitioners	23	0	0	0	0	0	0	0	0	0	0
Clinics	4	0	0	0	0	0	0	0	0	0	0
Health Home / Care Management	4	0	0	0	0	0	0	0	0	0	0
Pharmacies	1	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	0	0	0	0	0	0	0	0	0	0	0
All Other	37	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**219**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**20**	**40**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**9.13**	**18.26**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	150	60	80	100	120	140	150	150	150	150	150
Non-PCP Practitioners	23	0	3	8	13	18	23	23	23	23	23
Clinics	4	0	0	1	2	3	4	4	4	4	4
Health Home / Care Management	4	0	0	1	2	3	4	4	4	4	4
Pharmacies	1	0	0	0	0	1	1	1	1	1	1
Community Based Organizations	0	0	0	0	0	0	0	0	0	0	0
All Other	37	0	12	18	24	30	37	37	37	37	37

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Bronx-Lebanon Hospital Center (PPS ID:27)

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Total Committed Providers	219	60	95	128	161	195	219	219	219	219	219
Percent Committed Providers(%)		27.40	43.38	58.45	73.52	89.04	100.00	100.00	100.00	100.00	100.00

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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.d.ii.3 - Patient Engagement Speed

Instructions :

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

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

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	1,800	3,150	4,500	2,250	4,500	6,750	9,000	3,600	7,200
Percent of Expected Patient Engagement(%)	**0.00**	**10.00**	**17.50**	**25.00**	**12.50**	**25.00**	**37.50**	**50.00**	**20.00**	**40.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	10,800	14,400	5,400	10,800	14,400	18,000	18,000	18,000	18,000	18,000
Percent of Expected Patient Engagement(%)	**60.00**	**80.00**	**30.00**	**60.00**	**80.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

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Bronx-Lebanon Hospital Center (PPS ID:27)

IPQR Module 3.d.ii.4 - Prescribed Milestones

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 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	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	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	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	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	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	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	06/30/2016	DY2 Q1
Task Create an operation's manual to outline all details of program implantation functions, including educational services, care coordination, and home visit interventions.	Project		In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Create a staff training manual to educate staff on environmental triggers and	Project		In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
appropriate interventions							
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	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	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	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	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	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	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	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	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	03/31/2017	DY2 Q4
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.	Project		In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	03/31/2017	DY2 Q4
Task	Project		In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		In Progress	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	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	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	06/30/2015	DY1 Q1
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	Project		In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	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	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	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #5 Ensure coordinated care for asthma patients includes social services and support.	Project	N/A	In Progress	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	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	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	03/31/2017	DY2 Q4
Task Create job description for Asthma Prevention Program Director, CHW's, RNs, etc.	Project		In Progress	04/01/2015	07/12/2015	09/30/2015	DY1 Q2
Task Create RN job descriptions	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
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)	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
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	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	Project		In Progress	04/01/2015	04/30/2019	06/30/2019	DY5 Q1

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

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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 across the PPS	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	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	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	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.										

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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
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										
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										

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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
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 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										

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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
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.										
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,										

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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
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										
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.										

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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 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 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.										

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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 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.										
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										

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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
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 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.										

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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 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)										
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,										

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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
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. 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										

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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
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 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										

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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 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.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	vg467992	27_PMDL4703_1_1_20150805061028_(Milestone 1 TASK 3) Asthma DSRIP Initial Screen Care Plan 7.04.15.xlsx	3.d.ii - Milestone 1, Task 3	08/05/2015 06:10 AM
	vg467992	27_PMDL4703_1_1_20150805060939_(Milestone 1 TASK 2) Home Environment Assessment care plan 7.13.15.xlsx	3.d.ii - Milestone 1, Task 2	08/05/2015 06:09 AM
	vg467992	27_PMDL4703_1_1_20150805060908_(Milestone 1 TASK 1) Narrative for asthma screening tool and proposed levels of care June 4th 2015_Sherman Edits.docx	3.d.ii - Milestone 1, Task 1b	08/05/2015 06:08 AM
	vg467992	27_PMDL4703_1_1_20150805060834_(Milestone 1 TASK 1) Screening questions in a chart 05.21.15.docx	3.d.ii - Milestone 1, Task 1	08/05/2015 06:08 AM

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	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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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IPQR Module 3.d.ii.5 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

Milestone 3: PPS should focus on tasks that describe the development and implementation of the milestone.

NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma should serve as the basis for implementing evidence-based asthma management care together with The Community Preventative Service Task Force evidence-based recommendations for Home-Based Multi-Trigger, Multicomponent Environmental Interventions for Asthma Control. It is suggested that the PPS include plans for comprehensive training on guidelines-based asthma services to additional members of the asthma care team (as referenced under Milestone #4).

Milestone 4: IA recommends that the PPS review the National Standards for asthma self-management education to ensure that training is comprehensive and utilizes national guidelines for asthma self-management education: (Gardner A., Kaplan B., Brown W., et al. (2015). National standards for asthma self-management education. Ann Allergy Asthma Immunol. 114 (3). doi: 10.1016/j.anai.2014.12.014.). It is recommended that the PPS partner with the Bronx RESPIRAR Regional Asthma Coalition for guidance on appropriate training to ensure the provision of services in concordance with NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma. Qualified staff could be encouraged, as appropriate, to consider certified asthma educator (AE-C) training and credentialing.

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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 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 - Project Implementation Speed

Instructions :

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

Benchmarks
100% Total Committed By
DY2,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Number of programs	6	0	0	0	0	0	0	0	1	1	1
Total Committed Providers	**6**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**1**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**16.67**	**16.67**	**16.67**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Number of programs	6	1	6	6	6	6	6	6	6	6	6
Total Committed Providers	**6**	**1**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**
Percent Committed Providers(%)		**16.67**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

Instructions :

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

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

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	100	150	300	150	300	350	450	200	450
Percent of Expected Patient Engagement(%)	**0.00**	**12.50**	**18.75**	**37.50**	**18.75**	**37.50**	**43.75**	**56.25**	**25.00**	**56.25**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	500	600	300	600	700	800	800	800	800	800
Percent of Expected Patient Engagement(%)	**62.50**	**75.00**	**37.50**	**75.00**	**87.50**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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IPQR Module 3.f.i.4 - Prescribed Milestones

Instructions :

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

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 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	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	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		In Progress	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	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	03/31/2017	DY2 Q4
Task Task 1 subtask start: Determine the inclusion and exclusion criteira for a high risk referral to NFP program		Project		In Progress	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	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	03/31/2017	DY2 Q4
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.	Model 1	Project	N/A	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.		Project		In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.		Project		In Progress	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	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders.		Project		In Progress	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		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify PPS staff invovled in the quality imporvement process		Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Idenfify other stakeholders that should be on the quality oversight committee		Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify co chairs for the committee		Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Select members from the above mentioned groups		Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create a charter for the committee with goals and objectives		Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Facilitate a kick off meeting		Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop a schedule of ongoing meetinings		Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Task 2 subtask start: Determine potential areas for improvement		Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Collect and analyze data		Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Communicate results to stakeholders		Project		In Progress	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Create a ongoing evaluation schedule to fuel quality improvement		Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Task 3 subtask start: Determine potential areas for improvement		Project		In Progress	10/01/2015	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Collect and analyze data		Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Communicate results to stakeholders		Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop protocols/policies/procedures to improve areas		Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Pilot protocols		Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Evaluate pilot impacts		Project		In Progress	03/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Expand pilots with successful outcomes		Project		In Progress	03/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Create an ongoing evaluation schedule to fuel quality improvement		Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Task 4 subtask: Create a stakeholder communication plan on qualtiy outcome measuers		Project		In Progress	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	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	03/31/2017	DY2 Q4
Task Task 1 subtask start: Determine participating patient criteria		Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop actively engaged data collection specs		Project		In Progress	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	03/31/2017	DY2 Q4
Task Submit specs, tracking template, and protocols to IT		Project		In Progress	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	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	03/31/2020	DY5 Q4
Task PPS has identified and engaged with a regional medical center to		Project		On Hold	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Model 2	Project	N/A	On Hold	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	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	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	03/31/2020	DY5 Q4
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	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	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	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	03/31/2020	DY5 Q4
Task Training has been completed.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Provider	Safety Net Primary Care Physicians	On Hold	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 Non-PCP Practitioners	On Hold	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 Clinics	On Hold	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	03/31/2020	DY5 Q4
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	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	03/31/2020	DY5 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Primary Care Physicians	On Hold	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	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	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	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 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	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	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	03/31/2017	DY2 Q4
Task Develop CHW curriculum based on existing MICHC program curriculum		Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Create a plan to incorporate NYSDOH training into CHWs onboarding process and ongoing education		Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Obtain funding from DOH for CHW training		Project		In Progress	10/01/2015	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	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	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	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	03/31/2017	DY2 Q4
Task Determine administrative duties of CHW coordinator		Project		In Progress	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	03/31/2017	DY2 Q4
Task Based on the above, develop a job desscription for CHW coordinator		Project		In Progress	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	03/31/2017	DY2 Q4
Task		Project		In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
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.		Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 1 subtask: Develop a CHW workforce recruitment, hiring, and training strategy to ensure staff meet the DSRIP defined criteria		Project		In Progress	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		In Progress	04/01/2015	12/31/2016	12/31/2016	DY2 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	03/31/2017	DY2 Q4
Task Hire CHWs who meet requirements		Project		In Progress	01/01/2017	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	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	03/31/2017	DY2 Q4
Task PPS has developed plans to develop operational program components of CHW.		Project		In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Identify protocols that need to be completed for the CHW program		Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify individuals assigned to work on protocols		Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine when protocols can be completed		Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop a timeline to complete protocols		Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Combine protocols into a manual to distribute to CHWs		Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Train CHWs on new protocols		Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Conduct an evaluate to measure the effectiveness of the protocols		Project		In Progress	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Based on PDSA results, modify the protocols where necessary		Project		In Progress	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	In Progress	10/01/2015	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Identify what network providers have existing contracts with MCOs for coordination with CHW programs		Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	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	03/31/2017	DY2 Q4
Task Determine participating patient criteria		Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop actively engaged patient data collection specs		Project		In Progress	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Create patient tracking template to be used by providers		Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Submit specs, tracking template, and protocols to IT		Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Train org staff process on how to track patients		Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Pilot tracking of patients		Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Evaluate tracking process, modify where necessary		Project		In Progress	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	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 Task 1 subtask start: Determine the inclusion and exclusion criteira 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										

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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
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 invovled in the quality imporvement process										
Task Idenfify 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 meetinings										
Task Task 2 subtask start: Determine potential areas for improvement										
Task Collect and analyze data										
Task Communicate results to stakeholders										

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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 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 qualtiy 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										
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).										

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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 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.										
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										

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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
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 the multidisciplinary team. PPS has obtained DOH funding for CHW training.										
Task Task 1 subtask: Identify NYS DOH funded CHW training program										

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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 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 desscription 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										

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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
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										
Task Train CHWs on new protocols										
Task Conduct an evaluate to measure the effectiveness of the protocols										

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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 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										

Project 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										

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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
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 criteira 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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Project 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 invovled in the quality imporvement process										
Task Idenfify 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 meetinings										
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										

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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
improvement										
Task Task 4 subtask: Create a stakeholder communication plan on qualtiy 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										
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										

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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
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.										
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										

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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
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 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.										

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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 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 desscription 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										

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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
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										
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)										

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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 #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										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement 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	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 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 (MICHC) program; access NYSDOH-funded CHW training program.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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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IPQR Module 3.f.i.5 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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DSRIP Implementation Plan Project

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

Instructions :

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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 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Organize and convene citywide MHSA Workgroup meetings	In Progress	Organize and convene citywide MHSA Workgroup meetings	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Form MHSA Work Group composed of representatives of the four collaborating PPSs, including community-based representatives	In Progress	Form MHSA Work Group composed of representatives of the four collaborating PPSs, including community-based representatives	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify PPS subject matter experts to join Work Group	In Progress	Identify PPS subject matter experts to join Work Group	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	In Progress	Invite representatives from DOE-affiliated Office of School Health and DOHMH to join Workgroup as advisory members	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Convene Citywide MHSA Workgroup meetings under the standing structure	In Progress	Convene Citywide MHSA Workgroup meetings under the standing structure	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
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	03/31/2016	DY1 Q4
Task Confirm commitment of four collaborating PPSs to partner in City-wide implementation of MHSA Project	In Progress	Confirm commitment of four collaborating PPSs to partner in City-wide implementation of MHSA Project	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop governance structure and process among collaborating PPSs to oversee the	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	03/31/2016	DY1 Q4

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
implementation and ongoing operation of the MHSA project, and document functions, roles, and responsibilities for parties including Workgroup						
Milestone Review existing programs and CBOs providing MHSA services, as well as adaptations of CC based model.	In Progress	Review existing programs and CBOs providing MHSA services, as well as adaptations of CC based model.	06/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Conduct baseline analysis of existing programs and CBOs providing MHSA services to adolescents in schools	In Progress	Conduct baseline analysis of existing programs and CBOs providing MHSA services to adolescents in schools	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	In Progress	Review evidence-based adaptations of Collaborative Care (CC) model that have targeted adolescents	06/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Incorporate findings into MHSA project concept document	In Progress	Incorporate findings into MHSA project concept document	06/30/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone Develop detailed MHSA project operational plan for Collaborative Care Adaptation in schools	In Progress	Develop detailed MHSA project operational plan for Collaborative Care Adaptation in schools	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Engage MHSA Workgroup to develop concept paper describing the approach to strengthening the MHSA infrastructure in schools	In Progress	Engage MHSA Workgroup to develop concept paper describing the approach to strengthening the MHSA infrastructure in schools	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Design/implement process to select well qualified Lead agency to manage detailed program planning and implementation of the MHSA initiative	In Progress	Design/implement process to select well qualified Lead agency to manage detailed program planning and implementation of the MHSA initiative	06/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Contract with selected Lead Agency to manage all aspects of the MHSA project including developing operational plan, selection of community mental/behavioral health agencies, selection of target schools, project staffing structure, and training curriculum	In Progress	Contract with selected Lead Agency to manage all aspects of the MHSA project including developing operational plan, selection of community mental/behavioral health agencies, selection of target schools, project staffing structure, and training curriculum	07/31/2015	12/31/2015	12/31/2015	DY1 Q3

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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	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	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	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	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	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	09/30/2017	DY3 Q2
Milestone Design young adult-interfacing MHSA programs (for those ages 21-25 yrs)	In Progress	Design young adult-interfacing MHSA programs (for those ages 21-25 yrs)	06/30/2016	03/31/2018	03/31/2018	DY3 Q4
Task Identify target young adult groups, potentially including community college students	In Progress	Identify target young adult groups, potentially including community college students	06/30/2016	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Refine MHSA 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	In Progress	Refine MHSA 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	03/31/2018	DY3 Q4
Task Launch young adult programs	In Progress	Launch young adult programs	03/31/2018	03/31/2018	03/31/2018	DY3 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Organize and convene citywide MHSA Workgroup meetings	Narratives to explain notable deviations from December 2014 application milestones: Since the December 2014 application submission, the four PPSs pursuing this project – Bronx Health Access, Bronx Partners for Healthy Communities, Community Care of Brooklyn, and OneCity Health – have made significant progress in refining their highly collaborative City-wide MHSA Project design and preparing for full alignment of activities across PPSs, in both instances relying extensively on advisory guidance from the Department of Health and Mental Hygiene and the Office of School Health. Pursuant to guidance from the State, we have streamlined the milestones from those in the December application to reflect the refined MHSA Project plan. As reflected below, the PPSs have expanded the scope of project activities and accelerated their timing for implementing the Collaborative Care-based adaptation in schools. We note the following substantive changes from the December application milestones: 1. Organize and convene citywide MHSA Workgroup meetings. The PPSs have organized and convened regular MHSA Workgroup meetings since Fall 2014. They are currently in the process of formalizing a standing structure for the MHSA Workgroup meetings for the remainder of the DSRIP demonstration period and expect to complete that task by 3/31/16. 2. Establish formalized structure for cross-PPS collaboration on governance and implementation of MHSA project. The PPSs have added this new milestone to reflect their significant work to date in formalizing a structure for cross-PPS governance and implementation of the project, given the PPSs' decision to completely align project activities across the City.

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
	3. Review existing programs and CBOs providing MHSA services, as well as adaptations of CC based model. This baseline analysis is underway, and the PPSs have added an additional step of ensuring that the findings are incorporated into the MSHA project concept document by 3/31/16. 5. Implement Collaborative Care (CC) Adaptation in schools. Given their advanced state of project planning, the PPSs have committed to accelerating their launch date for this set of activities. They will begin work in select schools in 9/30/16. 6. Design young adult-interfacing MHSA programs. Given the expanded and accelerated scope of MHSA project school-based activities, the PPSs will focus activities through DY2 on successfully launching the school-based CC adaptation, and will delay the launch of complementary adult-interfacing programs by 3-6 months, with a new launch date of 3/31/2018.
Establish formalized structure for cross-PPS collaboration on governance and implementation of MHSA project	
Review existing programs and CBOs providing MHSA services, as well as adaptations of CC based model.	
Develop detailed MHSA project operational plan for Collaborative Care Adaptation in schools	
Implement Collaborative Care (CC) Adaptation in schools	
Design young adult-interfacing MHSA programs (for those ages 21-25 yrs)	

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

Instructions :

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Project 4.c.ii – Increase early access to, and retention in, HIV care

IPQR Module 4.c.ii.1 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone 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	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	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	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	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	06/30/2015	DY1 Q1
Task	Completed	Establish regularly scheduled 4cii PPS meetings to manage workplan tasks and	04/01/2015	06/30/2015	06/30/2015	DY1 Q1

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		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.				
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	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	06/30/2015	DY1 Q1
Task Work in collaboration with 4cii PPS partners to confrim milestones and tasks to achieve project success	Completed	Work in collaboration with 4cii PPS partners to confrim milestones and tasks to achieve project success	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Present milestones and reach consensus with other PPS projet 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 projet leads on overlapping 4cii project tasks to align work and ensure success of milestone across all DSRIP projects	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	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	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.	In Progress	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	09/30/2015	DY1 Q2

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Milestone/Task Name	Status	Description	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.	In Progress	Two BLHC PPS co-leads serve on the AIDS Institute Initiative Steering Committee on Peer Training/Certification Program.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
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	03/31/2017	DY2 Q4
Milestone Milestone 4: Reach agreement on shared resources	In Progress	Reach agreement on shared resources	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	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	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	Initiatie 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	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	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	03/31/2020	DY5 Q4
Task Actively participate in Care Coordination Cross Functional Workgroup by responding to inquiries and surveys	Completed	Initiate active participation in Care Coordination Cross Functional Workgroup by responding to inquiries and surveys.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Hold individual meetings with PPS project leads	In Progress	Initiate individual meetings with PPS project leads to identify commonalities to integrate and share resources across projects	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
to identify commonalities to integrate and share resources across projects						
Task Identify a budget for staffing plan and overall project interventions based on shared commonalities and resources as well as partner needs and resources	In Progress	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	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	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	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	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	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	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	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	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Milestone 1: Establish a shared workplan and	vg467992	27_PMDL6004_1_1_20150803124942_(Milestone 1 TASK 3)	4.c.ii Milestone 1, Task 3 documentation	08/03/2015 12:48 PM

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PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
timeline for project implementation		BL 4cii Workplan as of Q1DY1.doc		
Milestone 4: Reach agreement on shared resources	vg467992	27_PMDL6004_1_1_20150803134953_(Milestone 4 TASK 4) 4cii Workforce Survey Questions.docx	Milestone 4 task 4	08/03/2015 01:49 PM
	vg467992	27_PMDL6004_1_1_20150803134802_(Milestone 4 TASK 1) PCM Flow Chart 6.30.15.pdf	Milestone 4, Task 1	08/03/2015 01:47 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone 1: Establish a shared workplan and timeline for project implementation	Task 1: Three BLHCPPS co-leads were identified to lead the 4cii workgroup. Two co-leads represent Bronx Lebanon Hospital, and the third co-lead is a CBO BLHC PPS Partner. Task 2: 4cii workgroup meets for an hour every week to plan for and discuss roll out of the implementation plan. Task 3: Document shared for upload
Milestone 2: Develop agreed upon milestones for project implementation	Task 1: The 4cii workgroup is comprised of 29 members with representation from BLHCPPS Partners that worked together to develop 4cii milestones and tasks for DSRIP project implementation Task 2: Presented milestones and implementation plan to the DSRIP project leads and leadership on July 1, 2015.
Milestone 3: Participate in cross PPS joint planning committee	Task 1: DSRIP Support HIV/AIDS Projects meeting between Amidacare held on June 8, 2015. Task 2: Domain IV HIV joint PPS Workgroup began meeting on January 20, 2015.
Milestone 4: Reach agreement on shared resources	Task 1: Document shared for upload Task 2: PPS project leads meet once a month to share project updates and discuss resource sharing opportunities Task 3: Completed surveys and outreach inquiries when required on a regular basis throughout implementation planning. Task 4: Document shared for upload Task 5: Completed surveys and outreach inquiries when required on a regular basis throughout implementation planning. Task 6: Completed surveys and outreach inquiries when required on a regular basis throughout implementation planning.
Milestone 5. Plan for shared data platform	

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

Instructions :

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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**.

Primary Lead PPS Provider:	BRONX LEBANON HOSPITAL CENTER
Secondary Lead PPS Provider:	
Lead Representative:	Virgilina Gonzalez
Submission Date:	09/23/2015 09:30 AM
Comments:	

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Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY1, Q1	Submitted	Virgilina Gonzalez	vg467992	09/23/2015 09:30 AM
DY1, Q1	Returned	Virgilina Gonzalez	sv590918	09/08/2015 07:49 AM
DY1, Q1	Submitted	Virgilina Gonzalez	vg467992	08/07/2015 03:46 PM
DY1, Q1	In Process		system	07/01/2015 12:12 AM

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Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Returned	Please address the IA comments provided in the specific sections of your Implementation Plan during the remediation period.	sv590918	09/08/2015 07:49 AM

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Section	Module	Status
Section 01	IPQR Module 1.1 - PPS Budget Report	Completed
	IPQR Module 1.2 - PPS Flow of Funds	Completed
	IPQR Module 1.3 - Prescribed Milestones	Completed
	IPQR Module 1.4 - PPS Defined Milestones	Completed
	IPQR Module 1.5 - IA Monitoring	
Section 02	IPQR Module 2.1 - Prescribed Milestones	Completed
	IPQR Module 2.2 - PPS Defined Milestones	Completed
	IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 2.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 2.5 - Roles and Responsibilities	Completed
	IPQR Module 2.6 - Key Stakeholders	Completed
	IPQR Module 2.7 - IT Expectations	Completed
	IPQR Module 2.8 - Progress Reporting	Completed
	IPQR Module 2.9 - IA Monitoring	
Section 03	IPQR Module 3.1 - Prescribed Milestones	Completed
	IPQR Module 3.2 - PPS Defined Milestones	Completed
	IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 3.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 3.5 - Roles and Responsibilities	Completed
	IPQR Module 3.6 - Key Stakeholders	Completed
	IPQR Module 3.7 - IT Expectations	Completed
	IPQR Module 3.8 - Progress Reporting	Completed
	IPQR Module 3.9 - IA Monitoring	
Section 04	IPQR Module 4.1 - Prescribed Milestones	Completed
	IPQR Module 4.2 - PPS Defined Milestones	Completed
	IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 4.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 4.5 - Roles and Responsibilities	Completed

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Section	Module	Status
	IPQR Module 4.6 - Key Stakeholders	Completed
	IPQR Module 4.7 - IT Expectations	Completed
	IPQR Module 4.8 - Progress Reporting	Completed
	IPQR Module 4.9 - IA Monitoring	
Section 05	IPQR Module 5.1 - Prescribed Milestones	Completed
	IPQR Module 5.2 - PPS Defined Milestones	Completed
	IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 5.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 5.5 - Roles and Responsibilities	Completed
	IPQR Module 5.6 - Key Stakeholders	Completed
	IPQR Module 5.7 - Progress Reporting	Completed
	IPQR Module 5.8 - IA Monitoring	
Section 06	IPQR Module 6.1 - Prescribed Milestones	Completed
	IPQR Module 6.2 - PPS Defined Milestones	Completed
	IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 6.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 6.5 - Roles and Responsibilities	Completed
	IPQR Module 6.6 - Key Stakeholders	Completed
	IPQR Module 6.7 - IT Expectations	Completed
	IPQR Module 6.8 - Progress Reporting	Completed
	IPQR Module 6.9 - IA Monitoring	
Section 07	IPQR Module 7.1 - Prescribed Milestones	Completed
	IPQR Module 7.2 - PPS Defined Milestones	Completed
	IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 7.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 7.5 - Roles and Responsibilities	Completed
	IPQR Module 7.6 - Key Stakeholders	Completed
	IPQR Module 7.7 - IT Expectations	Completed
	IPQR Module 7.8 - Progress Reporting	Completed

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Section	Module	Status
	IPQR Module 7.9 - IA Monitoring	
Section 08	IPQR Module 8.1 - Prescribed Milestones	Completed
	IPQR Module 8.2 - PPS Defined Milestones	Completed
	IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 8.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 8.5 - Roles and Responsibilities	Completed
	IPQR Module 8.6 - Key Stakeholders	Completed
	IPQR Module 8.7 - IT Expectations	Completed
	IPQR Module 8.8 - Progress Reporting	Completed
	IPQR Module 8.9 - IA Monitoring	
Section 09	IPQR Module 9.1 - Prescribed Milestones	Completed
	IPQR Module 9.2 - PPS Defined Milestones	Completed
	IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 9.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 9.5 - Roles and Responsibilities	Completed
	IPQR Module 9.6 - Key Stakeholders	Completed
	IPQR Module 9.7 - IT Expectations	Completed
	IPQR Module 9.8 - Progress Reporting	Completed
	IPQR Module 9.9 - IA Monitoring	
Section 10	IPQR Module 10.1 - Overall approach to implementation	Completed
	IPQR Module 10.2 - Major dependencies between work streams and coordination of projects	Completed
	IPQR Module 10.3 - Project Roles and Responsibilities	Completed
	IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects	Completed
	IPQR Module 10.5 - IA Monitoring	

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Project ID	Module	Status
2.a.i	IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.i.2 - Project Implementation Speed	Completed
	IPQR Module 2.a.i.3 - Prescribed Milestones	Completed
	IPQR Module 2.a.i.4 - PPS Defined Milestones	Completed
	IPQR Module 2.a.i.5 - IA Monitoring	
2.a.iii	IPQR Module 2.a.iii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.iii.2 - Project Implementation Speed	Completed
	IPQR Module 2.a.iii.3 - Patient Engagement Speed	Completed
	IPQR Module 2.a.iii.4 - Prescribed Milestones	Completed
	IPQR Module 2.a.iii.5 - PPS Defined Milestones	Completed
	IPQR Module 2.a.iii.6 - IA Monitoring	
2.b.i	IPQR Module 2.b.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.i.2 - Project Implementation Speed	Completed
	IPQR Module 2.b.i.3 - Patient Engagement Speed	Completed
	IPQR Module 2.b.i.4 - Prescribed Milestones	Completed
	IPQR Module 2.b.i.5 - PPS Defined Milestones	Completed
	IPQR Module 2.b.i.6 - 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 - Project Implementation Speed	Completed
	IPQR Module 2.b.iv.3 - Patient Engagement Speed	Completed
	IPQR Module 2.b.iv.4 - Prescribed Milestones	Completed
	IPQR Module 2.b.iv.5 - PPS Defined Milestones	Completed
	IPQR Module 2.b.iv.6 - IA Monitoring	
3.a.i	IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.a.i.2 - Project Implementation Speed	Completed
	IPQR Module 3.a.i.3 - Patient Engagement Speed	Completed
	IPQR Module 3.a.i.4 - Prescribed Milestones	Completed
	IPQR Module 3.a.i.5 - PPS Defined Milestones	Completed

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